Lesotho

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

Program Description/Country Context

The Kingdom of Lesotho is a small, mountainous country of 1.87 million people with the third highest HIV prevalence in the world, estimated at 23.2 percent[1]. Lesotho's hyperendemic HIV situation is driven by heterosexual practices such as multiple and concurrent sexual partnerships and transactional and intergenerational sex. These practices, together with low levels of full male circumcision and low consistent condom use, result in a high number of preventable infections. Basotho women are more affected, with an HIV prevalence that is higher than their male counterparts (26% versus 19%). In one third of all couples, at least one partner is HIV positive. Approximately 270,000 People Living with HIV and AIDS (PLWHA) reside in Lesotho though only 22,000 people receive antiretroviral therapy of the 85,000 people in need of treatment. Poor access to health services, estimated at 26% coverage, has resulted in 18,000 deaths due to AIDS since the beginning of the epidemic.

Lesotho's HIV/AIDS response is led and coordinated by the National AIDS Commission (NAC), a semi-autonomous government body established by an Act of Parliament in 2005. Implementation of the national response lies primarily with the Ministry of Health and Social Welfare and a number of other government ministries who are responsible for aspects of the response. Funding is provided both through the Government of Lesotho's (GOL) annual budget, and Global Fund resources. The National Strategic Plan (NSP) lays out a framework for responding to the epidemic through work in four strategic areas: a) Prevention; b) Treatment, Care, and Support; c) Impact Mitigation; and d) Management, Coordination, and Support Mechanisms. The current NSP (2006 – 2011) also serves as the platform for the Partnership Framework recently signed between the US Government (USG) and the GOL.

In late 2008, the PEPFAR Lesotho team began the process of negotiating a Partnership Framework and Partnership Framework Implementation Plan with the GOL. In order to ensure that the Framework truly represented the goals and priorities of both the GOL and other stakeholders, the team undertook a broad consultation process involving government, civil society, the business community, faith based organizations, and others prior to drafting the framework. The Partnership Framework, which emphasizes increasing Lesotho's ownership of the response to the HIV/AIDS epidemic, was signed in August 2009, and it is likely that the follow-on Partnership Framework Implementation Plan (PFIP) will be finalized in early 2010. This FY10 COP represents the programmatic embodiment of the process of gradually transferring ownership of the fight against HIV/AIDS in Lesotho to the GOL.

The Partnership Framework also has a strong emphasis health systems strengthening and increased prevention initiatives to slow the rapid progress of HIV and mitigate the impact of the disease on Basotho society. By building local capacity and country ownership, while still providing quality HIV and AIDS services, the PEPFAR Lesotho program will shift from the "Emergency Response" of PEPFAR I to that of a sustainable campaign in PEPFAR II. Similarly, the PEPFAR Lesotho team continues to transition and grow from being regionally-based to being an in-country team with strong technical capacity to work closely with the GOL and the many other donors and stakeholders in Lesotho to implement the PFIP.

In FY 2010, the team anticipates that over half of the approximately $42.7 million budget will be allocated to Health System Strengthening (HSS) and Prevention programming, which both directly contribute to the sustainability of the national response to HIV. Much of the HSS funding will go to supporting training and retention of healthcare workers, which directly addresses the critical human resources crisis the GOL

[1] UNAIDS 2007

faces in implementing the national response to HIV/AIDS. In addition, relevant government ministries' inputs have been heavily weighted when considering the allocation of funding among partners and the choice of partners for new projects. The team has negotiated a cooperative agreement directly with the Ministry of Health and Social Welfare, which will help build the MOHSW's capacity to lead the response. A second cooperative agreement with the MOHSW is also expected this coming year.

HSS is also a significant area in which PEPFAR is partnering with the Millennium Challenge Account-Lesotho (MCA-L) to maximize the impact of USG resources in Lesotho. MCA-L plays a major role in HSS in Lesotho through funding for improved health management systems and refurbishment of health facilities countrywide. This is done in coordination with the GOL, PEPFAR Lesotho and other development partners. The MCA-L health-related strategic objectives include: integrated quality HIV care, effective decentralization with ownership by health staff and communities, improved human resources, and information, infection control and waste management systems. MCA-L intends to rehabilitate out-patient departments at district hospitals and up to130 primary healthcare clinics. They will build and equip a National Reference Public Health lab and construct a blood processing facility for improved safe blood services in Lesotho. They will also build dormitories for the National Health Training College to facilitate the needed increase in enrolment of nursing students.

In concert with the MCA-L programs, PEPFAR Lesotho will work with the MOHSW to develop national laboratory policies, pre-service and in-service training curricula for laboratory scientists, augment the MCA-L and the MOHSW's blood banking system through the construction of three additional blood collection centers capable of collection, testing and distribution of blood and blood products, and train a cohort of nurses to support the new health facilities rehabilitated by MCA-L. This synergy between MCA-L's investments in the healthcare system infrastructure and PEPFAR Lesotho's innovative programs to address human resources issues will improve health outcomes and promote the sustainability of Lesotho's health and social welfare system.

Similarly, the PFIP reflects the broadened the platform upon which PEPFAR Lesotho's HSS program can link with those of the African Development Bank (ADB), the Global Fund, Irish Aid, and the World Health Organization (WHO).

While PEPFAR's investments in HSS will build the capacity of the local healthcare system to shoulder the burden of HIV/AIDS and TB, the increased emphasis on prevention, beginning in FY 2010, will help to reduce incidence of the disease. The 2009 Modes of Transmission Study[2] highlighted that multiple sexual relationships, in combination with low levels of full male circumcision, are two of the major risk factors in Lesotho. MCP has become 'part of life' in Lesotho such that social and gender norms supportive of the practice will need to change. Migration, intimate partner violence and income inequality are unaddressed structural factors that also contribute to the epidemic. Standard Behavior Change Communication (BCC) or individual educational counseling (IEC) programming is not sufficient to reduce significantly the scale of the epidemic, and to alleviate the burden of new HIV infections in Lesotho it will be necessary to use a comprehensive 'combination prevention' approach that utilizes behavioral, social, biomedical and structural interventions. To this end, PEPFAR Lesotho is awaiting a sexual prevention assessment team in January 2010 by members of the PEPFAR Prevention Technical Working Group that will determine the most effective combination prevention strategy for social and behavioral change in the country. This new program will serve as the centerpiece for sexual prevention in Lesotho and will link with the scale-up of medical male circumcision and a strong social marketing campaign for condom use. Increased involvement of people living with HIV (PLWHIV) and programs targeting HIV discordant, married and long-term relationships will be initiated.

Within Lesotho, the landscape for implementing HIV and AIDS interventions is shifting. The GOL is

[2] Lesotho Modes of Transmission Study, 2009

moving forward with a process of decentralization, which will impact service delivery at both facility and community levels. Over the next five years, the Ministry of Local Government and Chieftainship (MOLGC) will assume responsibility for primary level health facilities, while MOHSW will remain the lead in providing secondary and tertiary hospital services. Given the importance of facility-based and community-based services to the national HIV and AIDS response, it will be important to work closely with the decentralization process in order to effectively scale-up HIV and AIDS programs throughout Lesotho. With the responsibility for health service provision and management shifting to district governments and community councils, PEPFAR Lesotho will need to provide increased technical assistance to the GOL at all levels of government to ensure that the care and treatment programs built during the emergency response continue to maintain their high quality of services.

In FY 2010, the PEPFAR Lesotho team has the opportunity to shift the focus of its care and treatment program to accommodate the new decentralization plan. As the current agreements with partners end, a new award is being negotiated that will continue the high quality care, treatment, and prevention-of-mother-to-child transmission (PMTCT) services started under PEPFAR I and build the capacity of the MOHSW, the MOLGC, and other facilities to assume increased responsibility for these programs. At the behest of the GOL, a single partner award will be made to ensure improved access to a continuum of services which will include improved and increased capacity for quality adult and pediatric care across the country, and improved TB/HIV coordination. PEPFAR Lesotho will play a large role in the expansion of provider-initiated HIV counseling and testing, and will increase counseling and testing services in rural and underserved areas. In addition, scale-up of comprehensive care and support services for PLWHAs and orphans and vulnerable children (OVCs) will be done simultaneously with the improvement of facility-based care and treatment. Funding for antiretroviral drugs, TB commodities, additional staff, and OVC services will continue to be leveraged from on-going support to the GOL by the Global Fund and coordinated through the Partnership Framework. The prevalence of TB in Lesotho is one of the highest in the world and almost 80% of TB patients are co-infected with HIV. In addition, multi-drug resistant TB is becoming more common. The program proposed by PEPFAR/Lesotho will strengthen the core TB program in Lesotho, improve coordination with the GOL's HIV/AIDS Directorate, enhance the diagnostic capacity for TB and improve infection control measures at all health facilities. The PFIP will also help PEPFAR and other donors to ensure that decreased funding by the Clinton Foundation will have minimal impact on clients and service providers.

There is wide consensus among stakeholders, including the GOL, that major challenges to the national OVC program include the areas of leadership, coordination, program implementation and monitoring and evaluation. The PFIP will enhance coordination of OVC donors – EC, Global Fund and PEPFAR, with increasing involvement of DFID and Irish Aid. The EC has the largest donor resources for OVC support and their programs are being implemented by UNICEF, through the Department of Social Welfare (DSW) in the MOHSW. Continued, close coordination with UNICEF is key to success as UNICEF has played a dual, complicated role, both as donor and implementing partner. At the policy level, PEPFAR/Lesotho will take a comprehensive child protection approach that will include advocacy for the adoption of the new Child Welfare and Protection Act and the development of a realistic national implementation plan.

PEPFAR Lesotho support to local civil society organizations will continue to address anticipated gaps and improve quality of service provision to OVCs.

Integral to the national HIV/AIDS response is the need for appropriate data to develop evidence-based programs that respond to Lesotho's needs as well as data systems to monitor and evaluate the response's progress. In FY 2010, PEPFAR Lesotho will begin implementation of the rigorous monitoring and evaluation (M&E) plan outlined in the PFIP. Baseline assessments will be carried out from which the progress of the Partnership Framework will be measured. This information, along with mid-term evaluations planned in FY 2011, will also be used to frame the next five years of the NSP. PEPFAR

Lesotho will continue support for the Three Ones and work with the GOL, MCA-L, and other donors to build consensus and move forward with one M&E system.

Also fundamental to the national response is the need to address gender in Lesotho's policies and programs. Due to an HIV prevalence among Basotho women that is more than twice that of Basotho men, the PFIP puts increased emphasis on mainstreaming gender in all HIV/AIDS activities. In FY 2010, PEPFAR/Lesotho will promote proactive and innovative strategies to ensure that men/women, girls/boys and their families have equal access to prevention, care, treatment and support services. PEPFAR prevention programs will also address the underlying cultural issues that contribute significantly to the gender imbalances and HIV vulnerabilities in Lesotho. The PEPFAR/Lesotho team will also work closely with the Ministry of Gender, Youth, Sports and Recreation (MOGSYR) to ensure that all PEPFAR-supported programs are implementing Lesotho's gender priorities.

With the addition of the extra Partnership Framework funds programmed in this COP, the coming year will be a pivotal one for PEPFAR/Lesotho, one in which the necessary programs and structures will be put in place to ensure that the goals of the Framework are achieved through activities that reflect the comprehensive and coordinated approach outlined in the PFIP.

Opportunities created through collaboration with the GOL, other donors and stakeholders outlined in the PFIP will increase country ownership of Lesotho's HIV/AIDS response and set the stage for the next NSP. PEPFAR/Lesotho's increased investments in health systems strengthening should have a direct effect on the high rates of morbidity and mortality in the country.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						

Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Improving HCW retention through personal and housing loans		Standard Bank			In FY 2011, PEPFAR/Lesotho participated in OGAC's PPP capacity building

					workshop in Tanzania. Afterwards, the team's proposal to improve HCW retention through personal and housing loans was approved for $500,000 and included in COP 12. Initial work began on identifying potential private partners (banks, housing development companies). Since the project has the potential to multiply the US$500,000 contribution ten-fold (to US$5, 000,000), more infrastructural activities have been added including construction of dormitories and classrooms for pre-service schools. A Dutch NGO is currently assessing if experience in building similar low cost housing and infrastructure projects in South

					Africa will work in Lesotho. In COP 2012 the PEPFAR team plans to allocate the PPP funding to ECSA-HC led Human Resources Alliance for Africa (HRAA), an already existing implementing mechanism that will carry-out the initial Development Credit Authority work and M&E responsibilities. Although we have listed Standard Bank as the private sector partner, we are still in negotiations with them, so this is not yet confirmed.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			865,000		**865,000**
HHS/CDC		1,150,000	8,486,272		**9,636,272**
PC			414,000		**414,000**
State			550,106		**550,106**
State/AF			222,114		**222,114**
USAID			11,112,508	6,400,000	**17,512,508**
Total	**0**	**1,150,000**	**21,650,000**	**6,400,000**	**29,200,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	DOD	HHS/CDC	PC	State/AF	USAID	AllOther	
CIRC		100,000	100,000					**200,000**
HBHC		65,000				1,367,500		**1,432,500**
HKID		15,000		8,000		1,635,000		**1,658,000**
HLAB		35,000	1,120,000			100,000		**1,255,000**
HMBL			1,200,000					**1,200,000**
HTXS		65,000				650,000		**715,000**
HVAB		60,000		10,000		2,079,042		**2,149,042**
HVCT		40,000	1,150,000					**1,190,000**
HVMS	550,106	75,000	2,278,972	396,000		2,679,424		**5,979,502**
HVOP		90,000	425,000			1,884,042		**2,399,042**
HVSI		125,000	275,000			755,000		**1,155,000**
HVTB		65,000	2,150,000			150,000		**2,365,000**
MTCT		5,000				700,000		**705,000**
OHSS		100,000	937,300		222,114	3,912,500		**5,171,914**

PDCS		25,000				950,000		**975,000**
PDTX						650,000		**650,000**
	550,106	**865,000**	**9,636,272**	**414,000**	**222,114**	**17,512,508**	**0**	**29,200,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,432,500	
HTXS	715,000	
Total Technical Area Planned Funding:	**2,147,500**	**0**

Summary:
Context and background.

The AIDS epidemic in Lesotho has had a devastating impact on the country. Extreme rates of poverty combined with HIV/AIDS have caused average life expectancy to drop to approximately 40 years. UNAIDS estimates that Lesotho has an HIV prevalence of 23.2%, the 3rd highest in the world.

The GOL has provided strong political commitment to support a national response to the pandemic. In 2004 King Letsie III declared AIDS a national disaster and helped to launch the Know Your Status Campaign (KYS) aimed at testing all Basotho over the age of 12 years, and the MOHSW launched an ambitious national program to provide free antiretroviral treatment throughout the entire country. Although the GOL has a severe shortage of healthcare professionals at all levels, they have created policies and guidelines for best practice that have allowed care and treatment to be provided to more people through task shifting and decentralization of service provision.

The current MOHSW National Strategic Plan 2006 -2011 is a shared vision of how Lesotho will address the pandemic and sets a framework for a multi-sectoral approach to service delivery. The ministry's PMTCT and Pediatric HIV and Care and Treatment Scale Up Plan for 2008-2009 called for 100% PMTCT coverage by 2011 through the use of a decentralized plan. In June 2008 the National ART Guidelines were reviewed, restating the Goals of Universal Access to Treatment as well as Prevention and Care and Support by 2010. Guidelines also recommended treatment earlier in the course of the infection when CD4 counts were less than 350 and not 200 as previously advocated.

In the 2007 Annual Joint Review Report produced by the MOHSW, it appears that the level of new infections had stabilized, with the antenatal clinic (ANC) prevalence at 27% in 2005 dropping to 25.7 % in 2007. The same data shows a shift of peak prevalence from the 25-29 year age group in 2005 to the 30-34 year age group in 2007. At the same time the prevalence among the 15-24 age group dropped from 20.5% to 18.7% in 2007. As ART extends the lives of thousands of PLWHA, the total number of people in need of ART increases even as incidence declines in the younger age groups.

The two PMTCT PEPFAR partners that have been funded in previous COPs are the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the International Center for AIDS Care and Treatment Programs, Columbia University (ICAP). An OGAC assessment in May 2009 found that in addition to the PMTCT services for which they were being funded, both partners were also providing pediatric care and treatment services, as well as adult services, as part of an integrated PMTCT program. Through PMTCT

services and a system of referrals networks, newborns, under-fives, and older children are identified, diagnosed and treated. USG partners link to Clinton Foundation and Baylor to refer HIV positive children to for care and treatment. The assessment team held this integration up as a model for integrated, family-centered care, and recommended that these partners be funded for care and treatment, as well as PMTCT to further enhance this integration. These recommendations are reflected in various strategy and policy documents drafted by the Ministry of Health and Social Welfare (MOHSW), as well as in the new Partnership Framework that was signed at the end of 2009.

The PEPFAR/Lesotho team took those recommendations into account in its recent procurement that solicited a partner to continue services provided by the two Track 1 PMTCT/Care & Treatment partners (EGPAF and ICAP), whose agreements will expire in March of 2010. In an effort to accomplish the Partnership Framework goals of country-ownership and sustainability, the GOL (specifically the MOHSW) was consulted extensively throughout the design process the, and the solicitation was written to reflect the needs and the desires of the Ministry. In particular, the MOHSW admitted to challenges in coordinating and managing several partners providing similar services around the country, and expressed a desire for a single international partner to support them to provide integrated, family-centered care and treatment services that included PMTCT, throughout the entire country. The criteria that the MOHSW selected to choose this partner included a detailed transition plan to move to a single partner, current presence in the country, and a strong desire to build the capacity of the MOHSW, along with the standard USG criteria of past performance, institutional capacity, cost-effectiveness, and sustainability plans.

Proposals for this single-partner program have been reviewed and an award is expected in early 2010. The new partner award will begin well in advance of the expiration of the two Track 1 agreements, and transition planning will be part of the new partner agreement. Scale up will begin as soon as the award is made and will take advantage of the bolus of PEPFAR funds from the Partnership Framework in the first year of this award. This heavily front-loaded funding and implementation plan is well positioned to help the MOHSW reach its 2011 goal of providing services in all health facilities in the country. Funding returns to baseline in the following year of the award, and remains flat-lined for the life of the award as the focus shifts from capital investments to capacity building and sustainability.

Also reflective of this guidance, the MOHSW has continued the strategy of using ANC clinics as the entry point for HIV Prevention, Diagnosis, Care and Treatment for the entire family. (PMTCT and Pediatric care are described in more detail in their respective program area narratives). In 2009 The Partnership Frame work to Support the Implementation of the Lesotho HIV and Aids Response 2009-2014 between the US government and Lesotho government was signed, which demonstrates a longer term commitment and reflects the GOL's leadership in tackling the epidemic.

Lesotho can conceivably become one of the first countries in Africa to reach 100% coverage of all hospitals and clinics for prevention of mother-to-child transmission services (PMTCT) and HIV care and support services, and 90% facility coverage for the initiation of HIV treatment in adults and children.

In addition to the comprehensive PMTCT and care and treatment activities that will be undertaken by the new partner, PEPFAR/Lesotho will also be identifying a new partner to focus on community-based care (and OVC) activities, ensuring that the program is implemented in conjunction with the facility-based care being provided by the single partner described above.

The Department of Defense will also continue implementing its PMTCT and care and treatment services for the Lesotho Defense Force members and their families.

Accomplishments since last COP.

At the national level EGPAF and ICAP have supported the MOHSW in strategic planning, revision and

development of new guidelines and have assisted the MOHSW as members of technical working groups (TWG) on ART, Pediatric Care and Treatment, and Monitoring and Evaluation. Both partners over the course of 2009 geared up to provide comprehensive support to treatment sites which included:

1. Ongoing training of Health Workers at all levels in PMTCT, safe infant feeding practice, ART initiation, Monitoring and Evaluation , management of STIs and opportunistic infections and the use of (spell out) CTX, safe sex practices and safe infant feeding practices.

2. Provider-initiated HIV counseling and testing (PITC) which has been established at all sites in the health system to increase the uptake of testing and to identify patients who are in need of HIV care and support or treatment.

3. Implementation of new guidelines which allow initiation of ART earlier in the course of the infection when the CD4 has declined to350 and not 200 as was previously the case.

4. Provision of a minimum package of care for patients living with HIV/AIDS (PLWHA) being provided as part of a family centered approach to care. Patients receive regular follow up, provision of CTX prophylaxis for eligible patients, treatment of OI, systematic screening for TB and a package of interventions for Prevention with Positives (nutritional education, family planning , support groups particularly for men , treatment of STIs).

5. In line with the MOHSW strategy of decentralizing health services, both treatment partners have increased training and support to Health to develop better linkages between services and service sites so that patients once enrolled are retained in care.

6. Pregnant women not eligible for HAART identified in PMTCT programs have been enrolled into ongoing support and care. There has been a focus on increasing uptake of HIV testing amongst family members, particularly male partners.

7. Establishment of support groups at community level and with an emphasis on groups for men has been a major focus for both partners in 2009.

In addition, accomplishments in the last year include:
• PEPFAR sites providing ART were expanded to 128, 88 of which provided both PMTCT and ART services during the first 3 quarters of FY 09.

• The total number of patients receiving ART by the end of the reporting period from all PEPFAR supported sites was 19,983 ; the number of new patients enrolled in 2009 at all sites was 12,739.

• HIV care services were expanded to reach 29,212 Basotho and both implementing partners have already achieved 85 % of the targets set in FY 09.

• The number of health workers trained across the country is 378, which is already 75 % of the target.

• EGPAF established a hot line for health providers with difficult cases and which is manned by EGPAF senior technical advisors. With the new partner award, this initiative will now be expanded to cover all the districts in the country in concert with the MOHSW to provide support to newly trained health providers.

• Support to MOHSW has been provided by continued presence on the national technical working groups and by secondment of key personnel to assist the ministry with their monitoring and evaluation program.

Goals and Strategies for 2010

The new partner award that is expected to be finalized in early 2010 comes while HIV/AIDS is still taking an enormous toll on the country. In spite of this, the belief is that Lesotho can become one of the first countries in Africa to reach 100% coverage of all hospitals and clinics for prevention of mother-to-child transmission services (PMTCT) and HIV care and support services, and 90% facility coverage for the initiation of HIV treatment in adults and children. To accomplish these goals, the team's technical approach will be based on the following strategies and approaches:

• Comprehensive clinical expertise: The new partner team will include a consortium of partners offering expertise in PMTCT, HIV/AIDS care and treatment, and other critical clinical services.

• Family-focused services: experiences in Lesotho and other southern African countries have proven that a family-centered approach that engages, integrates, and links with communities produces the best clinical results.

• Collaborative relationship with the Ministry of Health & Social Welfare (MOHSW) and District Health Management Teams (DHMT): The team will continue to work closely with DHMTs to provide high-quality clinical services at the district level and will build on existing strong relationships with the MOHSW to advance new and improved policies, guidelines and protocols.

• Promote local ownership: The team will work with local organizations, strengthening their capacity to provide HIV/AIDS services beyond the life of the SCS Project. Several of the implementing partners are local organizations and the new partner will work closely with its consortium members and with other organizations to promote local ownership of project interventions.
Adult Care and support fit into the Partnership Framework under the following objectives:

2.1: 40% of all eligible individuals of all age groups access a continuum of pre-ART care and ART services including TB/HIV screening and treatment.

2.2: 100% of health Facilities to offer routine testing for HIV and referral to other services .

2.3: People infected and affected by HIV access quality care and support services by home based care providers in 60% of constituencies in all community councils by 2014.

2.4: 20% of OVC have received comprehensive care and support services.

The aim for 2010 is to achieve a seamless transfer of responsibilities from 2 implementing partners to a single partner and to ensure that all services currently rendered are sustained. Following the transition, rapid scale up will begin in order to meet the MOHSW's goals for access, which include:
• 100% of facilities offer comprehensive PMTCT services by the end of 2011.
• 100% of facilities offer care and support (adults and children) by the end of 2013.
• 90% of facilities offer treatment initiation (adults and children) by end of 2013.
Challenges .
• Despite significant progress in the area of Care, Treatment and Support, large gaps in service delivery still exist. ART is now available in more sites but problems with logistics, transportation of blood samples, stock-outs of medicines and CD4 test kits are still problematic. Patients in remote areas have problems in reaching health clinics that provide ART. All these issues are being addressed with the MOHSW in the new award.

• Transitions from one partner to another are always challenging, but a strong transition plan will be implemented once the new partner award is in place.
Funding Issues.

Under the partnership framework, PEPFAR has planned sufficient funding for scale up of adult treatment in an integrated program that includes pediatric and adult care and treatment, and PMTCT services. This is complimentary to contributions by other donors which include a multitude of partners, including WHO, UNICEF, OHAfrica, Partners in Health, MSF, the Global Fund and other NGOs. These organizations, together with the MOHSW, implement procurement and distribution of drugs and the MOHSW and Global Fund purchase 100% of the HIV medications. Millennium Challenge Corporation (MCC) funds have been provided to renovate up to 130 priority clinical sites integrating ART clinics with out-patient departments where HIV services will be provided. PEPFAR programs will also leverage support from UNICEF, which funds cross cutting interventions around maternal and child health and nutrition, and WFP is providing limited nutritional support.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	200,000	
HMBL	1,200,000	
Total Technical Area Planned Funding:	**1,400,000**	**0**

Summary:
MALE CIRCUMCISION (MC)

Context and Background

A UNAIDS multisite study found the prevalence of male circumcision (MC) to be a principal factor in the large differences in HIV prevalence across Africa. In addition, three randomized, controlled trials in Africa have confirmed that MC reduces the likelihood of female to male HIV transmission by approximately 60%, and modeling studies suggest that MC could prevent millions of new HIV infections over the coming two decades. Other studies utilizing mapping, systematic meta-analyses and cost-effectiveness analyses have confirmed these results and shown that MC scale-up is highly cost-effective. Establishing and bringing MC to a sufficient scale for effectiveness in a country requires key policy and implementation decisions by government and its stakeholders and partners on the following issues:
• Prioritization of target populations
• Target coverage levels and rates of scale up
• Service delivery modes
• Task shifting or sharing by clinical personnel

In Lesotho, the primary mode of HIV transmission is unprotected heterosexual sex and the primary risky behaviors are multiple and concurrent sexual partnerships, intergenerational and transactional sex, low consistent condom use and high discordance among steady couples. 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. In support of efforts to scale-up MC in PEPFAR programs, a study utilizing available data estimated the potential cost and impact of increasing medical MC services in Lesotho and 10 other African countries to reach 80 percent of adult and newborn males by 2025 . The study revealed that scaling up MC in Lesotho between the years 2009-2015 would, by the year 2025: avert more than 121,000 adult HIV infections; yield total net savings of US$618 million; and require 177,000 MCs in the peak scale-up year (2012).

Other results indicate that if all other prevention interventions are scaled-up, by 2015, to 80 percent

coverage with maximum impact, adding a scaled-up program of medical MC would result in a decline in the number of new adult HIV infections to about 7,000 in 2025. While MC is a promising intervention that could potentially prevent hundreds of thousands of new HIV infections in Lesotho, 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. It is also recommended that MC be used as an occasion to involve women, through couples counseling and information materials.

According to the Lesotho 2004 DHS survey, 48% of 2,800 male respondents aged 15 to 59 have been circumcised. A June 2008 MOHSW report notes 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. Traditional circumcision in Lesotho is believed to be frequently 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 Government of Lesotho (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 medical circumcision, which is around 24,473 MC /per year and that long waiting lists, particularly in urban areas, are common.

Accomplishments since Last COP

In FY 09 PEPFAR/Lesotho was active in providing support to MOHSW for male circumcision. Two USG partners, JHPIEGO and PSI, assisted MOHSW as they moved forward with MC policy development. In October 2008, the MOHSW notified MC program partners of their wish to proceed with the scaling up of MC activities as part of a comprehensive HIV-prevention strategy. The MC Task Force in Lesotho has drafted a policy, strategy, and implementation plan for safe, facility-based MC for HIV Prevention. In July 2009, the MOHSW issued a letter identifying the initial nine MC service delivery sites, and in August 2009, the MC Task Force adopted the WHO MC facility readiness assessment materials and the WHO MC quality assurance materials.

In 2009, JHPIEGO provided technical assistance to the MOHSW and the National MC Task Force in completing and revising key MC documents, including the MC facility readiness assessment materials and the MC quality assurance tools. It also supported the MOHSW and the MC Task Force in the completion of facility readiness assessments at 8 of 9 MOHSW-identified sites.

The actual scale-up of MC services in Lesotho remains undecided at MOHSW, however. PEPFAR/Lesotho and its partners have made every effort to move MC scale-up forward during 2009 but an estimated date for implementation remains unknown. Nevertheless, PEPFAR/Lesotho feels that it is essential to remain prepared for scale-up while simultaneously advocating with MOHSW for full implementation of the MC strategy.

Goals and Strategies for the Coming Year

PEPFAR/Lesotho has allocated a total of $700,000 for MC activities, including $500,000 for JHPIEGO, $100,000 for PSI, and $100,000 for activities implemented through DOD. While MC scale-up is still under discussion with the government, PEPFAR partners intend to continue with the following activities, despite a budget reduction from 2009.

JHPIEGO
• Support the procurement of supplies and equipment necessary to build the capacity of identified MC service delivery sites.
• Support the MOHSW in the ongoing orientation of facility managers to provide structured MC services, supportive supervision, and quality assurance.
• Assist with the implementation of a strategy for regular supportive supervision and quality assurance at each of the MC service sites
• Provide technical assistance, as desired by the MOHSW and the MC Task Force, with the drafting of a national strategy and roll-out plan for safe, facility-based newborn MC.
• Collaborate with the MOHSW, PSI, and other partners to develop a phased MC communication strategy
• Assist the MOHSW with the initiation of MC clinical skills training in Lesotho.

PSI
• Support to JHPIEGO in their implementation of the national MC pilot program.
• Training for counseling and testing to providers in selected pilot sites, using its existing CT training curriculum.

Department of Defense
• Parallel to its support activities for the national MC pilot, PSI will pilot MC services with the Lesotho Defense Force (LDF), establishing a mobile MC unit staffed with a trained doctor, as well as nurses and counselors. (It is estimated that, in the course of its first year, this pilot will provide MC services to 1500 men [750 of them from the LDF]).

