

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Staffing - Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8232.09
System ID: 11285
Planned Funding(\$): \$456,500
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID Staffing - Core

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9313.09
System ID: 11341
Planned Funding(\$): \$66,300
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID Staffing - RHAP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8224.09
System ID: 11284
Planned Funding(\$): \$126,100
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC Staffing - Core

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8203.09
System ID: 11278
Planned Funding(\$): \$290,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DOD PEPFAR Support to LDF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8161.09
System ID: 11276
Planned Funding(\$): \$125,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DOD PEPFAR Support to LDF

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8157.09
System ID: 11275
Planned Funding(\$): \$485,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DoS ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11951.09
System ID: 11951
Planned Funding(\$): \$226,875
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Ambassador's Small Grants

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11432.09
System ID: 11432
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC Staff ICASS Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6085.09
System ID: 11273
Planned Funding(\$): \$626,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: DoS Staffing/DoS ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8209.09
System ID: 11280
Planned Funding(\$): \$131,500
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: PEPFAR Secretariat

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11304.09
System ID: 11304
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: USAID Staff ICASS Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8356.09
System ID: 11286
Planned Funding(\$): \$151,250
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps Coordinator

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9314.09
System ID: 11287
Planned Funding(\$): \$57,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: VAST grants

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8206.09
System ID: 11279
Planned Funding(\$): \$285,000
Procurement/Assistance Instrument: Grant
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5965.09	11270	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Council for Health Services Accreditation in Southern Africa	N	\$0
5965.09	11270	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	East, Central, and Southern African Health Community	N	\$0
5965.09	11270	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Foundation for Professional Development	N	\$0
5965.09	11270	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Institute for Development Management	N	\$0
5965.09	11270	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Management Sciences for Health	N	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$1,735,000

Program Area Narrative:

Overview:

The Government of Lesotho (GOL) launched its Prevention of Mother to Child Transmission (PMTCT) program in January 2003, based on a client-initiated counseling and testing approach and the provision of single-dose Nevirapine (NVP) prophylaxis to mother and child at birth. There are approximately 50,000 deliveries annually in Lesotho, and in FY 2007, HIV prevalence among ante-natal clinic (ANC) attendees in Lesotho was reported to be 25.7%. Over 11,801 children in the country and estimated to be living with HIV and AIDS (UNGASS 2006-07). In September 2008, 136 of 193 functioning facilities nationwide reported PMTCT activities. In 2007, MOHSW announced new PMTCT policies, including PITC and distribution of NVP prophylaxis to HIV-positive pregnant women at the first ANC visit. In early 2007, MOHSW commissioned an inter-agency task team review to assess the current status of PMTCT and pediatric HIV/AIDS practices and developed a scale-up plan in line with the national objective of achieving universal access by 2011. PEPFAR will provide resources to assist the MOHSW to reach this objective.

In January 2005, the USG initiated the Lesotho Partnership for Family-Centered HIV Services (Partnership) based on the concept of using ANC clinics as the entry point for HIV prevention, diagnosis, care and treatment for the entire family. The Partnership was led by ICAP in collaboration with the EGPAF and IYCN. The objective of the program was to support GoL prevent pediatric HIV infections and to reduce HIV-related morbidity and mortality among women, children and their families. Unfortunately, this partnership failed to be fully implemented and has caused tension between the partners and confusion within the MOHSW at all levels.

Current USG Program:

In FY 2008, ICAP and EGPAF reorganized their programs to provide a response to the MOHSW request for a decentralization district approach to services. Each partner now assumes responsibility for comprehensive PMTCT services in an entire district. EGPAF has taken the lead in the north (Butha-Buthe, Leribe, Mokhotlong and Berea) and ICAP in the south (Mohale's Hoek, Quthing, and Mafateng). Both partners have continued to work in the Maseru district, with EGPAF taking the lead for PMTCT and ICAP supporting ART and care and support. The MOHSW will determine how to divide PMTCT services in Queen Elizabeth II hospital and the two filter clinics for FY2009. In FY2008, PMTCT services were expanded to hospitals in two additional districts, Leribe (EGPAF) and Quthing (ICAP). By the end of September 2008, EGPAF provided services in a total of 9 hospitals and 60 health centers, while ICAP supported PMTCT services in 3 hospitals and 20 health centers.

Both PMTCT partners have supported the GoL to achieve the following comprehensive services:

1. Routine counseling and testing pregnant women during ANC, labor and delivery, or post-natal care using the provider opt-out approach and a focus on HIV primary prevention;
2. Facilitating immediate provision of ARV prophylaxis for HIV-positive pregnant women;
3. Staging HIV-positive pregnant women within the maternal and child health (MCH) services, facilitating CD4 testing, STI screening and syndromic management, and timely referral for treatment for HIV+ eligible pregnant women;
4. Provision of a more complex course of ARV prophylaxis to the HIV+ pregnant women not eligible for HAART and for all exposed infants, including treatment of OIs and TB;
5. Improving safe obstetrical practices (at facility and in community) during labor, delivery, and immediate post-partum;
6. Providing adequate counseling and education for nutrition, infant feeding, and family planning during ANC, labor and delivery, and PNC;
7. Follow-up and care of exposed infants until final diagnosis including cotrimoxazole prophylaxis at six weeks.

At the national level, PEPFAR Lesotho, through partners ICAP and EGPAF, supported the MOHSW in strategic planning and the development of PMTCT care and treatment systems, policies and guidelines, including pediatric AIDS.

USG FY 2009 Support:

In FY 2009, PEPFAR/Lesotho plans to continue scale-up of PMTCT service delivery of PMTCT. At the same time, in conjunction with the PEPFAR supported HCD program, an effort will be made to strengthen MOHSW and CHAL facilities to provide high quality PMTCT programming and referrals. As central agreements with both EGPAF and ICAP will be ending in 2010, PEPFAR/Lesotho will solicit a single PMTCT prime partner who will assume national responsibility for PMTCT under PEPFAR. To ensure a smooth transition between the current program and the new prime partner, PEPFAR/Lesotho plans to provide an additional 6 months of FY 2009 funding (available up until March 30, 2010) to each of the current partners. PEPFAR/Lesotho feels that the PMTCT program will be enhanced by one strong leader in this important program area.

In FY 2009, EGPAF and ICAP will continue to scale up quality PMTCT, care, and treatment for pregnant women, infants, and their families. Both partners will strengthen the continuum of care for HIV-positive women and their families by encouraging family

members to receive counseling and testing and related services as needed. They will collaborate with a new community-based care partner (TBD) to engage families in long-term comprehensive HIV care and treatment around PMTCT services.

These two partners will target their support at four levels:

1. National Level Support: Both partners will continue to provide technical assistance to MOHSW, highlighting evidence-based practices to inform policy change, participating in the PMTCT Technical Advisory Committee and other technical working groups to develop, revise and disseminate policy documents, guidelines and tools.
2. District Level Support: Both partners will build the capacity of providers to offer services and strengthen referral networks between health facilities and community at all levels within supported districts. Both partners will support District Health Management Teams (DHMTs) to roll out PMTCT, pediatric care and treatment, ART and care and support services to health centers within the district.
3. Health Facility Level Support: Both partners will provide comprehensive PMTCT, treatment and care services in supported hospitals, clinics and health centers, as described by guidance from MOHSW and HQ TWGs. At all supported sites, both partners will have an expanded focus on improving safe obstetrical practices; providing nutrition counseling, infant feeding and clinical assessment, and referral for prophylaxis and treatment of opportunistic infections, including TB.
4. Community Level Support: In FY 2009 EGPAF will encourage more men to seek counseling and testing and strengthen linkages with other partners and community support groups, such as PLWHA groups and community leaders. Both partners will continue their work with community health workers to enhance family-focused programs and to promote exclusive breastfeeding.

Leveraging and wraparounds:

The USG is committed to working closely with other organizations in the area of PMTCT: PEPFAR-funded partners (URC, CDC, SA-HCD, IYCN) and other stakeholders including MCC/MCA, Clinton Foundation, Baylor College of Medicine, M2M, Partners in Health, UNICEF and WHO. Lesotho's PMTCT GFATM Fund Application in Round 7 was approved for strengthening infant nutrition and feeding and the establishment of a peer counseling program for women and partners.

Proposed Compact expansion:

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate further strengthening PMTCT activities through quality assessment and quality assurance programs and through human resource development activities. GOL is severely understaffed and under-resourced, and we anticipate assisting the MOHSW in strengthening HR. Potential HRH programs might include staffing critical shortage posting with nurses or providing mentors to assist clinicians while on the job in order to increase the quality of care and provision of services. The Compact also plans to address inclusion of PLWHA as peer supporters and lay counselors, improved uptake of counseling and testing at PMTCT sites, better linkages with MCH, TB/HIV and other important issues as noted in the Guidance documents we received from the Deputy Principals.

Other Qualitative Accomplishments:

Partners will assist MOHSW with the following documents:

- The second version of the National PMTCT Guidelines, to be published by Dec. 2008
- The framework for Integration of PMTCT in Maternal, Newborn and Child Health Services, to be published by April 2009
- IMCI national guidelines, to be developed by October 2008
- HIV and AIDS workplace policy and program, finalized by December 2008
- Infant and young child feeding tools, developed by October 2008
- Complete PMTCT data collection and reporting tools
 - o Lesotho obstetric record
 - o Child health card
 - o PNC and Under 5s registers
 - o PNC and Under 5s monthly summary forms.
- Develop/adapt PMTCT job aids
- Support minor renovations and provide equipment to enhance service delivery at health centers

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5956.09	Mechanism: MTCT Plus (Columbia University)
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 12122.27077.09	Planned Funds: \$180,000
Activity System ID: 27077	
Activity Narrative: N/A	

New/Continuing Activity: Continuing Activity

Continuing Activity: 18590

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18590	12122.08	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	8146	5956.08	MTCT Plus (Columbia University)	\$400,000
12122	12122.07	U.S. Agency for International Development	Columbia University	5956	5956.07	ICAP	\$0

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8216.09
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Funding Source: GHCS (USAID)
Budget Code: MTCT
Activity ID: 11949.27080.09
Activity System ID: 27080
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18588

Mechanism: Call to Action Project (EGPAF)
USG Agency: U.S. Agency for International Development
Program Area: Prevention: PMTCT
Program Budget Code: 01
Planned Funds: \$830,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18588	11949.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8144	5957.08	Call to Action project (EGPAF)	\$500,000
11949	11949.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5957	5957.07	Partnership for Family-Centered HIV/AIDS Program	\$0

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8157.09
Prime Partner: US Department of Defense
Funding Source: GHCS (State)
Budget Code: MTCT
Activity ID: 18609.27088.09
Activity System ID: 27088

Mechanism: DOD PEPFAR Support to LDF
USG Agency: Department of Defense
Program Area: Prevention: PMTCT
Program Budget Code: 01
Planned Funds: \$15,000

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 18609

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18609	18609.08	Department of Defense	US Department of Defense	8157	8157.08	DOD PMTCT/PC/TB/s upplies/training/ LDF/record keeping	\$15,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 11338.09

Mechanism: TBD PMTCT

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 27180.09

Planned Funds: ██████████

Activity System ID: 27180

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8356.09

Mechanism: USAID Staff ICASS Costs

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Budget Code: MTCT
Activity ID: 27177.09
Activity System ID: 27177
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Program Area: Prevention: PMTCT
Program Budget Code: 01
Planned Funds: \$10,750

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9313.09
Prime Partner: US Agency for International Development
Funding Source: GHCS (USAID)
Budget Code: MTCT
Activity ID: 27179.09
Activity System ID: 27179
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: USAID Staffing - Core
USG Agency: U.S. Agency for International Development
Program Area: Prevention: PMTCT
Program Budget Code: 01
Planned Funds: \$33,150

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$700,000

Program Area Narrative:

OVERVIEW:

UNAIDS estimates indicate that Lesotho has a prevalence of 23.2%, the third-highest HIV/AIDS prevalence in the world. Further, results from the 2004 DHS indicate that 26% of women and 19% of men aged 15-49 are HIV-infected. Prevalence rises with age among both sexes, peaking at 43% among women in their late 30s and 41% among men aged 30-34. In all ten districts of Lesotho, women have a higher infection rates than men.

By the age of 18, 47% of young women and 52% of young men have had sex. Gender inequalities are thought to fuel the HIV epidemic, with culturally ingrained gender disparities adding substantial burden. The last DHS (2004) revealed that both 48% of women and 51% of men agreed that wife beating is justified. The recent UNAIDS and USG-funded Multiple Concurrent Partners (MCP) study revealed that 38% of those who are sexually active have multiple concurrent partners (2008). Eleven percent of women aged 14-49 years and 30% of men aged 15-59 years have had two or more partners in the last year (DHS, 2004). According to a WHO study cited by Halperin and Epstein, concurrency was even higher, with women's rates being reported at 39% and men's rates at 55% (2007). Despite these high rates of multiple concurrent sexual partnerships, cultural norms restrict public discourse on the sexual behavior. The job market adds to sexual networking environment with the all-male mining industry and the predominantly female textile industry often displacing workers from their home villages and thus contributing to the likelihood of multiple sexual partnerships.

Despite the stated emphasis on prevention in Lesotho's response to HIV/AIDS, many of the local stakeholders interviewed for this COP narrative expressed doubts about the feasibility of promoting each one of the "ABCs" of prevention: Abstinence, Be Faithful, and correct and consistent Condom usage. The 2002 reproductive health survey indicated that amongst 20-34 year old females, about 28% of women who said they were abstaining to protect themselves had actually had sex in the past four weeks. The MCP study revealed that 38% were engaging in concurrent relationships, 46% in monogamous relationships and 9% are those who said that they are sticking to one partner to protect themselves (2008). In the recent Modes of Transmission study, it was clear that little has changed since 2002: over the next 12 months, 65% of all new infections in Lesotho will come through "casual sex"

and 23% through “low risk” situations through people involved in sex with a single marital or cohabitating partners (2008). Thus, seven out of eight infections will be linked to multiple concurrent partnerships. According to the MCP study, a number of factors influence the high rates of concurrency, including alcohol, finances, dissatisfaction with current partners, and a belief that faithfulness to a partner need not include sexual faithfulness, as long as one provides support and respect (2008).

MOHSW staff and Basotho prevention specialists interviewed during the COP planning process described abstinence, fidelity, partner reduction, and correct and consistent condom use as impractical or unrealistic, based either on their assessments of prevalent culture norms, or on concerns pertaining to empowerment and gender. In particular, young women were cited as being poorly positioned to abstain from sex or to negotiate condom use. Fidelity and partner reduction were identified as important ways to prevent new infections and even encouraged, but were seen as having limited impact due to the perception that it is normal to have more than one partner, and that those who adopt these strategies may still face exposure via the risk behaviors of their main partner. The achievement of correct and consistent condom use was seen as unlikely in the context of regular, transaction, and “trusted” partnerships that probably contribute most to new infections in Lesotho.

In Lesotho, correct and consistent condom use among those reporting more than one sexual partner in the past two months was 48.6% for men and 41.9% for women aged 15-49 (BCC 2008). Over the past decade there has been a marked change in attitudes toward condom use for disease prevention. Demand for condoms has soared with a stated 22 million condoms having been distributed (PSI 2006). About 80% of women and 70% of men know that condom use can reduce the risk of contracting HIV during sexual intercourse (LDHS 2004). All the same, there are still low levels of condom utilization due to misconceptions and myths associated with their use, as well as supply chain issues that are impacting availability. A 2007 Global Fund assessment also indicated a major shortfall in total numbers of condoms available in Lesotho. A more recent assessment conducted in several districts by the Government of Lesotho (GOL) in collaboration with the United Nations Populations Fund for Population Activities (UNFPA) indicated that major logistics supply problems exist, with stock-outs in some facilities and tremendous over-stock in others.

Over the past five years, (GOL) has made access to treatment a national priority. Unfortunately the most glaring gap in the national response remains the prevention of sexual transmission. The 2006-2011 Lesotho National Strategic Plan (NSP), states that “the focus of the NSP is... to enhance prevention by increasing quality of interventions through behavioral change communications strategies,” and recognizes that multiple and concurrent sexual relationships are primary drivers of the epidemic. Since the current NSP was initiated, however, GOL’s “Know Your Status” campaign (2005- 2007) has been the government’s primary prevention strategy. This national effort to provide access to community-based VCT provided few explicit prevention messages outside of individual counseling, and since its end, there is a lack of explicit prevention messages delivered through both counseling as well as mass media channels. As a result, the PEPFAR/Lesotho has placed strategic priority on scaling up of sexual prevention programs at national, district and community levels. The USG will implement its prevention programs through a cohesive plan that promotes stronger programmatic linkages to all prevention, care, treatment and support partners. GOL will soon release a national BCC strategy and the BCC interventions will catalyze and mediate all programs in Lesotho.

CURRENT USG PROGRAMS:

In FY 2008, PEPFAR/Lesotho implemented its prevention programs through a cohesive plan that promoted stronger programmatic linkages among all prevention, care, treatment and support to partners. In September 2008, the new Prevention Specialist arrived, and she is providing leadership to all PEPFAR partners on prevention messaging. She is managing prevention partners to ensure a more harmonized and comprehensive USG prevention program that closely collaborates with MOHSW and NAC. In addition, the Prevention Specialist is leading the recently formed PEPFAR Prevention Technical Working Group (PTWG). The TWG serves as a program-wide forum for sharing information and best practices, discussing priorities and formulating strategies.

AED’s C-Change project is working with local stakeholders to develop comprehensive prevention messaging. They conducted a prevention priorities workshop of which guided their prevention strategy. AED’s focus is adults with multiple concurrent partners and youth, to impact future behaviors. Peace Corps, working with several host country partners including the Ministry of Youth, Gender, Recreation and sports, the Lesotho Basketball Association, and local businesses, is using sports as a medium for transferring critical life skills and HIV/AIDS prevention strategies to youth. Peace Corps is continuing its HIV/AIDS prevention education program through sports camps and Speak ALOUD, a gender and youth workshop examining emerging gender and youth roles and how they relate to HIV /AIDS. Under the International Labor organization (ILO), HIV/AIDS workplace programs are supporting construction, security, utility and hospitality enterprises and have developed BCC strategies that include AB messages. Through its sub-grantees, Pact is strengthening the capacity of volunteers, peer educators and teachers to deliver prevention messages to community beneficiaries. Pact sub-grantees are also working with religious leaders to reach congregations with values-based prevention messages for men and women, and promoting CT and the use of other preventive services. PSI provides condoms through their nation-wide distribution network. Between January and August 2008, they distributed 1.3 million condoms donated by USG throughout Lesotho, and they plan to continue distribution with FY 2008 funds. The DOD program with the Lesotho Defence Force focuses on peer based troop level prevention programs and working with LDF officers to enhance HIV knowledge and support for prevention programs focusing on male norms for prevention.

USG FY2009 PROGRAMS

In FY 2009, USG’s strategy is to engage one partner (AED’s C-Change project) to coordinate effective and sustainable communication messaging for all prevention partners. C-Change’s messages will be distributed in multiple fora (mass media, interpersonal communication, VCT, religious settings, etc) and will particularly target multiple concurrent relationships, transactional sex, and intergenerational sex as they are common practices in Basotho culture. Messages will be targeted to both men and women currently involved in MCP, as well as youth as a means of reducing the likelihood of future MCP behaviors. Fundamental to this approach is a grassroots program that works through existing structures and systems such as churches, community councils and local organizations and includes discussion and reflection with intensive mass media support.

Other partners will work within this overall framework to convey prevention messages, coordinating closely and following the C-Change lead in providing consistent messages to target groups. As the Pact contract is ending, PEPFAR/Lesotho will identify a follow-on umbrella organization to coordinate ABC efforts among small, local NGOs. This TBD partner will link with C-Change to provide all TA related to facilitating the development and coordination of prevention-related messages across all target populations. As soon as the new umbrella organization is identified, it will work very closely with C-Change and make sure that the sub-partners are fully informed of prevention messaging strategies and that their approach is completely aligned. Messages for local and international faith-based organizations will follow the C-Change model, with modifications to suit specific religious beliefs. Peace Corps, through its program Men As Partners program, will target men between the ages of 15-45, engaging them through workshops that address issues of gender norms and the current cultural contexts contributing to the epidemic. DOD programs will work with the Lesotho Defence Force men and women, and the civilian communities that they serve.

PSI has diversified its line of condoms according to income-based market segmentation and ensured availability and promotion of condoms to each segment. During the last condom campaign, Lesotho had generic messaging promoting general condom use. PSI's annual MAP (Measuring Access and Performance) tracks the entire condom market in Lesotho. Phase II of the MAP study was completed in October 2007 and has demonstrated a significant increase from 11% in 2006 to 39% in 2007 in coverage in rural areas where district-based sales agents were deployed based on the findings of the MAP I study. Coverage in all designated high-risk areas (CSM's/near border posts/factories) is over 90%. PSI also approaches market development by giving samples to new micro-vendors to generate profits to be used for future procurement of condom stocks.

In FY 2009 PSI will incorporate messages on multiple concurrent partnerships and will coordinate this messaging with C-Change to ensure maximize impact. PSI will also develop a life skills communications initiative with the existing implementing partners' activities. PSI will continue to train peer educators within the Lesotho Defense force.

LEVERAGING/WRAPAROUNDS

USG and UNAIDS jointly financed MCP study has been completed and the findings have been shared with all stakeholders in October 2008. The findings will inform prevention messaging in a way that is locally driven and locally owned.

Working with NAC and other stakeholders, PEPFAR/Lesotho will participate as a member of the national prevention working group responsible for planning and implementing a nationwide BCC strategy. The BCC strategy will include the various in-country prevention partners, a delineation of partner roles, and identification of mass media channels to be used to influence social norms and address stigma and discrimination, and a strategy for reaching all appropriate target audiences. All USG Prevention messaging, including correct and consistent use of condoms and male circumcision will be integrated across the program.

PROPOSED COMPACT ACTIVITIES

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate that prevention, particularly BCC, will be a major focus. As noted above, GOL's prevention program has been weak-to-non-existent. We anticipate negotiating with GOL to reach mutual agreement on how to strengthen the National BCC policy and services, with a goal of reducing incidence of HIV in Lesotho. Commitments and responsibilities will be linked to the implementation of the National Strategic plan and soon to be released National BCC strategy. We plan to address gender issues within the context of prevention and strengthen prevention across sectors by linking with health and other development programs, as noted in the Guidance documents we received from the Deputy Principals. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations, and will be in touch with our core team and DP "friend" as we move forward.

OTHER QUALITATIVE ACCOMPLISHMENTS

- Condom distribution Strategy adopted by MOHSW by sept.2009
- Community MCP toolkit version 2 developed by june2009
- Couples IPC toolkit developed by April 2009
- Youth IPC tool kit developed by 2009

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8220.09	Mechanism: AED - Partnership for Health & Development Communications (PHDC)
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 18699.27105.09	Planned Funds: \$328,582
Activity System ID: 27105	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18699	18699.08	U.S. Agency for International Development	Academy for Educational Development	8220	8220.08	Partnership for Health & Development Communications (PHDC)	\$450,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8224.09
Mechanism: USAID Staffing - RHAP
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 18732.27106.09
Planned Funds: \$52,050
Activity System ID: 27106
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 18732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18732	18732.08	U.S. Agency for International Development	US Agency for International Development	8224	8224.08	RHAP TA in prevention	\$80,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11396.09
Mechanism: TBD Umbrella Granting Organization
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 27309.09
Planned Funds: ██████████
Activity System ID: 27309
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8356.09	Mechanism: USAID Staff ICASS Costs
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 27181.09	Planned Funds: \$10,750
Activity System ID: 27181	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9313.09	Mechanism: USAID Staffing - Core
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 27182.09	Planned Funds: \$33,150
Activity System ID: 27182	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11335.09	Mechanism: TBD Community Care and OVC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 27183.09	Planned Funds: ██████████
Activity System ID: 27183	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11340.09	Mechanism: TBD Umbrella Granting Organization
-------------------------------	--

Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 27184.09
Activity System ID: 27184
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

USG Agency: U.S. Agency for International Development
Program Area: Sexual Prevention: AB
Program Budget Code: 02
Planned Funds: ██████████

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8206.09
Prime Partner: US Peace Corps
Funding Source: GHCS (State)
Budget Code: HVAB
Activity ID: 18679.27098.09
Activity System ID: 27098
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 18679

Mechanism: VAST grants
USG Agency: Peace Corps
Program Area: Sexual Prevention: AB
Program Budget Code: 02
Planned Funds: \$160,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18679	18679.08	Peace Corps	US Peace Corps	8206	8206.08	VAST grants	\$56,800

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$3,102

Education

Estimated amount of funding that is planned for Education \$6,204

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$530,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8206.09	Mechanism: VAST grants
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 27185.09	Planned Funds: \$30,000
Activity System ID: 27185	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8220.09	Mechanism: AED - Partnership for Health & Development Communications (PHDC)
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 27186.09	Planned Funds: \$112,500
Activity System ID: 27186	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11335.09	Mechanism: TBD Community Care and OVC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 27187.09	Planned Funds: ██████████
Activity System ID: 27187	

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11396.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 27188.09

Activity System ID: 27188

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: TBD Umbrella Granting Organization

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 6207.09

Prime Partner: Population Services International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 18644.27087.09

Activity System ID: 27087

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 18644

Mechanism: Increasing access HIV C&T (GHA)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$344,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18644	18644.08	HHS/Centers for Disease Control & Prevention	Population Services International	8184	6207.08	Increasing access HIV C&T/Male Circumcision	\$150,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5967.09

Prime Partner: US Agency for International Development

Mechanism: Contraceptive Security Fund

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12069.27083.09

Planned Funds: \$0

Activity System ID: 27083

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 18607

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18607	12069.08	U.S. Agency for International Development	US Agency for International Development	8154	5967.08	Contraceptive Security Fund	\$0
12069	12069.07	U.S. Agency for International Development	US Agency for International Development	5967	5967.07	Contraceptive Security Fund	\$0

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$200,000

Program Area Narrative:

BLOOD SAFETY OVERVIEW:

Lesotho's health services are currently compromised by a chronic shortage of safe blood for transfusion. The demand for blood and the Lesotho National Blood Transfusion Service (LNBTs) workload has increased dramatically as a result of the growing need for blood transfusions for HIV-related and ART-induced anemia. Currently, LNBTs is the sole blood provider in Lesotho and collects only 1.4 units per 1000 population, far less than the WHO-recommended 10-20 per 1000. LNBTs has only a single mobile blood collection team (1 registered nurse and 1 office assistant) that covers the entire country and can be away from Maseru for extended periods. During these extended blood drives, blood is transported back to LNBTs by government and hospital transport systems. Collection is usually planned on a short-term basis and is largely reactive. As donors are predominantly school children, chronic shortages become acute during school holidays. National law allows children as young as 12 to donate, but LNBTs, with the assistance of PEPFAR partner SBFAF, targets school children age 16-18. Currently, 97% of donors are voluntary, non-remunerated donors. Seventeen percent of donors report having given already in the previous 12 months. Most importantly, the prevalence rate of HIV among first-time and regular/repeat blood donors is 4.5%.

BLOOD SAFETY USG FY 2008 ACTIVITIES:

PEPFAR supports the LNBTs through implementing partner Safe Blood for Africa Foundation (SBFAF). In FY 2008, with a budget of \$60,000, SBFAF will carry out training and support to develop a voluntary blood donor program, train administrative and donor staff in developing quality systems, train clinical and nursing staff in rational blood use, and train technical and lab staff on lab systems quality. LNBTs has also funded a dedicated staff person for LNBTs to help coordinate blood donations.

BLOOD SAFETY USG FY 2009 SUPPORT:

In COP 2009, SBFAF intends to establish a more integrated approach to blood safety in Lesotho, with potential cross-cutting benefits not only to Biomedical Prevention, but also to Adult and Pediatric Treatment, Counseling and Testing, and Laboratory Infrastructure. SBFAF will establish an in-country presence to assist in building local capacity and more closely integrate with other partner prevention programs. The possibility of sharing office space with other partners will be explored.

Proposed areas of support include: providing LNBTs with blood collection equipment and vehicles for additional mobile blood collection, and installing updated equipment in hospital blood banks. SBFAF will also work to improve organizational structure and blood policy, following WHO BTS Guidelines. To ensure long-term sustainability, SBFAF will continue providing management and leadership development. Innovative youth oriented donor recruitment programs known as "Club 25" will be strengthened and will promote HIV prevention through peer support, safe lifestyles and regular counseling and testing for blood donors. Participants from other countries in "Club 25" activities report lower sero-conversion rates than non-participants.

BLOOD SAFETY LEVERAGING AND WRAP-AROUNDS

SBFAF intends to support the collaborative partnership between LNBTs and Lesotho National Red Cross, which emphasizes the role of Red Cross volunteers in recruiting blood donors and building awareness and skills in HIV counseling. SBFAF will also coordinate with MCC on the plans for building a new blood transfusion unit.

BLOOD SAFETY PROPOSED COMPACT EXPANSION:

PEPFAR/Lesotho does not anticipate further scale-up for blood safety activities under a Partnership Compact. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations, and will work closely with MOHSW to identify critical areas for scale-up.

MALE CIRCUMCISION OVERVIEW

Three randomized, controlled trials in Africa have confirmed that male circumcision (MC) reduces the likelihood of female to male HIV transmission by approximately 60% and modeling studies suggest that MC could prevent up to 5.7 million new HIV infections over the next twenty years. In March 2007, WHO and UNAIDS issued guidance urging countries with high HIV prevalence and low MC rates incorporate MC into their HIV prevention programs as part of a comprehensive package that includes abstinence, partner reduction, condom promotion, HIV counseling and testing and STI treatment.

As one of the highest HIV prevalence countries in the world, Lesotho stands to benefit tremendously from the scale-up of safe, comprehensive MC services. While MC is a promising intervention that could potentially prevent millions of new HIV infections, safe MC services require well-trained healthcare providers, appropriate infection prevention and control practices, and sufficient space, equipment and supplies. In addition to the surgical procedure, other essential elements of MC services that must be taken into account include informed consent, pre-operative HIV counseling and testing, post-operative care and risk reduction counseling, and a minimum package of other male reproductive health services, such as treatment of STIs, and condom distribution.