PEPFAR, along with implementing partner PSI, 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.
These activities, though not reflecting the desired full MC scale-up, directly support the Partnership Framework Objective 1.6 "40 percent of male are circumcised in a clinical setting and 50% of newborn males in a health facility are circumcised within 8 days after birth."

BLOOD SAFETY
Context and Background
The Ministry of Health and Social Welfare (MOHSW) is responsible for coordination, regulation and provision of blood transfusion services through the Lesotho Blood Transfusion Service (LBTS). LBTS is mandated to recruit blood donors, collect, screen, process, store, and distribute safe blood to all hospitals in the country. There is only one national blood center and one mobile blood collection team for the whole country. The national blood center collects and screens all blood for HIV, hepatitis B and C virus, and syphilis. Additionally, all blood collected by the mobile collection team is transported to the national blood center for screening as well. Over 95% of the blood collected is from voluntary non-remunerated blood donors. More than 60% are repeat donors who have given already in the previous 12 months.

The high burden of HIV/AIDS has increased the demand for safe blood and recruitment and retention of donors has become more difficult. Currently, LBTS collects 3000 units of blood per annum, far below the recommended level, 9000 units per annum. To promote and facilitate safe blood transfusion, the MOHSW has developed a national policy and five year strategic plan. The implementation of the plan is anticipated to result in a safe, high quality blood supply for all patients requiring blood transfusion and the elimination of transfusion transmitted infections (TTIs). Under the Partnership Framework, PEPFAR's support to LBTS is cross-cutting, and will both strengthen HIV prevention, ART, maternal health, and laboratory services. PEPFAR will assist LBTS to establish efficient and sustainable blood transfusion services that can assure the accessibility, quality, safety and adequacy of blood and blood products in Lesotho.

Accomplishments since Last COP
In FY 2009, PEPFAR, through their partner Safe Blood for Africa, provided technical assistance to LBTS on rational blood use and quality systems and promoted blood collection from low-risk voluntary donors. A total of 66 health care workers were trained as part of continuing professional development. A training of trainers (TOT) course was conducted for 12 individuals to improve blood service operations and strengthen management skills. Eighteen clinicians from 14 hospital outlets were trained in transfusion medicine and related skills, including appropriate clinical use of blood. Site assessment and supervision was also provided to all 19 hospitals in the country to monitor transfusion practices.

In order to promote blood donation, the PEPFAR partner Safe Blood for Africa trained staff from Lesotho Red Cross (LRC) and LBTS in a blood donor retention strategy. This led to the development of "Club 25," a collaboration between LBTS and LRC designed to strengthen voluntary non-remunerated blood donations through outreach to young people. PEPFAR also supported the development of an advocacy tool entitled "Lesotho—the challenge to achieve a safe and adequate blood supply," which provided information linking prevention and blood donation. With this support, the LBTS increased blood collection, and over 3000 units were collected and screened for HIV in 2009.

Goals and strategies for the Coming Year
In FY 2010, the primary goal of the LBTS is to scale-up blood safety activities and increase the blood collection by 50%, to 4,500 units per annum. PEPFAR will continue to supporting blood safety and will develop a new CDC cooperative agreement with the MOHSW and a partner, which is to be determined. PEPFAR plans to support the construction/renovation and furnishing of three new MOHSW blood collection centers in Maseru, Leribe and Mohale's Hoek districts. These three centers' activities will include blood collection, appropriate storage of blood and blood products, laboratory capacity to conduct HIV, hepatitis B and C, and syphilis testing, and vehicles for mobile blood collection and transportation. PEPFAR, through its partners, will support human resource development through employment, training and retention schemes.

PEPFAR partners will provide technical assistance to LBTS to ensure that supplies are available for the collection and screening of blood and its laboratory will be prepared for accreditation. Assistance will continue for developing guidelines and training of transfusion service providers. In addition, technical support will be provided on hospital blood usage and hemovigilance.

To ensure long-term sustainability, the new collection sites will be under the management of the MOHSW, and PEPFAR 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.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount

HVCT	1,190,000	
Total Technical Area Planned Funding:	**1,190,000**	**0**

Summary:
Context and background:
The Kingdom of Lesotho is an entirely landlocked country within the borders of South Africa. It faces the third highest adult HIV prevalence in the world, with 23% of those aged 15 to 49 living with HIV/AIDS. As a result, HIV/AIDS remains the leading cause of death in Lesotho; more than 20,000 Basotho die of AIDS-related illness each year (UNAIDS Global Report, 2006). According to the Lesotho Demographic and Health Survey (DHS), 24% of sexually active adults (15-49 years old) are infected with HIV. Among those infected, women of reproductive age and urban residents are disproportionately affected, with the districts of Maseru and Leribe consistently reporting particularly elevated prevalence rates. Men and rural residents have inequitable access to products and services. Despite this demonstrated need for robust prevention activities, including testing, many Basotho do not have access to adequate resources or counseling and testing services.

PEPFAR is committed to working in conjunction with the Ministry of Health and Social Welfare (MoHSW) of Lesotho to address the counseling and testing needs in country. PEPFAR funded activities in the area of counseling and testing are aligned with the goals and objectives agreed upon in the Partnership Framework, and augment the activities that are implemented by other donors.

Currently in Lesotho the Global Fund supports counseling and testing in public sector hospitals and clinics. Counseling and testing is generally integrated into ante-natal care (ANC) services and anti-retroviral therapy (ART) clinics, as well as outpatient services and TB clinics at some sites and includes both provider-initiated testing of patients as well as client-initiated counseling and testing. The Christian Health Association of Lesotho (CHAL) also provides counseling and testing in its own hospitals and satellite clinics. Sites include Roma, Maseru, Morija, Thaba Tseka, Mapoteng (Maluti Hospital), and Butha Buthe. Additionally, Medecins Sans Frontieres (MSF) is active at Scott Hosptal in Morija, which is one of the CHAL hospitals.

Currently, PEPFAR funds Population Services International (PSI) to provide counseling and testing services, focusing on client-initiated services in the community. The Lesotho Defense Force (LDF) also receives both PEPFAR funding and technical assistance through the US Department of Defense (DoD). PEPFAR-funded programs complement public sector services through provision of stand-alone and mobile services, including those targeting men. Partners providing counseling and testing in the context of PMTCT also provide enhanced services targeting male partners and families at selected sites.

Lesotho had a major campaign called "Know Your Status" (KYS) from 2005 – 2006 which had the goal of reaching all adults. Because of funding, staffing, and technical challenges, this goal was not met. The national strategy now has a goal to provide counseling and testing services to all Basotho by 2011 and public sector and donor-funded activities feed into this goal, despite shortcomings in geographic coverage (especially in rural areas) and in reaching some target audiences (including those that are most vulnerable or hard to reach). The current national policy (developed in conjunction with KYS) was well-designed, with a clear emphasis upon community-based counseling and testing and diversification of healthcare cadres to offset personnel shortages.

Progress since last COP:
Within public sector services, healthcare personnel shortages have limited scale up, especially given the focus upon training nurses in the context of PMTCT and TB services. Anecdotal evidence suggested that

public sector counselors were not receiving the ongoing support they require, in terms of refresher training, burnout prevention, and monitoring and supervision. Supply chain management has also posed a challenge. In an effort to address these issues and expand coverage of quality counseling and testing services in Lesotho, PSI's training department trained 131 counselors, including PSI counselors, partner counselors, and LDF counselors. The goal of these trainings was to develop a cadre of counselors with the skills to supervise and build capacity of junior counselors in sites and surrounding communities. All counselors received initial training, as well as refresher training and burn out training every six months.

Additionally, in partnership with the National University of Lesotho, PSI has provided ongoing training in HIV and associated services to 16 students working in social work and pastoral care and has attached the students to counseling and testing centers for their practical experience/training. While this is a time consuming activity for the counselor, this will be a foundation for turning the current PSI supported counseling and testing sites into centers of excellence.

In March of 2009, PSI launched a post test club which resulted in improved targeting of adult men and their partners. This program is a structured individual prevention counseling (IPC) intervention through which selected community groups who have elected to seek counseling and testing together go through an eight-module sexual health curriculum. This curriculum promotes retesting and safe sexual behaviors following testing and is appropriate for both positives and negatives.

Goals and strategies for the coming year:
The MoHSW's counseling and testing strategy is flexible and reactive and works with implementing partners in a collaborative effort, but specific goals and approaches are not always clearly articulated from the Ministry. PEPFAR will work through its partners to work collaboratively with the MoHSW in accordance with the Partnership Framework to implement the national strategy for counseling and testing.

PSI's strategy hinges upon refining and strengthening its existing New Start counseling and testing model, whereby they will transition the existing five permanent clinics to be Centers of Excellence. The next step will be to increase emphasis upon mobile services by increasing the number of mobile service providers from five to ten. This will ensure nationwide coverage through providing mobile availability in all ten districts of the country, and will help to address the gaps in service in hard to reach rural populations. Integration of counseling and testing with other services (including male circumcision, TB screening, STI diagnosis and treatment, and primary preventative care) will be a priority; as will capacity building of public sector counseling and testing services. As mentioned, under this new model, PSI envisions that its New Start sites will become centers of excellence, providing both direct services and pre- and in-service training to public sector providers. Sustainability of counseling and testing will rely on this increased capacity of the public sector providers.

PSI will expand their mobile services, through the addition of new mobile units and partnerships with organizations active in areas in which PSI is not present. Over time, New Start fixed sites will engage in less direct service provision, focusing more on training, mentoring, and coordination of mobile units. Parallel to this, PSI will support the public sector to become the primary provider of fixed-site counseling and testing provision, through provider training and mentoring; quality assurance; and procurement support. New Start sites and mobile units will continue to provide client-initiated individual and couples' counseling and testing, while public sector sites will focus on provider-initiated counseling and testing. This dual-track model, in which PSI provides mobile services and capacity building and the public sector provides fixed services, will allow for more effective coverage of the population as a whole, with women of reproductive age reached primarily through fixed sites and men, vulnerable groups, and young people reached through mobile services.

PSI and DoD, through the LDF, will continue their collaboration to address counseling and testing needs

within the LDF. PSI will continue to train LDF counselors, and they will hold joint PSI/LDF community events that will promote and provide access to counseling and testing, as well as other prevention initiatives.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	5,171,914	
Total Technical Area Planned Funding:	**5,171,914**	**0**

Summary:
OVERVIEW/Context

The health system in Lesotho is underdeveloped given the magnitude of the HIV/AIDS epidemic, and faces a significant number of systemic barriers that have slowed progress against HIV/AIDS, as well as weakening medical care in general. Medical Care Development International (MCDI) conducted the most recently completed health systems assessment (HSA) in 2003, and Health Systems 20/20 is currently conducting an HSA which will be completed on February 5th. The results of this survey will inform future discussions with the GOL as well as future programming decisions.

Lesotho's health system faces a number of challenges to providing high quality HIV/AIDS services to the Basotho people. A primary issue is leadership in implementation of HSS frameworks; while the GOL has been proactive in drafting and approving frameworks and strategies to address the issues, actual implementation of those plans has been slow. This implementation is a key focus for the PEPFAR program and other development partners, with an emphasis on developing a culture of leadership, innovation and problem solving for change, developing management skills for strategic planning, monitoring and supervision, promotion of a culture of accountability of the health system for health outcomes, and engagement of civil society in that process. PEPFAR is developing links with the private sector through the Business Council of Lesotho toward fuller integration and public-private partnerships. In addition, the Health Development Partners' Forum, Global Fund Lesotho Country Coordinating Mechanism, Development Partners' Consultative Forum, and the informal Health Decentralization Working Group are all engaged with the GOL on these issues and the PEPFAR team (including Embassy executive leadership) coordinates with the efforts of these bodies.

A second barrier has been the weak national supply chain system, which currently operates on a hybrid "push-pull" basis, leading to over- and under-stock situations at GOL clinics. PEPFAR, World Bank, Clinton Foundation (CHAI), and Global Fund grants are all working with the National Drug Supply Organization (NDSO) to ensure that appropriate reforms and adjustments are made to ensure a reliable supply of HIV commodities such as ARVs, testing kits, laboratory reagents, condoms, and other commodities. Other donors are beginning to leverage these efforts by adding additional capacity to the system in order to handle a broader range of non-HIV health commodities as well.

Financial and management information systems are also extremely weak at both the GOL and local non-governmental/community-based organizations (NGO/CBOs). While the Ministry of Finance and Development Planning (MOFDP) is rolling out the Integrated Financial Management Information System (IFMIS), implementation has been slow due to technical and training issues. In addition, the Ministry of Health and Social Work (MOHSW) and National AIDS Commission (NAC) are beginning to implement a Human Resource Information System (HRIS), in order to better track and quantify staffing needs and costs across the health system. Simultaneously with this rollout, the MOHSW is implementing and refining

a national Healthcare Management Information System (HMIS), which will track demand for and utilization of health services nationally. A variety of international partners, including PEPFAR, Millennium Challenge Corporation (MCC), the World Bank, and others are supporting these efforts and coordinating their programming to maximize impact.

These information systems strengthening efforts will be especially important as the GOL moves 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. 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, as they will be expected to once the decentralization process has been completed.

CURRENT USG PROGRAM

The Partnership Framework's goal of strengthening health systems is critical to achieve the Partnership Framework impacts around prevention, care, and treatment. Through the strengthening of national systems, significant progress can be made towards the second phase of PEPFAR's goals of increased country ownership and sustainability

Civil Society Strengthening - As part of its mandate, PEPFAR Lesotho has assisted 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. The Partnership Framework, through PEPFAR funding and in collaboration with the Global Fund and other development partners, intends to develop the organizational capacity of civil society organizations to ensure quality service provision. Pact, Inc. has renewed grants to local NGOs in FY10 and will continue to provide organizational capacity building and support, as well as technical skills in care, OVC and prevention. PEPFAR has also funded Vast grants to CBOs linked to Peace Corps Volunteers, and provided support to small CBOs through the Ambassador's Small Grants program.

Information Systems- Strategic health systems priorities for PEPFAR are consistent with the impact level results laid out in the NSP. As such, the team, with funding from PEPFAR and in coordination with MCC, the World Bank, and other development partners, has sought to leverage capacity-building to support NAC and MOHSW's efforts to implement and integrate a national health management information system (HMIS), particularly at district and community levels. SA-HCD will continue with quality baseline activities begun in FY 2007. In FY 2010, a TBD follow-on to SA-HCD will continue to provide support to expand HRIS through utilization of open source software to track training, certification and licensure. The program will decentralize and provide training to hospital management teams on maintenance of the QA database (CoQIS). A Senior HRIS Coordinator will be hired to maintain the HRIS, train other HR personnel and district HR officers.

Medicines and Technologies (including drugs, treatment, and laboratory infrastructure) -On-going work to strengthen supply chain management will continue, as the GOL moves from a paper-based to a computerized system. 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, 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.

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. Various stakeholders, including PEPFAR implementing partners, have supplied these commodities on an emergency basis, which helps in the short term. In order to move the system beyond reacting to emergency stock-outs, a systematic reform of the system and additional training for health staff at clinics and hospitals are necessary.

Leadership and Governance-
The most difficult component of the PEPFAR program has been to negotiate accountability for leadership and governance changes under the Framework. Across the above areas, policy frameworks have been enacted in the first phase of PEPFAR in Lesotho; the issues at hand are how to then implement those policies. PEPFAR, including Embassy executive staff, has been engaged at a variety of levels with GOL officials and other stakeholders to enable and encourage progress towards implementation of these sound policy frameworks.

Finance- Transitioning management of programs to MOHSW and local partners requires strong country financial capacity to oversee programs. Costs will become a very important issue under the PFIP since much of the money to expand the program from 2 to 3 million patients is to come from economies of scale/cost savings as the present program costs per patient decline. In addition to costing of HR plans and assessments, PEPFAR understands that it is essential to have technical assistance ready for country requests that will expand the ability of the state-sector finance/economist workforce to manage donor and national funding in a transparent way. Negotiations are underway to clarify activities in this area for FY 2010.

FY2010 USG SUPPORT

The Framework's health system strengthening (HSS) goal will promote harmonization and increased alignment with the other international, national, and multilateral organizations and the private sector. The Framework has set objectives in three key areas: health management information systems (HMIS), supply chain management, civil society strengthening.

HMIS
The Framework will follow a 3-pronged approach to the strengthening of the national HMIS: strengthening national governance and leadership to support HMIS development; strengthening health information systems (HIS); and strengthening data quality, dissemination and use, including population-based surveys and surveillance activities that will feed back into the national HMIS.

Through the Framework, PEPFAR will support the MOFDP in coordinating other key ministries and development partners involved in the development of an integrated HMIS. This comprehensive, integrated approach is in line with the vision outlined in the interim framework to the National Development Plan and will promote the most efficient use of available resources across all partners.

While MOHSW is the lead ministry in developing and implementing a national HIS with support from MCC and the World Bank, PEPFAR will contribute substantially by continuing the development and the integration of information technology (IT) solutions, as well as pre- and in-service training in laboratory, human resource, supply chain, electronic medical records, and community-based services. In collaboration with the development partners mentioned above, PEPFAR's partners will support targeted mentorship support to the District Health Management Teams (DHMTs), to develop their capacity to produce quality M&E quarterly reports, and to District AIDS Councils (DACs) to produce quarterly reports on district AIDS response.

The Framework is designed to leverage the contributions of development partners, including MCC, which is providing IT inputs; the World Bank, which is providing training for the Lesotho Output Monitoring System for HIV and AIDS (LOMSHA); Irish Aid, which is providing equipment and connectivity to national

training institutions; and the Clinton Foundation and Global Fund activities to strengthen data management. Additionally, PEPFAR will work through its implementing partners across technical areas to strengthen human resource capacity to provide timely, complete, and accurate data. Through the PF, PEPFAR will continue to provide technical assistance in surveillance, leveraging other key stakeholder's investments in conducting population-based surveys such as DHS and behavioral surveillance surveys as part of district epidemiological profiles. Support will also be provided to service availability mapping (SAM) funded by the GF round 8 proposal and other targeted evaluations relevant to the Partnership Framework.

CSO Capacity

Lesotho has a weak civil society sector with little organizational and management capacity. At the same time, CSOs have a unique and important role to play, both in delivering services at the decentralized levels of the health and social welfare system, and advocating for policy and social change. A priority for the Framework is strengthening these organizations in order to improve the quality of services they provide. The Lesotho Council of NGOs (LCN) has recently been named as a co-Principal Recipient (PR) of a Global Fund grant, and will require significant strengthening in order to successfully fill this role. PEPFAR, through various partners, will provide this support.

NAC is conducting a needs assessment of CSOs and will help identify barriers to their ability to implement programs, and develop a strategic plan for CSOs to strengthen their capacity for implementation. CSOs have themselves identified a need for capacity building in governance, financial and program management, and monitoring and evaluation. PEPFAR will work with umbrella organizations to provide this support.

As no GOL ministry or agency has overall responsibility for coordinating civil society activities, the Framework will seek to assist CSOs to develop stronger relationships with the GOL, while maintaining independence in program implementation. Collaboration with partners such as Global Fund, LCN, and other development partners will be critical to success in this area.

Supply Chain Management

The GOL has embarked on the implementation of universal access to care and treatment of HIV/AIDS. One of the goals of the NSP is, therefore, to establish a functional and decentralized financial and procurement system by 2009. The Framework intends to support this goal by strengthening the existing procurement and supply management system.

The GOL provides the bulk of drugs and commodities associated with HIV and AIDS. The rapid scale-out of the ART program has challenged the existing supply chain system, leading to reports of shortages of essential HIV/AIDS related commodities, such as drugs to treat opportunistic infections, HIV test kits, and disposable supplies at clinical facilities. Lack of human resources, insufficient funding for logistics and distribution support, and lack of capacity to monitor quality of procured and donated goods contribute to the challenges the supply chain system faces.

PEPFAR, in collaboration with the Global Fund, World Bank and Clinton Foundation, will continue to build management and technical capacity at the National Drug Supply Organization (NDSO) to improve the supply chain management system through PEPFAR's agreement with MSH. PEPFAR will focus its interventions on upgrading the logistics management information system and training pharmaceutical staff. PEPFAR's commitments under the Framework complement the Global Fund and Clinton Foundation efforts to provide NDSO and MOSHW with additional pharmaceutical staff and training in quantification and forecasting.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount

HLAB	1,255,000	
Total Technical Area Planned Funding:	**1,255,000**	**0**

Summary:
Context and Background
Support for laboratory services plays a critical role in HIV/AIDS prevention and care and treatment programs, and is needed to support the increasing demands for diagnosis, treatment monitoring and drug resistance surveillance of HIV, TB and other opportunistic infections. The Directorate of Laboratory Services, Ministry of Health and Social Welfare (MOHSW), is overseeing implementation and monitoring of laboratory performance throughout the country as well as providing guidance and support for laboratory services. There are 201 heath facilities (one central laboratory, one national blood bank, 21 hospitals and 184 health centers) that provide services ranging from simple to complex laboratory diagnostic and monitoring tests. In addition to health facilities, HIV counseling and testing services are also provided in community based care givers. Although a good deal of progress has been made, laboratory services still face several challenges including inadequate infrastructure, inconsistent referral testing, poor equipment maintenance, slow distribution of supplies and reagents, and a lack of standard guidelines, human resources, and quality assurance programs.
Strengthening of laboratory capacity through the development of an integrated national laboratory strategic plan and policy is one of the priorities of the health system strengthening component of the PEPFAR partnership framework. The MOHSW, with the support of PEPFAR Lesotho, developed a national laboratory policy and strategic plan. As part of implementation of the policy and strategic plan, PEPFAR Lesotho supports the establishment of quality assured and integrated laboratory services through renovation of lab facilities, procurement of diagnostic and monitoring equipment and supplies, training of laboratory technicians, and strengthening the referral networks and quality assurance programs in the country.
PEPFAR Lesotho supported the Lesotho laboratory systems in partnership with implementing partners – Association of Public Health Laboratories (APHL), National Institute of Communicable Disease (NICD), American Society for Clinical Pathology (ASCP) and Management Sciences for Health (MSH). To develop local capacity, PEPFAR Lesotho is providing technical and financial support to MOHSW through a cooperative agreement. This support will capacitate the MOHSW Directorate of Laboratory Services to provide national leadership in strategic planning and implementation of laboratory policies, guidelines, and integrated services, as well as to ensure laboratory standards in the country.
PEPFAR Lesotho is also closely working with international and bilateral organizations including Millennium Challenge Corporation (MCC), Global Fund (GFATM), Clinton HIV/AIDS Initiative (CHAI), Foundation for New Innovative Diagnostics (FIND) and WHO to harmonize laboratory support and leverage resources. The MCC Compact with GOL plans to build a new National Reference Laboratory (NRL) to replace Central Laboratory at Queen Elizabeth II Hospital. In addition to strengthening the current National TB reference laboratory, the MOHSW has developed a plan to expand laboratory services in Leribe and Mafikeng districts including expansion of TB culture capacity. The creation of these regional labs will better serve the southern and northern sections of the country. In addition to leveraging resources, PEPFAR Lesotho is providing the technical assistance required for appropriate infrastructure development.
PEFPAR Lesotho will continue supporting the establishment and strengthening of advanced diagnostic and monitoring testing (Qualitative DNA PCR and viral load assays) at the central laboratory. In addition, PFPFAR will support the renovation and furnishing of district hospital laboratories to ensure standardized quality decentralized services are provided. This will be of paramount importance not only to cost-effectiveness but also to scaling up pediatric ART and improving quality of care for patients in general.
In partnership with implementing partners, PEPFAR will support local organizational capacity development including the creation of a national regulatory authority to oversee implementation of policies

and guidelines, as well as to certify lab accreditation. Such support is in line with the recently approved Partnership Framework, which is committed to strengthening the laboratory system to ensure that quality services are rendered to all health facilities within the next five years.

Accomplishments since last COP

PEPFAR Lesotho has supported the development of laboratory systems through its implementing partners: Association of Public Health Laboratories (APHL), National Institute of Communicable Disease (NICD), American Society for Clinical Pathology (ASCP) and Management Sciences for Health (MSH). The support included development and implementation of laboratory policy and strategic plans, quality assurance (QA) programs, training, mentorship, supportive supervision and referral testing services. APHL provided technical support to the MOHSW in developing and disseminating its policy, strategic plan and guidelines. A training workshop on laboratory management and leadership was conducted and 30 laboratory managers, supervisors and directors were trained. An operational plan for HIV rapid testing that included external quality assessment (EQA), quality control material preparation, documentation and a reporting system was developed. Rapid HIV test EQA was piloted in Mafikeng District and 15 HIV testing sites were enrolled after training 25 laboratory technicians and counselors. The pilot was successful and the overall performance rate was above 80%. To disseminate the importance of standardization and quality improvement of laboratory services with emphasis on HIV rapid testing, a one day meeting with stakeholders supporting HIV/AIDS prevention and care and treatment programs was conducted.

ASCP provided mentorship in standard operating procedure (SOP) writing and trained five laboratory individuals to support the process at the Queen II Central Laboratory. NICD supported QA through implementation of EQA schemes for laboratory monitoring tests (chemistry, hematology and CD4) and training of 38 laboratory staff. The support provided to Queen II Central Laboratory has led to the improvement of laboratory services at the central referral hospital for Lesotho. NICD also supported referral testing services for early infant diagnosis (EID). A qualitative DNA-PCR assay was done from 10,000 dried blood spot samples collected from all the 21 hospital facilities in Lesotho and transported to NICD laboratory in Johannesburg, South Africa. This regional referral service provided the impetus to scale up the pediatric care and treatment program in Lesotho.

PEPFAR Lesotho actively supported human resource and infrastructure capacity development. ASCP has started preparatory work on pre-service curriculum development for a medical laboratory science program at the National Health Training College (NHTC). Department of Defense (DOD) has supported the Lesotho Defense Force in renovating Makoanyane Military Hospital laboratory and equipping it with major monitoring equipment, computers, lab and office furniture. DOD also supported pre-service laboratory training of three individuals in a diploma program at NHTC. Following assessment and analysis of the gaps in the laboratory supply chain management system in the country, MSH supported the development and implementation of laboratory quantification modules for laboratory supplies. Twenty six individuals were provided with in-service training in laboratory commodities quantification and inventory management.

Goals and strategies for the coming year

In conformity with the recently approved national laboratory policy and strategic plan, PEPFAR Lesotho will support laboratory system strengthening so that integrated and quality assured laboratory services are rendered to all health facilities. PEPFAR Lesotho will support the Directorate of Laboratory service in human resource development, leadership and administrative capacity for effective coordination and implementation of the national policy and strategic plan.

Technical support will be provided to establish the Laboratory Services Regulatory Authority to oversee certification and accreditation of service and laboratory practices. At the end of FY10, the national laboratory regulatory body will be established and become operational. In addition to providing the technical assistance to Quality Assurance Unit of the Directorate of Laboratory Services, PEPFAR Lesotho will provide site level support to district laboratories including training, analysis and dissemination of data, supportive supervision and mentorship through APHL.

The national EQA program for major laboratory tests (chemistry hematology, CD4, microbiology, TB

smear microcopy) will be expanded to all public, non-governmental and private hospital laboratories in the county by NICD . The panels will be purchased from the National Health Laboratory Services in South Africa and distributed to all facilities. Moreover, the HIV rapid test EQA scheme piloted in Mafikeng district in 2009 will be strengthened and expanded to all other nine districts through APHL, in partnership with MOHSW.

PEPFAR Lesotho through NICD will support the WHO-AFRO lab accreditation program thatwas launched in 2009. This accreditation program provides an affordable and innovative approach for stepwise accreditation of the public health and clinical laboratories in resource limited countries like Lesotho. An assessment, supportive supervision, and mentorship package will be provided to all sites and their progresses will be monitored. All 21 hospital laboratories will be prepared for accreditation using the Strengthening Laboratory Management Towards Accreditation (SMLTA) process and the WHO accreditation checklist.

Through MSH, PEPFAR Lesotho will provide support to improve the supply management of laboratory commodities including quantification, procurement, distribution and laboratory inventory management. Minor equipment and accessories for DNA PCR-based early infant diagnosis and TB culture facilities and equipment maintenance service will be supported by NICD. As part of strengthening of the infrastructure, PEPFAR Lesotho will also support minor renovation, furnishing, transport and logistic support to district hospital laboratories and referral laboratories through NICD and Lesotho Defense Force (LDF).

In FY 2010, PEPFAR through NICD will support the Directorate of Laboratory Services in the implementation of the "Maputo Declaration on strengthening laboratory systems". One of the major outcomes of the Maputo Declaration was recognition of the need for preventative maintenance and repair of laboratory equipment. PEPFAR will assist in establishing a national equipment preventative maintenance database and inventory system. PEPFAR will provide the technical support for establishing a "bundling" mechanism that ties purchase of selected reagents to equipment maintenance with vendors of equipment, and consolidating maintenance contracts with equipment manufacturers or their representatives.

In FY10, lab monitoring and evaluation tools will be standardized and used for collection, analysis, and reporting. The standardized paper-based data management tools will be strengthened and laboratory information system (LIS) will be piloted in central and selected district laboratories including the Lesotho Defense Force hospital laboratory. These planned activities will be implemented through APHL.

PEPFAR Lesotho, through implementing partners and in coordination with MOHSW, will address human resource development by supporting in-service training in HIV diagnosis and monitoring tests, quality management, LIS, and supply management using customized and standardized training modules. The HIV rapid testing training module will be customized and training will be rolled out. A total of 150 individuals (laboratory and non-lab staff) will be trained in FY10.

In FY10, PEPAR Lesotho will support pre-service training through ASCP and NICD. With the support of ASCP, the pre-service training curriculum will be revised and operationalized to improve the quality of the three year medical laboratory science training at NHTC. Technical and material support, including equipment, teaching aids, mentorship and staff exchange programs, will be provided to the school. NICD will support Field Epidemiology and Laboratory Training Program (FELTP) training to strengthen laboratory networking and monitoring and surveillance: the FELTP program is a two-year MPH program that is a combination of both didactic and field training. It is envisaged that field training be performed under the supervision of the MOWSH.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	5,979,505	
Total Technical Area Planned Funding:	**5,979,505**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	1,658,000	
Total Technical Area Planned Funding:	**1,658,000**	**0**

Summary:
TECHNICAL AREA: OVC
1. Context and Background

Chronic poverty, food insecurity and the HIV/AIDS pandemic are considered among the biggest threats to the survival, care and protection of children in Lesotho. HIV/AIDS prevalence in Lesotho is estimated to be 23.2%, the third highest HIV prevalence rate in the world. One of the direct consequences of this fact is high mortality among parents and care givers, which in turn, results in increased numbers of orphans and vulnerable children (OVC) in Lesotho. There are no recent data on OVC in Lesotho, but in 2003 the Lesotho Disaster Management Authority and the World Food Program identified 92,000 orphans in Lesotho. The 2004 "Children on the Brink" study, jointly produced by UNAIDS, UNICEF and USAID, estimated 180,000 orphaned children, of which 100,000 were orphaned due to HIV/AIDS. The study also projected 210,000 orphaned children by the year 2010. There are no accurate estimates of other vulnerable children in Lesotho and the number of OVC who are living positively is not known.

The Ministry responsible for Orphans and Vulnerable Children issues is the Ministry of Health and Social Welfare (MoHSW), in particular, the Department of Social Welfare (DSW). A Child Welfare Unit was recently established within DSW. The Government of Lesotho (GOL) has developed a National Policy on OVC, a National OVC Strategic Plan 2006-2010 (NSP), and a National Action Plan for OVC (NAP 2006). The latter two documents are currently under revision. The National OVC Coordinating Committee (NOCC), which has a broad membership drawn from different government ministries, civil society and development partners, has been established to coordinate OVC actions.

As indicated in the current review of the National Strategic Plan and National Plan of Action, "the establishment of a multi-sectoral NOCC to coordinate all OVC activities that are being implemented by various organizations nationwide stands out as one major achievement towards improving the livelihoods of OVC nationwide." However, the functionality, authority, and effectiveness of this committee have faced a number of challenges. A task force was established in February 2009 specifically to provide recommendations on strengthening the effectiveness of the NOCC, but preliminary recommendations have yet to be adopted and implemented. There is wide consensus among stakeholders, including the GOL,that major challenges remain in the areas of leadership, coordination, program implementation and monitoring and evaluation. The GOL does not have a single, official definition of OVC nor a national database that integrates OVC registration. Though civil society has made some effort to map NGO OVC activities, the NOCC does not have a fully national mapping system, nor does it have a clear mandate to determine NGO registration or direct where or what services are provided by OVC partners. Indeed, there is no reliable national data on the numbers of OVC who are receiving direct services on an ongoing basis.

At present, however, there are a number of major, ongoing activities that can contribute to addressing the challenges above. PEPFAR, along with other donors, is supporting a review of the three OVC - specific

documents, including an evaluation of the progress in implementing the current NSP to inform the development of a new National OVC Strategic Plan for 2010-2014. This review is currently underway and will contribute to guidance for the activities proposed under the Partnership Framework's Goal II. Also, PEPFAR has been involved in the development of a National OVC Situation Analysis, funded primarily by the European Commission (EC) and Global Fund, which is due for completion during the first half of 2010. Results from the Lesotho Demographic and Health Survey (DHS), currently underway, will provide important data for this effort.

A major policy reform for children in Lesotho has been the drafting of the Child Welfare and Protection Act of 2005 which will replace the Child Protection Act of 1980. This bill is intended to consolidate and reform the laws relating to the protection and welfare of children and harmonize them with international standards on the human rights of children. However, the bill has yet to be approved by Parliament for enactment into law. Thus at the policy level, passage of the Child Welfare and Protection Act of 2005 and the development of an implementation plan remains a child protection priority for donors and NGOs alike.

The coordination of OVC donors and funding partners has primarily involved the EC, Global Fund and PEPFAR, with increasing involvement of DFID and Irish Aid. The EC has the largest donor resources for OVC support and it has provided 12 million Euros via the ninth European Development Fund (EDF), 2007-2011, for services and vouchers to households supporting OVC. The program is being implemented by UNICEF, through the Department of Social Welfare (DSW). The EC has also recently completed a rapid OVC assessment and expects to establish lessons learned and bring 27 million Euros to Lesotho for OVC programs for the tenth EDF (2012-2016). Coordination with UNICEF has been very important as it has played a dual, complicated role, both as donor and implementing partner.

Civil society organizations have come together under the Letsema network (an initiative of the NGO Sentebale, supported by UNICEF) as a forum for information sharing. Anticipated gaps in service delivery coverage will clearly highlight the need to increase the role of civil society partners so that they can effectively complement existing public sector service delivery interventions. The financial resources channeled to civil society for program implementation need to be managed from, and in clear support of, the national response and the strategic plan for orphans and vulnerable children.

Additional USG resources are at work in Lesotho, including those from the Department of Labor and the Ambassador Girl's Scholarship Fund. Child labor is considered to be a significant child protection issue and Lesotho is on the Tier Two Watchlist in the current Trafficking in Persons (TIP) report.

2. FY 09 Accomplishments

PEPFAR had limited involvement with the OVC program in FY09. Pact has provided small umbrella grants to Society for Women and AIDS in Africa Lesotho Branch (SWAALES) and to CARE. These two organizations provide direct services to the communities in which they work. While Pact supports these NGOs in institutional capacity building, they do not provide any technical support for OVC programming. PEPFAR has become active in the area of OVC donor coordination, supporting the review of the OVC Strategic Plan and Plan of Action and participating on the coordination committee of the new OVC National Situation Analysis to be completed this year. PEPFAR additionally supported $100,000 in small grants to groups providing community-based care to OVC, among other activities.

3. Goals and Strategies

PEPFAR will develop a comprehensive OVC program based on the Partnership Framework, Goal II, Objective 2.4: "20% of OVC have received comprehensive care and support services by 2014."

While PEPFAR is somewhat of a late-comer to OVC activities in Lesotho, several activities have been designed to strengthen Lesotho's National OVC Strategic Plan and improve services at community level. These activities will emphasize a life cycle, child developmental approach, being dedicated to technical support and capacity building, while the majority of resources will support direct OVC services. At the policy level, PEPFAR support will take a comprehensive child protection approach that will include advocacy for the adoption of the new Welfare and Protection Act and the development of a realistic national implementation plan. As a signatory to the Convention on the Rights of the Child (CRC), Lesotho's obligation to report on the CRC will require technical support. These child protection efforts will integrate Lesotho's challenges with child labor (including Basotho children across the border in South Africa) and risks associated with human trafficking. Most vulnerable children (outside of family care, children in conflict with the law, etc.) will be addressed under this umbrella.

PEPFAR is in a position to take on a significant role in promoting OVC donor coordination in Lesotho, contributing to the professional capacity of the Department of Social Welfare, and technically, improving the quality of OVC services through its implementing partners and through support for the NOCCC's coordination efforts.

The Partnership Framework Year 1 (COP09/FY10) and COP10 (FY11) activities include:

1. Support MOHSW/DSW with technical assistance as determined by the OVC NSP review

2. Participate actively in the OVC Technical Working Group

3. Increase OVC donor coordination through collaboration with EC, Global Fund, DFID and Irish Aid

4. Assist in finalizing required guidelines for care and support of OVC as recommended in the OVC NSP review

5. Recruit and hire a full-time OVC Specialist as part of the Lesotho PEPFAR Team

6. Promote stronger collaboration with Peace Corps and increase referrals for OVC between PEPFAR services. In addition, coordinate with other USG agencies involved with vulnerable children, including DOL and State.

7. Develop management and leadership training for DSW staff as requested, including Support to the Child Welfare Unit

Under COP10 (Year 2 of the Partnership Framework) PEPFAR funds will continue to support activities initiated in FY10 and also include:

1. Identify an OVC international NGO partner to provide technical assistance to local NGOs and other implementing partners, along with district and local OVC committees

2. Through Pact, provide sub-grants to up to 10 NGOs providing comprehensive OVC services at the community level, and significantly increase the numbers of OVC being reached with ongoing services

3. Through implementing partners, support OVC Committees at district and local levels

4. At the policy level, support a broad child protection agenda that supports the National OVC Plan and is integrated with other donor efforts on child protection

5. Increase direct support for vocational training for OVC adolescents (including those who are out- of-school)

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Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	975,000	
PDTX	650,000	
Total Technical Area Planned Funding:	**1,625,000**	**0**

Summary:
Context and background

Pediatric HIV care and treatment is a relatively new area for Lesotho, as the first program was initiated in 2005 to address the needs of children under age of 15. According to UNAIDS (2008) 11,801 children are living with HIV/AIDS, but as of November 2007 only 3,250 children had received treatment. Much of the data on pediatric infection and treatment comes from PMTCT program-based studies. 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.

Pediatric HIV care and treatment in Lesotho is currently provided at government supported sites, and at sites supported by the Christian Health Association of Lesotho (CHAL). There are two pediatric HIV specialty facilities in Lesotho, the Queen Elizabeth 2 Hospital, which started services in July 2005 and the GOL-Baylor Centre of Excellence, which was inaugurated in December 2005. Less than half of all health centers are providing any HIV-specific pediatric services, and many that do only provide care and treatment to a very small number of children. Scale up is limited by the limited number of children who know their status (the Know Your Status Campaign only tested children over 12 years of age) and by a lack of physicians who are trained to initiate children on ART. Follow up can be done by trained and accredited nurses, however these are also in short supply.

In addition to PEPFAR, several international donors support the GOL's PMTCT and pediatric HIV treatment programs, including the Clinton Foundation/HIV/AIDS Initiative (CHAI) and Baylor College of Medicine. UNICEF supports Baylor's outreach program to deliver pediatric care and treatment support to five hospitals and staff from filter clinics in five districts. UNICEF, CHAI, and Baylor have trained staff on DBS viral load testing to assess infection in HIV exposed infants (HIVEI). They also provide HIV rapid test kits, hemoglobin monitors, midwifery, and sterilization kits. UNICEF has also taken the lead in training and establishing guidelines for infant feeding.

The two PMTCT PEPFAR partners that have been funded in previous COPs are the Elizabeth Glaser

Pediatric AIDS Foundation (EGPAF) and the International Center for AIDS Care and Treatment Programs, Columbia University (ICAP). An OGAC assessment in May 2009 found that in addition to the PMTCT services for which they were being funded, both partners were also providing pediatric care and treatment services, as well as adult services, as part of an integrated PMTCT program. Through PMTCT services and a system of referrals networks, newborns, under-fives, and older children are identified, diagnosed and treated. USG partners link to CHAI and Baylor to refer HIV positive children to for care and treatment. The assessment team held this integration up as a model for integrated, family-centered care, and recommended that these partners be funded for care and treatment, as well as PMTCT to further enhance this integration. These recommendations are reflected in various strategy and policy documents drafted by the Ministry of Health and Social Welfare (MOHSW), as well as in the new Partnership Framework that was signed at the end of 2009.

The PEPFAR/Lesotho team took those recommendations into account in its recent procurement that solicited a partner to continue services provided by the two Track 1 PMTCT/Care & Treatment partners (EGPAF and ICAP), whose agreements will expire in March of 2010. In an effort to accomplish the Partnership Framework goals of country-ownership and sustainability, the GOL (specifically the MOHSW) was consulted extensively throughout the design process the, and the solicitation was written to reflect the needs and the desires of the Ministry. In particular, the MOHSW admitted to challenges in coordinating and managing several partners providing similar services around the country, and expressed a desire for a single international partner to support them to provide integrated, family-centered care and treatment services that included PMTCT, throughout the entire country. The criteria that the MOHSW selected to choose this partner included a detailed transition plan to move to a single partner, current presence in the country, and a strong desire to build the capacity of the MOHSW, along with the standard USG criteria of past performance, institutional capacity, cost-effectiveness, and sustainability plans.

Proposals for this single-partner program have been reviewed and an award is expected in early 2010. The new partner award will begin well in advance of the expiration of the two Track 1 agreements, and transition planning will be part of the new partner agreement. Scale up will begin as soon as the award is made and will take advantage of the bolus of PEPFAR funds from the Partnership Framework in the first year of this award. This heavily front-loaded funding and implementation plan is well positioned to help the MOHSW reach its 2011 goal of providing services in all health facilities in the country. Funding returns to baseline in the following year of the award, and remains flat-lined for the life of the award as the focus shifts from capital investments to capacity building and sustainability.

In addition to the comprehensive PMTCT and care and treatment activities that will be undertaken by the new partner, PEPFAR/Lesotho will also be identifying a new partner to focus on community-based care and OVC activities, ensuring that the program is implemented in conjunction with the facility-based care being provided by the single partner described above.
The Department of Defense will also continue implementing its pediatric care and support services for the Lesotho Defense Force members and their families.

Accomplishments since the last COP

In 2009 PEPFAR supported PMTCT service scale up, and partners supported all PMTCT sites to offer pediatric care services which included offering cotrimoxazole (CTX) prophylaxis at six weeks to all HIVEI. Pediatric counselors were recruited and placed in hospitals throughout the country and they performed active case finding of HIV positive children in hospital wards. In addition, MCH services (such as wellness clinics, under 5 clinics and adolescent corners and TB services) were targeted for case-finding and referral.

The MOHSW is promoting the WHO Essential Postnatal Care Package for HIV- exposed Children as the frame work for care of children in Lesotho, which includes:

1. Completion of ARV prophylaxis for all HIV exposed infants and institution of CTX prophylaxis at six weeks.
2. Routine newborn and infant care /immunization and growth monitoring.
3. Early HIV diagnostic testing and diagnosis of HIV - opportunistic infections (OI) particularly TB. ART for children living with HIV when indicated and treatment monitoring and counseling on adherence for care givers.
4. Continued infant feeding counseling and support especially after HIV testing and at six months, and provision of supplements if indicated.
5. Integrated Management of Childhood Infections (IMCI), diagnosis of HIV OI and especially TB.

In 2009:
• PMTCT services have expanded to a total of 180 sites of the 210 health sites. PEPFAR and its partners were active in 113 of these sites.

• 4798 HIVEI were tested for HIV using DNA /PCR and an additional 462 children were tested using rapid tests, and 7997 HIVEI were started on CTX.

• 14 PMTCT counselors were placed in the MCH units of the EGPAF supported hospitals and filter clinics whose task was to focus on providing the full spectrum of services to HIV exposed infants as itemized above including DNA/PCR testing .

• EGPAF hired a full time program officer for nutrition to increase support in areas of maternal and infant and young child feeding (IYCF.) The officer conducted a nutrition knowledge and needs assessment and assisted with training health workers and maternal and child health (MCH) nurses on IYCF guidelines and malnutrition screening.

• Partners provided input to the MOHSW on the IYCF national curriculum, assisted with revision of the Post Natal Clinic (PNC) data sheet and were members of the Technical Working Group for PMTCT and pediatric treatment.

GOALS and SRATEGIES for the coming year

Focused pediatric care & treatment.

To help make pediatric HIV services available to the entire population in need, the new partner will work to strengthen the capacity of health care workers at primary-level facilities to provide quality services for prevention, care, support and treatment of infants and young children by providing in-service trainings, clinical mentoring, support supervision and useful job aids and tools to health centers. The new partner's program will build on this initiative by expanding support for the new Baylor Satellite Centers of Excellence (SCOEs) in all 10 districts, while advocating with other partners and donors for adequate staffing and promoting task shifting to nurses, expert clients and lay counselors.

SCOEs will serve as specialized care centers for children for cases that cannot be managed at the health clinic level. To enhance identification of HIV-exposed and infected infants and children, the new partner's program will promote the Program for Infant and Toddler Care (PITC) at all points of contact within the health system. The new partner will spearhead training in pediatric counseling so providers are comfortable discussing HIV testing with parents to encourage uptake of the test.

Keep mother/baby pairs together for treatment in hospital setting.
Based on EGPAF's pilot program in 2009, the new partner will scale-up this best practice in line with the MOHSW's future plans to integrate PMTCT and early infant initiation on treatment within the MCH units at

hospitals and filter clinics.

To reduce loss to follow up and improve adherence, HIV-positive mothers and their exposed or positive infants will receive all their HIV services within the setting of the regular MCH unit (at hospitals). This way, providers will be able to keep track of the infant's health, provide CTX prophylaxis, perform DNA/PCR testing at six weeks, initiate treatment if positive, and continue to monitor both mother and baby up to 18 months after delivery. At that time, mothers will be referred to the ART center for continued treatment; HIV-negative children will be referred to the under-five clinic; and HIV-positive children will be referred to the Baylor SCOE.

Improved patient tracking & referrals.
The child health card has recently been updated to better reflect HIV exposure status and testing. The new partner will support the MOHSW in the rollout of this new card, primarily through training health providers and providing onsite mentorship on the proper use of this card.

The new partner and its team will work with the MOHSW to define clear referral systems for partners tested at MCH, for HIV-positive mothers 18 months post delivery (in accordance to national standards). A referral linkage has already been developed between MCH units supported by EGPAF and SCOEs supported by Baylor and with the new partner this model will be expanded to all districts.

The new partner will also ensure continued support to the MOHSW to meet its monitoring and evaluation needs. .

The new partner will be an active member of the various Technical Working Groups which provide assistance to the MOHSW in developing and up-grading guidelines for PMTCT, treatment and care for adults and children, and nutrition and laboratory systems to maintain best practices.

Challenges

Transitions from one partner to another are always challenging, but a strong transition plan will be implemented once the new partner award is in place.
It is anticipated that by the beginning of 2010, the MOHSW's decentralization plan will exacerbate existing staff shortages, particularly at the clinic level. The policy of staff rotation which constantly replaces trained with new, inexperienced staff, aggravates this situation. The Health Systems Strengthening and Human Capacity Development activities that PEPFAR supports in Lesotho will assist the Ministry to deal with these challenges and to reduce their effects.

Funding
Under the Partnership Framework, PEPFAR has planned sufficient funding for the scale up of pediatric treatment in an integrated program that includes pediatric and adult care and treatment, and PMTCT services. This is complimentary to contributions by other donors; the MOHSW and global fund purchase 100% of the HIV medications, and the Millennium Challenge Corporation (MCC) funds will pay to refurbish many clinical sites in which HIV services will be provided. PEPFAR programs will also leverage support from UNICEF, which funds cross cutting interventions around maternal and child health and nutrition.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	705,000	

Total Technical Area Planned Funding:	**705,000**	**0**

Summary:
Context and Background

Lesotho remains a country that is one of the most affected by the HIV/AIDS pandemic, with a 23.2 % adult prevalence rate that is the third highest in the world. UNAIDS estimates that there are 260,000 HIV-positive adults in Lesotho, but only 6% of the population knows their status. HIV prevalence among antenatal clinic (ANC) attendees in Lesotho was reported to be 25.7% in 2007.

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 prophylaxis to mother and child at birth. In 2006, the Ministry of Health and Social Welfare (MOHSW) approved policies for routine opt-out HIV testing and counseling at ANC and for provision of the minimum package of ARV prophylaxis to HIV-positive pregnant women at their first ANC visit.

In 2005, the USG initiated the Lesotho Partnership for Family-Centered HIV Services, 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 the International Center for AIDS Care and Treatment Programs (ICAP) in collaboration with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Infant and Young Children Nutrition Project (IYCN). The objective of the program was to support GOL efforts to prevent pediatric HIV infections and to reduce HIV-related morbidity and mortality among women, children and their families. This partnership failed to be fully implemented, and in 2008, in response to the MOHSW request for decentralized (to the district level) services, ICAP and EGPAF reorganized their programs with each partner assuming responsibility for comprehensive PMTCT services in an entire district.

The two PEPFAR-funded partners, EGPAF and ICAP, have therefore been active supporters of PMTCT and treatment and care services, working in health facilities supported by the GOL and the Christian Health Association of Lesotho (CHAL). In addition, two non-PEPFAR partners, Partners in Health and Médecins Sans Frontières (MSF) have also provided PMTCT services in targeted areas. MSF closed half of their sites in December 2009, and will close the other half in June 2010, but PEPFAR partners will continue services in these sites.

An OGAC assessment in May 2009 found that in addition to the PMTCT services for which they were being funded, both partners were also providing pediatric care and treatment services, as well as adult services, as part of an integrated PMTCT program. Through PMTCT services and a system of referrals networks, newborns, under-fives, and older children are identified, diagnosed and treated. USG partners link to sites supported by the Clinton Foundation HIV/AIDS Initiative and Baylor University to refer HIV positive children for care and treatment. The assessment team held this cited this arrangement as a model for integrated, family-centered care, and recommended that these partners be funded for care and treatment, as well as PMTCT to further enhance this integration. These recommendations are reflected in various strategy and policy documents drafted by the MOHSW, as well as in the new Partnership Framework that was signed at the end of 2009.

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The Department of Defense will also continue implementing its PMTCT and care and treatment services for the Lesotho Defense Force members and their families.

PEPFAR-funded partners provide assistance to MOHSW using the comprehensive four-pronged approach developed by the United Nations, comprised of:
Prong 1: Primary prevention of HIV among women of childbearing age
Prong 2: Preventing unintended pregnancies among women living with HIV
Prong 3: Preventing HIV transmission from a woman living with HIV to her infant
Prong 4: Providing appropriate treatment, care and support to women living with HIV and their children and their families

The partners follow WHO's complete package of routine quality antenatal and postnatal care for women, regardless of their HIV status and also provide an additional package of services for HIV-positive women at each site, which includes:
• Additional counseling and support to encourage partner testing, adoption of risk reduction and disclosure
• Clinical evaluation, including clinical staging of HIV disease and immunological assessment (CD4 cell count) where available; ART when indicated, and supportive care including adherence support; TB screening and treatment when indicated; and preventive therapy (CTX) when appropriate
• Maternal ARV prophylaxis for PMTCT during the antepartum and/or intrapartum periods
• Additional counseling and support on infant feeding based on knowledge of HIV status; counseling and provision of services as appropriate to prevent unintended pregnancies; and advice and support on other prevention interventions, such as safe drinking-water
• Supportive care, including adherence support and palliative care and symptom management

In addition, PEPFAR-funded partners will be asked to support community-based initiatives that mobilize and empower a wide variety of individuals and organizations seeking to address MTCT through facility-based clinical services.
2. National Scale-up
The MOHSW's PMTCT and Pediatric HIV Care and Treatment Scale up Plan for 2008 - 2011 calls for 100% PMTCT coverage by 2011 through the use of its district decentralization approach. The MOHSW 2009 goal is to reach 90% coverage.

The new partner will be responsible for scaling up USG-funded PMTCT services, along with supporting

the continuum of care and treatment, all within the MOHSW's approach to integrated service delivery. The expectation is that with this new clinical partner, along with the new TB/HIV partner (ICAP), the USG will be in an excellent position to assist the MOHSW in reaching its 2011 goals. The bolus of funds that are available in this COP will be used to fund this rapid scale up, with later years at a maintenance level that supports capacity-building, sustainability, and enhanced local ownership of the project.

3. Accomplishments since last COP
In FY 2009, the total number of pregnant women who received HIV counseling and testing and received their results was 37,454, of which 7,940 HIV-infected pregnant women received ART prophylaxis.

Since the last COP:
• PMTCT services expanded to a total of 180 sites of the 210 health sites, including hospitals and health clinics. PEPFAR partners were active in 113 of the sites, providing quality PMTCT services with strong follow-up for appropriate treatment.

• A total of 490 health care workers were trained in the provision of PMTCT, according to MOHSW standards. Uptake rates of most PMTCT services remained high or increased during this time period compared to the previous year, with a substantial 10% increase in the percentage of women receiving maternal PMTCT prophylaxis (89% in FY09 vs 79% in FY08). A total of 14 PMTCT counselors (nurse-midwives) have been placed in the (spell out) MCH unit of the hospitals and filter clinics. With support from UNICEF for nutrition and feeding services, these counselors are able to focus on providing the full spectrum of PMTCT services to women.

• With USG assistance, the MOHSW designed a PMTCT training course for Community Health Workers (CHW), which was first implemented by the Maseru District Health Management Team (DHMT) and has subsequently been used by other districts for training CHWs.

• Site-level family support groups in 50 facilities that did not already have a functioning group have been organized in the past year. In facilities that already had groups, support was provided for on-going meetings to take place. Additionally, 40 male support groups were formed to address the issue of male involvement in PMTCT. All of these groups received training, particularly on how to use monitoring tools and to report on their activities to refer members of their community back to care and treatment.
• A PMTCT minimum services package was designed and piloted, and will be replicated in the coming year.

4. Goals and strategies for the coming year

The MOHSW has the goal of 100% facility coverage for PMTCT by the end of 2011, using the following six strategies:
1. Integrate PMTCT into the routine MCH services, including strengthening linkages to family planning (FP), treatment, and other services
2. Strengthen management and coordination of the PMTCT and pediatric HIV care and treatment services
3. Build the capacity for community mobilization and involvement in PMTCT and pediatric HIV care and treatment services
4. Strengthen M&E for the PMTCT and pediatric HIV care and treatment services
5. Increase access to pediatric HIV care and treatment services
6. Increase access to infant and young child feeding counseling and support

Future PMTCT activities fall directly under the Partnership Framework prevention Goal I, Objective 1.3.: "The % of HIV+ children born to HIV+ mothers is reduced by at least 40%". As noted in the Partnership Framework, these activities will directly support the Lesotho National HIV and AIDS Strategic Plan for

2006-2011 (NSP), including assistance for the MOHSW policy of providing PMTCT and related services in 100% of facilities by 2011. Activities will also support the Ministry's goal of playing a stronger role in clinics' adherence to MOHSW guidelines as well as integrating clinical services.

The following activities are proposed for Year 2 of the Partnership Framework (COP10 implemented in FY11):
• Ensure PMTCT services are available in 100% of health facilities
• Ensure PMTCT services are comprehensive and of high quality
• Promote campaigns at the community level to encourage more pregnant women to attend ANC/PMTCT clinics
• Focus on addressing MOHSW HR needs
• Assist in strengthening the districts' services through training of DHMTs in technical and managerial areas
• Design a system to track mothers delivering at home and ensure clinical follow-up
• Collaborate with other (spell out) IPs to staff mobile vans to provide for integrated services in hard to reach areas.

5. Challenges:
• Transitions from one partner to another are always challenging, but a strong transition plan will be implemented once the new partner award is in place.
• It is anticipated that by the beginning of 2010, the MOHSW's decentralization plan will exacerbate existing staff shortages, particularly at clinic level. The policy of staff rotation which constantly replaces trained with new inexperienced staff aggravates this situation. The Health Systems Strengthening and Human Capacity Development activities that PEPFAR supports in Lesotho will assist the Ministry to deal with these challenges and to reduce their effects.
• Difficulties with stigma and disclosure continue. Also, the immense impact of mothers-in-law on young women's health behaviors (including delivery location, ability to take medications, infant and child feeding practices, etc.) continue to pose challenges to behavior change interventions. The focus on male involvement in the new award should begin to help address this thorny cultural issue.
• Delayed publication and dissemination of key MOHSW guidelines and manuals, such as the updated PMTCT manual for health providers limits the availability of training tools, especially in remote locations. This training is an essential first step toward technical sustainability, so this challenge will be addressed urgently in the upcoming year.

5. Funding Issues
Under the partnership framework PEPFAR has planned sufficient funding for scale up of PMTCT in an integrated program that includes pediatric and adult care and treatment services. This is complimentary to contributions by other donors: the MOHSW and Global Fund purchase 100% of the HIV medications, and Millennium Challenge Corporation funds will pay to refurbish up to 130 clinical sites in which HIV-related services will be provided. PEPFAR programs will also leverage support from UNICEF that funds cross cutting interventions around maternal and child health and nutrition.
At a cost of approximately $325 per female, including testing and prophylaxis, PMTCT services are among the most cost-effective in the HIV/AIDS response.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	2,149,042	
HVOP	2,399,042	

Total Technical Area Planned Funding:	**4,548,084**	**0**

Summary:

Context and Background

Lesotho has the world's third highest HIV prevalence with 23.2% of youth/adults 15-49 years old being infected (2008). The epidemic appears to have stabilized and reached its peak in 2007 though it is forecasted that HIV incidence will rise during 2009-20. Antenatal clinic (ANC) sentinel surveillance completed between 2005 and 2007 (10 sites) suggests prevalence among women aged 15-24 yrs is falling but still increasing among ANC clients aged 30-40 years. Annual HIV incidence in adults has stabilized at approximately 1.7% (peak in 1995 was 3.6%) and the annual incidence in children has decreased in the last 8 yrs to 0.17%. This could be explained by decreased incidence in adults and PMTCT uptake (31% of pregnant women who need ART are tested and receive appropriate treatment).

Overall, the epidemic is quite homogeneous in that prevalence is above 15% in all districts, among both sexes and all wealth, education and migration strata. There are exceptions including males aged 15-30 years (10.1%). High prevalence groups include males 40-50 years (30.9%), married men (32.9%) and women who had higher-risk sex in the last 12 months (37.2%).

Heterosexual sex is the predominant HIV transmission pathway in Lesotho, with significantly higher prevalence in women (26%) than in men (19%). The Know Your Epidemic incidence modeling concluded than the bulk of new infections (2008) occurred in both those reporting a single-partner (35%-62%) and people in multiple concurrent partnerships (32%-54%). High incidence in those reporting one single sexual partner is because it is the most populous risk group and because of high HIV discordance in steady couples (estimated at 1/3) combined with low condom use, low complete male circumcision and possible secret partners. Multiple concurrent sexual partnering (MCP) is exceptionally high in Lesotho with an overall MCP of 24% in 2007, compared to 10% in the region (CIET, 2008).

Commercial sex accounts for an estimated 3% of all new infections and men who have sex with men and their female partners an estimated 3-4%. However, these vulnerable and marginalized groups need to be studied in-depth using robust methodologies.

In brief, several important factors have been identified as impacting heterosexual transmission:
• High levels of multiple and concurrent sexual partnerships
• Low levels of medical male circumcision
• A long-term trend of older age at first marriage and decreasing age of sexual debut for men and a stable level for women
• MCPs are a traditional way of life in Lesotho and are facilitated by labor migration, population mobility, the economic and financial needs of women, and a culture of silence on the issue of gender norms.
• Gender roles and discrimination, norms around intergenerational sex, transactional sex and alcohol use are key co-factors at the community and structural levels

Accomplishments since 2009 COP

The GOL's Behavioral Change Communication (BCC) strategy was launched and distributed. AED/C-Change launched the One Love mass media campaign in January 2009. Mass media activities included: posting of billboards, distribution of booklets, and radio and television talk shows for 12 weeks. AED/C-Change partnered with CARE Lesotho, Phela Health and Development Communications, the National University of Lesotho, and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to implement the community mobilization campaign. Fifty community groups were reached through small group dialogue and reflection focusing on MCP and intergenerational sex with the aim of promoting positive behavior change.