According to the 2004 DHS survey, 48% of 2,800 male respondents aged 15 to 59 have been circumcised. A June 2008 MOHSW report further explains that the percentage of men circumcised was similar among men aged 20 to 59. However, only 21% of men aged 15 to 20 were circumcised. The limitation of this survey, and similar studies on circumcision in Lesotho, is the lack of differentiation between partial circumcisions (not protective against HIV) performed by traditional circumcisers in initiation schools and complete, surgical circumcisions that provide an estimated 60% protection against HIV per unprotected sexual act with an HIV-positive individual. It is believed that traditional circumcision in Lesotho is often incomplete; in other words, traditional circumcisers may not remove the entire foreskin, leaving traditionally circumcised men at high risk of acquiring HIV. Clear, effective communication about male circumcision is essential in any country which is planning to implement MC for HIV prevention, but particularly in a country like Lesotho, where it is necessary to explain the difference between traditional and complete medical circumcision and where some men may need to be "re-circumcised" in order to obtain the HIV prevention benefits of MC. It will also be important to involve the traditional circumcisers in the program to ensure their buy-in and support.

The MOHSW report indicates that approximately 15,000 circumcisions are performed annually in Lesotho. Of these, between 3,000 and 4,000 are carried out in GOL facilities, and 1,000 to 2,000 are carried out in private practices and the Lesotho Planned Parenthood Association (LPPA) clinic. The remaining estimated 10,000 are performed in initiation schools. Anecdotal information from GOL, private physicians and the LPPA indicates that the existing level of service delivery does not meet the current demand, which is around 24,473 MC /per year and that long waiting lists, particularly in urban areas, are common.

MALE CIRCUMCISION USG FY 2008 ACTIVITIES:

PEPFAR/Lesotho has been active in providing support to MOHSW for male circumcision. At this time, MOHSW has not yet developed a policy on MC or a strategic plan for roll-out of services. Two USG partners, JHPIEGO and PSI, have funding to assist MOHSW as they move forward with policy development. Just recently, MOHSW formally requested PEPFAR assistance, and PEPFAR will be working closely with the MOHSW MC focal person and MC task force. Given the serious cultural sensitivities around provision of MC, USG is engaging with traditional healers and initiation school leaders to further understand these cultural sensitivities.

Policy issues on which PEPFAR will work with MOHSW include: minimum package of services for adult males, task shifting for direct service provision, use of anesthesia, role of traditional initiation leaders and relationship with initiation school-provided partial circumcisions, timeframe of scale-up, infant and young child service provision. PEPFAR will also help MOHSW to simultaneously develop a communication strategy. A critical component of our MC strategy is advocacy for task-shifting of MC from doctors to well-trained and supervised nurses. This is critical due to human capacity resource constraints in Lesotho.

PEPFAR/Lesotho also plans to conduct a study tour for MOHSW policy makers and traditional leaders to countries where MC is taking place, so that they can see various models as they determine how to roll out MC activities in Lesotho.

MALE CIRCUMCISION USG FY 2009 SUPPORT:

As MOHSW determines a way forward on MC, PEPFAR/Lesotho remains very much engaged. Given the slow pace of work on MC in Lesotho, there is a significant pipeline of MC funds with current partners, so PEPFAR/Lesotho will program a conservative amount of FY 2009 funds. These funds will go to a TBD partner, as USG waits to see who is awarded the follow-on to the central project working on MC, currently held by JHPIEGO. PEPFAR/Lesotho is ready to significantly scale up funds for MC when MOHSW approves a policy and is ready to move forward with service provision.

Our TBD partner will work closely with MOHSW and other partners to provide training for health care providers and roll out safe and comprehensive MC services as part of a comprehensive approach to HIV prevention. To begin, our TBD partner will implement activities including:

- Development of an MC scale-up plan including selection of future MC sites

- Procurement of key MC supplies and equipment (autoclaves, surgical instruments, gloves, sutures, local anesthesia and other consumables)
- Development/adaptation of MC data collection forms
- Development of a brief MC orientation package
- Orientation of staff and management at sites selected to implement MC services (including selection of providers and counselors for training)
- Training of MC service providers and MC counselors (to include provider-initiated HIV testing and counseling)
- Training on infection prevention and control (with emphasis on instrument processing)
- Supportive supervision and follow-up for recently trained MC providers and counselors
- Analysis and reporting of MC data to MOHSW, PEPFAR, WHO and other key partners

MALE CIRCUMCISION LEVERAGING AND WRAP-AROUNDS

PEPFAR, along with implementing partner JSI, is a member of the MOHSW MC task force, and as such works closely with other development partners in policy development and advocacy around MC. PEPFAR is also collaborating closely with MCC to ensure that MCC-renovated clinics and hospitals have procedure rooms available to conduct MC when service delivery rolls out.

MALE CIRCUMCISION PROPOSED COMPACT EXPANSION

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, expansion and strengthening of prevention services is a critical focus. When MOHSW develops an MC policy, we anticipate scaling up funding to provide training and implement services. If our Compact is approved, we anticipate potentially reaching 30,000 men with MC. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations. We plan to address gender issues and ensure policies that improve implementation of services (i.e., task-shifting to nurses) as noted in the Guidance documents we received from the Deputy Principals, and we will be in touch with our core team and DP "friend" as we move forward.

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 8183.09	Mechanism: Support to Lesotho Blood Transfusion Service
Prime Partner: Safe Blood for Africa Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 18639.27096.09	Planned Funds: \$200,000
Activity System ID: 27096	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18639	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18639	18639.08	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	8183	8183.08	Support to Lesotho Blood Transfusion Service	\$60,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$500,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 11337.09	Mechanism: TBD Male Circumcision
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 27189.09	Planned Funds: ██████████
Activity System ID: 27189	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$733,000

Program Area Narrative:

OVERVIEW

Lesotho has made significant progress in the area of care, treatment and support in the past few years, however large gaps in service delivery are still a problem. ART is available in only about half the clinical facilities in the country. Problems with logistics and transportation of blood samples are still a major problem. Stock-outs of medicines and supplies are a concern everywhere, and patients often have difficulty reaching health clinics that provide ART. A lack of qualified practitioners still slows the rollout efforts. Using Global Fund Round 2 and 5 grants, GOL has rolled out ART, which is now available in even some remote parts of the country. It is estimated that \$US 6.8 million was spent on treatment, care and support in the year 2006-07. To support rapid ART scale-up, GOL instituted a 2% allocation of line Ministry budgets for HIV/AIDS scale up nationwide and directed these funds to the NAC.

The first ART site in Lesotho was established in 2002 in the capital district of Maseru. In 2004, GoL, with support from WHO, adopted a scale up plan to decentralize ART service delivery. ART services are now available in a total of 104 out of 205 sites, including hospitals, health centers and private practitioners. Following a 2007 revision of its ART guidelines, GoL now recommends that people with a CD4 count below 350 are eligible for treatment, whereas previously ART was recommended when the CD4 count was below 200. In 2005, 77,986 men and women in Lesotho were in need of ART (UNAIDS 2007), but only 8,000 people had access to ART (10.2%). Coverage has since risen to 39%, with 31,700 people receiving ART as of June 2008 (GFCU 2008). Adult women make up just over 2/3 of those accessing treatment whereas females under the age of 15 make up half of the children on treatment. In addition, in June 2008, nearly 138,000 people were receiving community home-based care support (GFCU 2008) and in March 2007, 49,192 people were enrolled on chronic care (MOHSW 2007). MOHSW 2011 goals are to have 100% of all health center accredited in providing ART services and 60% of eligible people enrolled in ART.

Adult ART service provision in Lesotho is mainly supported by WHO, UNICEF, Canadian NGO OHAfrica, Partners in Health, MSF, and other NGOs. These organizations, along with MOHSW implement all the ART services in Lesotho including

procurement and distribution of drugs, TA for the development of guidelines and policy and the training of clinicians. MCC recently entered into force in September 2008, and will build and/or renovate clinics integrating ART clinics with Out Patient Departments (OPD), hospitals and lab facilities and facilitate training to health staff. WFP is currently providing nutritional support to approximately 5,510 households infected with and affected with HIV with a total of about 25,158 beneficiaries. The food support is distributed via health centers once a month.

CURRENT USG PROGRAM

Given the limited funding of the PEPFAR/Lesotho program, the strong performance of the Round 2 and 5 Global Fund grants, and the support GOL has received from other international organizations, PEPFAR/Lesotho has focused on a number of issues related to and supporting adult care and treatment which are described in the following program area narratives (PMTCT, pediatrics, labs, supply chain management). The PEPFAR program provides support for adult care and treatment within the context of PMTCT-Plus activities by partners ICAP and EGPAF. The PMTCT-Plus program is further articulated in the PMTCT program area narrative. PEPFAR also carries out care and support activities with LDF through DOD, and works to build health care workers capacity in collaboration with other PEPFAR funded partners such as MSH and the Southern Africa Human Capacity Development (SA-HCD) Coalition (see OHSS narrative).

At the national level, ICAP and EGPAF support MOHSW in strategic planning and the development of PMTCT care and treatment systems, policies and guidelines, including pediatric AIDS. In FY 2007, changes were initiated in PMTCT policies, including provider-initiated counseling and testing and dispensation of NVP prophylaxis to HIV-positive pregnant women at the first ANC visit. Partners supporting PMTCT services in a total of 48 sites added 5,588 individuals to ART; 9,421 individuals are currently receiving ART at these sites.

The Makoanyane Military Hospital, with support from DoD has been providing palliative care to the military personnel since the early 1980s. Patients are seen at their own homes through hospital initiated home based care and the health team provides holistic care and terminal care for its clients, this includes providing spiritual care and psychosocial support to clients and their families. Patients will also be seen by the Mobile Clinic at the Lesotho Defense Force (LDF) Barracks throughout the country and at communities nearby the bases and selected other community sites.

USG FY 2009 SUPPORT

At this time, PEPFAR/Lesotho plans to continue providing PMTCT-Plus services in FY 2009, through its implementing partners EGPAF and ICAP, while developing human capacity within MOHSW and CHAL to improve program quality. As central agreements with both EGPAF and ICAP will be ending in 2010, PEPFAR/Lesotho plans to provide 6 months of FY 2009 funding to each, to ensure a smooth transition between programs. PEPFAR/Lesotho will solicit for a new PMTCT partner who will assume responsibility for current EGPAF and ICAP sites and patient loads, and continue provision of PMTCT-Plus services, including ART and adult care. PEPFAR/Lesotho feels that the PMTCT program will be enhanced by one strong leader in this important program area. With transition funding, both EGPAF and ICAP plan to support ART provision within MCH clinics in keeping with the new MOHSW guidelines and based on the successful pilot of this approach at Queen Elizabeth II Hospital. Both partners will focus on the provision of comprehensive support to sites, including: facilitating immediate provision of ARV prophylaxis for HIV-positive pregnant women; staging HIV-positive pregnant women within the maternal and child health (MCH) services, facilitating CD4 testing, providing STI screening and syndromic management, and making timely referrals for treatment for HIV+ eligible pregnant women. In addition, partners will provide a more complex course of ARV prophylaxis to the HIV+ pregnant women not eligible for HAART and for all exposed infants, including treatment of opportunistic infections (OIs) and screening and referrals for TB. Both partners will also continue to develop their family-centered approach to care, with the goal of increasing uptake of ART and care services for male partners and family members of mothers receiving PMTCT services.

PEPFAR/Lesotho also will solicit for a new partner to strengthen community-based care and facilitate linkages between community and facility care and treatment. Evidence suggests that many patients who are ineligible for ART are lost to follow-up. Even those patients that are receiving ART or facility-based clinical care services are not always linked to community services. We anticipate engaging a partner that is able to bridge this gap and link patients at facilities to community and home-based care services, and vice versa.

In early 2009, PEPFAR/Lesotho plans to have members of the Adult ART and Care and Support TWGs at headquarters conduct an assessment of the national Lesotho ART program. Based on that assessment, we will determine how PEPFAR will engage further in the treatment sector. Given that the majority of ART is being managed by MOHSW through other funding sources, either through provision of services or support, PEPFAR is eager to identify critical gaps that we could fill.

LEVERAGING AND WRAPAROUNDS

The USG is committed to the synergistic benefits resulting by collaborating with other organizations working in the areas of PMTCT, ART, and care. PEPFAR's PMTCT-plus partners work in concert with Baylor College to refer HIV-positive pediatric patients for clinical care and ART monitoring. USG sits on the national PMTCT TWG and works with PMTCT partners to ensure linkages with other adult-care service providers. As the MCC Compact rolls out, opportunities have begun to present themselves for a wide range of training and human capacity development at the outpatient departments and community health centers throughout Lesotho.

PROPOSED COMPACT EXPANSION

The expansion of Adult Treatment and support services has occurred primarily through our PMTCT partners. As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate further strengthening Adult Care and Support activities mainly through human resource development activities. To determine how best to assist the GOL in achieving its goals of improved chronic care (including ART supplies and services), increased psychosocial support, strengthened home-based and palliative care, PEPFAR will be conducting a thorough assessment of this program area, the results of which will be taken into account during Compact development.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11432.09	Mechanism: Ambassador's Small Grants
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 27190.09	Planned Funds: \$50,000
Activity System ID: 27190	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8232.09	Mechanism: USAID Staffing - Contract
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 27191.09	Planned Funds: \$144,250
Activity System ID: 27191	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8356.09	Mechanism: USAID Staff ICASS Costs
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 27192.09	Planned Funds: \$18,250
Activity System ID: 27192	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8216.09	Mechanism: Call to Action Project (EGPAF)
------------------------------	--

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (USAID)

Budget Code: HBHC

Activity ID: 19078.27103.09

Activity System ID: 27103

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 19078

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$43,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19078	19078.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8216	8216.08	Call to Action Project (EGPAF)	\$166,500

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8206.09

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 19100.27099.09

Activity System ID: 27099

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 19100

Mechanism: VAST grants

USG Agency: Peace Corps

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$65,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19100	19100.08	Peace Corps	US Peace Corps	8206	8206.08	VAST grants	\$25,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$4,653

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$6,204

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11335.09	Mechanism: TBD Community Care and OVC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 27193.09	Planned Funds: ██████████
Activity System ID: 27193	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11338.09	Mechanism: TBD PMTCT
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 27194.09	Planned Funds: ██████████
Activity System ID: 27194	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5956.09 **Mechanism:** MTCT Plus (Columbia University)
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 18740.27078.09 **Planned Funds:** \$90,000
Activity System ID: 27078
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 18740

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18740	18740.08	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	8146	5956.08	MTCT Plus (Columbia University)	\$400,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8157.09 **Mechanism:** DOD PEPFAR Support to LDF
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 19094.27089.09 **Planned Funds:** \$75,000
Activity System ID: 27089
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 19094

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19094	19094.08	Department of Defense	US Department of Defense	8157	8157.08	DOD PMTCT/PC/TB/s upplies/training/LDF/record keeping	\$50,000

Funding Source: GHCS (USAID)
Budget Code: HTXS
Activity ID: 27195.09
Activity System ID: 27195
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Program Area: Treatment: Adult Treatment
Program Budget Code: 09
Planned Funds: ██████████

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8216.09
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Funding Source: GHCS (USAID)
Budget Code: HTXS
Activity ID: 19079.27104.09
Activity System ID: 27104
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 19079

Mechanism: Call to Action Project (EGPAF)
USG Agency: U.S. Agency for International Development
Program Area: Treatment: Adult Treatment
Program Budget Code: 09
Planned Funds: \$43,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19079	19079.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8216	8216.08	Call to Action Project (EGPAF)	\$166,500

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$272,000

Program Area Narrative:

OVERVIEW

Lesotho has made significant progress over the past three years in the areas of care, treatment and support for both adults and infants. However, pediatric care and treatment is a relatively new area for Lesotho and specific data on HIV pediatrics is scarce. According to UNAIDS (2008), 11, 801 children are living with HIV/AIDS. UNGASS (2007) estimates 3,520 children need treatment, with only 26% receiving ART in November 2007. Data from PMTCT clinics (UNGASS 06-07) indicate that out of 167 health facilities, 19 hospitals and 116 health centers and private clinics are offering antenatal care (ANC), postnatal care (PNC) and maternity services. PMTCT/HCT services were provided to 23,965 pregnant women in 2007. Twenty-five percent of infants born to HIV-infected mothers are HIV-infected themselves (2005). In 2007, more than 3,437 HIV exposed children received DNA-PCR testing, which is expected to be expanded to all health centers in 2008. DBS are collected at clinical facilities and sent to South Africa for DNA-PCR, results in delays in the clinics. The national pediatric goal in Lesotho is to reduce new HIV infections among children by 50% and to provide HIV services to all infected children and their families by 2011. The MOHSW has further indicated the goals for 2011 of providing ARV prophylaxis to 100% of exposed infants; and that at least 80% of community health workers and traditional birth attendants are capable to support PMTCT (MOHSW Health Sector HIV/AIDS Strategic Plan 2008-2011).