Population Services International (PSI) strengthened public sector linkages at the district and community levels through the New Start clinics as centers of excellence for training in primary prevention. The New Start centers provided capacity building through attachments and mentorships for public sector health professionals and expanded beyond counseling and testing (CT) to include training and service provision for other primary preventative services including diabetes, high blood pressure, TB and STIs. Finally, PSI provided a substantial capacity-building component for the distribution of MOHSW condoms and utilized social marketing for the distribution of branded condoms.
The International Labor Organization facilitated the creation of the Lesotho Business and Labour Coalition against HIV and AIDS. Peace Corps partnered with AED/C-Change on the One Love campaign and continued to implement Men as Partners (MAP). MAP is a small group intervention for men where communication and fidelity with female partners and changing male norms are discussed. The Lesotho Defense Force has continued to provide capacity building to the uniformed personnel leadership. As an umbrella organization, Pact has continued its provision of technical support to all sub grantees working towards building their M& E and financial organizational capacity.

Goals and strategies for 2010
With such a high level of new infections, Lesotho has a critical need for a comprehensive and evidence-based approach to prevention to slow the spread of new HIV infections throughout Basotho society. PEPFAR/Lesotho will work towards a coordinated, multifaceted combination approach to prevention which will include behavioral, biomedical and structural interventions. A combination approach to prevention is based on the effectiveness of the intervention, cost, and on its potential ability to reduce HIV incidence either individually or via synergies with other interventions. These interventions will target the appropriate risk populations through different but coordinated behavior and social change interventions for individuals, couples, families, peer networks and communities. Prevention activities will be guided by up-to-date data on the drivers of the epidemic and will be congruent across partners, settings and levels of interventions (mass media, community/group, inter-personal and individual).
In line with research findings and the provisions of the National Strategic Policy on HIV and AIDS and the National BCC strategy, PEPFAR Lesotho will align its sexual prevention activities with the priority target and most-at-risk audiences as identified by the BCC strategy document. The risky behaviors or drivers to be targeted are those listed above.
Though there is homogeneity in the epidemic, PEPFAR/Lesotho will focus primarily on men and women of reproductive age (15-49 years old) and cover the entire country. The program will continue and expand upon its current activities in coordinating effective and sustainable behavior and social change communication (BSCC) programming with all other prevention partners. Messages will be disseminated through multiple channels (mass media, interpersonal communication, clinical and HIV care and voluntary testing and counseling sites , religious settings, and so on) and will focus on multiple and concurrent relationships, transactional sex, and intergenerational sex, as they are common practices in Basotho culture. Activities will be targeted to men and women as well as young people as a means of reducing the likelihood of these risky behaviors and practices.
Having discordant couples learn their status and undertake measures to keep the negative partner from becoming infected will be a focus of programming. Such couples can be identified via community and clinic-based prevention programs for PLHIV (see Care TBD partner), where testing of the HIV infected person's sexual partner will be promoted; and potentially via promotion of male partners of pregnant women being tested in PMTCT programs. Interventions for discordant couples include risk reduction counseling, condom use, ART treatment for the positive partner, male circumcision when the male is the negative partner, and quarterly re-testing of the negative partner.
Fundamental to this approach is a grassroots program that works through existing social structures and systems such as faith based organizations (FBOs), community based organizations (CBOS) and community councils and organizations. Activities will include local discussion and reflection backed by intensive mass media support.
PEPFAR/Lesotho has signed a Partnership Framework (2009-2014) agreement with the Government of Lesotho which takes into account development partners, implementing partners and other international

donors. The Framework, together with the National Strategic Policy on HIV and AIDS and the National BCC strategy, will serve as the basis for PEPFAR Lesotho's activities. As PEPFAR/Lesotho moves forward to implement its Partnership Framework with the GOL, prevention, particularly social and behavior change communication will be a major focus. The GOL's prevention programming requires significant strengthening, thus PEPFAR anticipates negotiating with the GOL to reach mutual agreement on how to strengthen the National BCC policy and services, with the goal of reducing incidence of HIV in Lesotho. Commitments and responsibilities will be linked to the Implementation of the National Strategic Plan and the soon-to-be-implemented National BCC Strategy.
PEPFAR will address gender issues directly within the context of prevention and strengthen prevention efforts across sectors by linking with health and other development programs.

Primary Partners
PACT
PACT will continue to coordinate prevention efforts among small and local CSOs (FBOs/CBOs/NGOs) that focus on Abstinence and Be Faithful (AB). PACT will link with existing CSOs and CSO networks to facilitate the development and coordination of prevention-related messages across targeted populations, especially those most vulnerable. PACT will work closely with a TBD partner to ensure that all sub-partners align their program messages, receive training in SBCC strategies, and that their management capacity is strengthened. PACT will also address the societal factors contributing to risky behaviors and focus specifically on delaying the initiation of first sex among youth and faithfulness within steady relationships (e.g. MCP risks). This includes making school environments safer for girls, reducing harmful gender norms and alcohol and substance use. Programs will also be targeted to vulnerable groups such as street vendors, factory workers (workplace programs), sex workers, miners and truck drivers. Pact will also expand its activities to include organizations supporting people living with HIV (PLHIV).
Pact will also ensure that prevention messages that are relevant, consistent and congruent with the Partnership Framework and strengthen national capacity to develop, implement, monitor and evaluate a national comprehensive, combination prevention system
TBD Partner
One or two new partner(s) will be identified to continue the work initiated by AED/C-Change. This partner will develop and strengthen a national focus on a comprehensive, combination prevention program in alignment with the National Strategic Plan and with NAC prevention strategy in order to build a sustainable system at the end of five years.
The partner will complete the process of developing a national communications strategy for HIV prevention in partnership with the Lesotho government, PEPFAR partners and other stakeholders, integrating mass media and community and interpersonal interventions. These interventions will seek to decrease MCP, increase condom use, reduce alcohol-associated sexual risk behaviors, and engage communities in medical male circumcision once adopted as a national strategy. The BCC strategies should address two different risk groups: young people 13 - 24 years of age who appear to have an extremely high incidence rate, and those over 25 who are often involved in discordant couples and need access to "positive prevention." The goal is to use social change communication to impact the social norms and mindsets that contribute to MCP, intergenerational and transactional sex and condom use. This strategy will be linked to the One Love campaign in southern Africa. An evaluation of the BCC campaigns will be conducted.

Peace Corp
Peace Corps will continue to target men between the ages of 15-45 through its Men As Partners program, engaging them through workshops that consider the issues of gender norms and cultural contexts that contribute to the epidemic.
Department of Defense (DoD)

DoD programs will continue working with the Lesotho Defense Force (men and women) and the civilian communities that they serve.
Population Services International (PSI)
PSI will diversify its line of condoms according to income-based market segmentation and ensure the availability and promotion of condoms within each segment. In the previous condom campaign, PSI had used generic messaging to promote condom use in general. PSI will continue to incorporate messaging on multiple concurrent partnerships, discordant couples, and intergenerational sex, and coordinate this effort with the TBD partner to ensure consistent messaging and maximum impact. PSI will also continue to train peer educators within the Lesotho Defense force.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	1,155,000	
Total Technical Area Planned Funding:	**1,155,000**	**0**

Summary:
Through the Partnership Framework, PEPFAR Lesotho is committed to building Strategic Information capacity and local ownership across the SI key areas (Monitoring and Evaluation, Surveys and Surveillance, and Health Management Information Systems). The proposed activities aim to build and support technical capacity within the ministries, National AIDS Commission (NAC) and implementers; to improve and coordinate overall data systems; and to strengthen and facilitate leadership among local SI stakeholders so that progress can continue once PEPFAR support ends.

Context and Background
Lesotho's National HIV/AIDS Strategic Plan (2006-2011) has been revised this year using the Results Based Management (RBM) approach, focusing on specific impact, outcome and output level results. The implementation of the remaining period will be guided by key principles such as Evidence-Based Planning, RBM and the Three Ones principle. The National HIV/AIDS M&E Framework (2006-2011) is currently being revised to align to the revised NSP.
While GOL agrees with the Three Ones principle, there are still 3 HIV/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 NAC collecting community-based data, and a third by the Global Fund Coordinating Unit (GFCU) containing data from the two Principal Recipients, the Ministry of Finance and the Lesotho Council of NGOs (LCN). All hold quarterly or semi-annual reviews of their respective response to HIV and AIDS epidemic. GFCU is in the process of aligning its M&E system to the national HIV and TB M&E system. With the decentralization of health services to districts, a fourth body, the Ministry of Local Government and Chieftainship (MOLGC), is playing an increasing role in monitoring the response at the community and district level. With the support of World Bank, a Lesotho Output Monitoring System for HIV and AIDS (LOMSHA) operations manual has been developed. This manual defines clearly how routine HIV response data should be managed by all stakeholders and service providers.
While antenatal clinic (ANC) sentinel surveillance is conducted every two years, and the first Lesotho Demographic Health Survey (LDHS) was conducted in 2004, no periodic behavioral surveillance surveys have been conducted to estimate more recent impact or outcome level results, with the exception of the Modes of Transmission (MOT) study (2008), which provided an opportunity to review the national response and identify key drivers of the epidemic, and a joint PEPFAR/ NAC/ UNAIDS study on multiple concurrent partnerships (2008).
GOL is in the process of developing a National Monitoring and Evaluation System (NMES), as part of its

National Development Framework, in order to measure the effectiveness of growth and poverty reduction policies and programs on the life of the Basotho nation. MOHSW, a key contributor to the NMES, is in the process of revising its national Healthcare Management Information System (HMIS) based on recommendations provided by Health Metrics Network (HMN) in a 2007 assessment, as well as to align with the decentralization process. 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. However, the quality, timeliness and accessibility of HIV data remain a challenge due to limited human resources and a fragmented electronic record system.

One of the four goals of the Partnership Framework with GOL is to strengthen health systems in four key areas, including HMIS. As part of an overall Strategic Information (SI) strategy and consistent with national objectives, the Framework will follow a 3-pronged strategy to support the national HMIS: strengthening national governance and leadership to support HMIS development; strengthening health information systems (HIS); and strengthening data quality, dissemination and use, including population-based surveys and surveillance activities that will feed back into the national HMIS.

To support this strategy, the PEPFAR Lesotho SI workforce is being increased to a full 3 person-team to manage all SI components (surveillance and surveys, HMIS and Monitoring and Evaluation). Additionally, the M&E workforce within implementing partner (IP) organizations is being reorganized in such a way that it contributes to the improvement of data quality and timeliness of the national data set relevant to the work each IP is doing. IPs M&E officers will work closely with their national counterparts at district levels and mentor data clerks at health facility level to strengthen the national health information system, moving away from setting up parallel systems to ensure timely reporting to PEPFAR.

Accomplishments since last COP

PEFPAR Lesotho provides support to national level SI activities through its SI Liaison, who is assisted by John Snow Inc.'s (JSI) Enhancing Strategic Information (ESI) project since May 2009. Even though this main SI implementing partner started late in the year, they have been able to quickly respond to national demands and provide TA to key national activities, such as the revision of the national strategic plan and the national M&E Framework, and the development of indicators to be collected at the community level in the framework of the HIV Essential Services Package. JSI assisted both NAC and MOHSW with geographic information systems (GIS) activities and assisted the PEPFAR Lesotho team with the development of a database to monitor and evaluate PEPFAR supported programs. Additionally, JSI is providing district level support by mentoring District Health Management Teams (DHMT) in 2 of the 10 districts, focusing on capacity building for using district data for local programmatic decision making.
During FY 2009, MEASURE DHS provided assistance to MOHSW and the other institutions involved in the second LDHS planning and execution. This assistance included: (1) the development of the survey design and protocol, sampling plan, survey instruments and related documents; (2) the pre-test; and (3) the main survey training.
PEPFAR Lesotho, through Management Science for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) project, supported MOHSW in implementing an electronic information management system (Rx Solution), currently at 4 pilot hospitals, and National Drug Supply Organization (NDSO), with plans to roll out to all 18 hospitals. SPS is in the process of building capacity of health personnel involved in pharmaceutical supply chain in the use of the inventory, dispensing, and ART patient monitoring and reporting modules of Rx Solution. The aim is to improve service delivery and patient data management.
Pact Lesotho continued to provide ongoing monitoring, evaluation and reporting technical support to sub-partners and local organizations receiving funds through the Ambassador's Self-Help program. During FY 2009, Pact's efforts to improve partners' data quality focused on supporting partners to move their manual data collation processes to simple, electronic systems. To further strengthen data quality among partners, Pact supported its seven grantees to develop comprehensive data quality management plans for their

programs for the first time.
The Southern Africa Human Capacity Development Coalition (SAHCD) continued to provide TA to the Human Resource (HR) Department of MOHSW to consolidate fragmented HR databases and strengthen the capability for analysis and conversion of data for comprehensive workplace planning and development.

DOD is in the process of supporting the installation of an electronic medical records system for the Lesotho Defense Force (LDF) to improve patient management and reduce the reporting burden on LDF nurses.

Goals and Strategy for the coming year
Through the Partnership Framework, PEPFAR Lesotho will support the Ministry of Finance and Development Planning (MOFDP) in coordinating other key ministries and development partners involved in the development of an integrated HMIS, including the MOHSW, Ministry of Communication, Science and Technology (MOCST), Ministry of Local Governance and Chieftainship (MOLGC), Ministry of Education and Training (MOET), Ministry of Public Service (MOPS), the Ministry of Defense (MOD), and the NAC, as well as MCC, the Global Fund, the World Bank, the United Nations (UN), Irish Aid and Clinton Foundation. This comprehensive, integrated approach is in line with the vision outlined in the interim framework to the National Development Plan and will promote the most efficient use of available resources across all partners.

While MOHSW is the lead ministry in developing and implementing a national HIS, PEPFAR will contribute substantially by continuing to support the development and the integration of Information and technology (IT) solutions, as well as pre- and in-service training in laboratory, human resource, supply chain, electronic medical records (EMR), and community-based services. In collaboration with MCC and World Bank, PEPFAR will provide targeted mentorship support to the DHMTs, to develop their capacity to produce quality M&E quarterly reports, and to District AIDS Councils (DACs) to produce quarterly reports on the district AIDS response.

The Framework is designed to leverage the contributions of development partners, including MCC (providing IT inputs), World Bank (providing training for the LOMSHA), Irish Aid (providing equipment and connectivity to national training institutions) and the Clinton Foundation and Global Fund activities to strengthen data management. A specific emphasis is put on the integration and coordination with MCC funded activities implemented by a recently hired Health Systems Strengthening (HSS) firm. This HSS Firm has the mandate to support MOHSW for the revision of the national HMIS, development of an EMR and for the strengthening of research capacity in addition to support to the continuing education and decentralization strategy. This has been identified as key areas of synergy between MCC and PEPFAR and factored into the development of the Partnership Framework Implementation Plan.
Additionally, PEPFAR will work through its implementing partners across all technical areas to strengthen human resource capacity to provide timely, complete, and accurate data. Under the leadership of the GOL, PEPFAR Lesotho will encourage data analysis and use at national and decentralized levels. Through the Framework, PEPFAR Lesotho will continue to provide technical assistance in surveillance, leveraging other key stakeholder's investments in conducting population-based surveys such as DHS, and behavioral surveillance surveys as part of district epidemiological profiles. Support will also be provided to service availability mapping (SAM) funded through the Global Fund Round 8 and other targeted evaluations that are needed to provide baselines for the Framework goals and objectives. More specifically, funding has been allocated to all relevant PEPFAR Lesotho IPs to support baseline data collection and Partnership Framework evaluation needs in their relevant technical areas. At the same time, advocacy is made at national level to include in the revised NSP and subsequent NSP M&E Framework, all surveillance and surveys needed to be able to measure national impact level and outcome level results to which the Framework contributes.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	2,365,000	
Total Technical Area Planned Funding:	**2,365,000**	**0**

Summary:

Context and Background

Lesotho is a highly mountainous country located entirely within the borders of South Africa and has a TB incidence of 635/100,000. Lesotho has the 5th largest incidence of TB in the world and it's estimated that 80% of patients with TB disease are co-infected with HIV (WHO 2004). In addition, an estimated 950 patients will be newly diagnosed with Multiple Drug Resistant-Tuberculosis (MDR-TB) in Lesotho each year. MDR-TB constitutes a major threat to the country, especially in view of the outbreak of extensively drug-resistant (XDR-TB) in the neighboring Kwa-Zulu Natal province of South Africa. Preliminary data from surveillance studies suggest that the MDR-TB rate is 1.5% in new TB cases and 5.7% among re-treatment cases. The HIV/TB co-infection rate among patients with MDR/XDR-TB is currently above 90%. TB laboratory services in Lesotho are currently saturated but include microscopy at the District Level and culture and drug sensitivity testing with 1st line sensitivity testing at the Central Laboratory. TB control activities in Lesotho are decentralized to the country's 10 districts. USG and its partners have been working with the MOHSW and its National Tuberculosis Program (NTP) in all aspects of TB/HIV work in Lesotho.

FY 2009 Accomplishments

The National TB strategy includes expansion and enhancement of the current TB program including directly observed treatment (DOTS) as administered through the National TB Program (NTP). There is increased emphasis on an integrated approach to the co-epidemics which frequently will combine services with HIV services. The goal is to test all patients with TB for HIV and screen all patients with HIV infection for symptoms of TB. Cotrimoxazole Preventive Therapy (CPT) and Anti-Retroviral Therapy (ART) in TB clinics are generally delivered as part of routine TB management. People living with HIV/AIDS (PLWHAs) are supposed to be screened for TB in ART sites and Isoniazid Prophylaxis (INH) is supposed to be provided for those without active disease.

The USG implementing team is helping to ensure that HIV surveillance is established among patients with TB as part of a coordinated monitoring and evaluation framework, that HIV counseling and testing is offered for all patients with TB and that all people attending HIV services are properly screened for TB. USG partners are working to ensure that patients with TB are treated with antiretroviral drugs when appropriate and given preventative and curative treatment for HIV related opportunistic infections.

FY 2010 Goals

The USG has recently entered into partnership, through new cooperative agreements, with Columbia University (ICAP) and the Ministry of Health and Social Welfare (MOHSW) to improve TB services and integration with HIV services. A primary goal is to support the implementation of integrated and comprehensive family-centered HIV care and treatment services and reduce HIV-related morbidity and mortality among women, men and children.

Specifically, USG is currently working with MOHSW, WHO and other stakeholders to perform a review and assessment of the TB situation in Lesotho which will include a review of the roles and responsibilities of the various stakeholders in order to more fully develop an implementation plan and better utilize the comparative advantages of these stakeholders. This assessment has been anticipated for some time and is now in its early stages.

The MOHSW will use its new USG funding to provide training for physicians and other health providers to improve detection and treatment for MDR/XDR-TB cases. In addition, an emphasis will be placed on improving infection control measures at all health facilities in Lesotho including the more than 130 health

clinics and 13 out-patient departments that the Millennium Challenge Corporation (MCC) is refurbishing. The USG will continue to work with the NTP to strengthen HIV and TB services, monitoring, and evaluation at the National, District and Community levels. Discussions are now underway between the MOHSW, PEPFAR and ICAP to determine the appropriate work-plan in order for our TB partner to work closely with both the NTP and HIV/AIDS Directorate to help ensure coordinated and integrated TB and HIV services and to also ensure synergy with the new PEPFAR Care and Treatment partner (Elizabeth Glaser Pediatric AIDS Foundation). USG is playing an active role in rolling out the implementation of an electronic TB Register in Lesotho. We also view the improvement of TB Laboratory services throughout the country as a priority and plan to work actively with MOHSW, and other stakeholders to train laboratory technicians and enhance infrastructure in order to increase TB diagnostic capabilities.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7455	U.S. Department of Defense (Defense)	Implementing Agency	U.S. Department of Defense	GHCS (State)	640,000
7467	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	680,000
8772	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
10422	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,875,000
10424	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10432	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	375,000

10456	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10457	National Institute for Communicable Diseases	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
10458	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	810,000
10460	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	900,000
10480	PACT International	NGO	U.S. Agency for International Development	GHCS (State)	2,972,500
10619	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,850,000
10739	Ministry of Health and Social Welfare – Lesotho	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,195,000
10740	WAM Technology	Implementing Agency	U.S. Department of Health and Human	GHCS (State)	25,000

			Services/Centers for Disease Control and Prevention		
11018	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	18,000
11731	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	222,114
12098	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12099	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12100	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12101	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12102	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12103	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease	Redacted	Redacted

			Control and Prevention		
12104	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7455	**Mechanism Name: DOD PEPFAR Support to LDF**
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 640,000	
Funding Source	**Funding Amount**
GHCS (State)	640,000

Sub Partner Name(s)

Lesotho Department of Defense (LDF)		

Overview Narrative

In FY2010, DOD/PEPFAR activities supporting the Lesotho Defence Force will continue the successful collaboration that has been ongoing since 2002, which now supports LDF and Lesotho goals as outlined in the Lesotho Partnership Framework. Over the years, especially with the introduction of the PEPFAR program to Lesotho, the LDF has seen tremendous scale up of their HIV/AIDS program. This has included training of LDF nurses for ART, pharmacy training, renovation and equipping of laboratory facilities, provision of a mobile clinic for outreach to remote bases and surrounding communities, building of the Wellness Center which supports integrated care, conducting the first study of HIV prevalence and risk factors in the LDF, and implementation of an innovative electronic health record with portability for mobile services. PEPFAR funding has also supported education and sensitization of all ranks and family members on HIV prevention and care and a peer education program. DOD directly implements programs with the LDF through direct procurements and technical assistance. In FY2010, DOD/PEPFAR will support the continuation of the existing programs with an increased emphasis on long term capacity development and retention in the LDF.

Utilizing FY2010 funding PEPFAR will support continued PMTCT training and provide alternative feeding supplements and training for mothers who choose not to breastfeed. PEPFAR/DOD will assist the LDF to strengthen their ability to prevent infections through peer-led prevention programs in all of the units, and

increased testing at all of the bases; and the use of data collected in the first LDF bio-behavioral survey. Nurses from San Marcos University, California will work with LDF and MOH nurses to train PwP trainers, work with local nurses to provide care and support, and provide clinical training to the nurses. PEPFAR/DOD supports LDF basic care activities including training to target reduction of stigma and discrimination, palliative care training, provision of home based care kits, and supplies for the new Wellness clinic and Mobile Clinic that may not be available through the Ministry of Health. TB/HIV activities will include training and technical assistance for the laboratory, training for healthcare workers, and for the peer educators. In the area of Counseling and Testing, PEPFAR/DOD will continue to support training and supervision of C/T with an emphasis on capacity-building so that the LDF may be able to do their own program management.

The LDF has identified several key areas for long term training to ensure appropriate clinical staffing. FY2010 PEPFAR funding will support the first year of a five-year plan for human resource development.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	35,000
Education	10,000
Food and Nutrition: Policy, Tools, and Service Delivery	25,000
Human Resources for Health	30,000

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**7455**		
Mechanism Name:	**DOD PEPFAR Support to LDF**		
Prime Partner Name:	**U.S. Department of Defense (Defense)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	65,000	

Narrative:

FY2010 funds will support preventive therapy, such as nutritional supplements, cotrimoxozole, and pain relievers. Other care includes treatment of opportunistic infections, and support to those who are on PTB medications and ARVs. Patients will also be supported spiritually and psychologically. Nutritional support will be provided for adults meeting clinical guidelines, equipment as needed for clinical facilities and support for capacity development through California State University, San Marcos School of Nursing and other appropriate training opportunities. The program aligns with PEPFAR in Lesotho in an effort to assist with the "Care and Support" work in the country and to provide assistance with the critical shortage of nurses. Students will be placed at the military hospital and wellness clinic, and will visit patients in the rural areas with the Mobile Clinic and provide care to those in need. Depending on the number of students, 1-2 faculty will accompany students to provide supervision. Faculty will also provide educational programs, training and services to the military and civilian medical/nursing professional and counselors as requested. LDF family support groups and networks. LDF will organize regular meetings for PLWHA and their families which will include training and guest speakers regarding HIV treatment literacy, adherence, PwP, and general prevention. Community events will provide a venue for generating interest and disseminating information about these groups. Addressing stigma and discrimination at both the home and community levels. Community health workers and people living positively with HIV/AIDS will be trained to address issues of stigma and discrimination at the community level. Health care workers will address stigma and discrimination at the home level as part of overall home-based care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	15,000	

Narrative:

DOD will provide technical assistance to work with the LDF on an assessment of OVC needs in the LDF and development of referrals to civilian programs for service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	65,000	

Narrative:

Prevention with positives/healthy living training will be conducted through the unit peer educators.
The PEPFAR PWP program will be rolled out.
LDF family support groups/ LDF will organise regular meetings for PLWA and their families which will include training on adherence and positive living.
Care will also include nutritional supplements for malnourished HIV positive individuals

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	40,000	

Narrative:

Summary: LDF HCT activities will support HCT in the clinical and community settings. Funding will support PSI to train and supervise CT and to work with the LDF to increase their capacity to manage their own HCT program. Funding will also support provision of supplies. The mobile clinic will provide C/T to remote bases and to the surrounding communities.

Background: The LDF provides HCT to hospital and clinic patients and to the community. They have been leaders in the "Know Your Status" campaign with the technical support of PSI.

Activities:
1. Training of new counselors/testers – at least 12 new counselors will be trained
2. Refresher training for existing counselor/testers. The training program will refresh and update skills and focus on burn-out prevention
3. HCT test kits and supplies will be provided as needed to fill gaps
4. C/T will be offered prior to all MC
5. In coordination with LDF PSI VCT Councilors, provide 24 (twice monthly) VCT outreach services at LDF bases and clinics.
6. Counseling/Testing will be provided as a component of the HIV bio-behavioral surveillance project. Counselors trained for the survey will continue to work at LDF sites after the survey
7. All HIV patients will be referred to LDF clinical services for post test care and support
8. All TB and STI patients will be offered Counseling and Testing on an opt-out basis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	25,000	

Narrative:

Nutritional support for HIV exposed infants up to 18 months of age will be provided. The pharmacist will monitor the supply of supplements and track the nutritional status of the enrolled patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	125,000	

Narrative:

1) Surveillance and surveys: The LDF will build upon the data collection of the 2010 seroprevalence and behavioral epidemiology risk survey (SABERS) with data analysis, report writing, conduct of a data workshop and study dissemination. LDF will participate in Conferences with other militaries to discuss SABERS and long term surveillance systems.

2) HMIS: LDF has recently begun use of an electronic medical record system. Utilizing FY2010 funding LDF will evaluate the rollout of the HMIS with respect to use of the computers and electronic records. 20K

3) M&E. PEPFAR will support the hiring of a Strategic Information officer who will work from within the LDF to review all HIV programs for the existence of embedded monitoring and establishment of monitoring systems where they are not currently in place, support the newly initiated HMIS system, and support the use of from the 2010 LDF HIV SABERS. The SI officer will also importantly have primary responsibility for LDF indicator targets and reporting

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

Summary:

The Makoanyane Military Hospital has held workshops for senior officers to introduce the military HIV/AIDS policy and to get their support in implementing the policy and HIV/AIDS guidelines.

HIV project coordinators have also had training to build their capacity in planning, monitoring and evaluation of the general HIV/AIDS program in Lesotho Defence Force.

Background:

The program aims at training military policy makers, HIV project coordinators and members of the HIV/AIDS team that all facilitate in HIV/AIDS program development.

Activity:

1. MMH will continue training senior officers to introduce the military HIV/AIDS policy.

• It will also continue the training of HIV coordinators on the strategic objectives of the program. This will help them to monitor and be able to evaluate all HIV/AIDS program and make plans to strengthen the program and plan activities for the programs.

2. Training of program coordinators on new monitoring and evaluation activities guidelines given by PEPFAR.

Human capacity building and training of military health personnel. Nurses, pharmacists, laboratory technicians, and doctors will be trained on HIV treatment/ART and the provision of counseling to terminally-ill clients. The hospital provides training for chaplains on HIV and home-based care. Nurses and physicians and pharmacists will have the opportunity to attend future IDI trainings at Makere University in Uganda. Considering the crisis of trained technical manpower at Makoanyane Military Hospital of the Lesotho Defence Force (of Nurses, Pharmacists, Radiographers, Lab Technicians, etc), LDF has proposed that they implement a Five Year plan under which suitable candidates from MMH/LDF will be sent for various Nursing and other technical medical courses within Lesotho/South Africa every year, so that the vacancies can be filled up in a time bound program. The LDF plans to send

10 candidates each year (7 Nursing, 1 Lab Tech, 1 Radiographer & 1 Pharmacist), beginning 2010, to various Nursing Colleges in Lesotho for the said training program.
3. TB clinic renovation

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	100,000	

Narrative:

MALE CIRCUMCISION STUDY HAS BEEN CONDUCTED

The Lesotho Defence Force is highly supportive of MC as an HIV prevention modality. A study of the prevalence of types of MC will be conducted in 2009 in conjunction with the LDF recruitment. Results of this study will provide information regarding the types of MC that men have, and will give an indication of the number of men who might benefit from medical MC who otherwise report that they are circumcised. This was funded in the FY08 COP.

The LDF currently provides MC, without PEPFAR support, on a very limited basis by the surgeons at Makoanyane Military Hospital (MMH). Once the Lesotho National MC Policy is adopted the LDF will scale up MC.

Training of medical personnel on MC will conducted jointly by JHAPHAIGO and PSI.

Comprehensive prevention will be integrated into the work flow for medical MC. The LDF has trained VCT counselors, peer educators, and nurses who provide HIV prevention education available at MMH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	5,000	

Narrative:

Background:
LDF provides care at the Makoanyane Military Hospital and at its Wellness Center. It provides health services including HIV/AIDS services through preventive, promotive, curative and rehabilitative care for its clients. It provides these services to military personnel and their families and to personnel from other uniformed services and government officials. The catchment population is estimated at 10,000. The hospital has been providing PMTCT services since May 2006. The PMTCT program serves as an entry point for husbands through the use of WHO standardized country protocols. Particular attention will be paid to the referral of women identified at PMTCT who are HIV+ and need care follow-up and their babies, and the male family members for HIV C/T and referrals to care.

Summary:
Prevention of mother to child transmission (PMTCT) program aims at training military health workers on the WHO standardized country protocols and national guidelines to equip them with skills to care for HIV infected mothers, their babies and fathers.
• Health workers will be trained on counseling and testing of mothers in the Ante natal clinics
• Provision of Antiretroviral treatment for PMTCT to mothers.
• Management of infants at delivery and after birth.
• Follow up of both the mothers and t

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	35,000	

Narrative:

PEPFAR Lesotho laboratory activities with the LDF will include training for LDF personnel and provision of commodities not readily available through Ministry of Health Central Stores. Technical assistance will be provided as needed. Additional furnishings for the new facility will be provided as needed.

Background: DOD has support LDF laboratory activities since 2002. In addition to PEPFAR funding, DOD has secured $50,000 in FY06 Foreign Military Financing (FMF) assistance to be used for laboratory training, equipment and supplies. The FMF will be used during 2008 – 2009 to provide technical assistance, support long-term training for 2 technicians, and to provide furniture and equipment needed in the move from the MMH main hospital facility to the new MMH Hospital site.

Planned activities for FY10 include the following:
1) Training for laboratory technicians. This will be accomplished through a combination of targeted technical assistance and enrollment in a local laboratory technical school program. Both in-service and pre-service trainings will be supported.
2) Provision of commodities that are not provided nationally.
3) Furnishing of the renovated Makoanyane hospital laboratory including
4) Support the implementation of QA program including TB and HIV testing

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	65,000	

Narrative:

Continuing previously funded activity, the new TB structure will be completed and furnished with extra attention given to infection control. LDF personnel will attend appropriate clinical trainings. HIV testing

and referral systems will be enhanced.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7467	**Mechanism Name: Enhanced Strategic Information Capacity Project for South-Africa, Lesotho, and Swaziland (Enhance-SI)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 680,000	
Funding Source	**Funding Amount**
GHCS (State)	680,000

Sub Partner Name(s)

Khulisa Management Services (Pty) Ltd		

Overview Narrative

The Enhanced Strategic Information (ESI) project is a 5 year project funded by the USAID. The project's focus is the development of sustainable information systems in Lesotho. This, it seeks to achieve through the provision of technical assistance, training, mentoring and coaching of strategic partners in the practice of good quality M and E, HMIS, Decision support systems and the Geographic Information Systems (GIS). The projects relevance is highlighted by the strategic manner in which its goals and objectives are linked to the Government of Lesotho's (GOL) National Strategic Plan, The Health Management Information Systems Strategy (HMIS: 2008-2012) and the Partnership Framework Technical Assistance Strategy.

A recent assessment conducted by the HMN in 2007, revealed that there is poor data management, about half of the data collected is properly disseminated and used. This could best be achieved by

ensuring that health systems in place are fully functional and the products contribute to an effective and efficient system that promotes the achievement of health outcomes in other program areas as well (HIV/AIDS and Health). In a recent publication 'An assessment of the national and sectoral HIV Monitoring and Evaluation systems in Lesotho' (2008) findings highlighted gaps in skill levels and availability of M and E skills, structural weaknesses in getting an M and E Technical working group that would leverage skills to bear on M and E issues countrywide, a policy environment that supports and enhances the culture of good M and E, data dissemination and use.

The ESI project Lesotho, has aligned its activities to match and support activities that strengthen the coordination and management of the HMIS, improved Data Quality and management, support system harmonization and integration and enhance data analysis, dissemination and use. This project's goals are also aligned with the Partnership Frameworks Goal IV: Health systems are strengthened in 4 key areas (HMIS, Lab systems, organizational capacity, and supply chain) to support prevention, care treatment and support goals by 2014.

The partnership framework adapts a three pronged strategy that considers the following areas as important:

i. Strengthening governance and leadership activities

ii. Strengthening Health information systems

iii. Strengthening data quality, data dissemination and use activities

Specifically, the project will assist in building M & E and HMIS capacity at district and local level; and support the development of platform systems for the collection of all relevant data, including review and revision of current data collection forms.

1. Enhancing the capacity of the MOHSW (Lesotho) strengthen the community level information systems. JSI/ESI intends to pilot its interventions in 2 districts (Mohales hoek and Leribe) which will serve as a basis for roll out to all districts given further funding from the USG/PEPFAR.

2. To further support the MOHSW Lesotho, Further training and workshops for designated staffs in advanced quantitative skills will be offered in the immediate future.

3. Provide TA to NAC in developing and enhancing Capacity to meet its SI objectives

The ESI team will adopt several strategies that will enhance capacities, strengthen systems and promote the usage of information for the purpose of program implementation. At National level, ESI will provide M and E technical support and conduct M and E training which shifts from the sharing of concepts but a focus on the practice of good M and E. The uniqueness of this strategy is highlighted by its focus on the utilization of M and E skills unlike popular approaches which train on concepts over a short period of time. The targeted population for ESI efforts would be members of the District Health Management Teams (DHMT), Data Clerks and Monitoring and Evaluation Officers working with and for PEPFAR Implementing partners, Government of Lesotho - Ministry of Health and Social Welfare, Ministry of Local Government and the National AIDS Commission. Organizations at community, district and national level will also be

provided with TA if and when required.
ESI Lesotho efforts are covered in the following task areas:
I. Task 1: Capacity Building for strategic Information
II. Task 2: Improving Data quality
III. Task 3 Health Management information system (HMIS)
IV. Task 5: Activities on Decision support systems at USG/PEPFAR level
V. Task 6: Activities for the MOHSW and PEPFAR programs are also under way.
At National Level, the ESI project team will provide technical support through its active participation in M & E and HMIS technical working groups. By participating in activities that shape the policy environment concerning HMIS and M and E, the team will participate in advocacy campaigns and the development of policy documents when required. The project is also able to leverage an extensive and comprehensive skill set from other ESI projects in South Africa and Swaziland. This indicates that there is going to be rich cross pollination of ideas and experiences in the provision of Technical Assistance (TA) during training, mentoring and coaching. Given the existing activities and partnerships within country, care will be taken to ensure that by participating in the mapping out of interventions, the joint effort and specifically JSI/ESI role in Lesotho will not consist of duplication of others efforts but it will be more strategic and effective in reaching our target beneficiaries.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	350,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7467**
Mechanism Name:	**Enhanced Strategic Information Capacity Project for South-Africa, Lesotho, and Swaziland (Enhance-SI)**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	480,000	

Narrative:
The ESI team will adopt several strategies that will enhance capacities, strengthen systems and promote the usage of information for the purpose of program implementation. At National level, ESI will provide M and E technical support and conduct M and E training which shifts from the sharing of concepts but a focus on the practice of good M and E. The uniqueness of this strategy is highlighted by its focus on the utilization of M and E skills unlike popular approaches which train on concepts over a short period of time.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	

Narrative:
ESI will build the SI capacity of members of the District Health Management Teams (DHMT), Data Clerks and Monitoring and Evaluation Officers working with and for PEPFAR Implementing partners, Government of Lesotho - Ministry of Health and Social Welfare, Ministry of Local Government and the National AIDS Commission. Organizations at community, district and national level will also be provided with TA if and when required.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 8772	Mechanism Name: PEPFAR Laboratory Training Project
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The American Society for Clinical Pathology (ASCP) laboratory technical assistance project is a cooperative agreement awarded by HHS/CDC from 2007 to 2011, with a total potential value of $690, 000. ASCP supports laboratory training and quality improvement for diagnosis and laboratory monitoring of HIV/AIDS patients with emphasis on pre-service curriculum development and implementation in Lesotho.

In previous years, ASCP has worked in Lesotho by providing technical assistance and in-service trainings to support HIV/AIDS care and treatment programs
The technical assistances have involved supporting the Quality Assurance Unit of the laboratory services division of MOHSW. Since 2006, in-service trainings for laboratory personnel have included basic laboratory operations, CD4, clinical chemistry, hematology and phlebotomy. The in-service trainings are important to laboratory strengthening by improving the skills of laboratorians working on the bench. These in-service trainings also partner with vendors who facilitate hands-on instrument training.

In FY08, ASCP conducted a technical assistance focusing on quality assurance for the laboratory services decision of MOHSW. The scope of work for this technical assistance included SOP writing, revision, distribution and implementation, along with the development of a national database for SOPs. The goal of the database is to ensure the usage of standardized SOPs around the country. The main subject areas for the SOPs were those for general laboratory operations and laboratory instrument operation. ASCP also conducted a BLOT (Basic Laboratory Operations Training) in conjunction with the Clinton Foundation. BLOT is participatory training focusing on laboratory best practices. The training targets Level I laboratorians and provides them with checklists, job aids and other procedural tools to help them provide supportive patient care.

During FY09 and FY10, ASCP will work on pre-service curriculum development in order to improve the quality of education for medical laboratory personnel. These activities contribute greatly to health systems strengthening by providing a well educated workforce, and upon graduation increasing the available workforce for the laboratories. Laboratories benefit by having educated staff with the skills to improve testing and diagnostic services while maintaining high quality laboratory standards and quality assurance in all laboratories around the country. The curriculum development work will begin in COP09 and continue into COP10. COP09 includes curriculum review, development and finalization. COP10 will consist of curriculum finalization which includes presentation of a final curriculum to obtain approval from key stakeholders at the National Health Training Center (NHTC) and MOHSW. By end of FY10, the

revised and approved curriculum will be used to train the new batches of Medical laboratory Science (MLS) students. Upon curriculum implementation, COP10 will also include monitoring and evaluation and mentorship for faculty at NHTC. The monitoring and evaluation will determine the efficacy of the new curriculum and assess resource and other needs going forward. The mentorship will focus on strategies for curriculum implementation as well as teaching methodologies. In the long run, these activities will aid NHTC to improve laboratory capacity at all levels.

Cross-Cutting Budget Attribution(s)

Education	150,000
Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**8772**		
Mechanism Name:	**PEPFAR Laboratory Training Project**		
Prime Partner Name:	**American Society of Clinical Pathology**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	

Narrative:

Pre-Service Curriculum Finalization and implementation
ASCP consultants will present the finalized curriculum to faculty and key stakeholders at NHTC. This will include presentations of the materials, small and large groups to ensure that the curriculum covers all necessary subject areas and approval by all key stakeholders. This process can also include some guidance on teaching methodologies. In FY10, the revised and approved curriculum will be used to train the new batch of Medical Laboratory Science (MLS) students.
Pre-Service Monitoring and Evaluation
ASCP consultants will conduct a monitoring and evaluation activity that involves traveling to the NHTC to observe the new curriculum being taught. ASCP consultants will meet with faculty to assess implementation challenges and determine resource needs at NHTC. This activity is crucial as it allows

ASCP to determine the effectiveness of the curriculum and provide the necessary support to improve its use and further implementation.

Curriculum Implementation Mentorship
In COP10, ASCP will continue the pre-service development process in Lesotho by providing mentorship to NHTC. After receiving the finalized curriculum, the goal is to implement this curriculum as soon as possible upon completion. Upon curriculum implementation, ASCP consultants will spend two weeks to two months in-country providing guidance on the processes involved in implementing and using the new curriculum. This guidance may include test preparation, lesson planning, teaching methodologies and teaching observation and feedback. ASCP consultants will work closely with faculty at NHTC to provide the teaching mentorship needed to use the curriculum and improve teaching instruction.

Book/Equipment Procurement
Based upon the assessment to be completed during COP09, ASCP will procure books and equipment necessary to implement the NHTC curriculum designed during the Pre-Service process.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10422	**Mechanism Name: Increasing Access to HIV Confidential Counseling and Testing (VCT) and ENHA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,875,000	
Funding Source	**Funding Amount**
GHCS (State)	1,875,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A. Implementing Mechanism Narrative

PSI's HIV prevention portfolio includes a range of interventions in counseling and testing (CT), and condoms and other prevention (HVOP) including condom social marketing, and behavior change communication. Specific programs include a network of fixed-site and mobile counseling and testing services; a post-test club program that provides life skills activities to community groups that have been through counseling and testing together; sales and free distribution of branded and generic male and female condoms; and multi-channel communication in support of testing, condom use, and partner reduction. In FY10, PSI hopes to expand this portfolio to include enhanced capacity building in public sector counseling and testing services; communication, training, and a communication campaign for male circumcision (MC); and strengthened distribution and demand creation for male and female branded condoms as well as generic male and female condoms.

Partnership Framework linkages

In FY10, PSI will support the USG/GoL Partnership Framework Agreement through interventions that feed directly into four partnership objectives – increased access to and availability of counseling and testing (obj. 1.4); increased supply and distribution of condoms (obj. 1.7); scale up of male circumcision services (obj 1.6); and increased coverage of behavior change interventions (obj. 1.1). Benchmarks for these interventions reflect both output-level PEPFAR indicators and outcome-level PSI objectives. The latter, which are measured through annual population-based surveys, include increased use of HIV counseling and testing services and increased correct and consistent condom use, with intermediate shifts in key determinants of these behaviors.

Geographic coverage and target populations

PSI's targeting is informed by the Demographic and Health Survey (DHS); condom coverage and distribution studies; and population-based surveys that measure exposure to and impact of ongoing behavioral interventions. The data offered by these studies supports PSI in segmenting potential audiences, separating "behavers" from "non-behavers," and allowing for identification of significant behavioral determinants within a given group. Regular programmatic monitoring and secondary data also contribute to program design decisions, including geographic areas of focus and target populations.

PSI's counseling and testing and condom programs are nationwide in scope, providing services, products, and behavior change interventions to men and women throughout Lesotho. PSI's counseling and testing programming targets urban and peri-urban men 25-35 and their partners, while condom programming focuses primarily upon rural couples (men 25-35, women 18-35). In addition, PSI continues to support small-scale counseling and testing and condom interventions with other vulnerable populations, including men in uniform and factory workers. MC activities, including both the national pilot program and PSI's proposed pilot with the LDF, will likely target men 18 and older who are not already

medically circumcised.
Key contributions to HSS

In FY10, PSI proposes strengthening public sector linkages at the district and community levels by employing New Start clinics as centers of excellence for training in primary prevention. At the district level, New Start will provide sustainable capacity building through attachments and mentorships for public sector health professionals. PSI New Start centers may expand beyond counseling and testing to include training and service provision for other primary preventative services such as screenings for diabetes, high blood pressure, TB and STIs. In addition to the focused capacity building provided through its counseling and testing program, PSI will also continue to provide tailored counseling and testing training and quality assurance services to partners in the public and NGO sectors, many of whom subsequently diffuse these skills through their work with the health system. Similar services will be offered to teams of public sector providers through the national MC pilot. Finally, PSI will adopt a larger role in the distribution of GoL condoms, and this program will also include a substantial capacity-building component (described in greater detail in the budget code narrative below).
Cross-cutting programs
In FY10, PSI will integrate HSS and gender across program areas. In addition to the HSS activities described above, PSI will focus on increasing women's access to health products and services by targeting couples for both counseling and testing and male and female condom programming. Additionally, male gender norms will be addressed through PSI's IPC activities for counseling and testing and condoms, which target men and couples and include content on concurrency and gender norms, and through the Post-Test Clubs pilot program, which uses a structured IPC curriculum focused on the development of life skills and healthy gender norms as a vehicle for HIV prevention.
Plans to become more cost-efficient over time

The model of integrated counseling and testing services proposed in this narrative centers upon a gradual shift from direct service provision to support, training, and mentoring for public sector providers, which will result in cost-savings over time. In its condom programming, PSI will ensure cost-efficiency through improved stock management and streamlined distribution systems that rely heavily upon key partners to draw from lessons learned in our commercial distribution systems.
Monitoring and evaluation
PSI monitors its interventions through robust programmatic MIS, as well as periodic spot checks and mystery client visits. All MIS data is entered into web-based databases, which minimize data entry errors, facilitate analysis, and ensure program staff buy-in to and use of data. All communication activities include extensive formative research, pretesting, and monitoring to ensure their appeal, appropriateness, and effectiveness. In addition to routine monitoring and process evaluation, PSI performs annual product distribution studies and population-based surveys to inform program design and measure impact.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	370,000
Human Resources for Health	300,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10422**		
Mechanism Name:	**Increasing Access to HIV Confidential Counseling and Testing (VCT) and ENHA**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	1,150,000	

Narrative:

PSI proposes refining and strengthening its existing New Start counseling and testing model, with increased emphasis upon mobile services; integration of counseling and testing with other services (including MC, TB screening, STI diagnosis and treatment, or primary preventative care); and capacity building of public sector counseling and testing services. Under this new model, PSI envisions that its New Start sites will become centers of excellence, providing both direct services and pre- and in-service training to public sector providers. Sites will expand their mobile services, through the addition of new mobile units and partnerships with organizations active in areas in which PSI is not present. Over time, New Start fixed sites will engage in less direct service provision, focusing more on training, mentoring, and coordination of mobile units. Parallel to this, PSI will support the public sector in becoming the core of fixed-site counseling and testing provision, through provider training and mentoring; quality assurance; and procurement support. New Start sites and mobile units will continue to provide client-initiated individual and couples' counseling and testing, while public sector sites will focus on provider-initiated counseling and testing. This dual-track model, in which PSI provides mobile services and capacity building and the public sector provides fixed services, will allow for more effective coverage of the population as a whole, with women of reproductive age reached primarily through fixed sites and men,

vulnerable groups, and young people reached through mobile services. During FY10, PSI's counseling and testing activities will continue to focus on the districts in which New Start sites are located (Maseru, Mafeteng, Qacha's Nek, Leribe, and Butha-Buthe).

In order to effectively promote its counseling and testing services, PSI proposes expanding its cadre of IPC agents. PSI will also increase its schedule of community mobilization activities promoting counseling and testing. These activities target men and couples in particular, and focus heavily upon addressing key determinants of testing behavior, including self-efficacy and social support.

In addition to counseling and testing service provision PSI will continue to partner with ALAFA, LDF, and other partners providing counselor training, mobile CT and organizing special testing events as needed. PSI also hopes to refine its post-test club pilot program, a structured IPC intervention through which selected community groups who have elected to seek counseling and testing together go through an eight-module sexual health curriculum. This curriculum promotes retesting and safer sexual behaviors following testing and is appropriate for both positives and negatives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	100,000	

Narrative:

With FY10 funds, PSI will build on the already established relationship with MOHSW to assist in strengthening human resource capacity and information systems in order to improve Counseling and Testing program data quality, and the data flow from health facility or community to district and national level in a timely manner for use and decision making at all levels. Additionally, by leveraging other Development Partners investments and working in close collaboration with MOHSW, NAC, Ministry of Local Government and Chieftainship and other relevant key ministries and local organizations, PSI will contribute to the monitoring and evaluation of the Partnership Framework's counseling and testing objectives and to the transition from PEPFAR-specific reporting systems to strengthened, GOL-owned systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

In FY10, PSI proposes strengthening public sector linkages at the district and community levels by employing New Start clinics as centers of excellence for training in primary prevention. At the district level, New Start will provide sustainable capacity building through attachments and mentorships for public sector health professionals. PSI New Start centers may also expand beyond CT to include training and service provision for other primary preventative services such as screenings for diabetes, high blood pressure, TB and STIs. In addition to the focused capacity building provided through its CT program, PSI

will also continue to provide tailored CT training and quality assurance services to partners in the public and NGO sectors, many of whom subsequently diffuse these skills through their work with the health system. Similar services will be offered to teams of public sector providers through the national MC pilot. Finally, PSI will include a substantial capacity-building component in the distribution of GoL condoms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	100,000	

Narrative:

PSI proposes two parallel activities in MC. The first is continued support to JHPIEGO in their implementation of the national MC pilot program. PSI will provide training for counseling and testing to providers in selected pilot sites, using the existing counseling and testing training curriculum. Trained providers may be professional counselors, lay counselors, or nurses, depending upon the preferences of the MoH and JHPEIGO; PSI routinely trains and employs members of all three cadres and has tailored training materials targeted to each. In addition to this, PSI will provide technical oversight for MC communication to support JHPIEGO's service provision activities with the MoH. These activities will initially be limited to development of an MC communication strategy and design and production of provider job aids (flipcharts) and client take-away materials, with an eye to expanded activities, including demand creation, in later years when services have scaled up. Based on experience in MC communication elsewhere in the region, PSI recommends a minimum package of communication materials, to include: one provider job aid; one client take-away targeting men; and one client take-away targeting female partners of male clients. If appropriate given existing levels of demand, PSI may also begin to incorporate MC messages into its counseling and testing protocol.

Parallel to its support activities for the national MC pilot, PSI proposes to pilot MC services with the LDF, establishing a mobile MC unit staffed with a trained doctor, as well as nurses and counselors. This unit will rotate between an LDF hospital and two other public sector sites, providing CT, MC counseling, and circumcision services. Site selection will be undertaken in consultation with the LDF, the MoH, and JHPIEGO, and may be informed by JHPIEGO's upcoming site assessment. Post-operative follow-up will be managed by the permanent staff at the clinics themselves following a prescribed schedule, with the option of referral to PSI clinicians or counselors as necessary. Specific program activities will include: training of project staff in MC service provision (including counseling); training of clinic staff in MC follow up, including both post-surgical protocol and risk reduction counseling; procurement of MC supplies and commodities; and implementation of the pilot, which will include substantial clinical quality assurance efforts. JHPIEGO will provide support to the pilot in clinical training and clinical quality assurance. PSI will provide quality assurance for counseling and testing and MC counseling using standardized tools piloted in Lesotho and the region. It is estimated that, in the course of its first year, this pilot will provide MC services to 1500 men (750 LDF).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	425,000	

Narrative:

PSI's sexual prevention activities include promotion and distribution of male and female condoms. In addition to branded, commercially marketed condoms, PSI distributes GoL condoms to health centers, and provides USG-donated condoms to local partners. PSI also distributes USG-donated female condoms (FC) through its New Start sites.

PSI implements its condom programming nationwide, targeting men and women in union. Rural couples are particularly high priority, as they are less likely to use condoms than their urban and peri-urban counterparts. The mix of activities included in PSI's condom programming portfolio are influenced by our target audiences; the need for balanced product supply and demand; and adherence to the Total Market Approach, a principle which hypothesizes that the healthiest markets are those in which all market segments – commercial, subsidized, and public sector – complement each other and grow in parallel. PSI ensures the quality of its condom program through coverage and distribution studies and population-based surveys, as well as robust MIS.

In FY10, PSI proposes expanding its condom programming. Male condom activities will include continued sales of branded male condoms (funded by the Dutch government) as well as an expanded role in the distribution of free –issue GoL condoms to health centers nationwide. Specifically, PSI will formalize its partnership with the MoHSW, clearly outlining roles and responsibilities and engaging in shared planning for greater distribution efficiency. Distribution of GoL condoms will be complemented by increased efforts to valorize free condoms through targeted promotion using both mass media and an expanded cadre of IPC agents, who provide interactive activities for individuals and small groups using a toolkit of eight highly targeted activities.

In addition to expanding direct distribution activities, PSI will also seek to grow partnerships with groups serving the general population and vulnerable groups in order to ensure better access to condoms. PSI will distribute male and female condoms and conduct community mobilization events as appropriate through existing networks of community-based partners. PSI will also continue to partner with the LDF, providing customized condoms; peer education training and materials; and special events.

PSI proposes piloting a comprehensive female condom program in FY10. This intervention will employ a model proven in the region, using non-traditional distribution channels (usually hair salons); intensive interpersonal communication; and community promotional events. PSI will also work with churches and FBOs to ensure that the female condom and dual protection are addressed in premarital family planning counseling. Finally, PSI will train nurses in public sector clinics to promote the female condom in family planning counseling, and will provide job aids and client take-away materials for this purpose. This pilot program will increase prevention options for men and women in union, and may strengthen demand for male condoms, as most female condom users tend to employ male and female condoms

interchangeably.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10424	**Mechanism Name: TBD Strengthening Clinical Services (SCS) Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. The implementing mechanism's comprehensive goals and objectives under the award reflecting its breadth across technical areas, as appropriate.

Through the new five-year Strengthening Clinical Services (SCS) Project, USAID aims to help Lesotho become one of the first countries in Africa to reach 100% coverage of all hospitals and clinics for prevention of mother-to-child transmission services (PMTCT) and HIV care and support services, and 90% facility coverage for the initiation of HIV treatment in adults and children. These are ambitious goals, but ones that we believe are achievable. The five goals of USAID's SCS Project are:

•SCS Goal One: Sustained high-level, quality, comprehensive, integrated, client-centered HIV/AIDS care & treatment services

•SCS Goal Two: Strengthened & increased rollout of family-centered HIV/AIDS care and treatment services

•SCS Goal Three: Universal access to PMTCT including expanded delivery of services

•SCS Goal Four: Strengthened national health system in accordance with MOHSW's plan

•SCS Goal Five: MOHSW's policy, protocols & guidelines for care & treatment services reviewed & improved on a regular basis

Overarching themes incorporated in the TBD Partner's approach to the SCS Project will include 1) provision of comprehensive clinical expertise by TBD Partner and its consortium members, 2) a family-focused approach to service delivery, 3) promotion of true local ownership, 4) reliance on strong existing relationships with the MOHSW and DHMTs, and 5) the ability to seamlessly transition from USAID's previous implementation model to the more integrated SCS Project approach.

2. If applicable, how the implementing mechanism is linked to the Partnership Framework goals and benchmarks over the life of its agreement/award
In 2009, the Partnership Framework to Support Implementation of the Lesotho National HIV and AIDS Response (2009-14) between the U.S. and Lesotho governments was signed demonstrating a long-term commitment and advancing resources to tackle the epidemic. As the M&E system for the SCS Project is developed, it will involve all project partners under TBD Partner's leadership and be consistent with the Partnership Framework between GOL and USG. SCS will be a leader in achieving the necessary results to reach the goals of the Partnership Framework for all four goals. Specific contributions to each goal are mentioned below (over the 5 year project period).

Goal I: HIV incidence in Lesotho is reduced by 35% by 2014.
-100% of health facilities providing ANC (216) will provide both HIV testing and ARVs for PMTCT on site.
-43,947 HIV-positive women will receive ARVs for PMTCT prophylaxis.
-46,260 HIV-positive pregnant women will be assessed for ART eligibility.

Goal II: To reduce morbidity and mortality and provide essential support to Basotho people living with or affected by HIV and AIDS through expanding access to high quality treatment, care, and OVC services by 2014.
-100% of all 216 health facilities in the country will be assisted to provide care and support services.
-90% of health facilities (195 of 216) will be assisted to offer ART by 2013.
-By the end of the project, 194,400 HIV-positive Basotho will have received a minimum of one clinical HIV service.
-95% of infants born to HIV-positive mothers will start CTX prophylaxis within 2 months of birth and will receive an HIV test within 12 months of birth.
-87,288 HIV-positive adults will be receiving ART by the end of the project.
-90% of HIV-positive patients on ART will be knowon to be alive and on treatment 12 months after initiation.

Goal III: The human resource capacity for HIV service delivery is improved and increased in 3 key areas (retention, training and quality improvement) by 2014.
-500 health workers will have completed in-service training each year in HIV/AIDS (for a total of 1,500)
-TBD Partner plans to extend its current performance measurement activities in sites using the EZ-QI tool for quality improvement. This will be followed by specific quality improvement (QI) projects based on the outcome of performance measurement activities specific to each site.
-Continual on-site mentorship of clinical staff (including lab and pharmacy technicians) helps address problems in service provision and ensures that staff can provide quality services. Through TBD Partner's model of mentorship and supervision at the sites, health providers will gain both competency and confidence in providing HIV services. Through mentoring, health providers learn to fully utilize the skills and knowledge acquired through more formal training channels. Under the previous award, EGPAF has been providing on-site mentorship to 103 sites in the north and this model will continue under the SCS Project with TA provided to all sites in the country by the end of 2011.

Goal IV: Health systems are strengthened in 4 key areas (HMIS, laboratory, organizational capacity, and supply chain) to support the prevention, treatment, care and support goals by 2014.
-Please see section 4 below for details of health system strengthening activities under the SCS project and how they will contribute to reaching the goals of the Partnership Framework.

3. The implementing mechanism's geographic coverage and target population(s).
The SCS project will be a national project, supporting health facilities in all ten of Lesotho's districts and targeting the entire Basotho population in need of PMTCT or HIV/AIDS services or support, from the health clinics to the communitiies.

4. Please briefly describe the key contributions to health systems strengthening, if appropriate.
The TBD Partner team will build on local resources and approaches that have been tested on-the-ground in Lesotho, enhancing the capacity of DHMTs through proven leadership and management approaches. EGPAF will lead the team in strengthening M&E systems and improving data use for decision-making.

-Through improving data quality gathered at the site-level and seconding an M&E Officer to the MOHSW, SCS will promote the use of quality data to base programmatic decisions and to evaluate performance. Data is also made available to communities so that they can prioritize their health care needs and design useful workplans and strategies to address those needs.
-SCS will provide management and leadership training to the DHMTs, in collaboration with the Millennium Challenge Account (MCA-L). Targeted activities focused on building the technical and managerial capacity of DHMTs and selected facility management staff, the project's primary local partners, will cut across all program and operational areas. The expected outcome is to empower the DHMTs and to direct,

manage and implement comprehensive HIV services without further external assistance, and to prepare staff for projected changes resulting from decentralization.
-Health management information system strengthening & use of data for decision-making. The team will focus on supporting and strengthening the planned decentralization of M&E systems focusing at the district level which will serve as the connection point for data generation (for health centers and hospitals) and the central level. SCS will improve the capacity for all responsible staff along the health information system to be better managers and users of the data they generate. The project's two M&E Officers will provide support to the District Health Information Officers (DHIOs) and the site-level data clerks (where in position) to improve their collection and reporting of complete, accurate and quality data, and their data management and utilization skills, through regular supportive supervision, mentorship, and onsite trainings.

5. A description of the implementing mechanism's cross-cutting programs and key issues: if a cross-cutting attribution is entered or key issue selected it should be described in this narrative.