In addition to PEPFAR, several international donors support GOL's PMTCT and pediatric HIV treatment programs, including the Clinton Foundation (CHAI) and Baylor College of Medicine. The Baylor Center of Excellence opened in December 2005 and is well known in Lesotho as the prime pediatric care, support and treatment hospital. UNICEF supports Baylor's outreach program to deliver pediatric HIV care and treatment mentoring and training to five hospitals and staff from filter clinics in five districts. UNICEF, in collaboration with CHAI and Baylor, has also undertaken in-service training of staff from 17 of 21 hospitals on DBS testing. UNICEF also provides PMTCT and Pediatric HIV supplies, including Hemoglobino-meters, HIV rapid test kits, midwifery kits and sterilization kits.

Systemic therapeutic and supplemental feeding programs do not exist in Lesotho, although some nutritional support is provided by World Food Program (WFP). Approximately 5,510 households infected and affected by HIV are provided food packages, with an estimated total of 25,160 beneficiaries. The food support is distributed via health centers once a month. An additional 350 children on ART are given food support through Queen II Hospital and Baylor.

CURRENT USG PROGRAMS

PEPFAR/Lesotho's pediatric care and treatment services are part of an integrated PMTCT program, and are implemented by PMTCT partners EGPAF and ICAP. Through PMTCT programs and a system of referrals and networking newborns, under-fives and older children are identified, diagnosed, and treated. USG partners link with CHAI and Baylor to refer HIV-positive children to pediatric care and treatment. In FY 2008, EGPAF and ICAP increased their support to clinical sites that provide PMTCT and pediatric care services, as well as strengthened referrals to and linkages with CHAI and Baylor. In addition, USG implemented a stronger and more robust data reporting system over the course of FY 2008, which provides more accurate and timely data both to PEPFAR and MOHSW.

USG FY 2009 PROGRAM

PEPFAR's plan to scale-up PMTCT services in 80-90% of clinical sites throughout Lesotho by the end of FY2009 is consistent with the MOHSW's target of 100% PMTCT by 2011. Improving the quality of programs for both mothers and infants, improving program monitoring and expanding community level activities will be a important part of this scale-up. PEPFAR partners also plan to strengthen TB/HIV and nutrition programming to provide integrated services. Strengthening the monitoring and evaluation systems of pediatric HIV and AIDS care services is another goal for FY2009. With more intensive work with family support groups and community outreach activities, PEPFAR will be able to increase its provision of pediatric care, including providing nutritional counseling, assessments and support, and expanding psychological and social support services.

PEPFAR plans to select a new prime partner for PMTCT during FY2009 (see PMTCT program area for more details). This new partner will work to enhance and improve pediatric services. Of particular concern is the almost 50% of mothers that give birth in the community. Making clinics more user friendly for both antenatal and birthing services, honoring cultural practices in the clinic, training birth attendants in PMTCT, systematic follow-up of new-borns, etc. are some ideas to be implemented. Nutritional assessment and counseling, including therapeutic and supplemental feeding programs will be another important component for the new partner.

MOHSW is currently debating whether to allow nurses to prescribe ART for children. This change in policy would increase the services available at health clinics and decrease referrals and possibilities of loss to follow-up.

LEVERAGING/WRAPAROUNDS

As discussed above, the Baylor Center of Excellence is the prime pediatric care, support and treatment hospital, which accepts referrals from throughout Lesotho and does outreach to clinical facilities. The Clinton Foundation (CHAI) also provides comprehensive pediatric services in some district hospitals and purchases all pediatric ARVs. UNICEF is the implementing agency for the European Commission in services for children, including a voucher system for vulnerable children and their families, which should start during FY 2009. WFP provides food packages for targeted adults and children for defined periods of intervention. Collaboration and coordination is the responsibility of the National Pediatric Task Force. PEPFAR partners work in collaboration with these programs to enhance their inputs and thus provides a more comprehensive package of services to pediatric clients.

Of particular note is the expansion of the Baylor Center of Excellence, which will build pediatric to provide satellite clinics in each of the 10 districts over the next few years. Their mentorship program in hospitals in Butha Buthe and Mokhotlong, where Baylor doctors visit on a regular basis and provide 24 hour phone consultations is an effective model that can be replicated in other services. These satellite clinics will be very useful in promoting comprehensive pediatric care throughout Lesotho.

PROPOSED COMPACT ACTIVITIES

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate that funding for pediatric care and treatment will increase significantly in order to increase the number of infants receiving treatment services in PMTCT clinics. We anticipate negotiations with GOL to increase the number of clinical sites at which PEPFAR is supporting services, as well as improve the quality of services provided through improving human capacity, and strengthening linkages with community-based HIV/AIDS support programs for better referrals of pregnant women and young children to clinical services. We plan to address issues that impact children, including increasing access to care and treatment and scaling up provision of pediatric ART, as noted in the Guidance documents we received from the Deputy Principals. As Compact negotiations are only at the early stages, we understand that we may need to review our expectations, and will be in touch with our core team and DP "friend" as we move forward.

OTHER QUALITATIVE ACCOMPLISHMENTS

1. New PMTCT Guidelines changed from single dose nevirapine (sd-NVP) to a multi-drug ARV prophylaxis regimen (AZT/3TC/sd-NVP). USG partner, EGPAF, was instrumental in this effort and provided technical support to MOHSW in the roll-out.
2. New ANC and maternity registers were finalized. This effort contributes to upstream results in PMTCT, including pediatrics.

In addition to PEPFAR, several international donors support GOL's PMTCT and pediatric HIV treatment programs, including the C

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5956.09	Mechanism: MTCT Plus (Columbia University)
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 27196.09	Planned Funds: \$30,000
Activity System ID: 27196	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 8216.09	Mechanism: Call to Action Project (EGPAF)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 27197.09	Planned Funds: \$42,000
Activity System ID: 27197	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 11335.09	Mechanism: TBD Community Care and OVC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 27198.09	Planned Funds: ██████████
Activity System ID: 27198	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 11338.09	Mechanism: TBD PMTCT
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 27199.09	Planned Funds: ██████████
Activity System ID: 27199	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$302,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5956.09	Mechanism: MTCT Plus (Columbia University)
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 27200.09	Planned Funds: \$60,000
Activity System ID: 27200	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8216.09	Mechanism: Call to Action Project (EGPAF)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 27201.09	Planned Funds: \$42,000
Activity System ID: 27201	
Activity Narrative: N/A	

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11335.09	Mechanism: TBD Community Care and OVC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 27202.09	Planned Funds: ██████████
Activity System ID: 27202	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11338.09	Mechanism: TBD PMTCT
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 27203.09	Planned Funds: ██████████
Activity System ID: 27203	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$1,275,000

Program Area Narrative:

Overview

Lesotho has the 5th highest incidence of TB in the world and it is estimated that 80% of TB patients are co-infected with HIV. TB control activities in Lesotho are decentralized to the country's 10 districts, and although Lesotho currently reports 100% DOTS coverage, the National TB program (NTP) is weak, and the accuracy of data questionable. The NTP reports that 12,258 cases of TB (all forms) were identified in 2007, with a case notification rate of 541/100,000 population; and the case notification rate for new sputum smear positive cases was 227/100,000. The case detection rate for Lesotho currently stands at 80%, well above the globally set target of 70%. The NTP registered 3,162 sputum smear positive cases for TB treatment in 2006, of which 73% (2,294) were successfully treated (cure rate of 59%, well below the 85% target) and a high death rate of 10%. Using drug-resistance data from KwaZulu-Natal, a neighboring province of South Africa, and applying it to Lesotho's 2005 TB incidence, an estimated 950 new MDR-TB patients will be diagnosed in Lesotho each year.

Lesotho's NTP functions within the Disease Control Unit, which is also responsible for the management of the majority of the country's communicable and non-communicable disease control programs. The NTP Manager reports to the head of the Disease Control Division, who reports to the Director of Primary Health Care, who reports directly to the Director General (DG) of Health Services. By contrast, the HIV/AIDS Directorate is a completely separate entity which reports directly to the DG. The parallel and unequal position of these programs has resulted in limited collaboration, although PEPFAR/Lesotho is advocating for closer coordination. The NTP has focused its TB/HIV efforts on scaling up two main collaborative activities:

- 1) HIV testing for patients with TB,
- 2) CPT and ART for patients with TB disease and HIV infection.

In 2007, 51% of newly registered TB patients were tested for HIV, of whom 80% were positive. Among patients with TB and HIV, 70% received CPT, and approximately 19% were on ART. The NTP has begun regular collaborative meetings with the HIV/AIDS directorate and plans to have district TB coordinators and HIV coordinators conduct joint supervision visits to improve TB/HIV integration.

A recent assessment by CDC reported that the Central Laboratory (CL) has insufficient staff, space, and equipment. The CL is unable to meet the demand for culture or DST, and space limitation has been identified as a significant safety issue. These insufficiencies are a barrier to scaling up diagnosis and treatment of smear-positive, smear-negative, and extra-pulmonary TB, as well as drug resistant TB. The MCC will be building a new National Reference Laboratory (NRL), but it will not be ready to perform essential laboratory services until 2011. In the interim, the NTP plans to decentralize laboratory capacity to diagnose and treat both susceptible and resistant TB, by increasing the capacity of three regional labs to perform culture and DST.

PIH currently provides staff and TA to the CL, and manages the only MDR inpatient treatment facility in Lesotho. They are also active in programs that support community-based treatment for TB and drug resistant TB. Global Fund Round 8 funding has been requested to develop and support three additional MDR treatment sites around the country. The NTP's efforts to expand central and regional capacity to diagnose and treat MDR TB are part of a plan to assume responsibility (from PIH) for management of MDR TB in Lesotho.

Current USG Program

University Research Corporation (URC) is the primary PEPFAR funded partner for TB/HIV in Lesotho and is currently working in six districts at ten hospitals, six public health clinics, and two private clinics. URC has provided technical support to the NTP to develop a National Tuberculosis Policy Manual, National DOTS Expansion Strategic Plan, TB/HIV Strategic Plan, and other essential documents. In addition, it has provided technical assistance to the implementation of the national Drug Resistance Survey (currently in progress). A primary role of URC is training staff at hospitals and health centers, particularly ART clinic nurses and private healthcare professionals, in TB diagnosis and treatment. URC has also trained TB officers and District TB/HIV coordinators in the use of the Electronic TB Register (ETR) which was developed by WHAM Technologies through support of CDC. The ETR is managed by the NTP, although the USG continues to fund WHAM for system maintenance and support. All districts have now trained in ETR and are using this system in tandem with written registers.

URC also participates in NTP supervisory support visits to public and private health facilities to check the accuracy of TB registers and patient treatment cards, and to assist staff to resolve problems encountered in TB control. URC is providing financial support for 20 lay counselors who are providing HIV testing and counseling services to TB suspects and patients in both public and private health facilities. URC also provides financial support for one of the laboratory technicians involved in TB and HIV diagnosis and follow-up examinations.

USG 2009 Support

PEPFAR/Lesotho is currently working to identify the strongest partner within the TB sector in Lesotho to lead and coordinate its work. As a result, TB/HIV funding is TBD in the FY 2009 COP. This partner will continue to prioritize PEPFAR's main objectives consisting of HIV counseling and testing for TB suspects and TB testing for HIV-positives, as well as strengthening of appropriate treatment and prevention services for those with TB infection and active disease. In addition, PEPFAR will redouble its efforts to encourage close collaboration between HIV PMTCT, care, and treatment partners. Closer collaboration is needed between TB implementing partners and all clinical services to reinforce screening and referrals to improve the overall quality of services to HIV-positive TB patients. Referral and feedback systems, particularly with PMTCT will be strengthened. PEPFAR will also engage the NTP and its implementing partners to improve essential infection control measures to prevent TB transmission in HIV and primary care facilities. PEPFAR will continue to support MDR TB surveillance and work with partners to effectively and efficiently manage drug resistant TB.

Since lab capacity has been identified as a major challenge to the expansion of TB/HIV services and MDR TB diagnosis and treatment, further investment is critical. The USG will continue building capacity within the Central Laboratory and at planned regional laboratories. A new CDC lab advisor will work closely with the Laboratory Director and care providers to ensure that essential laboratory services such as microscopy and culture, as well as drug susceptibility testing and molecular diagnostics (where appropriate), are available. Linkages to external labs and both internal and external quality control will be developed. More information about proposed lab activities is available in the Laboratory Strengthening program area narrative.

Leverage and Wraparounds

The Global Fund Round 2 grant provides funding to conduct surveillance for MDR TB. PEPFAR/Lesotho supports this surveillance through Technical Assistance from the CDC Chief of Party, CDC Department of TB Elimination, and TA from URC. PEPFAR also works in partnership with MCC, which plans to refurbish up to 150 health clinics and 14 hospitals over the next five years. One example of this collaboration is that the ETR system used by the NTP and supported by PEPFAR will be integrated into the HMIS being assessed by MCC. PEPFAR and MCC are also collaborating on the development of infection control policies and guidelines to ensure appropriate measures are implemented in the newly renovated clinics and hospitals. To date, PEPFAR, through CDC, has provided training on infection control to the Christian Health Association of Lesotho (CHAL) for CHAL's

community health centers, which are among those being refurbished by MCC.

The Foundation for Innovative Diagnostics (FIND), Partners in Health (PIH), GF, MCC, MOHSW and PEPFAR have been working together to develop in-country TB culture and sensitivity testing capacity. A small but state-of-the-art interim facility has been built by FIND and PIH for this purpose, but it is already over capacity, leading to backlogs and concern about contamination of specimens. When the new MCC funded NRL is completed, equipment from this state-of-the-art lab will be moved there. However, as noted above, construction will not be completed until 2011, and additional space, equipment, and trained technicians will need to be identified and procured in the interim.

Proposed Compact Expansion

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate further strengthening of TB/HIV activities including improvements related to the laboratory, referral and treatment of HIV/TB co-infected patients, MDR detection and treatment, and surveillance activities. This will be accomplished primarily through human resource development activities including supportive supervision and mentoring, local and distance learning, training of additional technicians and ancillary staff, as well as task shifting when possible, implementation of quality assurance programs, and improved referral and follow-up systems and infection control measures. As Compact negotiations are currently in early stages, we understand that we may need to revise expectations, and will rely on the advice of our core team and DP "friend" as we move forward.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8157.09	Mechanism: DOD PEPFAR Support to LDF
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 19095.27090.09	Planned Funds: \$175,000
Activity System ID: 27090	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 19095	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19095	19095.08	Department of Defense	US Department of Defense	8157	8157.08	DOD PMTCT/PC/TB/supplies/training/LDF/record keeping	\$50,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 11661.09	Mechanism: TBD TB/HIV
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 28515.09	Planned Funds: ██████████
Activity System ID: 28515	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 11336.09	Mechanism: TBD Lab Assistance
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 27204.09	Planned Funds: ██████████
Activity System ID: 27204	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 11662.09

Mechanism: TBD PMTCT

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 28517.09

Planned Funds: ██████████

Activity System ID: 28517

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$800,000

Program Area Narrative:

OVERVIEW:

The Government of Lesotho (GOL) has prioritized orphans and vulnerable child (OVC), as witnessed in the National OVC Strategic Plan: 2005-2010, which calls for all orphans and other vulnerable children to be appropriately cared for by 2010. The plan provides a vision, mission, strategic aims and a complex action plan to provide essential services to OVC in Lesotho. The GOL estimates that between 150,000 and 200,000 children are classified as OVC, e.g. single or double orphans under 18 years of age. There is no standard OVC registration form used universally, nor is a central database in operation. Thus, there are no reliable figures on the numbers of OVC who are currently being "reached." There is no established child welfare system, few, if any, temporary safe havens for minors in crisis, nor any national referral system.

A USG assessment of the current situation, conducted by the RHAP OVC Specialist in September 2008, identified several constraints and opportunities. OVC programs appear to be scattered throughout Lesotho, supported by different organizations and agencies, yielding a complicated and mixed picture of OVC policy and programs. New and significant developments around OVC were identified and include:

- 1) New staff in the Department of Social Welfare (DSW): new national OVC Coordinator, M&E expert on six-month TA, and two M&E Officers.
- 2) New OVC specialist within UNICEF: hired on eight-month TA to guide the EU's Cash Transfer Program which targets 60,000 recipients (5000 to be reached in Jan-Mar 2009 pilot)
- 3) Global Fund resources: GF Round 7 includes a significant investment in OVC care and support, including a registration system, capacity building for Child and Gender Protection Units within police stations, and direct support for school fees, housing, and food security. The first disbursement of \$2.8 million was recently released.
- 4) Initiation of a national Child Line project (a phone call-in service that answers questions and discusses issues involving children), a pass through of Global Funds through UNICEF to Save the Children, Lesotho.

Primary donor contributions for the OVC sector at present are from EU and Global Fund. EU funding of more than 12 million Euros is to be used in a cash transfer program over five years, with a goal of reaching 60,000 OVC. The OVC component of the Global Fund Round 7 grant is \$16.1 million over 5 years, with proposed phase 1 funding of \$5.4 million. In addition, international NGO Sentebale, the primary organization working in the OVC sector, has an annual budget of approximately \$2.3 million.

National coordination for OVC programs is improving. The National OVC Coordination Committee (NOCC) includes ~20 agencies/organizations and meets quarterly. Letsema, an NGO coordinating body managed by Sentebale, represents over 120 local and international NGOs working with OVCs and meets monthly. Letsema's website includes a directory of related organizations, a developing GIS mapping effort, and a newsletter. The initial mapping efforts reflect both geographic and service provision gaps. Letsema's parent organization, Sentebale, is on good terms with DSW and will need to ensure that their coordination work (including mapping) does not become a parallel system from the NOCC. Letsema has established seven working committees (e.g., M&E; Resource Mobilization; Policy; Education; Child Protection; Research and Documentation), but most have yet to become operational.

CURRENT USG PROGRAM:

Following a DP-approved reorganization of the PEPFAR/Lesotho program in 2007, PEPFAR/Lesotho largely pulled out of the OVC sector. A USG, non-PEPFAR funded activity is the US Ambassador's Scholarship Fund which funds education expenses for 172 girls and 100 boys up to age 15, with an emphasis on orphans and other vulnerable children. A small amount of FY 2008 PEPFAR funding for the US Ambassador's "self-help fund" supports 7 community groups providing OVC activities either directly

or indirectly.

USG FY 2009 SUPPORT:

In the FY 2009 COP, PEPFAR/Lesotho will return to providing direct support for OVC activities. USG partners around the world have demonstrated excellent models for providing basic services to OVC, especially psychological and social services. A new OVC partner can bring best practices to Lesotho in structuring an effective and efficient model of community-based services for OVC. USG has prioritized several recommendations from the assessment exercise of September, 2008 as seen in the following activities:

1. Increase the number of OVC reached at community level with quality services through improved implementation and human capacity development. The MOHSW has approved policies, plans of action and an M&E system for OVC, however, there are few service delivery programs. PEPFAR/Lesotho plans to identify a new partner that can develop an effective system to provide quality services for OVC at the community level. PEPFAR/Lesotho will strengthen the capacity of local OVC care providers and the linkages with the community health workers.
2. Liaise closely with the new National OVC Coordinator in DSW and build the department's capacity to strategically plan and monitor the scattered service programs now in existence. The DSW also need assistance and skills in developing a realistic budget for the strategic plan and to accurately report against a costed plan.
3. Complement/wrap around other USG-related resources dedicated to vulnerable children. This will include an increased budget for Peace Corps with defined OVC targets. A number of volunteers have experience with early childhood education and child care services and with adolescents in the areas of improved life skills and economic strengthening. In addition, PEPFAR/Lesotho will explore opportunities with the Ambassador Girl's Scholarship Fund program to provide continuity of care through senior high school;
4. Provide TA for a two day "national standards/quality" meeting on OVC services, perhaps in collaboration with UNICEF, NOCC, Sentebale and other agencies/organizations.

In order to address these recommendations, PEPFAR/Lesotho plans to hire a split-time FSN/TCN to provide leadership and facilitate the PEPFAR programming in OVC and to liaise with other USG programs, other donors and GOL. The new staff person will also manage our proposed community-based care partner and collaborate with DSW. USG will identify a new partner to become the technical lead in programming for OVC and for community based care through a competitive process.

LEVERAGING/WRAPAROUNDS:

With renewed funding from PEPFAR in COP09, USG plans to leverage funding from Global Fund Round 7, the EU's cash transfer grants, and other programs in support of OVC. PEPFAR/Lesotho is a member of Letsema and will seek membership to NOCC in order to coordinate closely with others working in the OVC sector.

PROPOSED COMPACT EXPANSION:

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate strengthening human capacity and resources within the OVC sector, as well as continuing to scale-up OVC service provision. We plan to address issues facing children, including protection for OVC, and gender issues increasing children's vulnerability to HIV infection, as noted in the Guidance documents we received from the Deputy Principals. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations, and will be in touch with our core team and DP "friend" as we move forward.

OTHER QUALITATIVE ACCOMPLISHMENTS:

Revised M&E Plan to monitor OVC services

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8206.09	Mechanism: VAST grants
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 27209.09	Planned Funds: \$30,000
Activity System ID: 27209	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$3,102
Food and Nutrition: Commodities
Economic Strengthening
Estimated amount of funding that is planned for Economic Strengthening \$6,204
Education
Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11432.09	Mechanism: Ambassador's Small Grants
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 27210.09	Planned Funds: \$50,000
Activity System ID: 27210	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8224.09	Mechanism: USAID Staffing - RHAP
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 27211.09	Planned Funds: \$52,050
Activity System ID: 27211	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8232.09	Mechanism: USAID Staffing - Contract
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 27212.09	Planned Funds: \$144,250
Activity System ID: 27212	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8356.09	Mechanism: USAID Staff ICASS Costs
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 27213.09	Planned Funds: \$18,250
Activity System ID: 27213	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11335.09	Mechanism: TBD Community Care and OVC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 27214.09	Planned Funds: ██████████
Activity System ID: 27214	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$1,400,000

Program Area Narrative:

OVERVIEW

Lesotho has a population just 1.8 million people and one of the highest HIV prevalence rates in the world. During the 2005 National HIV Sero-surveillance of "Women Attending Antenatal Care Services," HIV prevalence was estimated at 23% among the adult population. It is believed that there are approximately 270,000 people living with HIV/AIDS in Lesotho (2006 UNAIDS estimates). Most people do not know that they are infected with HIV or that there is treatment and care available. For many reasons expanding HIV counseling and testing (HCT) services has been a difficult challenge throughout this mountainous country.

Most of the usual barriers to counseling and testing for HIV exist in Lesotho including a lack of knowledge, fear of social isolation, stigma and the apprehension of being given a "death sentence". In addition, Lesotho also has its own set of special circumstances that make a comprehensive HCT program problematic. Although geographically small, many people live in rural areas which are difficult to reach and their contact with health care workers is limited. Almost half of women and men (49% each) who have never been tested report wanting to be tested and most of them are living in rural areas; this represents a large pool of unmet need for HCT (Lesotho DHS, 2004). These Basotho also do not have easy access to newspapers or television, and therefore are often lacking important information regarding health care issues, including HIV.

In 2004, GOL launched the "Know Your Status" campaign, which initially called for all Basotho 12 years and older to be tested for HIV by December 2007. The goal of the KYS campaign was for HCT to serve as the entry point to other HIV services. By the end of the campaign, over 240,000 testing and counseling sessions were conducted for persons above 12 years of age thus reaching 19% of the target population of about 1.3 million people. Approximately 27,000 children were also tested, despite not being in the KYS target population.

KYS was successful in testing a significant proportion of the population, bringing services to underserved communities, and helping the 31% who tested positive to access ART and PMTCT services. The KYS brand is well-known, and the campaign has had a visible and tangible effect in reducing stigma and increasing knowledge around HIV/AIDS. Following a WHO joint review of KYS, MOHSW has determined that all HCT (PMTCT, VCT, and PITC) will fall under the KYS banner. USG and its partners will follow this directive and use the term KYS as a reference to any HIV counseling and testing that is performed in Lesotho.

CURRENT USG PROGRAM

PEPFAR/Lesotho and its partners have provided significant assistance to MOHSW in the promotion of HCT. PSI is PEPFAR's primary HCT partner, and is funded through CDC and DOD. Through PSI, PEPFAR has funded the operation of five stand-alone "New Start" Centers, each with a mobile clinic. PSI mobile outreach programs provide client-initiated HCT services in every district. PEPFAR has set standards and created operating procedures that have frequently been adopted by MOHSW; for example, MOHSW recently adopted a HCT register developed by USG partner PSI, which will improve record-keeping and M&E for HCT. PEPFAR provided technical assistance and played a leading role during the WHO joint review of the KYS campaign. PEPFAR and its partners currently sit on the new HCT Steering Committee, which is developing the new framework for all HCT activities in Lesotho. Through the workplace program CAPABLE, PSI provides VCT services to the following GoL agencies: LDF, the Lesotho Revenue Authority, and The Ministry of Justice and Human Rights. PSI also provides financial support to the Lesotho - Boston Health Alliance to conduct VCT services in Berea district.

In 2007, 51% of newly registered TB patients were tested for HIV, of whom 80% were positive. URC is providing financial support for 20 lay counselors who are providing HIV testing and counseling services to TB suspects and patients in both public and private health facilities in six districts of Lesotho. Further information about this program is available in the TB/HIV program area narrative.

USG FY 2009 PROGRAM:

In FY 2009, CDC and DOD will continue funding PSI to support MOHSW with the expansion of its HCT program, while emphasizing the quality of HCT trainings and total quality assurance of the laboratory component. PEPFAR will assist in the development of appropriate training packages for all cadres of health workers and lay personnel. There will also be an emphasis on appropriate supervision, accurate and efficient reporting loops, better integration of HCT services at community health care centers and quality assurance of the testing services.

A main focus of USG efforts will be to strengthen HCT services, including referrals. Rather than increasing the number of client-initiated sites, PEPFAR will work through partners to make better use of existing stand-alone sites and expand quality services to health facilities through franchising the New Start brand. In this new initiative, PSI will provide in-service training to MOHSW counselors at New Start franchises and supportive mentoring by PSI master-counselors including with the LDF. They will also provide refresher training and technical co-facilitation to LDF's 10 VCT Counselors. Franchise facilities will provide quality VCT services, while increasing referrals to hospital services and linkages between the HCT clinic and STI, MCH, and TB service providers. URC will be expanding its HCT services at TB facilities to include all 10 districts.

At the policy level, PEPFAR will continue working with the MOHSW to transition to provider-initiated HCT, especially at ante natal clinics, TB clinics and hospitals, and STI facilities. Currently, Lesotho does not have a policy on opt-out PITC, but PEPFAR is strongly advocating for a policy to be established and rolled out quickly, in order to expand counseling and testing services, as well as the uptake of ART. HCT also will be part of the policy on male circumcision which will be developed with USG assistance. PEPFAR implementing partners provide HCT services for PMTCT and TB and will expand services to include STI clinics throughout the country.

LINKAGES AND WRAPAROUNDS:

PEPFAR is strengthening linkages between its HCT implementing partners and non-PEPFAR funded organizations providing ART and TB services. HCT and PITC are expected to be an integral part of the services that will be available at the 14 outpatient

departments and approximately 130 community health centers that will be refurbished by MCC. The rollout of HCT services will be coordinated with the rollout of these facilities.

PROPOSED COMPACT EXPANSION:

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate further strengthening CT activities through human resource development activities. GOL is severely understaffed and under-resourced, and we anticipate assisting in the development of a standardized curriculum for testing and counseling, improving quality assurance in Rapid Testing and expanding supervision and mentoring at the community level in order to increase the quality of CT and provision of services. If our Compact is approved, we anticipate assisting the GOL of its goal of reaching 80% of Basotho with quality CT services, by 2011 and appropriately linking 80% of those tested with appropriate services. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations. As noted above, we plan to ensure the implementation of policies that improve the uptake of counseling and testing, as noted in the Guidance documents we received from the Deputy Principals.

OTHER QUALITATIVE ACCOMPLISHMENTS

- VCT marketing plan developed and launched by January 2009
- Franchise training curriculum modified for public sites by January 2009
- Franchise operating manual developed by January 2009
- Two public franchise sites identified and accredited by March 2009

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8157.09	Mechanism: DOD PEPFAR Support to LDF
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 19096.27091.09	Planned Funds: \$50,000
Activity System ID: 27091	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 19096	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19096	19096.08	Department of Defense	US Department of Defense	8157	8157.08	DOD PMTCT/PC/TB/supplies/training/LDF/record keeping	\$35,000

Emphasis Areas

Military Populations

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 6207.09	Mechanism: Increasing access HIV C&T (GHA)
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 11982.27076.09	Planned Funds: \$1,350,000
Activity System ID: 27076	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18605	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18605	11982.08	HHS/Centers for Disease Control & Prevention	Population Services International	8152	5944.08	Increasing access to HIV C&T	\$50,000
11982	11982.07	HHS/Centers for Disease Control & Prevention	Population Services International	5944	5944.07	Increasing access to HIV C&T	\$50,000

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$0**Program Area Narrative:**

N/A

Total Planned Funding for Program Budget Code: \$600,000

Program Area Narrative:

OVERVIEW

With the advent of the HIV/AIDS and TB co-epidemics, demands on laboratory services in Lesotho have been dramatically increasing. In the third quarter of 2003, 16,250 laboratory investigations were conducted by the Central Laboratory (CL), compared with 114,114 in the third quarter of 2006. This 600% increase in investigations and a 91% growth rate in compound annual testing represents an enormous strain on the current laboratory system and illustrates the need for expanded staff and facilities. As noted in the TB/HIV narrative, the CL cannot keep up with the demand for TB and HIV laboratory services, and has to outsource a significant portion of its services to South Africa, which creates delays and additional costs.