Cross Cutting Budget Issue 3.A Food and Nutrition: Policy, Tools, and Service Delivery: At hospitals and referral centers, SCS will designate an area to serve as the nutrition corner where mothers are counseled on proper infant feeding practices and children and mothers are screened for malnutrition. SCS will also support providers to offer routine screening and treatment of all pregnant women for OIs and STIs using syndromic management.

Cross Cutting Budget Issue 1. Human Resources for Health: In addition to the clinical training and mentoring discussed above, SCS will further support Human Resources for Health by seconding staff. In ongoing cooperation with MOHSW, the SCS Project will continue to second critical staff to the MOHSW to cover gaps. This will include the existing M&E Officer, counseling trainer, and counseling mentor at the national level. At individual facilities, staff will be seconded where there is immediate need, such as the ART nurse positioned in Mokhotlong. The purpose of these seconded positions is to provide immediately required resources while moving toward absorption into the MOHSW's existing staffing structure.

Cross Cutting Budget Issue 7. Gender: Reducing Violence and Coercion: The SCS Project will employ a crosscutting gender plan to ensure that gender issues are incorporated across all aspect of the project and are in line with the approach of the President's Emergecy Plan for AIDS Relief (PEPFAR) of "gender mainstreaming" or integration of gender into all HIV prevention, care and treatment services. The EGPAF-led team will aim to provide equal opportunities to men and women under project implementation, mitigate inequities between men and women in HIV/AIDS programming, and increase male involvement by employing new strategies and drawing on EGPAF's past experience in Lesotho as well as from other EGPAF and partner-led projects in the southern Africa region.

Key Issue 6. Workplan Programs: Through Apparel Lesotho Alliance to Fight AIDS (ALAFA), SCS will help make workplace care and support groups available in the majority of textile companies throughout Lesotho, as well as HIV treatment. ALAFA will advocate for improved HIV/AIDS programs in the workplace and continue to support PMTCT services for employees in the garment industry, one of the largest private sector employers in Lesotho.

Key Issue 1. Health-Related Wraparound Programs: TBD Partner will implement crosscutting interventions around MNCH and nutrition, ensuring the implementation of a truly integrated service delivery approach and maximizing USAID's resources through cost-share arrangement.

6. The implementing mechanism's strategy to become more cost efficient over time, such as achieving improved economies in procurement, coordinating service delivery with other partners in the public and private sector, and expanding coverage of programs with low marginal costs.
Maximizing value to the government is a core principle for the EGPAF-led SCS Project. EGPAF and its partners are proposing a minimum cost-share contribution of 8.73 percent over the life of the project. This leveraging of private resources offers significant benefits to the government through the UNICEF MCH and Nutrition programs, Johnson and Johnson PMTCT partnership, and DFID funded clinical service providers. EGPAF's implementing partners, such as LENASO, also present major cost savings in areas of local and international volunteers, community level contributions, office infrastructure, and partnership contributions.

7. Monitoring and evaluation plans for each activity
As a first step toward project implementation, TBD partner will developed a detailed performance monitoring matrix, incorporating PEPFAR Next Generation Indicators (NGIs) as well as additional indicators that will be valuable in measuring attainment of project objectives. In accordance with the principle of one M&E system, the indicators have been carefully selected so that they can be generated through the MOHSW health information system. The project's final M&E strategy will ensure the generation of appropriate data to monitor program performance and assess the effectiveness of program interventions, while continuing to foster integration with the national strategic information system. Its development will involve all project partners under EGPAF's leadership and be consistent with the GOL's National HIV & AIDS M&E Plan (2006-11), while retaining sufficient flexibility to accommodate changes related to Lesotho's on-going decentralization process and the recently-signed partnership framework between GOL and USG. The M&E plan will be based on these principles:
• Steady flow of information from service provision points to district and national level coordinating bodies
• Comparability of data over time and across different service provision points
• High quality data that meet the reporting requirements of GOL and PEPFAR

• Sustainability of the M&E systems

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10424**		
Mechanism Name:	**TBD Strengthening Clinical Services (SCS) Project**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

The types of HIV care and support services, location/s of service delivery sites (facility, community, home based) and target audience/s (adolescents, adults, women, MARPs, others).
TBD Partner's approach to providing adult HIV care and support at the health center level will be based on the minimum package of care, including:
• Integration of care and treatment for women and families within the MCH unit
• Provision of CTX prophylaxis for eligible patients, treatment of OI, including prescription of OI prophylaxis for eligible patients, systematic screening for TB during pregnancy
• Provision of comprehensive HIV care to infected patients and strengthened linkages to treatment
• Support groups and peer mentors
• Adherence support for long term CTX prophylaxis, as appropriate

•Coverage in the geographic area and among the target population/s' how it fits with the overall PEPFAR and country strategy.

The SCS project goal is to have 100% of Lesotho's health facilities providing HIV care and support in all 10 districts. The target population is every HIV-positive adult in the country.

•Mechanisms to address client retention and referrals, including the use of outreach and bi-directional referral systems.
Defaulter tracking will be implemented through use of volunteer site focal persons (under LENASO), members of existing community support networks, who will liaise with the appropriate community health workers to bring defaulting mothers and babies back for treatment.

PSS services for families & communities. The SCS project will build better linkages for PSS with the families and communities seeking services from the health system. Activities in this area will include family support groups, mentor mothers, workplace support groups, male support groups, and care and support for Lesotho's health care providers themselves. LENASO will facilitate PSS activities for adults, ensuring that family support groups are available in all districts and in each community council catchment area, incorporating the current PMTCT partners existing 58 family support groups, and will facilitate learning and support in areas such as stigma reduction, treatment adherence, nutrition, and disclosure. They will also establish mothers-in-law groups and expand male support groups to all districts. The SCS Project will also link with the mothers2mothers (m2m) program where they are present, building on their widely recognized model of pairing mentor mothers with HIV-positive women.

•Linkages between program sites with other HIV care, treatment and prevention sites within jurisdiction and linkages and/or referrals between program sites and non-HIV specific services (at a minimum food support, IGA, RH/FP and PLHIV support groups).
The TBD Partner's team will work with the MOHSW to define clear referral systems for partners tested at MCH, for HIV-positive mothers 18 months post delivery (in accordance to national standards). A referral linkage will be developed between MCH units supported by TBD Partner and SCOEs supported by Baylor, a model which will be expanded to all districts.

SCS Project partner LENASO works with community-based organizations to promote adherence to HIV care and treatment within communities. LENASO has helped implement comprehensive family-focused programs at the community level, ensuring that mothers, children and family members living with HIV are beneficiaries of the comprehensive care and treatment package. LENASO will strengthen the development of a network system of community-based support for holistic and integrated services for pediatric and family HIV care and treatment at the community level for this project.

•Methods of program monitoring and evaluation, monitoring the quality of care and support services, and program evaluations and research studies to advance program approaches and/or fill gaps in knowledge

on priority care and support issues.
TBD Partner will work with LENASO to make sure that community involvement data are collected in a timely and accurate manner. We will leverage our experience in development and piloting of community involvement indicators to help LENASO set up a strong community-level M&E system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

HIV services provided at every facility. Due to the high prevalence rates in the country, it is impossible and impractical to separate HIV services from general health services or to provide them in separate locations. SCS will ensure that HIV care and treatment will be provided at every single health facility in the country, including the private sector. Because many health centers are staffed by just one or two providers who take care of all the needs of each family member, the SCS Project will strengthen these sites to be able to serve as a "one-stop shop" for families to address their health care needs, including testing, care, and treatment of HIV.

Through training and mentorship, TBD partner will improve service delivery at the site level by building appropriate capacity and providing supportive monitoring opportunities. At the health center level, TBD partner will support and strengthen care and treatment services to HIV-positive individuals, with particular emphasis for pregnant women/mothers, children and other family members. Until recently, treatment for HIV was only available in a limited number of hospitals. TBD partner will work with the MOHSW to expand coverage of ART services to 90% of sites, with a goal of providing treatment services at the health clinic levels where feasible. TBD partner's approach to providing treatment at the health center level will be based on the minimum package of care, including:

• Integration of care and treatment for women and families within the MCH unit
• Clinical staging and CD4 count on the same day as HIV testing within the MCH, and routine follow-up to initiate treatment in a timely manner
• Provision of CTX prophylaxis for eligible patients, treatment of OI, including prescription of OI prophylaxis for eligible patients, systematic screening for TB during pregnancy
• Provision of comprehensive HIV care to infected patients and strengthened linkages to treatment
• Implementation of comprehensive services to ensure that MCH services are provided on the same day as care and treatment for HIV-infected women and exposed infants.
• Nutritional assessment of patients on ART
• Support groups for women and their families
• Adherence support for long term CTX prophylaxis and ART as appropriate

•What is the partner's target population(s) and coverage with a comprehensive care and treatment package, including ART provision, cotrimoxazole prophylaxis and TB screening?
The target population is all HIV-positive adults in need of treatment throughout the country.

•What adherence activities does the partner support? What are the outcomes of these adherence activities?
LENASO will facilitate psychosocial activities for adults, ensuring that family support groups are available in all districts and in each community council catchment area, incorporating the current PMTCT partner's existing 58 family support groups, and will facilitate learning and support in areas such as stigma reduction, treatment adherence, nutrition, and disclosure. The SCS Project will also link with the mothers2mothers (m2m) program where they are present, building on their widely recognized model of pairing mentor mothers with HIV-positive women to encourage treatment adherence. We expect that with this intervention, there will be rise in patient retention, reduction in loss to follow up, better clinical outcome.

•What type of training does the partner provide? Training activities may include in-service training, mentorship, and preceptor programs.
TBD Partner will strengthen the referral linkages within health facilities, between facilities and the community to access better services. TBD Partner will support the sites with training, onsite clinical mentorship, support supervision, documentation and reporting. In order to strengthen the ability of the districts to provide care and treatment at the health center level, TBD Partner will work to build capacity within the District Health Management Teams (DHMT) through mentoring and targeted technical assistance in preparing HIV strategies and helping them to monitor their interventions.

Clinical training. The TBD Partner team will strengthen training of health care workers by offering initial training to newly recruited or newly placed health care workers and refresher course to all, provide consistent on-site training, supportive supervision and mentoring, as well as assisting health workers to use their site level data for program improvement. SCS will promote an integrated training curriculum based on the request of the MOHSW and in line with the project's goal of ensuring integrated services at all delivery points.

•How does partner track and evaluate clinical outcomes? What are their current clinical outcomes?
Clinical outcome will be evaluated based on the survival of patients enrolled into care and treatment. In addition, the clinical progression of HIV positive patients from chronic care to enrollement on HAART and the rate of failure to first line regimen will be evaluated. Currently, effprts have been made to follow up patients who are alive and picking their from health facilities as a means of evaluating clinical outcome.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	Redacted	Redacted

Narrative:

•The mechanism's target population and contribution to scaling up pediatric participation in treatment programs, including pediatric targets
The target population is all HIV-positive infants and children throughout the country. SCS partner Baylor will use its outstanding clinical expertise to provide support for pediatric HIV/AIDS clinical services at hospitals and clinics (including its satellite Centers of Excellence), psychosocial support (PSS) of children and adolescents, and technical assistance (TA) in pediatrics to the entire health system.

The SCS Project will expand support for the new Baylor Satellite Centers of Excellence (SCOEs) in all 10 districts, while advocating with other partners and donors for adequate staffing and promoting task shifting to nurses, expert clients and lay counselors. SCOEs will serve as a specialized care center for children for cases that cannot be managed at the HC level.

Baylor will provide PSS services for children and adolescents in all ten districts making PSS clubs available to HIV-positive adolescents and Ariel clubs/camps for HIV-positive children, which will provide education and social connections for those children affected by HIV.

•Activities that provide drugs, food and other commodities for pediatric clients
Nutrition corners will be established in the hospitals to emphasize the importance of correct IYCF practices.

•Activities for supervision, improved quality of care and strengthening of health services
To help make pediatric HIV services available to the entire population in need, EGPAF has worked to strengthen the capacity of health care workers at primary-level facilities to provide quality services for prevention, care, and support of infants and young children by providing in-service trainings, clinical mentoring, support supervision and useful job aids and tools to health centers. The SCS Project will support the MOHSW to develop standard operating procedures (SOPs) for integrated, comprehensive HIV/AIDS services. SOPs will include booklets on care of HIV-positive children in a rural setting, care of HIV-exposed infants, and linking to care and treatment.

•Activities promoting integration with routine pediatric care, nutrition services and maternal health services.
To enhance identification of HIV-exposed and infected infants and children, the SCS Project will promote PITC at all points of contact within the health system and extending into the community. SCS will spearhead training in pediatric counseling so providers are comfortable discussing HIV testing with

parents to encourage uptake of the test.

•Activities to strengthen laboratory support and diagnostics for pediatric clients.
The SCS project will support training of all health care professionals and CHW on appropriate technique to perform DBS throughout the country. Working in collaboration with Clinton foundation and the directorate of laboratory services, EGPAF will support early transfer of blood sample to collection centres. EGPAF will continue to support the electronic distribution of DNA/PCR results in the whole country through 3 G technology in the dfistrict.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

•The mechanism's target population and contribution to scaling up pediatric participation in treatment programs, including pediatric targets

The target population is all HIV-positive children, as early initiation of treatment is vital for the survival of HIV-infected children. HIV treatment for children is an essential component of the fourth strategic prong for PMTCT, which has largely been neglected. All TBD Partner-supported sites will be helped to provide the essential PMTCT interventions to HIV-exposed infants and young children. As defined by the WHO, TBD Partner will promote the essential postnatal care interventions for HIV-exposed children, which is:

• Early HIV diagnostic testing and diagnosis of HIV-related conditions, ART for children living with HIV, when indicated and treatment monitoring, counseling on adherence support for caregivers
• Diagnosis and management of common childhood infections and conditions and Integrated Management of Childhood Illness (IMCI), diagnosis and management of TB and other opportunistic infections

Keep mother/baby pairs together for treatment in hospital setting. SCS will scale-up this best practice in line with the MOHSW's future plans to integrate PMTCT and early infant initiation on treatment within the MCH units at hospitals and filter clinics. Leveraging the current UNICEF-funded MNCH/PMTCT integration project , SCS will be able to utilize the lessons learned to further increase integration. To reduce loss to follow up and improve adherence, HIV-positive mothers and their exposed or positive infants will receive all their HIV services within the setting of the regular MCH unit (at hospitals). This way, providers will be able to keep track of the infant's health, provide cotrimoxazole (CTX) prophylaxis, perform DNA/PCR testing at six weeks, initiate treatment if positive, and continue to monitor both mother and baby up to 18 months after delivery. At that time, mothers will be referred to the ART center for

continued treatment; HIV-negative children will be referred to the under-five clinic; and HIV-positive children will be referred to the Baylor SCOE.

•Activities that provide drugs, food and other commodities for pediatric clients
Nutrition corners to be established in all hospitals will help to identify malnourished children and to refer them for clinical care.

•Activities for supervision, improved quality of care and strengthening of health services
Regular site visits by the district team members, along with on-site trainings from the SCS project technical team, allow for mentoring and supportive supervision at all of the TBD Partner-supported sites.

•Activities promoting integration with routine pediatric care, nutrition services and maternal health services.
See above-mentioned UNICEF jointly-funded project on integrating PMTCT into MCH services.

•Activities to strengthen laboratory support and diagnostics for pediatric clients.
The SCS project will support training of all health care professionals and CHW on appropriate technique to perform DBS throughout the country. Working in collaboration with Clinton foundation and the directorate of laboratory services, EGPAF will support early transfer of blood sample to collection centres. TBD Partnerwill continue to support the electronic distribution of DNA/PCR results in the whole country through 3 G technology in the dfistrict.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

1. The mechanism's target population, and cross-cutting system/ activity that contributes to PMTCT scale-up.
The target population of the SCS project for PMTCT activities is all pregnant women, postnatal mothers, and breastfeeding mothers in Lesotho.

2. Coverage in the geographic area and/ or among the target population i.e. pregnant women
SCS will prioritize making PMTCT services available at each health facility in the country, including those in the private sector. Through our frontloaded implementation plan, we will reach 100% facility coverage by 2011, in line with the MOHSW's goal. This will be possible in concert with the MOHSW's proactive efforts towards task shifting and decentralization of health services.

3. Activities including PMTCT interventions and activities that this partner supports
All known HIV-positive women and those who test HIV-positive during pregnancy will be given the complete PMTCT minimum package to take home. The package will be provided at the first contact or on the same visit as when HIV status is determined in line with current national PMTCT guidelines. The TBD partner team will train and mentor providers to initiate all eligible HIV-positive pregnant women on treatment within the antenatal care (ANC) setting in the whole country. The team will also explore use of new point-of-care CD4 machines, particularly in hard to reach areas.

All TBD partner-supported sites will be assisted to implement the complete package of routine quality antenatal and postnatal care for women, regardless of their HIV status. This package, defined by the WHO and international partners, is composed of the following interventions:
• Provider-initiated HIV testing and counseling, including women of unknown status at labor and delivery or postpartum, and couple and partner HIV testing and counseling, including support for disclosure
• Counseling on maternal nutritional support, iron and folate supplementation, and infant feeding options
• Obstetric care (including history taking and physical examination) and birth planning, birth preparedness (including pregnancy and postpartum danger signs), including skilled birth attendants
• Health education and information on: prevention and care for HIV and sexually transmitted infections; safer sex practices; pregnancy including antenatal care; birth planning and delivery assistance; malaria prevention; optimal infant feeding; and family planning counseling and related services
• Psychosocial support and HIV-related gender-based violence screening
• Tetanus vaccination, and screening and management of sexually transmitted infections

In addition to the interventions listed above, the additional package of services for HIV-positive women at each TBD partner-supported site includes:
• Additional counseling and support to encourage partner testing, adoption of risk reduction and disclosure
• Clinical evaluation, including clinical staging of HIV disease and immunological assessment (CD4 cell count) where available, ART when indicated, and supportive care including adherence support, and TB screening and treatment when indicated; preventive therapy (CTX) when appropriate
• Maternal ARV prophylaxis for PMTCT provided during the antepartum and/or intrapartum periods
• Additional counseling and support on infant feeding based on knowledge of HIV status, counseling and provision of services as appropriate to prevent unintended pregnancies, advice and support on other prevention interventions, such as safe drinking-water
• Supportive care, including adherence support and palliative care and symptom management

TBD Partner will complement the facility-based clinical services for PMTCT with a community initiative that mobilizes a wide variety of individuals and organizations to empower local communities to address

MTCT. Aspects of TBD Partner's community initiative will include:
• Utilizing the Gateway Approach to empower community councils to set priorities in the area of PMTCT services, provide technical support for the implementation of the essential service package (ESP) in each of the five TBD Partner-supported districts to encourage community-based planning and implementation.
• With the MOHSW, train community health workers, expert patients, and lay counselors to provide specific PMTCT services and support at the health facility and community levels.
• Facilitate the establishment of Family Support Groups at each site (or strengthen those that exist) in order to provide counseling and psychosocial support to HIV-positive pregnant women and mothers.
• Create men's groups with the communities to address issues related to PMTCT, including encouraging more men to accept HIV testing with their partners.
• Provide a community involvement officer in each district who will coordinate community-based HIV activities (including PMTCT), supervised by TBD Partner's Community Involvement Program Officer.
• Support local organizations including Mothers to Mothers and the Lesotho Network of People Living with HIV/AIDS (LENEPWHA) to improve their management capabilities and sustainability.

Improved patient tracking & referrals. The child health card has recently been updated to better reflect HIV exposure status and testing, and is being printed with support from UNICEF. The TBD Partner team will support the MOHSW in the rollout of this new card, primarily through training health providers and providing onsite mentorship on the proper use of this card. Defaulter tracking will be implemented through use of volunteer site focal persons (under LENASO), members of existing community support networks, who will liaise with the appropriate community health workers to bring defaulting mothers and babies back for treatment. The TBD Partner team will work with the MOHSW to define clear referral systems for partners tested at MCH, for HIV-positive mothers 18 months post delivery (in accordance to national standards). A referral linkage will be developed between MCH units and SCOEs supported by Baylor, a model which will be expanded to all districts.

Repeated retesting of negative women. In keeping with the PMTCT national guidelines, retesting of negative women will be provided in ANC and maternity wards. Women who test negative in ANC will be counseled around a number of issues, including the importance of staying negative; the association of high maternal viral load (occurring after primary infection) with vertical transmission; and the importance of retesting at subsequent antenatal visits, during labor and breast-feeding so that antiretroviral (ARV) prophylaxis can be started should the mother sero-convert. ALAFA will continue to provide support groups for women who have tested negative, and the SCS Project will look at implementing this intervention in other settings.

4. Activities promoting integration with routine maternal child health/reproductive health services and adult and child care and treatment services. If there are linkages with food and nutrition or associated

funding, please describe here.

Keep mother/baby pairs together for treatment in hospital setting. Based on the current PMTCT program's pilot program in 2009, SCS will scale-up this best practice in line with the MOHSW's future plans to integrate PMTCT and early infant initiation on treatment within the MCH units at hospitals and filter clinics. Leveraging the current UNICEF-funded MNCH/PMTCT integration project which the current PMTCT program is implementing, SCS will be able to utilize the lessons learned to further increase integration. To reduce loss to follow up and improve adherence, HIV-positive mothers and their exposed or positive infants will receive all their HIV services within the setting of the regular MCH unit (at hospitals). This way, providers will be able to keep track of the infant's health, provide cotrimoxazole (CTX) prophylaxis, perform DNA/PCR testing at six weeks, initiate treatment if positive, and continue to monitor both mother and baby up to 18 months after delivery. At that time, mothers will be referred to the ART center for continued treatment; HIV-negative children will be referred to the under-five clinic; and HIV-positive children will be referred to the Baylor SCOE.

Link communities to PMTCT & MNCH health services. LENASO will implement a campaign to encourage mothers to deliver in health facilities. They will encourage TBAs to refer all women for delivery in a timely manner. The TBD Partner team will train all VHWs to refer all women to deliver in health facility. The team will also leverage UNICEF funding to improve living conditions in existing waiting mothers' shelters at health facilities. The SCS Project also aims to establish a consistent and functioning outreach system for women delivering at home. LENASO will establish a linkage between site focal persons and village health workers who know which women in their community are pregnant so that they can be visited after delivery and encouraged to attend postnatal services at the health center. Community-based volunteers will be trained and empowered to do home visits for newborn children, as a strategy to improve the survival of newborn infants within the first four weeks after birth. This is a complementary strategy to facility-based postnatal care in order to improve newborn survival.

Establish nutrition corners and ensure routine screening for OIs & STIs. At hospitals and referral centers, TBD Partner will designate an area to serve as the nutrition corner where mothers are counseled on proper infant feeding practices and children and mothers are screened for malnutrition. SCS will also support providers to offer routine screening and treatment of all pregnant women for OIs and STIs using syndromic management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

TBD partner will follow WHO's complete package of routine quality antenatal and postnatal care for women, regardless of their HIV status and also provide an additional package of services for HIV-positive women at each site, which includes TB screening and treatment when indicated. TBD partner will work with the new TB/HIV partner (ICAP) to achieve this.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10432	**Mechanism Name: APHL Laboratory Assistance**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 375,000	
Funding Source	**Funding Amount**
GHCS (State)	375,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Association Public Health laboratories (APHL) laboratory technical assistance project is a cooperative agreement awarded by HHS/CDC from 2008 to 2011, with a total potential value of $935,181. APHL supports strengthening of public health and clinical laboratories with emphasis on national strategic planning, policy development and implementation, HIV quality testing, management and information system in Lesotho.

APHL is a membership organization comprised of public health laboratories and has about 5,000 professionals. The Association Public Health laboratories (APHL) laboratory technical assistance project is a cooperative agreement awarded by HHS/CDC from 2008 to 2011, with a total potential value of $935,181. APHL supports strengthening of public health and clinical laboratories with emphasis on

national strategic planning, policy development and implementation, HIV quality testing, management and information system in Lesotho.

APHL is a membership organization comprised of public health laboratories and has about 5,000 professionalsIt has diverse expertise to support HHS/CDC including strategic planning for national laboratory networks, implementing training programs, planning and managing renovation projects, implementing laboratory management information systems, procuring equipment and supplies, and providing US-based and in-country advanced training for laboratory professionals.

In PEPFAR supported countries, the five-year strategic plan for APHL activities include core training initiatives that support laboratory strengthening, country-specific action plans, and strategic partnerships. APHL provides comprehensive training in test methods, quality management systems, laboratory safety and policy development. APHL support procurement of lab commodities, deploying consultants to provide technical assistance in countries including training-of-trainer activities. APHL has developed quality training tools such as External Quality Assessment (EQA) for AFB smear microscopy, HIV and equipment maintenance and provided technical assistance in laboratory capacity building.

APHL implements specific short-term best practices to strengthen laboratory services while working systematically to gain long-term improvements in quality management and infrastructure of laboratories. APHL adapts its work plans and training materials to meet the specific needs and outcome objectives of each country plan. APHL organizes the technical assistance (TA) teams and logistical support to complete the activity successfully. A hallmark of APHL performance has been flexibility in response to changing schedules and responding to unexpected events.

APHL provides training and technical assistance to strengthen key areas of laboratory capabilities and capacities: 1) Laboratory management training provides supervisors and directors with the knowledge, skills and abilities to be more effective in their jobs. Outputs of this training and follow-up include strength, weakness, opportunity and threat (SWOT) analyses, organizational improvements and coaching initiatives. 2) Strategic and operational planning workshops provide laboratory professionals with knowledge, skills and tools to develop effective strategic plans that guide development of annual operational plans for systematic, sustainable improvements in laboratory services. Outputs include strategic and operational plans. 3) Twinning agreements between major US public health laboratories and national referral laboratories cultivate close working relationships, learning opportunities and information sharing. Outputs include technology transfer and competency in new test methods, and long-term affiliations. 4) Implementation of laboratory information systems (LIS) provides increased efficiency of testing, better monitoring of quality control, supply and equipment management, and data for surveillance, trend monitoring and evidence-based decisions. Outputs are operating local area networks in national

and provincial laboratories with automated equipment interfaces and capability for electronic transfer of test information. 5) Technical assistance in the development, implementation and management of QA and EQA programs. 6) Technical assistance in laboratory design and safety in collaboration with an APHL laboratory design partner and using APHL training materials for laboratory biosafety and biosecurity.

The technical supports include training in performing HIV Rapid Tests, assisting with implementing EQA; training and mentoring in performing TB microscopy and culture; and implementation of national standard paper-based lab forms and LIS for patient and summary test reporting. Moreover, APHL activities build sustainable capacity through TOT, long-term twinning agreements and internships at U.S. public health laboratories. Importantly, APHL efforts assisting countries in the development of effective strategic plans is a key factor in the success of the Emergency Plan

APHL partners with George Washington University School of Public Health and Health Sciences to offer advanced seminars in leadership, laboratory science, and strategic planning, and with Miami Dade College Medical Campus to provide medical laboratory science training. APHL is a partner in the World Health Organization's "Laboratory Twinning Initiative," a program that matches national laboratories in developing countries with "expert" institutions to improve quality laboratory practice and international infectious disease surveillance and response. APHL also collaborates with WHO/AFRO to support a national laboratory communications network and with the WHO Lyon Office in initiatives to strengthen public health laboratories. In Africa, APHL supports training courses at the African Center for Integrated Laboratory Training with faculty and curricula.

In Lesotho, APHL convenes and collaborates with a number of local partners. The jointly sponsored meetings provide forums for planning for HIV activities in the country. These meetings also offer training and networking opportunities for the local laboratory community. APHL's provision of mentoring, training and skills transfer ensures local capacity building. Senior counselors at health centers trained by APHL, for example, are in-charge of training testers on areas of HIV rapid testing in the health and community-based services. APHL support of the EQA program in Lesotho will strengthen local capacity, and ultimately ensure quality laboratory testing for the country for years to come.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10432**		
Mechanism Name:	**APHL Laboratory Assistance**		
Prime Partner Name:	**Association of Public Health Laboratories**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	50,000	

Narrative:

As part of improving quality of services, APHL in collaboration with MOHSW will strengthen the laboratory monitoring and evaluation activities including, revising and standardizing recording and reporting forms, registers/logbooks and reporting forms and ensuring implementation at all sites providing the HIV rapid testing. A monitoring and evaluation system will be implemented for the effectiveness of EQA.

APHL will institute a program evaluation component for its activities in Lesotho. A comprehensive monitoring and evaluation plan will be implemented to evaluate all program activities within the country. Tracking of mentoring and training activities will be carefully monitored and recorded. Facilities participating in the EQA program will be recorded and their performances tracked.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

As part of health system strengthening, APHL will primarily focus on three areas of support.
1) in-service training in laboratory management, HIV rapid testing and biosafety:
APHL will support leadership/management skills training. This training will target laboratory managers, supervisors and directors. Follow-up support will be provided to participants to measure the impact and encourage the implementation of the training.

HIV rapid testing training will be rolled out all district using customized and revised training modules. APHL will also provide laboratory safety training using the in-country customized curriculum. A total of 50 individuals will be trained. APHL will be involved in developing mentorship training/procedures at the national level and district levels.

2) Technical sport ins tenting public health laboratory system
APHL will provide a mid to long term consultant to provide technical assistance with the establishment of the national public health laboratory system. Technical support includes development of the national laboratory system, review renovation design, procurement of equipment and follows up. In addition, assistance will be providing to Lesotho Defense Military Hospital laboratory renovation and procurement of laboratory commodities.
APHL will collaborate with all partners to reach the goals and objectives of the MOHSW strategic and operational plan, and receives direction and leadership from the MOHSW.
APHL will provide input into the annual operational plan for the country. APHL will support the coordination of the laboratory including supporting the annual laboratory and stakeholders meeting.
APHL will provide technical assistance to strengthen the national laboratory regulatory body in Lesotho that will over sight monitor and the implementation of policy, guideline s and accreditation of lab services
APHL will support a number of activities to assist laboratories attain accreditation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	225,000	

Narrative:

In FY10, APHL will continue to provide technical assistance in the following key areas:
(1)Support the Directorate of Laboratory Services to strengthen quality management system;
(2) QA program -strengthening and expansion for HIV rapid test EQA program, and accreditation of laboratories, and
(3) Support the implementation of laboratory information system (LIS).