In 2008, with strong PEPFAR support, MOHSW developed a National Laboratory Strategic Plan (NLSP) to address the shortcomings in the current system. The NLSP is designed to address current weaknesses, including lack of financial resources to meet program needs, inadequate management staff and skills, poor distribution of supplies and reagents, absence of standard safety guidelines, a human resource shortage at all levels of service, and poor implementation of QA programs. One of the major challenges to improving lab systems is the lack of human capacity. The National Health Training College (NHTC) is the only institution in Lesotho that trains laboratory personnel, and it lacks qualified instructors. Once lab personnel are trained, they do not have a defined career path, and there are no mechanisms for staff retention.

In July, 2008, the Laboratory Director vacated her post, and it will be some time before her position is filled. The Laboratory Manager is now also filling the role of the acting Laboratory Director. There is an acute shortage of trained laboratory management staff at the national and district level.

The MCC Compact with GOL, which recently entered into force, includes plans to design and build a new National Reference Laboratory (NRL) to replace the dilapidated CL at Queen Elizabeth II hospital. This lab will be built on a new site and is not expected to be completed until at least mid 2010. While this new NRL will certainly strengthen laboratory systems, in the short term high volumes of laboratory tests are required in the overburdened CL which also currently serves as the National Reference Laboratory for the District Hospitals.

The District Laboratories which are associated with the hospitals are also grossly inadequate and suffer from many of the same problems as the CL. MOHSW is exploring a plan to expand laboratory services at Leribe and Mafeteng, creating regional labs for expansion of TB culture capacity in order to better serve the southern and northern sections of the country. Construction of these labs has begun with Global Fund money. There is no other funding, however, which targets District or Regional Labs for improved infrastructure and services.

CURRENT USG PROGRAM

PEPFAR/Lesotho played a key role in the development of the NLSP and has assisted the government in developing a National Laboratory Policy to meet short and longer term lab systems needs. Through its three lab partners, NICD, ASCP, and APHL, PEPFAR provides support for in-service and long-term training in quality assurance protocols, supervision/mentoring, SOPs, chemistry, hematology, CD4 testing, logistics and management. PEPFAR also collaborates with Clinton Foundation and MSH to identify and resolve problems in service delivery and supply distribution.

In light of the recent departure of the Laboratory Director, PEPFAR/Lesotho is providing technical assistance in leadership and laboratory management to assist in the transition of the new Acting Director.

USG FY 2009 SUPPORT

Given the critical nature of laboratory systems in Lesotho, and their current weakness, PEPFAR will place more emphasis on longer term technical assistance and fostering supervisory and mentoring relationships. Therefore, PEPFAR has taken the strategic decision to recruit a Senior Laboratory Technical Advisor position. This position was approved but unfilled in the FY 2008 COP; in FY 2009, CDC will recruit this as a PSC position, which will improve the chances of recruitment.

In FY 2009, PEPFAR plans to consolidate its work under one lead partner, currently TBD. While this partner is recruited, USG will support the improvement of laboratory infrastructure for the military facility in Maseru through DOD, and work through its current partner, APHL, to provide senior public health laboratory professionals such as Directors of US Public Health Laboratories to mentor the Acting Laboratory Director. APHL will use its corps of active and retired laboratory directors to provide Laboratory Management Workshops and mentor senior laboratory staff, strengthening abilities and self-reliance; build skills in mentoring through training and example; provide training; and develop skills of members of technical advisory committees (TACs); and provide technical assistance to the TACs.

PEPFAR is also working through MSH to strengthen procurement and supply chain of laboratory reagents and supplies to laboratories in Lesotho.

LEVERAGING AND WRAPAROUNDS

PEPFAR works with MOHSW NTP and HIV/AIDS Directorate to support for the MDR-TB and HIV study, primarily funded by Global Fund. USG and its partners will work with FIND (Foundation for Innovative New Diagnostics) to increase the capacity for TB Culture and Sensitivity testing. PEPFAR plans to work closely with MCC to develop the planned new NRL and implement a Laboratory Information System that is integrated into the developing HMIS.

To review and strengthen pre-service training of medical laboratory technicians, PEPFAR is collaborating with NHTC on phase one of Pre-Service Curriculum Development.

PROPOSED COMPACT EXPANSION

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate further strengthening of Laboratory activities through human resource development activities including distance learning, training more technicians, improved mentoring and supervision to implement better quality assurance in both the new Reference Laboratory and the regional and community labs. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations, and will be in touch with our core team and DP "friend" as we move forward.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 6085.09 **Mechanism:** CDC Staff ICASS Costs
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16
Activity ID: 19102.27084.09 **Planned Funds:** \$132,750
Activity System ID: 27084
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 19102

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19102	19102.08	HHS/Centers for Disease Control & Prevention	US Department of State	8155	6085.08	ICASS Services, Residence Bldg ops. & local costs non ICASS for CDC CP, lab manager, tech program support	\$210,014

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11299.09 **Mechanism:** APHL Lab Assistance
Prime Partner: American Public Health Laboratories **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16
Activity ID: 27215.09 **Planned Funds:** \$172,250
Activity System ID: 27215
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11301.09	Mechanism: CDC Staffing - Contract
Prime Partner: HHS/Centers for Disease Control & Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 27216.09	Planned Funds: \$195,000
Activity System ID: 27216	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11336.09	Mechanism: TBD Lab Assistance
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 27217.09	Planned Funds: ██████████
Activity System ID: 27217	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$625,000

Program Area Narrative:

OVERVIEW

Lesotho's National HIV/AIDS Strategic Plan (2006-2011) places priority on improving capacity to plan, gather, manage, report and effectively use quality strategic information within and across programs. The National HIV/AIDS M&E Plan (2006-2011) is currently under revision. While GOL agreed with the "Three Ones" principle, there are three HIV and AIDS M&E systems currently coexisting in Lesotho: one managed by the Ministry of Health and Social Welfare (MOHSW) collecting health sector data, one by the National AIDS Commission (NAC) collecting community-based data and one in by the Global Fund Coordinating Unit (GFCU) within the the Principal Recipient, the Ministry of Finance. All hold quarterly reviews of their respective response to HIV and AIDS epidemic. GFCU is planning to align its M&E system to the GOL's in the near future. With the decentralization of health services to districts, a fourth body, the Ministry of Local Government and Chieftainship (MOLG), is playing an increasing role in monitoring the community/ district level. In its revised HMIS Strategic Plan (2008-2012), MOHSW took the approach of integrating HIV data within the general health sector management information system managed by the MOHSW Health Planning and Statistics Unit. With the support of World Bank, a Lesotho Output Monitoring System for HIV and AIDS (LOMSHA) operations manual is currently in development. This will define clearly how routine HIV response data should be managed by all stakeholders and service providers.

CURRENT USG PROGRAM

PEPFAR/Lesotho provides support to national level SI activities through its SI Liaison. Prior to 2008, PEPFAR focused on building M&E capacity for NAC, supporting the formation of the national M&E working group, and assisting in developing the design and implementation of the National HIV program monitoring system. PEPFAR provided financial and technical support to the national strategic information assessment and selected national M&E information products, including the 2005 National ANC HIV sentinel surveillance survey and the 2004 Lesotho DHS. PEPFAR has also been instrumental in developing national HIV/AIDS indicators.

In Spring 2008, PEPFAR/Lesotho provided input to the revision of the National HIV/AIDS Strategic Plan through participation in a national M&E assessment. PEPFAR also contributed to quarterly partnership forums sponsored by NAC to review the national response to HIV/AIDS.

National level support activities have been hampered by the lack of a PEPFAR-funded SI partner. JSI's Enhancing Strategic Information (ESI) project was recently brought on-board, and will be working closely with the SI Liaison to continue strengthening national-level SI activities. PEPFAR/Lesotho also builds the capacity of its implementing partners to provide quality program data and encourages data use at all levels in the development of strategic priorities.

Through the Southern Africa Human Capacity Coalition (SA-HCD), PEPFAR is supporting Human Resources Information System (HRIS) activities and training managers and policymakers from MOHSW, CHAL, Ministry of Public Service, and training institutions on data-driven decision making. SA-HCD is also providing TA to develop a Training Information Management System (TIMS) and train staff at health training institutions, regulatory councils, and the MOHSW training department to use TIMS data to rationalize intake of students into health training institutions and immediately recruit and deploy graduates. At the local and community level, Pact continues to build its sub-grantees capacity in M&E and reporting and conducts data quality assessments.

USG FY 2009 SUPPORT

PEPFAR/Lesotho has three main priorities for FY 2009:

1. Strengthening the capacity of district health management teams (DHMT) and District AIDS Councils to carry out monitoring and evaluation, manage data, and coordinate local implementing partners.
2. Improving the capacity for data capture, data quality and timely data use within PEPFAR-funded partners, and at the district and national levels.
3. Supporting a more integrated approach to HMIS across all sectors (HIV/AIDS, TB, HR, etc.) in collaboration with the Millennium Challenge Corporation (MCC) compact with the GOL.

In FY2009, the SI Liaison will provide leadership and management of SI activities with the assistance of new partner JSI/ESI. JSI will 1) mentor DHMTs and district M&E officers (in collaboration with GF, WB/GAMET, UNAIDS, and MCC/MCA); 2) provide SI-related trainings, workshops and on-going support; and 3) participate with PEPFAR SI liaison, MOHSW, NAC, and GF in joint data quality assessments of HIV/AIDS programs across the health sector.

The SI Liaison, as a member of the National M&E TWG, will work with NAC, MOHSW, MCC/MCA, GFCU, World Bank/GAMET and UNAIDS to develop a comprehensive review of the national response using Service Coverage Reports (to be produced quarterly and annually), as well as monitoring of the national M&E plan implementation. Service Coverage Reports include results against defined core output indicators, and will be used for monitoring the HIV response at district and national level. The information for these reports will be collected from implementers at district level and collated by MOHSW District AIDS Coordinators and NAC District Data Officers on a quarterly basis. So far, PEPFAR's contributions were collated by the PEPFAR SI Liaison and reported centrally to NAC. In FY 2009, the SI Liaison will strengthen the ability of PEPFAR implementing partners to feed data into the national reporting system directly and, together with JSI, assist NAC District Officers to manage all this data.

At the local and community level, a new umbrella organization (Pact follow-on) will continue to build the capacity of current and new sub-grantees/indigenous organizations to monitor, evaluate, and report their programs. Additionally, this partner will work with all sub-grantees in developing knowledge management processes and conduct data quality assessments.

In the revised HMIS Strategic Plan, one of the major management challenges acknowledged by MOHSW is the lack of timely health data to support informed decision-making, which is due in large part to the weak Information, Communication & Technology (ICT) infrastructure in the districts. Following the Rwanda assessment of Phones for Health, MOHSW requested MCC support in assessing ICT infrastructure needs. As a result, MCC is currently the lead in supporting HMIS development with the MOHSW. While MCC support will be more directed at infrastructure, PEPFAR, through JSI, will actively participate in future HMIS development, by implementing activities that will ensure data standards and data confidentiality, building capacity of MOHSW staff at all levels. DOD will provide technical assistance to the Lesotho Defense Force (LDF) in developing their Electronic Medical Records system. PEPFAR Lesotho, through SA-HCD, will provide technical assistance to MOHSW to decentralize HRIS to the district health and hospital management teams including the training information systems management team. HRIS will include the community-based health service providers and social welfare department. JSI, in collaboration with GTZ, will also support NAC and MOLG in developing community-based monitoring systems (e.g., Community Level Program Reporting - CLPR) to monitor community delivery of the essential HIV and AIDS services package (ESP).

USG will provide support for several surveillance and survey activities. PEPFAR will work in concert with other donors to provide TA for the 2009 DHS+. PEPFAR will also provide TA for writing protocols and conducting the 2009 ANC sentinel surveillance to MOHSW through a planned cooperative agreement with CDC. DOD will work with the LDF to develop HIV prevalence and Behavioral Survey protocols and assist with data entry and data analysis. Survey results will be used by LDF to update prevention activities and to forecast care and treatment needs.

A priority for the PEPFAR team is data use for portfolio management, accountability to GOL, and feedback to partners for their own evaluation and planning. FY 2009 funds will support a new database that will be used to track partner progress, budget information, project timelines and document management, and to provide analysis capacity. Currently, performance and results

data are returned to implementing partners via partner meetings, annual performance reviews, and through ad hoc data requests. The planned database will allow easier and timelier dissemination of data back to partners as well as the PEPFAR team, GOL and other stakeholders via regular reports, and will allow more sophisticated evaluation and analysis capacity as data use and data demand increases among the partners. The database will be created by JSI, and ongoing updates and maintenance will be the responsibility of JSI.

LEVERAGING AND WRAPAROUNDS

USG Lesotho remains committed to a strong partnership, along with GF, UNAIDS, MCC/MCA, and WB/GAMET to support NAC and MOHSW in the building of national and district-level HIV/AIDS-related SI capacity.

PROPOSED COMPACT EXPANSION

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate further strengthening SI activities, particularly around linking together the many, non-integrated HMIS systems that have been developed or proposed. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations, and will be in touch with our core team and DP "friend" as we move forward.