APHL will support the strengthening and expansion of the EQA program to 6 districts. Senior counselors from each testing site will be trained in quality assurance an EQA schemes and proficiency panel testing. Proficiency test panels and quality control samples will be provided for testing by all testers at their respective sites. EQA results will be collated, analyzed and report feedback to sites. Testing sites will be supervised and their performances monitored.

As part of quality improvement, APHL will support procurement of lab supplies, minor equipment, accessories and furniture.

APHL in collaboration with NICD and MOHSW will support Strengthening Laboratory Management toward Accreditation (SLMTA) that leads to accreditation of clinical laboratories in the country.

There is a need for robust Laboratory Information Systems (LIS) in laboratories throughout Lesotho.

APHL will provide project management expertise to assist the Lesotho Ministry of Health (MOH) in the effective development and implementation of LIS Including the procurement of the appropriate software, hardware and accessories, installation, training and piloting. All the necessary equipment, computers, printers, barcodes, furniture will be purchased The LIS implementation will follow the Office of the Global AID Coordinator (OGAC) approved guidelines that were developed by APHL in 2005. APHL will develop the scope of work and assess selected laboratory sites to strengthen paper based information system and identify high level functional requirements for a pilot and expansion of electronic LIS in reference and all hospital laboratories. APHL will assist with the formation of an LIS Working Group with representation from CDC, MOH and other stakeholders in Lesotho. In consultation with CDC and MOH, APHL will develop an RFP to identify and award a contract to an appropriate LIS provider for the pilot LIS. APHL will work with local partners to ensure proper LIS related skills developed. APHL will also identify local consultants to support the LIS implementation and maintenance. This support will enable the country to generate reliable data for planning, and interventions planned by the MOH.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10456	**Mechanism Name: Southern Africa Building Local Capacity Proejct**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A new prime partner will be identified in the coming year to implement programs in the areas of Community Care and OVC. Specifically, the partner will implement activities that respond to the care and protection of orphans and vulnerable children and adolescents in Lesotho and that improve community-based care. The partner will provide both technical assistance and direct provision of services in these areas.

The new partner will implement activities that contribute directly to the Lesotho Partnership Framework and PFIP, collaborating closely with the MOHSW to help strengthen the Lesotho National OVC Strategic Plan as well as improve services at the community level. The partner will assist the GOL and other stakeholders in providing a standardized, integrated approach to community-based care and OVC care and support over the next five years.

Activities under this agreement will also include on-going discussions, priority setting and reporting to the MOHSW, the NAC and perhaps other ministries.
Regular planning, policy review and revision and quarterly reporting will be required by the MOHSW, NAC and PEPFAR, with the partner receiving funding to ensure that reporting can and will be linked to a national M&E system.

Strong linkages, coordination and collaboration with other PEPFAR supported program areas, in particular Care and Treatment, TB/HIV, HTC, prevention, MCC and non-PEPFAR supported areas, and e.g. UNICEF, etc. will be important components to ensure that congruent messages around OVC and care and treatment are provided to persons in community-based settings. .

The new partner will support service delivery and health systems strengthening and sustainability through the following:

• Provide institutional capacity building for government ministries (MOHSW, among others) to improve the delivery of services in the areas of OVC and community-based care.

o Liaise closely with the National OVC Coordinator in the Department of Social Welfare (DSW) and build the department's capacity to strategically plan and monitor the scattered service programs now in existence.
o Improve "national standards/quality" for OVC through TA and/or workshops in collaboration with other stakeholders.
o Strengthen national policy and guidelines in support of comprehensive community-based care and a supportive environment for orphans and vulnerable children affected by HIV/AIDS.

o Strengthen the GOL, particularly the MOHSW and NAC, in order to provide needed services at the community care level. Special attention will be paid to the GOL's ongoing decentralization process, assisting in referrals from community settings to clinical settings.
o Link partner monitoring and evaluation data with the national system under development, thereby assisting the transition to a national M&E mechanism for HIV/AIDS programs

• Provide OVC and community-based care technical assistance to governmental, non-governmental, faith-based, and civil society organizations
• Strengthen systems and enhance linkages between clinical facility-based and community-based providers to ensure continuity of care for OVCs and PLWAs and their families
• Provide sub-grants to local FBOs, CSO,s and NGOs for OVC and community-based care service delivery
• Strengthen nascent civil society organizations in order to provide needed services at the community care level and for OVC
o Build institutional capacity of the abovementioned sub-grantees, with the goal of identifying the strongest leaders and tailoring capacity-building to "graduate" these key partners to become local direct recipients of PEPFAR and other donor funding, and future leaders in the development community.
• Support all stakeholders in the design and implementation of strategies to reach vulnerable OVC with OGAC's six basic services
• Strengthen early intervention with at-risk youth – ages (12-18)
• Support innovative programs in day care programs for OVC, vocational training, gardening projects, life-skills training, age-related psychosocial support, etc.
• Link with other OVC initiatives in Lesotho: UNICEF outreach for the EU's Cash Transfer Program which targets 60,000 OVC, and the Child-line program; Global Fund Round 7 and their OVC registration system, supporting basic needs and building capacity for the Child and Gender Protection Units within police stations, etc.
• Link with OVC networks, e.g. NOCC and other NOGs that provide services for OVC
• Provide legal support to protect property and other essential right of widows and orphans to mitigate their vulnerability when a head of household dies of AIDS.
• Advance policy initiatives that support care for OVC, including advocacy for basic legal protection, transformation of public perception of HIV/AIDS, and strengthened school-based prevention and care programs. Critical areas to be address include: inheritance and succession, bereavement among children, child-headed households, access to education and school-related expenses and protective services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10456**		
Mechanism Name:	**Southern Africa Building Local Capacity Proejct**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
The TBD partner will will provide adult care and support services at the community-based level and target all populations, including OVC. With the GOL's decentralization policy, improved referrals to and linkages with new and existing clinical sites will be emphasized. The importance of linkages between other partners and program sites with related activities will also be emphasized in the solicitation.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
TBD partner will • Provide OVC and community-based care technical assistance to governmental, non-governmental, faith-based, and civil society organizations • Strengthen systems and enhance linkages between clinical facility-based and community-based providers to ensure continuity of care for OVCs and PLWAs and their families • Provide sub-grants to local FBOs, CSO,s and NGOs for OVC and community-based care service delivery • Strengthen nascent civil society organizations in order to provide needed services at the community care level and for OVC o Build institutional capacity of the abovementioned sub-grantees, with the goal of identifying the strongest leaders and tailoring capacity-building to "graduate" these key partners to become local direct recipients of PEPFAR and other donor funding, and future leaders in the development community.			

• Support all stakeholders in the design and implementation of strategies to reach vulnerable OVC with OGAC's six basic services
• Strengthen early intervention with at-risk youth – ages (12-18)
• Support innovative programs in day care programs for OVC, vocational training, gardening projects, life-skills training, age-related psychosocial support, etc.
• Link with other OVC initiatives in Lesotho: UNICEF outreach for the EU's Cash Transfer Program which targets 60,000 OVC, and the Child-line program; Global Fund Round 7 and their OVC registration system, supporting basic needs and building capacity for the Child and Gender Protection Units within police stations, etc.
• Link with OVC networks, e.g. NOCC and other NOGs that provide services for OVC
• Provide legal support to protect property and other essential right of widows and orphans to mitigate their vulnerability when a head of household dies of AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

The TBD partner will will provide pediatric care and support services at the community-based level and target all populations, including OVC. With the GOL's decentralization policy, improved referrals to and linkages with new and existing clinical sites will be emphasized. The importance of linkages between other partners and program sites with related activities will also be emphasized in the solicitation. The new partner will assist in improved quality of care and strengthening of health services through direct service delivery as well as capacity building support for both government and local organizations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10457	**Mechanism Name: Quality Assurance Initiatives for Lesotho Laboratories**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Institute for Communicable Diseases	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The National Institute of Communicable Diseases (NICD) quality assurance initiatives for Lesotho laboratories is a cooperative agreement awarded by HHS/CDC from 2007 to 2011, with a total potential value of $1,700,000. NICD supports quality improvement in HIV/TB/OI diagnosis and laboratory monitoring, accreditation of clinical laboratories, infrastructure and of human resource capacity development.

NICD in South Africa represents the country represents the country with respect to laboratory support and provides global public health services as a collaborating laboratory for a regional reference laboratory for World Health Organization (WHO). It has also established co-operative agreements with august institutions such as the Centers for Disease Control and Prevention (CDC) and NIH/NIAID of the USA and other internationally recognized institutions.

The NICD endeavors to establish itself as one of the major global role players in communicable diseases, providing the world health community with important communicable diseases information originating from a continent, which has traditionally been one of the most important sources of new emerging infectious diseases. For the African continent, the NICD provides a much needed laboratory and institutional resource. Diagnostic services, provision of reagents and biological materials and training facilities are made available to African countries to strengthen the existing African laboratory network for surveillance. The NICD supports regional countries including South African Development Community (SADC) countries in terms of Polio-AFP surveillance as well as an EQA/PT provider of HIV-1 testing and measles for SADC and other countries. Moreover, the NICD has been selected as a PEPFAR-supported site in the form of the African Centre for Integrated Laboratory Training (ACILT) that serves to train laboratory staff in various aspects to diagnostics, quality management and surveillance of communicable diseases with emphasis in HIV, TB and malaria. With the provision of PEPFAR funds the NICD aims to assist the Lesotho Government in laboratory capacity building.

The Lesotho Ministry of Health and Social Welfare (LMOHSW) has developed a Laboratory Services

National Strategic plan. That serves a guide given that there is an increase in access (decentralization) and extension of services that these services meet international standards. The situational analysis performed has shown a number of strengths and weaknesses of the current Laboratory service. In this context the following strategic objectives were indentified including managing laboratory services, networking and coordination, lab quality assurance is strengthening, effective management of equipment and supplies, effective training at pre and in-service levels and to establishing a well-defined public health laboratory system.

In FY08/09, the NICD has provided assistance to Central Laboratory at Queen II in various activities including ensuring that staff has been trained on systems approaches to quality management, development of routine implementation of Quality Assurance (QA) activities ranging from temperature monitoring, to development of standard operating procedures and enrollment in external proficiency testing. The NICD has collaborated with various partners such as CHAI and ASCP in coordinating activities and developing and using a standardized monitoring tool to assess progress. The NICD has provided capacity to test for infant diagnosis of HIV using PCR. The NICD has tested more that 12,000 specimens.

Full implementation of all aspects of QA is required before accreditation is achieved. The NICD will use PEPFAR funds to provide assistance to MOHSW to increase laboratory capacity, assist in implementation and training of laboratory personnel in quality management system implementation in the following ways. The NICD will ensure that the there is a recognized structure to the QMS system that both management and laboratory staff are aware of and trained in. The standard 12 elements of a QA system will be used as a working framework. The key areas that will be reviewed include management requirements, (organization and management), current QMS system in place, document control, technical records, external service including referral laboratory testing, internal audits, management review, environmental and accommodation, and safety.

The principle objective is to implement laboratory quality system and the laboratories are accredited to provide quality services in support of treatment and care services. The major activities that NICD will support include:
1) Provide laboratory test support for PCR and viral load and other tests, where there is a need and assist in the development of the capacity of the lab to perform these tests in the long term.
2) Perform baseline assessments to determine the level of implementation of the quality managements systems
3) Implementation of QMS training/mentoring
4) Perform assessments/external audits at Lesotho laboratories to assess progress of QMS implementation and readiness for accreditation.

5) Continued enrollment in EQA/PT schemes and assess performance.
6) Provide support to inventory all available equipment in Lesotho laboratories to define needed equipment for procurement.
7) Provide and or facilitate appropriate in-service training using ACILT.
8) Assist in the selection of appropriate candidates for FELTP training to strengthen lab networking and monitoring and surveillance, and
9) Assist in developing strategic information tools in the context of surveillance of ART drug resistance and Incidence/prevalence. In order to ensure that QA systems form part of the routine activities within the laboratory, NICD will review the activities to date in terms of systems in place and functionality and address the areas that require attention.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	100,000
Human Resources for Health	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10457**		
Mechanism Name:	**Quality Assurance Initiatives for Lesotho Laboratories**		
Prime Partner Name:	**National Institute for Communicable Diseases**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	200,000	

Narrative:

As part of system strengthening, NICD will provide technical support the MOHSW in management of laboratory services, referral networking, training for laboratory professionals in pre- and in-service settings, and establishment well-defined Public Health Laboratory system.

Pre-service training: NICD will provide onsite training and/or facilitate appropriate in-service training using African Center for Integrated Laboratory training (ACILT) and South African Accreditation System

(SANAS) based training as required. The training at ACILT will focus on laboratory management, biosafety and infrastructure development, and specific techniques in Early Infant Diagnosis (EID), TB culture and identification and HIV-related testing. In addition, National Health Laboratory Services (NHLS) continuing education program will also be used to strengthen training of staff in clinical chemistry, hematology, CD4 phenotyping, culture and susceptibility testing and basic laboratory.

Pre-service training: NICD will assist in identifying the needs for training and sponsor appropriate candidates for Field Epidemiology and Laboratory Training Program (FELTP) training to strengthen laboratory networking and monitoring and surveillance: The FELTP program is a two-year MPH program that is a combination of both didactic and field training. It is envisaged that field training be performed under the supervision of the MOWSH or delegated supervisor(s).

Infrastructure and networking: The NICD will support activities to improve laboratory infrastructure and equipment in hospital laboratories through laboratory needs assessment to ensure that laboratories are able to provide the required services. As part of strengthening of the infrastructure, NICD will support minor renovation, furnishing, transport and logistic support to district hospital laboratories and referral laboratories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	

Narrative:

HIV DNA PCR and Viral load testing

NICD will provide technical assistance in technology transfer including additional training, assessment of readiness to perform routine PCR testing, equipment/reagent procurement, enrollment in PT schemes. It will support PCR and viral load and other tests and develop capacity of the central laboratory to perform these tests in the long term.

Quality Assurance (QA) program

NICD will perform baseline assessments to determine the level of implementation of the quality managements systems. Laboratory staff will be trained and mentored to implement the requirements of a QA system i.e. managerial and technical, understands the reasons for QA systems, the implementation of various Standard Operating Procedures (SOPs) and the Quality manual, and participation in EQA/PT programs.

All laboratories will be enrolled in the NHLS EQA/PT schemes for the different test procedures, including hematology, microbiology, serology, chemistry and TB. The NICD will provide guidance on additional tools and support equipment inventory and supply management of all available equipment in Lesotho

laboratories to define needed equipment for procurement.

NICD will prepare the central and district laboratories for accreditation. The checklists developed by the WHO/CDC and Strengthening Laboratory Management toward Accreditation (SLMTA) will be applied in preparing the laboratories for accreditation. This will be implemented in coordination with the QA Unit of the Directorate of Laboratory Services, MOHS and other partners.

NICD will develop/facilitate the required tools to monitor specific outcomes that will be linked to the ART program for adults and pediatric settings. This will include tools to monitor Clinical outcomes with specific indicators including ART drug resistance monitoring. NICD will implement the program through employment of staff. Two full-time and technical advisors will oversight the support. The scientific advisor will be hired to coordinate this activity and liaising with the MOHSW with regard to program activities and alignment with goals, CDC, NICD and partners as well as provide required technical assistance.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10458	**Mechanism Name: MCHIP - Maternal and Child Health Implementation Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 810,000	
Funding Source	**Funding Amount**
GHCS (State)	810,000

Sub Partner Name(s)

N/A		

Overview Narrative

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal, and child health (MNCH) program. This 5-year cooperative agreement focuses on reducing maternal, neonatal and child mortality and accelerating progress toward achieving Millennium Development Goals 4 and 5. Awarded in September 2008, MCHIP works with USAID missions, governments, nongovernmental organizations, local communities and partner agencies to implement programs at scale for sustainable improvements in MNCH. USAID's strategic approach for MCHIP identifies 30 "priority countries " - countries that account for 70% of the world's maternal, newborn and child deaths - with documented magnitude and severity of need; established presence of USAID in health; and an ability to implement expanded MNCH programming and achieve mortality reductions. MCHIP addresses major causes of mortality by:

• Implementing high impact, effective interventions at scale, based on the country context;
• Building global consensus and sustained government commitment to support results-oriented, high-impact, effective interventions;
• Influencing country programs to incorporate effective, feasible, high-impact interventions and approaches based on global evidence;
• Strategically integrating critical interventions into existing services and wrap-around programs.

The overarching goals and objectives of MCHIP's male circumcision (MC) and strengthening nursing pre-service education (PSE) programs align closely with those outlined in the Partnership Framework. Jhpiego's MCHIP-supported MC activities will work towards meeting the Partnership Framework "Goal 1: HIV incidence in Lesotho is reduced by 35 percent by 2014, Objective 1.6: 40 percent of males are circumcised in a clinical setting, and 50 percent of newborn males in a health facility are circumcised within 8 days after birth." MCHIP/MC and PSE activities also address Partnership Framework "Goal III: The human resource capacity for HIV service delivery is improved and increased in 3 key areas (retention, training, and quality improvement) by 2014".

Clinician trainings in adult, adolescent, and newborn MC include skill development in counseling about reproductive and sexual health including male norms and behavior, VTC, and family planning. An emphasis on ongoing supportive supervision and quality assurance, conducted by MOHSW and facility-based teams supported by Jhpiego, will ensure that improvements in the quality of health care delivery are sustained.

Jhpiego's MCHIP programs involve cross-cutting budget attribution "Human Resources for Health" through our pre-service and in-service trainings. With over 35 years of experience in PSE, Jhpiego is well-positioned to support the development of high-quality PSE programs for Basotho nurses. Jhpiego will target interventions based on each institution's specific material and human resource needs. Jhpiego will

use locally tested, appropriate technologies to support and update nursing faculty and clinical preceptors. Jhpiego, through MCHIP, will work with the MOHSW, and other private and public partners to strengthen facilities' human and infrastructural capacity.

MCHIP M&E plans measure the number of providers trained, progress in rolling out high-quality services, and the provision of TA and supportive supervision to ensure high-quality services. MCHIP will work with the MOHSW other partners to establish routine health information collection. MCHIP will use project data to periodically calculate outcome level indicators and ensure that projects are on target with program objectives, review data quarterly to compare accomplishments against targets, and adjust implementation as needed. Performance monitoring will include routine in-person and written reporting to USAID and the MOHSW to foster dialogue on improving services, and ensuring the ultimate development of capacity needed to independently sustain activities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	250,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10458**		
Mechanism Name:	**MCHIP - Maternal and Child Health Implementation Program**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	100,000	
Narrative:			
MCHIP M&E plans measure the number of providers trained, progress in rolling out high-quality services, and the provision of TA and supportive supervision to ensure high-quality services. MCHIP will work with the MOHSW other partners to establish routine health information collection. MCHIP will use project data to periodically calculate outcome level indicators and ensure that projects are on target with program objectives, review data quarterly to compare accomplishments against targets, and adjust			

implementation as needed. Performance monitoring will include routine in-person and written reporting to USAID and the MOHSW to foster dialogue on improving services, and ensuring the ultimate development of capacity needed to independently sustain activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	710,000	

Narrative:

Jhpiego's MCHIP programs involve cross-cutting budget attribution "Human Resources for Health" through our pre-service and in-service trainings. With over 35 years of experience in PSE, Jhpiego is well-positioned to support the development of high-quality PSE programs for Basotho nurses. Jhpiego will target interventions based on each institution's specific material and human resource needs. Jhpiego will use locally tested, appropriate technologies to support and update nursing faculty and clinical preceptors. Jhpiego, through MCHIP, will work with the MOHSW, and other private and public partners to strengthen facilities' human and infrastructural capacity.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10460	**Mechanism Name: Strengthening Pharmaceutical Systems (SPS) program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 900,000	
Funding Source	**Funding Amount**
GHCS (State)	900,000

Sub Partner Name(s)

N/A		

Overview Narrative

Management Sciences for Health has been providing support in Lesotho to improve pharmaceutical services and the availability and appropriate use of ARVs and HIV and AIDS-related commodities at national, district and/or facility levels through the strengthening of NDSO information system operations, the improvement of quantification practices, training to pharmacists, pharmacy technicians and health care providers, and the implementation of a computerized drug supply management system at ART sites. This support started in since October 2005 through the Rational Pharmaceutical Management Program (RPM-Plus), RPM Plus came to an end in September 2008, therefore MSH continues to provide technical assistance to Lesotho trough the Strengthening Pharmaceutical Systems (SPS) program, another cooperative agreement which has been awarded to MSH as a follow-on to RPM Plus.

Since MSH started its technical assistance program it became clear that, before any of the key objectives could yield fruit, certain basic systems would have to be put in place or revived. These include enactment of legislation governing the possession and use of medicines and the establishment of the medicines regulatory authority (MRA), without which the selling, purchasing, possession, distribution and use of medicines cannot be controlled. Also crucial to the success of the objectives stated above is the establishment of the National Pharmaceutical and Therapeutics Committee (NPTC), the functioning of which will influence the selection of medicines that are kept at various levels of the healthcare system, and the handling of medicines which requires special considerations. The MOHSW has established the NPTC and HPTCs in a number of hospitals through MSH/SPS support, and it is still in the process of finalizing establishment of a regulatory authority.

The permanent SPS office in Maseru is currently staffed by 2 SPAs and 1 MIS PA and 1 office assistant. Additional staff, 1 MIS PA, 1 SPA, 2 Laboratory technicians and 1 office manager are expected to join the team late 2009-early 2010. Recruiting technical staff to work in Lesotho has been a major challenge as there is only a handful of potential candidates (pharmacists) that are not working with the government of Lesotho. We also do hope to finalize the registration of MSH/SPS in Lesotho before the end of 2009.

Most of the technical activities proposed for COP 10 aim to continue support that SPS has been offering MOHSW from COP08, and aim to mitigate the challenges within the Lesotho health system that were identified through the assessment of the supply chain for ARVs and laboratory commodities, carried out jointly with SCMS at the end of 2007.

The overall objective of SPS in Lesotho is to strengthen the Pharmaceutical Services at all levels to ensure that all essential medicines and commodities are available at all time and in the right quantities, and also to build pharmacy staff capacity to support the delivery of health services. SPS activities to support the Lesotho MOHSW are described in detail under Health Systems Strengthening, Laboratory

Infrastructure and Strategic Information, and will include:
• Training of health personnel (with focus on pharmacy personnel) in drug (and other commodities) supply management, quantification of requirements, HIV and AIDS management, TB management, Pharmacy Therapeutics Committee (PTC), infection control and Rx Solution
• Review of the National Essential Drugs List and Standard Treatment Guidelines
• Implement system to monitor the availability of essential medicines and commodities at all levels
• Implementation of computerized and manual systems at NDSO and health facilities
• Improving the management of laboratory commodities, including quantification of requirements, and providing expert support to NDSO in the procurement and, storage and distribution of laboratory commodities
• Assist with coordination of procurement and donation of essential medicines and commodities
• Review of existing pharmaceutical regulation and legislation
• Assisting with activities leading to the establishment of the planned medicines regulatory authority and related training of its staff and officials
• Assisting with strengthening pharmaceutical education and professional regulation in the country

SPS is expected to collaborate with/support other organizations such as the Christian Health Association of Lesotho (CHAL), the National University of Lesotho (NUL), the National Health Training College (NHTC) and the Clinton Foundation.
SPS is also expected to work with other PEPFAR funded partners such as University Research Council (URC), Intra-Health and the International Centre for AIDS Care and Treatment Programmes (ICAP).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10460**
Mechanism Name:	**Strengthening Pharmaceutical Systems (SPS) program**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	800,000	

Narrative:

SPS activities include training of health personnel (with focus on pharmacy personnel) in drug (and other commodities) supply management, quantification of requirements, HIV and AIDS management, TB management, Pharmacy Therapeutics Committee (PTC), infection control and Rx Solution

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	

Narrative:

SPS activities include
Review of the National Essential Drugs List and Standard Treatment Guidelines
• Implementation of computerized and manual systems at NDSO and health facilities
• Improving the management of laboratory commodities, including quantification of requirements, and providing expert support to NDSO in the procurement and, storage and distribution of laboratory commodities
• Assist with coordination of procurement and donation of essential medicines and commodities
• Review of existing pharmaceutical regulation and legislation
• Assisting with activities leading to the establishment of the planned medicines regulatory authority and related training of its staff and officials
• Assisting with strengthening pharmaceutical education and professional regulation in the country

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10480	**Mechanism Name: PACT Umberella Granting Mechanism**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: PACT International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,972,500	
Funding Source	**Funding Amount**
GHCS (State)	2,972,500

Sub Partner Name(s)

ADAAL	CARE	LCBC
PB	SWAALES	TBD

Overview Narrative

Executive Summary

Between April 2005 and April 2010, Pact managed capacity building and grant making activities for HIV and AIDS prevention, care and support to local and international non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs) in Lesotho, Swaziland, Botswana and cross-regionally with funding from USAID/Southern Africa Regional HIV and AIDS Program (RHAP). In 2010, the Lesotho component of the regional program transitioned to a new five-year Cooperative Agreement under the Community REACH Leader with Associate Award. Under the Award, Pact continues to facilitate the efficient flow of grant funds and to provide targeted technical and capacity building services to organizations playing valuable roles in the fight against HIV and AIDS.

Pact currently provides grants to 11 organizations to implement key prevention interventions, improve community-based care and support services to People Living with HIV/AIDS (PLWHAs), and provide care to orphans and vulnerable children (OVC). Additional organizations may be added to Pact's partner portfolio through a competitive Annual Program Statement process run in conjunction with the PEPFAR Lesotho Task Form, as well as through unsolicited processes during implementation. The overall goal of all Pact and partner activities is to "Reduce the impact of HIV and AIDS and improve health care for Lesotho".

Pact and partner activities contribute to the achievement of the goals of the Lesotho Partnership Framework (2009-2014), the PEPFAR Lesotho Strategy and the Lesotho's National AIDS Strategy (2006-2011). In collaboration with partner organizations, Pact's program specifically contributes to the realization of goals 1, 2, and 4 of the partnership framework through a tailored approach that responds directly to the nuances of implementation within Lesotho's culture and context. Pact's primary objectives are:

1. To implement an effective and transparent grant award and administration system to support partner organizations responding to the HIV and AIDS pandemic in Lesotho

2. To provide partners with access to the financial resources and high-quality technical expertise required to deliver effective programming and results
3. To strengthen the Lesotho civil society response to HIV and AIDS through the provision of capacity building services to strengthen the technical and organizational capacity of NGOs, CBOs and FBOs in providing sustainable quality HIV and AIDS services

Pact's sub-partners implement programs in: Sexual and Other Sexual Prevention; Adult Care and Support; Orphans and Vulnerable Children (OVC) Services; and Health System Strengthening (HSS). Sexual Prevention partners currently include the Anti Drug Abuse Association of Lesotho (ADAAL), Catholic Relief Services (CRS), Lesotho Durham Link (LDL), Lesotho Catholic Bishops Conference (LCBC) and Rural Self-Help Development Association (RSDA); Other Sexual Prevention partners include CARE Bokomaso, and Phelisanang Bophelong (PB). Adult Care and Support partners include the African Palliative Care Association (APCA), CARE Bokomaso, PB, and LCBC. The Society for Women Against AIDS in Lesotho (SWAALES) and CARE implement OVC programs, while International Executive Service Corps (IESC) and the Southern African HIV and AIDS Information Dissemination Service (SAfAIDS). Implement health systems strengthening interventions. Pact's own activities with partners fall under Health Systems Strengthening and Strategic Information.
Pact's program intends to cover 8 out of the 10 districts of Lesotho including Berea, Leribe, Maseru, Mafeteng, Mohale's Hoek, Mokhotlong, Thaba-Tseka; and Quthing. All 9 districts will be covered with Sexual Prevention interventions; while 4 districts of Leribe, Maseru Mohale's Hoek and Mokhotlong shall be covered with Adult Care and Support, OVC, and Other Sexual Prevention interventions.

Partners shall implement programs targeted to specific audiences and age groups, and congruent with the changing landscape of HIV/AIDS in Lesotho. Sexual Prevention programs shall target in and out of school youth, aged 10-14 years and 15-24 years, with abstinence promotion interventions; persons aged 25 years and older and persons in long term relationships shall be reached with behavior change interventions that promote abstinence and fidelity. Parents and other influential community members shall also be targeted with specific interventions aimed at increasing their involvement in preventing the spread of HIV among youth, especially school-going children. Other Sexual Prevention programs shall target most at risk populations including street vendors, factory workers, sex workers, miners, and truck drivers.

Adult Care and Support programs will target People Living with HIV and AIDS (PLWHA) with comprehensive home-based care service packages, access to condoms, pre-antiretroviral treatment (ART) adherence education, and referral for other clinical services. OVC programs will target children younger than 18 years who lost a parent due to HIV, HIV-infected children, and other vulnerable children, especially girls subjected to exploitation and sexual abuse. Special attention will be placed on OVCs residing in very remote areas where there is a noted shortage of trained social welfare staff available to

provide necessary support to OVC.

Pact's program shall include cross-cutting mechanisms for economic strengthening, micro-finance, gender-based violence, and HIV/AIDS workplace programs. Economic strengthening interventions will target households of HIV-infected individuals receiving adult care and support and OVC programs. Targeted beneficiaries (or their households) will be supported to set up vegetable gardens, poultry and piggery units for income generation and home consumption purposes, with a special emphasis on support for individuals with insufficient nutritional intake needed to successfully adhere to ARTs. Individuals involved in Adult Care and Support programs, including caregivers, will be supported through the establishment of voluntary savings and loan schemes to provide additional income for self-reliance and motivate community members engaged in community home-based care and support programs.

In addition, Pact shall, through its' partner, SAFAIDS, implement gender based violence interventions aimed at community awareness and mobilization against societal and community norms that perpetuate violence against women and other marginalized populations. Another Pact partner, IESC, will continue to implement workplace programs using the BizAIDS methodology, which targets both small and medium enterprises and business networks to implement HIV/AIDS care, treatment and prevention interventions for their members and employees.