OTHER QUALITATIVE ACCOMPLISHMENTS

- All District data managers and NAC staff trained in M&E and data utilization by September 30, 2010
- Institute regular production of Quarterly Service Coverage Reports by September 30, 2009;
- ANC surveillance completion by December 2009;
- DHS survey data collection completed by September 2010
- Documentation of Lesotho health operations (governance and management structures, business practices and work flows) by September 30, 2009.
- Data driven decision making curricula development to improve recruitment, deployment and retention of health workers; and TIMS development to reduce vacancies and speed absorption of graduates, to address out-migration issues and improve management of tutors and students by September 30, 2009.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11679.09	Mechanism: Southern Africa Human Capacity Development Coalition
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 27218.09	Planned Funds: \$50,000
Activity System ID: 27218	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$25,977
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11301.09	Mechanism: CDC Staffing - Contract
Prime Partner: HHS/Centers for Disease Control & Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 27219.09	Planned Funds: \$92,750
Activity System ID: 27219	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11343.09	Mechanism: TBD Database
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 27220.09	Planned Funds: ██████████
Activity System ID: 27220	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6085.09 **Mechanism:** CDC Staff ICASS Costs
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17
Activity ID: 19103.27085.09 **Planned Funds:** \$132,750
Activity System ID: 27085
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 19103

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19103	19103.08	HHS/Centers for Disease Control & Prevention	US Department of State	8155	6085.08	ICASS Services, Residence Bldg ops. & local costs non ICASS for CDC CP, lab manager, tech program support	\$115,015

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8157.09 **Mechanism:** DOD PEPFAR Support to LDF
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17
Activity ID: 19098.27092.09 **Planned Funds:** \$75,000
Activity System ID: 27092
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 19098

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19098	19098.08	Department of Defense	US Department of Defense	8157	8157.08	DOD PMTCT/PC/TB/s upplies/training/ LDF/record keeping	\$70,000

Emphasis Areas
Military Populations
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5966.09	Mechanism: JSI- Enhancing Strategic Information
Prime Partner: John Snow International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 11993.27082.09	Planned Funds: \$107,250
Activity System ID: 27082	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18606	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18606	11993.08	U.S. Agency for International Development	John Snow, Inc.	11810	11810.08	Enhancing Strategic Information	\$400,000
11993	11993.07	U.S. Agency for International Development	University of North Carolina	5966	5966.07	MEASURE Evaluation	\$0

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11400.09	Mechanism: CDC Staffing - Contract
Prime Partner: HHS/Centers for Disease Control & Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17

Activity ID: 27323.09

Planned Funds: \$127,250

Activity System ID: 27323

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11343.09

Mechanism: TBD Database

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 27229.09

Planned Funds: ■

Activity System ID: 27229

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$1,449,575

Program Area Narrative:

OVERVIEW

Lesotho's health systems are underdeveloped, creating challenges for health care providers working to carry out HIV/AIDS services. Significant resources need to be invested within the country to strengthen MOHSW planning and management of the health system, including the procurement and supply chain system. While Lesotho participated in developing the Accra Agenda for Action, currently donor coordination by GOL is quite loose, and this has resulted in duplication of efforts in the health field. Development partners are starting to work together more closely to align their efforts and further assist GOL in its two main challenges: the HIV/AIDS epidemic and the human resource crisis related to providing appropriate and consistent prevention, care and treatment services.

GOL is moving forward with its decentralization program, which envisions stronger health service delivery at the local level through devolution of responsibilities and funding to District Health Management Teams. District level teams are receiving training and support from GTZ and some international organizations, but still remain weak in both management capacity and sufficient human resources. Lesotho has few local non-governmental organizations that are capable of receiving direct USG funding, and many indigenous CBOs and NGOs need management and financial systems capacity-building in order to be able to support HIV/AIDS related programs in their communities.

CURRENT USG PROGRAM

PEPFAR/Lesotho's program has prioritized health strengthening systems and human resources for health at the national level, providing significant investments in these areas. Current USG programs strengthen systems in four key areas, as described below. Investments in human resources, a key component of the current PEPFAR program and proposed compact, can be found in the HRH narrative.

I. Improve Supply Chain

Since 2006, GOL has been procuring antiretroviral drugs, with assistance from Global Fund. Drugs are available in all 10 districts throughout the country. Systems supporting the procurement and supply logistics of ARV drugs and other commodities are weak. PEPFAR, World Bank, Clinton Foundation (CHAI), and Global Fund have all provided assistance over the last few years to improve access to ARVs and essential pharmaceutical products. PEPFAR, through MSH's Strengthening Pharmaceutical Services (SPS) project, is strengthening the National Drug Supply Organization (NDSO) to improve pharmaceutical services at

national, district and facility levels. MSH has upgraded NDSO information operations systems, and has improved quantification practices. In FY 2008, MSH conducted several training courses for pharmacists, procurement officers and program managers at national and district levels on forecasting commodity requirements using consumption and morbidity based methods. MSH also trained pharmacy technicians, facility managers and data clerks in the use of the computerized drug supply management systems to support activities related to procurement, storage, distribution, dispensing and down referrals, ensuring availability of ARVs at all times.

Despite these attempts to improve the drug supply system, shortages of essential HIV/AIDS related commodities, such as lab reagents, disposable supplies, rapid test kits, and condoms are still being reported from clinical facilities. The current supply chain system is a hybrid of push and pull, and the push system to health clinics, in particular, is not working well. Various stakeholders, including PEPFAR implementing partners, have supplied these commodities on an emergency basis, which helps in the short term. However, a reform of the system, along with training for staff at health clinic level and pharmacists working in hospitals needs to move the system beyond reacting to stock-outs and toward a more systemic change. Many PEPFAR implementing partners continue to request a small supply of needed commodities for stock-outs which is a good indication that the National Supply Chain Management System is still not 100% operational.

II. Support for Decentralization of Services

As the GOL slowly moves forward with its decentralization program, USG has been supporting MOHSW in developing an HR strategy. Decentralization to the districts means that MOHSW will continue setting policy and providing guidance and strategy, but the Ministry of Local Government and Chieftainship (MOLGC) will assume responsibility for funding health care providers and overseeing health clinics and hospitals. In order to assure patients have access to continued HIV services of improved quality, MOHSW and the PEPFAR-funded SA-HCD TA have laid out required staff at all levels of the health system and training and HR requirements for these positions. SA-HCD, with PEPFAR support, will continue advocating for rational decentralization of staff and HR, while USG works with other donors to identify challenges to decentralization and advocate for solutions.

III. Strengthening Capacity of Indigenous Partners

As part of its mandate, PEPFAR/Lesotho is assisting indigenous organizations to develop financial and management systems so that they can expand their reach and ability to provide prevention, care, and treatment services to the Basotho people. Pact, Inc. has 6 local NGOs, to whom it provides organizational capacity building and support, as well as technical skills. PEPFAR also provides Vast grants to CBOs linked to Peace Corps Volunteers, and provides support to small CBOs through the Ambassador's Small Grants program.

IV. Improve Donor Coordination

PEPFAR/Lesotho sits on several donor coordination bodies, including the Development Partners Consultative Forum, the Health Development Partners Forum, the Global Fund CCM, and the informal Health Decentralization Working Group. Despite weak coordination efforts by GOL and MOHSW, PEPFAR takes its coordination role seriously and is working closely with the EU, Irish Aid, GTZ, and the UN to further improve coordination between donors working in the health and HIV/AIDS sector.

FY2009 USG SUPPORT

I. Improve the Supply Chain

The PEPFAR team has decided to have a TBD partner for this program in COP 2009. Depending on the achievements of MSH over the next 6-8 months, and its responsiveness to MOHSW's priorities, PEPFAR/Lesotho may decide to fund its current partner or acquire a new partner under a competitive bidding process in FY 2009.

PEPFAR/Lesotho, through either MSH or a new partner, will prioritize national pharmaceutical policies; procurement; quantification and quality assurance; warehousing; distribution and logistics; and facility supply management. PEPFAR will work closely with NDSO and MOHSW's procurement unit to reform the supply chain system so it provides drugs and commodities in an efficient and timely manner. PEPFAR will also provide training and mentoring for pharmacists and pharmacy technicians, with the goal of strengthening the procurement and supply chain system.

II. Support for Decentralization of Services

PEPFAR/Lesotho plans to continue working through SA-HCD to identify and advocate for appropriate staffing patterns at district level. The main focus of the SA-HCD program will be on approval of positions under the PEPFAR-supported revised functional structure of the MOHSW, decentralization of public health functions (including integrated HIV services) to MOLG and implementation of recruitment; deployment and retention policies. As decentralization moves forward and districts take greater responsibility for health services, PEPFAR plans to work through its technical partners to strengthen capacity of the technical leads who sit on the District Health Management Teams (DHMTs). Based on work with DHMTs, PEPFAR plans to continue its advocacy role at the national level, collaborating with MCC and other donor partners to raise district-level decentralization concerns to the MOHSW.

III. Strengthen Capacity of Indigenous Partners

PEPFAR's agreement with current umbrella organization, Pact Inc., is ending in FY 2009. PEPFAR will be soliciting for a new partner to act as umbrella to indigenous organizations and build capacity of small community-based organizations to increase grantees' effectiveness. Through this new partner, PEPFAR plans to strengthen indigenous partners' financial management, strategic program planning, and monitoring and reporting systems and achieve expanded, high quality services. The new umbrella partner will leverage technical assistance from current and new PEPFAR partners: AED/C-Change for prevention, SA-HCD for human capacity and human resource support, PSI and other service delivery partners in counseling, testing, treatment and new partners for TB, community-based care and OVC.

At this time, there is no large local organization that can take on grant-making to smaller organizations. However, NAC and

GFATM are reviving the currently dormant Lesotho Network of HIV/AIDS Service Organizations (LENHASO), and Peace Corps, with PEPFAR support, will be placing a PCV at the organization. It is envisioned that after several years of support, LENHASO may be able to take on grant-making functions. PEPFAR will also continue working with Peace Corps, who provide Vast grants to CBOs linked with PCVs. The Ambassador's Small Grants program will expand slightly, and will partner with the new umbrella organization, which will provide training for small grants partners on financial management, monitoring, and evaluation.

IV. Improve Donor Coordination

PEPFAR/Lesotho will continue to participate in the CCM and coordinate with NAC. PEPFAR will replace Irish Aid as co-chair for the MOHSW Health Development Partners Forum; this new role will leverage overall USG oversight in our investments in the health sector but also allow us to lead health program negotiations with MOHSW. As Health Partners Forum co-chair, PEPFAR will provide support to MOHSW in their quarterly and annual joint review meetings. PEPFAR is a signatory to the MOHSW Partners Code of Conduct, and will continue aligning its implementing partners with the MOHSW Policy and Planning directorate's joint program planning efforts. Irish AID and the USG will become the bilateral partner leads on HR support plans, with funding from MCC, the EU and World Bank in FY09.

LEVERAGING AND WRAPAROUNDS

PEPFAR's systems strengthening program leverages the MCC Compact Agreement's condition precedent that all health centers MCC builds be fully staffed. This has been a key starting point for PEPFAR to work to rationalize staffing patterns and strengthen HIV/AIDS service provision. The key USG strategies for success will blend and transition the PEPFAR investments in HSS and HCD over to the MCC program. Specifically, PEPFAR will work closely with MCC as they begin a program focused on Health System Strengthening which will support on-going reforms in decentralization, health management information systems, human resources and health waste management and infection control. Some of the PEPFAR portfolio in this area may transition to the MCC project funding in FY09. PEPFAR and MCC share offices, allowing us to collaborate closely on issues of HSS. PEPFAR also collaborates with Irish Aid, EU, WHO, and the UN family to strengthen donor coordination. PEPFAR is a member of the Global Fund CCM, and provides input and feedback to strengthen the implementation of Global Fund grants.

PROPOSED COMPACT EXPANSION

As PEPFAR/Lesotho moves forward to negotiate a Partnership Compact with GOL, we anticipate that funding for health systems strengthening will increase significantly in order to scale up work in decentralization and supply chain management. We anticipate providing more funding to our supply chain partner to more rapidly strengthen supply chain management at all levels of the health system. We also anticipate negotiating with MOHSW, MOLGC, the Ministry of Public Service, and the Ministry of Finance for revised and strengthened recruitment, deployment, and retention policies. As Compact negotiations are only at the early stages, we understand that we may need to revise expectations, and will be in touch with our core team and DP "friend" as we move forward.

OTHER QUALITATIVE ACCOMPLISHMENTS

- Transfer of QI functions from COHSASA to the National QA Team completed by July 30th 2010
- Essential Medicines stock monitoring systems functional at all levels by June 2010
- Medicines regulatory authority in place by December 2009
- Standard operating procedures (LESOPS) in place and used in all the facilities by January 2010
- Pharmaceutical Therapeutics Committees established and functioning by the end of 2009
- The EDL and Standard Treatment Guidelines revised by November 2009
- Medicines Information and Pharmacovigilance Centre in place by end 2010

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11344.09	Mechanism: TBD HCD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 27230.09	Planned Funds: ■
Activity System ID: 27230	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11345.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: OHSS
Activity ID: 27231.09
Activity System ID: 27231
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: TBD Regional Knowledge Management
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ■

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11396.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 27326.09
Activity System ID: 27326
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: TBD Umbrella Granting Organization
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ■

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11304.09
Prime Partner: US Department of State
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 27223.09
Activity System ID: 27223
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: PEPFAR Secretariat
USG Agency: Department of State / African Affairs
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: \$100,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11338.09
Prime Partner: To Be Determined

Mechanism: TBD PMTCT
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)
Budget Code: OHSS
Activity ID: 27224.09
Activity System ID: 27224
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ██████████

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11339.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: OHSS
Activity ID: 27225.09
Activity System ID: 27225
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: TBD Supply Chain Strengthening
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ██████████

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11340.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: OHSS
Activity ID: 27226.09
Activity System ID: 27226
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: TBD Umbrella Granting Organization
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ██████████

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8157.09
Prime Partner: US Department of Defense
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 19099.27093.09

Mechanism: DOD PEPFAR Support to LDF
USG Agency: Department of Defense
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: \$95,000

Activity System ID: 27093

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 19099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19099	19099.08	Department of Defense	US Department of Defense	8157	8157.08	DOD PMTCT/PC/TB/s upplies/training/ LDF/record keeping	\$10,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5965.09

Mechanism: Southern Africa Human Capacity Development Coalition

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 18757.27081.09

Planned Funds: \$500,000

Activity System ID: 27081

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 18757

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18757	18757.08	U.S. Agency for International Development	IntraHealth International, Inc	8230	5965.08	Southern Africa Human Capacity Development Coalition	\$880,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$225,535

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5966.09	Mechanism: JSI- Enhancing Strategic Information
Prime Partner: John Snow International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 27221.09	Planned Funds: \$100,000
Activity System ID: 27221	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8206.09	Mechanism: VAST grants
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 27222.09	Planned Funds: \$0

Activity System ID: 27222

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$1,595,425

Program Area Narrative:

In September 2008, with the arrival of the new PEPFAR Coordinator and permanent USAID Director, PEPFAR/Lesotho's transition to a fully country-managed program was nearly complete. Once the DOD Program Manager starts (anticipated in December 2008), all agencies receiving FY 2009 funding will be on the ground.

PEPFAR/Lesotho's transition from a regionally-managed to a country-managed program has resulted in a strong interagency team led by Ambassador Nolan. Staffing for Results, though difficult, has resulted in a fully staffed PEPFAR team, with USAID, State, and CDC co-location at offices on the Embassy compound. Co-location has facilitated interagency coordination and cooperation, creating efficiencies and strengthening joint decision-making. While the new Peace Corps and DOD PEPFAR staff, who will begin work in FY 2009, will not be co-located, PEPFAR/Lesotho is making every effort to facilitate cooperation with these staff members, including weekly meetings and computer access.

The oversight and management body for the PEPFAR program remains the PEPFAR/Lesotho HIV/AIDS Task Force. While the Ambassador is the head of the Task Force, meetings are generally convened and chaired by the Coordinator. Each Agency with active programs in Lesotho is represented on the Task Force. Management of partners, PEPFAR program planning, and management and provision of technical assistance is organized around four main technical areas: a) Prevention, b) Care and Treatment, c) SI and d) Systems Strengthening. USAID leads the Prevention and Systems Strengthening technical areas, while CDC leads the SI and Care and Treatment technical areas. While cross agency management had been difficult to achieve in the past, it is anticipated that permanent USAID staff will provide administrative management, while CDC staff provide technical guidance and support to current cross-managed partners URC and JSI. A document to formalize cross-agency management roles and responsibilities has been developed and is nearly final.

PEPFAR/Lesotho, working in concert with RHAP support, conducted joint partner performance reviews in May-June 2008, and anticipates strengthening this process in 2009. Partner performance reviews were integral to the COP planning process, and all budgeting was done jointly by CDC, USAID, and State, with DOD and Peace Corps contributions. The COP and APR development processes have been co-managed by the PEPFAR Coordinator and SI Liaison, with contributions by all PEPFAR staff members.

While the PEPFAR/Lesotho team is very proud of the interagency team it has created and appreciates the support it receives from the regional programs, additional support is needed, particularly for contracting and management at CDC. While PEPFAR/Lesotho has received early compact funds to hire a CDC Deputy Director, it may take up to a year to recruit a suitable candidate. During that time, CDC/Atlanta and Pretoria will need to provide significantly more support, particularly around contract management for current partners and grant-making for the solicitations CDC will be issuing. DOD will also need to provide support to the new Program Manager, and we anticipate DOD HQ staff will come out to Lesotho early in 2009. To increase contracting assistance for USAID, PEPFAR/Lesotho has received early compact funds to hire a Program Assistant to sit at USAID/Southern Africa and facilitate new procurements. USAID will continue to receive contracting, legal and financial support from USAID/Southern Africa.

PEPFAR/Lesotho has a number of proposed and currently unfilled positions in the FY 2009 COP. In addition to the Deputy Director mentioned above, CDC will be working to fill the Laboratory Advisor position included in the FY 2008 COP. Funding for this position is captured under HLAB. CDC also has an incumbent CDC Chief of Party and SI Liaison, who will remain in FY 2009. The SI Liaison is funded under HVSI.

In September 2008, USAID filled its permanent Country Director and Prevention Specialist positions. With early compact funding, USAID will also hire a local hire Human Resource Specialist and a TCN Community Care and OVC specialist. These four positions will be responsible for the planning, implementation, monitoring and evaluation of the USAID-supported portion of the USG COP09 program. As noted above, USAID/Lesotho will also work with USAID/Southern Africa to recruit a Program Assistant to help with contracting. The Prevention Specialist position is funded under HVAB and MTCT; the Human Resource Specialist will be funded under OHSS, and the Community Care and OVC Specialist will be funded under HKID and HBHC.

The PEPFAR Coordinator's salary and benefits are paid by USAID, but all other costs associated with the position are the responsibility of State/AF through Embassy Maseru. Other State-funded PEPFAR positions include the Administrative Assistant, newly filled Program Assistant, and PEPFAR Driver positions. Given the increasing size of PEPFAR staff, PEPFAR anticipates

adding another Driver position under State.

The new DOD Program Manager, who will have primary responsibility for management and implementation of the HIV/AIDS programs conducted with the Lesotho Defense Force (LDF), is anticipated to start in early December 2008. As noted above, the Program Manager's office will be sited at the LDF Makoanyane Military Hospital, however s/he will work closely with PEPFAR/Lesotho Task Force. The DOD Program Manager will receive support and guidance from the Office of Defense Cooperation (ODC) in Pretoria and from the DOD HIV/AIDS Prevention Program in San Diego.

The Peace Corps is currently recruiting a full time PEPFAR Liaison to help manage the Peace Corps PEPFAR Portfolio. While this staff person will be sited at the Peace Corps office, s/he will work closely with the PEPFAR/Lesotho Task Force.

In July 2008, PEPFAR/Lesotho moved into its current offices at the Embassy, co-located with the MCC program. At this date, PEPFAR/Lesotho has completely maxed out all of its dedicated office space, and has spilled over into other Embassy space for long and short-term TDY staff. In order to add the additional staff proposed, and to bring the DOD Program Manager into the co-located offices, PEPFAR will need to fund additional renovation. PEPFAR/Lesotho is in discussions with the Embassy around possibilities, but looks for additional guidance and support from HQ. While the PEPFAR team definitely benefits from co-location, it should be noted that because of enhanced Embassy security, current offices are not ideal for managing the program, and partners are reluctant to visit our offices. Office space off Embassy grounds is being discussed, either a stand-alone office or space within the MOHSW is being considered in order to better facilitate program implementation.

The M & S budget was prepared with full participation of State, USAID, CDC, DOD, and Peace Corps.

Budget Justification

While PEPFAR/Lesotho does not yet meet the 7% management and staffing budgetary requirement, funding has decreased from 17% FY 2008 to 11.9% in FY 2009. Much of that decrease is a result of putting staffing and ICASS charges into program areas other than HVMS. The high HVMS costs in the budget are simply a reflection of the "cost of doing business" in Lesotho, a post with one of the highest ICASS costs per head in the world.

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 8203.09	Mechanism: CDC Staffing - Core
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 27328.09	Planned Funds: \$50,000
Activity System ID: 27328	
Activity Narrative: CDC Staffing – Regional	
This funding covers a percentage of the salary of one CDC regional support person based in Pretoria.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 6085.09	Mechanism: CDC Staff ICASS Costs
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 12013.27086.09	Planned Funds: \$360,500
Activity System ID: 27086	
Activity Narrative: CDC Staffing – ICASS	
Funds cover ICASS costs for the CDC Chief of Party and Deputy Director, as well as one-time costs to upgrade the Deputy Director's house.	
New/Continuing Activity: Continuing Activity	

Continuing Activity: 18608

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18608	12013.08	HHS/Centers for Disease Control & Prevention	US Department of State	8155	6085.08	ICASS Services, Residence Bldg ops. & local costs non ICASS for CDC CP, lab manager, tech program support	\$115,014
12013	12013.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6085	6085.07	CDC ICASS	\$150,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 8161.09

Mechanism: DOD PEPFAR Support to LDF

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 19093.27095.09

Planned Funds: \$75,000

Activity System ID: 27095

Activity Narrative: DOD has primary responsibility for management and implementation of the Lesotho Defense Force (LDF) PEPFAR activities. A DOD Program Manager is in the process of being hired and is expected to be in place in December 2008. The Program Manager will be sited locally with the LDF to assist directly with program implementation. The Office of Defense Cooperation (ODC) in Pretoria, South Africa will continue to provide fiscal and management support as will the DOD HIV/AIDS Prevention Program in San Diego. DOD will also provide contracts and grants support. The DOD Lesotho Program Manager is a member of the USG PEPFAR Task Force. The DOD PEPFAR program collaborates closely with all other USG PEPFAR implementing agencies technical advisors and implementing partners in all technical areas. Other local costs will include office supplies, equipment and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19093	19093.08	Department of Defense	US Department of Defense	8161	8161.08	DOD Prevention/Training/Local hire	\$60,000

Emphasis Areas
Military Populations
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8224.09	Mechanism: USAID Staffing - RHAP
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 27228.09	Planned Funds: \$22,000
Activity System ID: 27228	
Activity Narrative: USAID – Regional Support	
<p>These funds cover the salary, benefits, and travel for a FSN Program Assistant based in USAID/Southern Africa in Pretoria. As funding increases and current partner agreements end, USAID anticipates a need for significant contracting assistance. USAID will use early compact funding to hire a Program Assistant to be based in the Southern Africa RHAP office to assist in preparation of documents for contracts and agreements. It is expected that the assistant will work closely with the USAID lead for Lesotho, the EXO office and the Financial Office to ensure timely approval of contracts and agreements.</p>	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8232.09	Mechanism: USAID Staffing - Contract
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 19089.27107.09	Planned Funds: \$168,000
Activity System ID: 27107	

Activity Narrative: USAID – Contract salaries

These funds will pay for the salary, benefits and all related costs of the USAID Country Director. The Country Director provides overall management and leadership to the PEPFAR/Lesotho USAID program. She manages the Prevention Specialist, Human Resource Specialist, and proposed Community-based Care and OVC Specialist positions. She and her staff will assume CTO responsibilities, as the Lesotho program assumes more responsibilities from the region. She also liaises closely with USAID/Southern Africa and USAID/Washington.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19089	19089.08	U.S. Agency for International Development	US Agency for International Development	8232	8232.08	USAID Prog. Manager and Program Specialist salaries and benefits	\$27,910

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8356.09

Mechanism: USAID Staff ICASS Costs

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 19125.27108.09

Planned Funds: \$93,250

Activity System ID: 27108

Activity Narrative: USAID – ICASS

These funds cover ICASS costs for the USAID Director, USAID local hires and Regional Program Assistant.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19125

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19125	19125.08	U.S. Agency for International Development	US Department of State	8356	8356.08	ICASS services for USAID Prog. Manager and Program Specialist	\$136,622

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9314.09

Mechanism: Peace Corps Coordinator

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 21435.27109.09

Planned Funds: \$57,000

Activity System ID: 27109

Activity Narrative: PC/Lesotho plans to fill in two new staff positions in November 2008 with \$57,000 of FY 2008 funds. In FY 2009, PC/Lesotho is requesting an additional \$57,000 to continue funding the contracts.

HIV/AIDS Program Coordinator – the purpose of this position is to translate host country assistance requests into viable, effective projects through coordination, provision of technical and personal support to assigned Peace Corps Volunteers (PCVs) and ensuring the maintenance of a quality Peace Corps program overall. The HIV/AIDS Coordinator will provide technical support to the HIV/AIDS components of both Education (ED) and Community Health and Economic Development (CHED) programs.

PEPFAR Administrative Assistant – this position will serve as a secretary to the PEPFAR Program Coordinator, performing a variety of administrative duties to enable PC/Lesotho to meet the goal of on-time and accurate reporting of all PEPFAR funded activities and maintain accurate communications between volunteers in the field, PC/Lesotho, PEPFAR/Lesotho and Peace Corps Washington.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21435

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21435	21435.08	Peace Corps	US Peace Corps	9314	9314.08	Peace Corps PEPFAR Coordinator	\$50,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 8203.09

Mechanism: CDC Staffing - Core

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 12012.27097.09

Planned Funds: \$240,000

Activity System ID: 27097

Activity Narrative: CDC Staffing – Core

This funding covers salaries and benefits for the CDC Chief of Party and the CDC Deputy Director.

The Chief of Party provides management oversight of the PEPFAR/Lesotho CDC program and provides technical support to CDC TB/HIV activities. The Chief of Party works closely with other CDC and PEPFAR staff, MOHSW, and local partners to provide leadership, guidance, and technical assistance on programmatic activities as well as overall management and oversight of CDC-specific operations.

The CDC Deputy Director is a new position, first funded by early FY 2008 Compact funding. It is anticipated that this position will be filled in 2009. The Deputy Director will assist directly with the management of the PEPFAR/Lesotho CDC program, and will work closely with CDC and PEPFAR staff under the direction of the Chief of Party. The Deputy Director will provide leadership and guidance on management, administrative and policy matters, and will liaise with CDC/Atlanta to provide support for partner grants.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18673

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18673	12012.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8203	8203.08	CDC Chief of Party and Technical Program Specialist salaries and benefits	\$250,000
12012	12012.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5941	5941.07	CDC-various	\$44,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11951.09
Prime Partner: US Department of State
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 19110.27100.09
Activity System ID: 27100
Activity Narrative: DoS ICASS
 Funds cover ICASS costs for the PEPFAR Coordinator, Program Assistant, Administrative Assistant, and two drivers.
New/Continuing Activity: Continuing Activity
Continuing Activity: 19110

Mechanism: DoS ICASS
USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Program Area: Management and Staffing
Program Budget Code: 19
Planned Funds: \$226,875

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19110	19110.08	Department of State / African Affairs	US Department of State	8209	8209.08	ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel	\$0

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8209.09
Prime Partner: US Department of State
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 19106.27101.09

Mechanism: DoS Staffing/DoS ICASS
USG Agency: Department of State / African Affairs
Program Area: Management and Staffing
Program Budget Code: 19
Planned Funds: \$131,500

Activity System ID: 27101

Activity Narrative: DoS Staffing

Covers salary and benefits for the PEPFAR Program Assistant, Administrative Assistant, and two drivers.

The Administrative Assistant is responsible for all administrative duties in the PEPFAR office, including scheduling, communicating with partners, and procurements. The Administrative Assistant also takes the lead in organizing World AIDS Day activities.

The Program Assistant spends 60% of her time supporting the SI Liaison, assisting with M&E for PEPFAR partners, including APR and COP data support. The Program Assistant also shares some administrative duties with the Administrative Assistant.

PEPFAR currently has one car and driver. With the growth of the PEPFAR program staff, the PEPFAR team believes it is important to have an additional driver to minimize scheduling conflicts and support the team to conduct partner site visits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19106

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19106	19106.08	Department of State / African Affairs	US Department of State	8209	8209.08	ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel	\$92,500

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 8213.09

Mechanism: PEPFAR Coordinator salary and benefits

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18686.27102.09

Planned Funds: \$171,300

Activity System ID: 27102

Activity Narrative: USAID – PEPFAR Coordinator salary

These funds cover salary and benefits for the PEPFAR Coordinator. All other costs for the Coordinator are captured under State/AF. The PEPFAR Coordinator provides overall leadership and coordination for the PEPFAR/Lesotho program. She reports to the Chief of Mission, and acts as his advisor on all HIV/AIDS-related issues in country. The Coordinator leads the PEPFAR Task Force, in concert with the USAID Director, CDC Chief of Party, and SI Liaison. She liaises closely with MOHSW and other related GOL officials. The PEPFAR Coordinator, along with other members of the Task Force, represents the PEPFAR program to GOL, and plays a strong donor coordination role.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18686

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18686	18686.08	U.S. Agency for International Development	US Agency for International Development	8213	8213.08	PEPFAR Coordinator salary and benefits	\$191,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			10/1/2010
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			2/1/2010
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
PPP table FINAL.xls	application/vnd.ms-excel	11/10/2008	PPP Supplemental	PPP Supplement	KCrowley
14-Gender COP 09 FINAL.doc	application/msword	11/10/2008	Gender narrative	Gender Program Area Narrative*	KCrowley
Lesotho COP 2009 Global Fund Supplemental FINAL.doc	application/msword	11/10/2008	GF Supplement	Global Fund Supplemental	KCrowley
13-HRH COP 09 FINAL.doc	application/msword	11/11/2008	HRH Narrative	HRH Program Area Narrative*	KCrowley
Mini-COP staffing spreadsheet FINAL.xls	application/vnd.ms-excel	11/11/2008	Staffing Analysis	Staffing Analysis	KCrowley
Ambassador letter.pdf	application/pdf	11/12/2008	Ambassador Nolan's letter to Ambassador Dybul	Ambassador Letter	KCrowley
Lesotho FY09 Budgetary Requirements Worksheet Completed FINAL.xls	application/vnd.ms-excel	11/13/2008	Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	MRobinson
Lesotho Management and Staffing Budget Table FINAL.xls	application/vnd.ms-excel	11/13/2008		Management and Staffing Budget Table	MRobinson
Care and Treatment Budget Justification FINAL.doc	application/msword	11/13/2008	Care and Treatment Justification	Budgetary Requirement Justifications	KCrowley
OVC Budget Justification FINAL.docx	application/vnd.openxmlformats-officedocument.word	11/13/2008	OVC Justification	Budgetary Requirement Justifications	KCrowley
Lesotho_Uploaded_Summary_Targets_and_Explanations_Table.xls	application/vnd.ms-excel	11/14/2008		Summary Targets and Explanation of Target Calculations	MClaquin
2008 11 24 FY 2009 Lesotho CN Summary.doc	application/msword	11/25/2008	Revised CN Summary	Executive Summary	KCrowley