The Pact program contributes towards Health System Strengthening within Lesotho by building the technical capacity of partner organizations through on-going formal trainings and customized on-site support in the areas of strategic information, technical expertise, organizational development, and financial management. In-service trainings provided to both community volunteers and health professionals engaged in partner programs also substantially contribute to the development of human resources for health within Lesotho. Pact aims to promote the strengthening of a viable and sustainable civil society empowered to address the HIV/AIDS epidemic in Lesotho by emphasizing the importance of institutionalized capacity development, mobilizing and leveraging resources and strong leadership skills.

Pact is committed to ensuring the effective provision of quality services that comprehensively meet the needs of targeted beneficiaries, as well as promoting efficiency within programs. Partner organizations are guided in the design of cost-effective programs where program targets and costs per person served are considered carefully to ensure that they are in-line with, or more cost-effective than similar programs in the Southern African region. To further promote efficiency, programs are designed to promote and support linkages with other existing programs such as counseling and testing, treatment of sexually transmitted infections and other appropriate services.

Pact's grant monitoring strategy focuses on results-based management and ensures that program

processes, products and services contribute to the achievement of clearly stated results. Pact implements a Performance Monitoring Plan (PMP) that tracks project outputs towards PEPFAR goal achievement, as well as progress on building grantees' capacity and organizational effectiveness. Pact's Strategic Information support focuses on PEPFAR-funded activities, however, partners also receive assistance with integrating best practices in monitoring into other organizational activities

Through comprehensive compliance reporting and periodic site visits, Pact ensures that technical programs are implemented as planned, funds are properly expended and documented, and that necessary and timely adjustments are made appropriately. Pact supports grantees in the development of monitoring, evaluation and reporting (MER) systems for tracking relevant PEPFAR-specific indicators. Pact further provides support to grantees in proper reporting (using PEPFAR templates) and conducting internal data quality assessments as required to ensure quality data.

Pact's PMP tracks and evaluates all key program concepts. To accomplish this, Pact utilizes various approaches including: routine program performance reviews, capacity assessments, and targeted studies. Overall administrative, financial, technical and organizational systems development capacities are evaluated at regular intervals during the grant period using various Pact capacity assessment tools, while special areas of interest for learning can be investigated using targeted studies. To complement these internal processes, Pact proposes engaging an external team of technical experts to periodically review program progress to inform program direction. Pact's partner profile will change as some awards are closed and others are added through a competitive Annual Program Statement or other processes

Cross-Cutting Budget Attribution(s)

Economic Strengthening	250,000
Food and Nutrition: Policy, Tools, and Service Delivery	180,000
Gender: Reducing Violence and Coercion	30,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10480		
Mechanism Name:	PACT Umberella Granting Mechanism		
Prime Partner Name:	PACT International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	792,500	

Narrative:

Context and Background

Lesotho has an estimated population of 1.88 million with 60% living below the poverty datum line (OVC National Action Plan: 2006), an estimated 180,000 of which are considered orphans and vulnerable children (OVC). Lesotho's National Strategic Plan (NSP 2006-2011) emphasizes is a need to increase percentage of AIDS orphans identified and accessing OVC services to 90% by 2011. Pact and partners are committed to implementing an OVC program that contributes to the achievement of the goals of the Lesotho Partnership Framework (2009-2014); PEPFAR Lesotho Strategy and the Lesotho's National AIDS Strategy (2006-2011).

Accomplishments Since Last COP

Pact, through partners, CARE and SWAALES, expanded their service coverage areas to include two new districts, Berea and Mokhotlong, in addition to continuing services in Maseru and Leribe. Pact partners served a total of 2,616 (M1,285, F1,331) OVCs and trained 28 individuals to provide OVC care and support (by end of June 2009) through targeted community driven programming.

CARE served 1,717 (M847, F870) OVCs in Maseru, Mokhotlong and Leribe districts. OVCs received services including psychosocial support, preparation for death counseling, grief counseling, HIV and AIDS counseling, legal assistance for protection of property, access to birth and death certificate, treatment adherence, follow-up on immunizations and referrals to clinics. OVC households were also supported to establish homestead gardens to improve nutrition and for income generating opportunities.

SWAALES served 899 (M438, F461) OVCs with supplementary feeding consisting of one meal a day for five days a week. Other services provided to OVCs included educational support (school fees, academic materials), psycho–social counseling, and follow-ups for treatment adherence for OVCs on ART, other medical support, and life skills education. OVCs are equipped with life skills for income generation including candle making, bead work, gardening (weeding, irrigation and making homestead vegetable gardens).

The main challenge facing OVC programming is the increasing number of orphans due to the HIV and AIDS pandemic and the vulnerability of girl children to exploitation and sexual abuse. In addition, caregivers often lack the requisite skills in psychosocial care and support to adequately address OVCs needs. A shortage of social welfare staff trained to provide necessary support, particularly in rural districts, exacerbates these problems and leaves many communities with underserved or unreached

OVC.

Goals and Strategies for the Coming Year

Pact's goal is to strengthen mechanisms for providing effective, community-based OVC services, focusing on those children infected and affected by HIV/AIDS. Pact is committed to improving the quality of life of OVC and to contributing to positive social and cultural norms that undermine the situation of OVCs in Lesotho. Partners programs focus on addressing community support and coordination to meet OVC needs, strengthen capacity of households and families to care for OVCs and improve the quality of OVC service delivery.

Program target orphans younger than 18 years, particularly those orphaned due to HIV related causes, HIV positive children and most vulnerable children, such as girls subjected to exploitation and sexual abuse. Special emphasis is placed on OVCs in very remote areas with a shortage of trained social welfare staff. The program covers seven of the 10 districts of Lesotho including Berea, Leribe, Maseru, Mohale's hoek, Mokhotlong, Thaba-Tseka and Qachas Nek.

Pact provides local community based organizations with technical and organizational development support to increase their capacity to effectively and efficiently reach OVCs. Pact supports partners to design and implement programs that address individual risk of targeted beneficiaries, as well as societal factors that affect vulnerability. Where possible, programs will link with relevant partner prevention activities, such as interventions to make school environments safer for girls, reduce harmful gender norms, and reduce alcohol and substance abuse. To mitigate issues of volunteer recruitment and retention, Pact provides volunteer management training and support to partners to provide on-going training, motivation, and on-site mentoring and supervision for effective program delivery.

Pact OVC partners include: CARE Bokomaso, Catholic Relief Services (CRS) and Society for Women and Against AIDS in Africa – Lesotho (SWAALES). Pact's partners will focus on providing OVCs with care and support services, including basic psycho-social support, referrals for medical treatment, educational services, legal support, material support, supplementary feeding and building of life skills. Community volunteers will be trained in various OVC care and support components to equip them with necessary skills to assess and provide for OVC needs through home visits.

CARE's integrated community home based care (ICHBC) and support program aims to strengthen the capacity of communities to support households affected by HIV and AIDS. CARE will work in partnership with CBOs in the districts of Thaba-tseka, Qacha's Nek, Mokhotlong, Leribe and Maseru. CAREs OVC program aims to address the needs of children 0-17 years old made vulnerable by HIV and AIDS. CARE provides its sub-partners with financial, technical and organizational capacity assistance required for them to deliver services to OVCs. A key feature of CARE's approach to OVC care and support is an emphasis on ensuring that not only the OVC, but the entire household benefits from home-based care services.

CARE's OVC package includes the following services: food and nutrition, educational support, material assistance, shelter, clothing, referral for health services, and legal support. In addition, OVC services will include basic psychosocial support, referral for medical treatment and educational assistance whenever necessary. CARE, through their partners, will train OVCs in life skills and income generating activities such as sewing, knitting, and carpentry so as to strengthen their economic capacity and that of their households. Other life skills activities include educative videos on HIV/AIDS prevention to encourage behavior change. Each caregiver will carry out door-to-door education sessions about basic facts on TB/HIV literacy for OVC households with TB/HIV-infected parents/guardians. This will be aimed at reducing possible spread and risk of infection at household levels. CARE, through CBOs, will refer OVC households to legal service providers whenever the need arises.

To ensure quality of service delivery, CARE will provide capacity building through trainings in relevant areas, technical support and quality monitoring and program oversight. OVC care givers will be empowered to monitor and track children's well-being, growth and development, hygiene, immunizations, identification of illnesses and ensure early referrals. Training will also be provided to caregivers in OVC care, rights of children, HIV risk and stigma reduction, psycho-social support, and counseling. CBO managers will also be equipped with skills to facilitate better management of OVC programs. Such skills will include: volunteer management, financial management, conflict management, MER, proposal writing, leadership, computer literacy and business management skills. CARE will ensure linkages with other stake holders and service providers to promote a holistic approach to addressing OVC needs. Other stakeholders may include government departments and ministries, influential community members, schools etc.

SWAALES will deliver quality care and support services to OVCs in thirteen villages of Berea, Maseru and Leribe districts. SWAALES' OVC program focuses on OVC through trained service providers by improving access to education, referrals for health services, and increasing OVC's access to basic social services including psychosocial support. SWAALES' program also aims to counter stigma and discrimination against OVC, and building life skills for OVCs and their guardians in order to contribute to the socio-economic welfare of OVC and reduction of child abuse in the communities.
SWAALES' program provides direct support to OVCs, their caregivers, families and community members, and focuses on ensuring OVCs have basic needs and safe environment which is conducive to their growth. OVCs are provided with supplementary feeding consisting of one meal a day for five days a week. OVC caregivers provide one-to-one basis mentoring, referrals and follow-ups with program beneficiaries and their households. At family level, the program supports OVC households (heads and/or guardians) in basic OVC care and support.
To ensure quality programming, caregivers are trained to ensure proper assessment of OVC needs, identifying the need for referrals and follow up on referrals through home visits. SWAALES will train both

its staff and caregivers in various OVC care and support components. Training will focus on counseling, prevention in sexual abuse, TB/HIV and AIDS literacy, psychosocial counseling, income generating skills, and basic hygiene.

SWAALES will strive to improve its volunteer management strategy, focusing on improving retention and decreasing volunteer turn-over. Volunteers will receive monthly stipends and increased supportive supervision to its volunteers to enable them to meet the required standard of OVC service delivery.

CRS' Mountain Orphan and Vulnerable Children Empowerment (MOVE) project targets OVC and OVC caregivers that live around health clinics supported by the Lesotho Flying Doctors Service (LFDS). There are currently nine health clinics located in the rural areas with potential access to 12,000 OVC in Thaba Tseka, Mohale's Hoek, districts. CRS will provide managerial and technical support in the MOVE project and actual implementation will be done by two local indigenous organizations namely Catholic Commission for Justice & Peace and Caritas Lesotho.

Program activities include: basic psycho-social support, material assistance, referral of OVC for medical treatment and educational assistance, life skills and income generating activities, HIV prevention and child protection, and safety.

The project works closely with the Ministry of Education and the Master of the High Court to ensure that existing curricula and resources for life skills education, psychosocial care and support, energy-saving technologies, peer education, IECCD, HIV prevention, child rights, and legal frameworks are the basis for the MOVE project's training and mobilization curricula.

Like other partners, CRS will also train its caregivers in relevant program components to facilitate quality service delivery. Training will covers counseling, prevention in sexual abuse, TB/HIV and AIDS literacy, psychosocial counseling, income generating skills, and basic hygiene.

Program Monitoring and Evaluation

Pact supports grantees to plan and budget for MER in their programs and to develop MER systems for tracking PEPFAR specific and other organizational indicators. Partners are trained in Basic MER principles and also provided on-going customized technical support to enable them to establish and maintain good MER systems. Partners are assisted in designing of appropriate results frameworks, data collection, and program monitoring formats and procedures for tracking program implementation. Pact further provides support to grantees in proper reporting, data analysis and routine program reviews, as well as the use of MER results to make timely program adjustments. Pact also undertakes focused studies to investigate areas of interest in partner programs that could produce valuable insights and learning.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	100,000	

Narrative:

Context and Background

In the context of 23.2% HIV prevalence rates, small population and low socio-economic status, Lesotho's National HIV and AIDS Strategic Plan (2006-2011) (NSP) and the Presidents Emergency Plan for AIDS Relief (PEPFAR) have highlighted the need to build local capacity to undertake monitoring and evaluation (M&E) activities for accurate, up-to-date, field level data needed for strategic decision making and planning at all levels. Pact is committed to the development, strengthening and harmonization of community-based capacity for strategic information systems in Lesotho by providing monitoring, evaluation and reporting (MER) technical support to its sub-partners.

Pact aims to enhance partners' capacity to effectively reach large numbers of Basotho with HIV/AIDS services in a sustainable manner, while accurately monitoring and tracking activities. Pact assists each partner in developing a results framework that measures success against both PEPFAR and other organizational indicators and supports development of comprehensive MER plans and systems. Pact provides partners with formal training in MER through a four-day MER course as well as a 3-day course on data quality. Additionally, Pact provides ongoing MER assistance to all partners in the following areas: review and development of effective data collection, analysis and reporting tools; setting realistic and achievable targets; establishing and strengthening data quality management systems; conducting internal data quality audits; and verifying and validating partner and sub-partner data submissions.

Targeted beneficiaries include MER, program, and senior management staff of the following partner organizations: African Palliative Care Association (APCA), Anti Drug Abuse Association of Lesotho (ADAAL), Care Bokomaso, Catholic Relief Services (CRS) International Executive Service Corps (IESC)/ Phelisanang Bophelong (PB), Rural Self Help Development Association (RSDA), Lesotho Durham Link (LDL), Lesotho Catholic Bishops' Conference (LCBC), Southern Africa AIDS Information Dissemination Service (SAfAIDS) and Society for Women and AIDS in Africa – Lesotho (SWAALES).

To support harmonization of strategic information systems within Lesotho, Pact contributes information to PEPFAR, which keeps the Lesotho government informed of implementation status. Pact also supports partners' roll up of data to the Lesotho National AIDS Commission's (NAC) HIV and AIDS Monitoring System. Data quality is continuously monitored through Pact and partners data quality management systems, internal data quality audits, and verification and validation of partner and sub partner data submissions.

Accomplishments Since Last COP

During this period, Pact provided technical assistance for Strategic Information activities to 7 local organizations and trained a total of 34 individuals in Pact's Basic MER and Data Quality Management

courses. Twenty-four participants completed the Basic MER course, while ten individuals completed the data quality management course. Pact's basic MER course aims at improving participants' proficiency in MER concepts and principles and capacity to oversee MER for PEPFAR-funded activities, as well as other programs through straightforward, cost-effective, quality MER systems. Participants included program officers with MER oversight as well as newly employed project staff responsible for MER within their organizations. Participants for this course represented 17 organizations, eight of which were Pact partners and nine were US Ambassador's small grants recipients. Seven of the above trained staff from six partner organizations were also supported to undertake a basic Microsoft Excel course to strengthen their data management and analysis skills.

Pact provided on-going customized MER technical support to 7 partner organizations in the following areas: updating MER plans; streamlining data collection systems to meet new PEPFAR indicator and reporting requirements; conducting organizational MER capacity assessments and using findings to refine partners' MER capacity building plans; conducting data verification exercises; and meeting quarterly PEPFAR data submission requirements. Nine partner organizations were supported to conduct semi-annual program performance reviews. The reviews focused on analysis of data to establish achievements, challenges and lessons learnt, and inform organizational decision-making processes and future programming. Pact also supported seven partners to develop data quality management plans for their organizations.

During this period, Pact commissioned a study to evaluate SAFAIDS' work. The study aimed at evaluating the effectiveness of SAfAIDS community-based HIV and AIDS program in Lesotho. The study report currently being finalized will be used to inform future programming.

One of the main challenges faced under Pact's strategic information interventions is inadequate staffing and/or rapid turnover of staff in partner organizations. This has negatively impacted progress, undermines sustainability and institutionalization of interventions and requires that trainings be conducted annually.

Goals and Strategies for the Coming Year

Pact will continue prioritizing strengthening partners' ability to provide comprehensive HIV and AIDS prevention, care and support, OVC care, and contribute to systems and structures that support the national response to HIV/AIDS. Monitoring and evaluation practices will also be strengthened to effectively collect and analyze qualitative and quantitative data to assess, improve and report on performance in program areas. In this regard, necessary information will be collected, compiled, analyzed, and used for programmatic decision making.

In all technical assistance and training, Pact targets wider organizational rather than project-specific systems strengthening in order to ensure sustained and institutionalized MER systems improvements. Pact will also work with grantees to improve their linkages with the Lesotho National HIV and AIDS Program Monitoring System to ensure that data generated from grantees contributes to the national M&E system. Additional capacity building interventions will include development of knowledge management processes which will contribute to improvements in organizational learning and use of data to improve performance. In order to achieve these aims, Pact will specifically undertake the following activities:

MER Capacity Assessments and Technical Assistance Plans: Pact will continue to work with all grantees in assessing their level of MER capacity, which will provide benchmark information on the status of human capacity and systems development, as well as processes for generating, managing and using program data for decision making. The MER assessments are essential for the technical assistance planning process and in assessing results of earlier identified capacity building efforts. Pact works with each grantee to develop an MER technical capacity building plan aimed at strengthening the organization's strategic information system and their ability to meet PEPFAR requirements for data quality and reporting.

MER Capacity Development: Capacity building interventions will include formal training in Basic MER Principles and Concepts, Data Quality Management, and Program Evaluation. Pact will be implementing the training course on program evaluation for the first time in FY 10. In addition to formal training, Pact will provide on-site mentoring and training tailored to the needs of individual partners. The on-site mentoring will focus on updating of MER plans, development and review of data collection and collation tools, database management, appropriate use of data collection tools and interpretation of indicator protocols, development of data quality plans, review of implementation plans, and setting and review of targets.

Pact Basic MER Training: This is a 4-day training workshop offered to all sub-partners, covering basic concepts on MER, guidance on developing PEPFAR-related indicator protocols, results frameworks and an MER plan. The workshop combines theory and practical sessions aimed at developing MER plans for each participating partner. The curriculum for this workshop is based on Pact's manual "Building Monitoring, Evaluation and Reporting Systems for HIV and AIDS Programs".

Pact Data Quality Management Training: This is a 3-day training workshop offered to sub-partners annually. This course is aimed at increasing the ability of participants to identify and manage common data quality problems and thereby strengthen the utility of data for decision-making. The course curriculum, which was developed by Pact, includes principles of data quality management, developing and managing a data quality plan, data quality risk assessments and data audits. One of the key

outcomes of this course is that each partner will have a data quality management plan for their organization.

Pact Training on Basic Program Evaluation: This is a 4-day training workshop offered to all sub-partners covering basic concepts on program evaluation, evaluation designs, methods for data collection, survey methods including sampling techniques, data analysis and presentation, and how to manage consultants hired to conduct program evaluations. The workshop combines theory and practical sessions aimed at developing evaluation competencies for participating partners.

Data Quality Assessments: Pact will work with grantees to conduct data quality assessments aimed at determining if data generated meets quality requirements for reporting to PEPFAR. These assessments will enable Pact and the grantees to identify and strengthen data management processes that are critical in ensuring high quality data. Pact will work with each grantee to undertake and document findings from their programs data quality assessment and develop mitigation plans to address identified system gaps.

Program Monitoring and Evaluation: Through a participatory assessment process, Pact conducts assessment of each grantee's MER capacity that serves as a baseline against which progress achieved and outstanding areas for strengthening are measured. Pact staffs conduct SI assessment scoring the capacity of partners in terms of implementing monitoring, evaluation and reporting systems for their organization. This assessment is updated annually. Partners' progress is also monitored through on-going site visits, data audits, program performance reviews, and feedback from beneficiaries. During these processes identified changes in partners' MER capacity are documented.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,150,000	

Narrative:

Context and Background:
With nearly a quarter of Lesotho's adult population estimated to be HIV positive, AIDS constitutes an alarming threat. According to the National AIDS Commission (NAC) and UNAIDS, approximately 29,000 new infections occurred in 2007. Absence, illness, premature death, and early retirements lead to loss of skills and experience and declining productivity, affecting development, damaging an already strained economy, and placing high demands on the health care system.

Pact began working in Lesotho under a regional Associate Cooperative Agreement, signed between Pact and USAID's Regional HIV/AIDS Program (RHAP) in April 2005 and ending in April 2010. Under that program, Pact managed sub-grants for 11 organizations, strengthening the institutional capacity of these

organizations and coordinating the technical assistance provided by the 11 organizations. Pact partners currently include: African Palliative Care Association (APCA), Anti-Drug Abuse Association of Lesotho (ADAAL), Rural Self-Help Development Association (RSDA), Lesotho Catholic Bishops Conference (LCBC), Phelisanang Bophelong (PB), and Lesotho Durham Link (LDL), Care Lesotho, Catholic Relief Services (CRS), Southern Africa AIDS Information Dissemination Service (SAfAIDS) and International Executive Service Corps (IESC/BizAIDS). Pact's partner profile will change as some awards are closed and others are added through a competitive Annual Program Statement or other processes.

Pact's primary goal is to build the institutional capacity of partners in order to increase their effectiveness and capacity in achieving expanded and quality services while strengthening the management of organizational financial and human resources. Pact also accesses regional and international technical experts to support improved capacity in the design and delivery of planned services and interventions.

Accomplishments since Last COP
During this period, Pact provided HIV-related institutional capacity building support to 18 organizations. These included six Pact grantees and one sub-partner; nine CARE sub-partner organizations; the Ministry of Health and Social Welfare (MOHSW); and the Steering Committee for the National Palliative Care Association.

Pact provided financial management capacity support to five partners (ADAAL, LCBC, MAMOTH, RSDA and SWAALES) in annual budget development. Partners were assisted to review previous annual budgets and learn from them, define budget parameters and construct understandable budget notes. Pact developed a budget preparation checklist, which was used to guide partners in their budget development to ensure that budgets are effective management tools throughout implementation.

Pact partner, CARE, supported its nine implementing partner organizations in basic financial management. Partners were assisted on how to maintain simple books of accounts to enable them account for their grants with CARE. Five of the nine partners were assisted to develop constitutions and open up bank accounts. Partners also received continued support on undertaking routine program tasks such as reviewing implementation plans, and the review of program documents and materials. CARE also trained 18 (M3, F15) members of its partner organizations in grants management and proposal writing. The training aimed at providing knowledge and strengthening partners' skills in grants management especially financial management as they are custodians of sub-grants.

Following an organizational capacity assessment (OCA), Pact assisted ADAAL and PB to review board governance structures with special attention placed on guidelines for board member appointment, roles and responsibilities for the board and management. The organizations were also assisted to capture their

financial records into computerized software of Pastel. Additionally, Pact also assisted ADAAL and SWAALES with review and management of their award bank accounts, including those for other donors. Key issues addressed were compliance with grants requirements, maintenance of proper internal controls, and segregation of duties.

Technical support was also given to six partner organizations (ADAAL, LCBC, LDL, PB, RSDA and SWAALES) to comply with TraiNet reporting requirements. Support focused on the financial component of the TraiNet form, and preparation of the cost share report, including supporting documents.

Pact, through APCA, provided technical support to the MOHSW and the country team for the National Palliative Care Association with regard to strengthening the existing palliative care policy. APCA worked with the two bodies to review the HIV/AIDS policy in the workplace and provide guidance on the inclusion of palliative care in this policy.

Pact provided guidance and technical oversight to four partners (ADAAL, LCBC, LDL, and RSDA) in the design, and adaptation of HIV and AIDS curricula. ADAAL, LCBC, and RSDA were supported to adopt the "Choose Life" curriculum for abstinence messaging, and "Keys to a Healthy Relationship" training curricula for faithfulness messaging. The methodology used in these manuals is closely aligned with Pact's approach to behavior change, which emphasizes the stages of change and the processes an individual must undergo for behavior change interventions to be successful. The manuals use interactive and participatory techniques such as stories and discussion questions to guide participants' understanding of sexuality and HIV/AIDS. These techniques help participants to discuss decision-making, peer pressure, family life, and body changes for youths, sexuality, sexually transmitted infections and HIV/AIDS.

Pact trained 125 individuals in HIV related institutional capacity building as follows: Pact trained 10 individuals from partner organizations in behavioral change barrier analysis. The training aimed at equipping partners with skills that would enable them to employ barrier analysis survey methodology and BEHAVE framework as basis for BCC message design. Pact also trained 4 individuals from three partner organizations in basic palliative care (3 these staffs also attended the barrier analysis training above). The training aimed at equipping participants with palliative care knowledge and skills to enable them improve their programs. Pact also trained 6 individuals from partner organizations in behavior change counseling and another 10 individuals in financial management. One of Pact's partners (CARE) trained 18 members of its sub-partner organizations in grants management and proposal writing. Another 80 individuals were trained by pact's partner IECS in HIV/AIDS in the workplace with the aim of facilitating small and medium enterprises to provide HIV services to their employees and families.

Pact also trained 22 individuals from 6 partner organizations in resource mobilization. The four days resource mobilization workshop aimed at improving participants' knowledge in the concept of resource mobilization for organizational sustainability, and strategies for resource diversification within organizations.

Goals and Strategies for the Coming Year

Activity 1 – Organizational capacity assessments and individualized capacity building plans:
Pact will conduct organizational assessments by analyzing key areas of risk in organizational management including finance and strategic planning. Every year organizations will be reassessed to determine areas of weakness that have been addressed and outstanding issues that remain. Pact will work with each partner to develop a tailored plan that institutes a phased capacity building agenda based upon the results of the reassessments.

Activity 2 – Organizational development and capacity building interventions:
Capacity building interventions include formal training and on-site customized mentoring, generally targeting strengthened financial management, accountability and monitoring systems. Other support includes human resource system development, good governance and resource mobilization. Pact will also provide targeted assistance and/or accesses external support for local partners based on priority need.

On-going organizational development (OD) support to partners includes training focused on building skills at levels of management, enhancing technical approaches and implementation. Pact will provide training to partners in:

Financial Management (3 day): offered annually for finance managers to address financial management principles, internal controls, reporting and documentation requirements, audit and accounting systems and processes.

Financial Management for Non-Financial Managers (2 day): newly developed course to assist non-financial staff, such as program directors and senior management, in understanding the role they play in managing program budgets and disbursements as part of monitoring responsibilities. The course covers understanding financial statements, projecting costs, monitoring variances and reviewing financial reports submitted to donors.

Grants Management Training (3 days): offered annually to assist grantees understanding and compliance with USAID regulations. Pact encourages program and finance staff from each organization to attend.

Project Management (3 day): offered to assist program managers in general program management i.e. planning, effective program reviews, budgeting, and program monitoring controls, leadership, communication, team building and motivational skills, targeting program managers and finance staff.

Resource Mobilization (3 day): offered to strengthen overall resource mobilization efforts, including fundraising, networking, and leveraging resources for sustainability. This course will target senior and program managers.

Volunteer Management (2 day): offered to assist organizations in developing a structure for volunteers that will define their job description, selection, training, supervision, and compensation. This will ensure uniformity of the volunteers within the program.

Activity 3 – Technical Assistance:
Pact will ensure that partners are provided with assistance in assessing weakness and strengths of the technical aspects of their programs. All partners will receive direct one to one technical assistance in enhancing the design of their overall programs which will result in improved quality of service delivery. The technical assistance provided will also enable the partners to improve efficiency of their programs by identifying opportunities through which more clients can be reached with more services. This technical assistance will be provided through Pact's partnering with other technically resourced organization as well as through regional and international technical experts where required.

Activity 4 – Organizational Development Support to Millennium Challenge Corporation (MCC); the Global Fund and the National AIDS Commission (NAC) recipients:
Pact will expand its support beyond its USAID PEPFAR grant partners, to provide organizational capacity building services to recipients of grants from other development partners in Lesotho whenever possible. Pact's goal is to build institutional capacity to increase the effectiveness and capacity of these partners to achieve expanded and quality services while strengthening the management of their financial and human resources. The recipients will also attend Pact's various workshops relating to grants management, financial management, and financial management for non-financial managers, proposal writing, board training, basic MER training, and data quality management training.

Activity 5 - Network Strengthening
Nongovernmental organizations (NGOs), governments, and international donor agencies collaborate in networks and partnerships with visions of improving the delivery of social services and catalyzing transformative social change. Partner organizations expect benefits such as increased outreach to poor

communities, improved quality of services through more rapid development and dissemination of 'best practices', and greater efficiencies through resource-sharing and coordination of activities. The inherent value of collaboration seems to resonate deeply with board members, senior leaders, and staff members of these agencies, especially when faced with the scale of current social crises such as HIV/AIDS. In practice, however, performance can fall short of expectations, at times with such negative consequences that some NGOs have begun to abandon ideas of organizational partnership and collaboration altogether.

Pact will aim to support partners as they adopt more collaborative approaches in order to maximize leveraging of partnerships and resources, while mitigating potentially negative outcomes. Pact's approach will focus on building a strong, well-functioning civil society network at the national level who can advocate for improved policies and services for HIV/AIDS infected and affected Basotho. The national network will represent local NGO, CBO and FBO and serve on national Technical Working Groups and other technical committees expressing the interests and needs of all civil society.

Through strong grant making compliance and program monitoring mechanisms, Pact will strengthen capacity and service delivery within Lesotho's civil society to respond to the epidemic by expanding, improving, and replicating existing service and integrating new and complementary services into a well-coordinated response. Where practical, public-private alliance will be sought to bring together partners who will jointly define the problem, strategize a solution to capitalize on combined knowledge, skills expertise, and resources.

Program Monitoring and Evaluation
Partner capacity building interventions are monitored through routine program performance reviews, capacity assessments, and feedback from beneficiaries and stakeholders (informal and formal). Administrative, financial, technical and organizational systems development capacities are evaluated at regular intervals of the grant period using various Pact capacity assessment tools. On-going document reviews and site visits checklists to assess standardization of processes in different program sites, level of service and change over time are also an important component of Pact's program monitoring and evaluation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	697,500	

Narrative:

Pact is committed to implementing a sexual prevention program that that contributes to the achievement

of the goals of the Lesotho Partnership Framework (2009-2014); PEPFAR Strategy, and the Lesotho's National AIDS Strategy (2006-2011).

Accomplishments Since Last COP

Pact's partners implementing sexual prevention programs include: Anti Drug Abuse Association of Lesotho (ADAAL), CARE Lesotho, Catholic Relief Services (CRS), Lesotho Catholic Bishops Conference (LCBC), Lesotho Durham Link (LDL), Phelisanang Bophelong (PB) and Rural Self-Help Development Association (RSDA). These partners cover seven districts of Lesotho including Berea, Maseru, Mokhotlong Mafeteng, Mahale's Hoek, Leribe, and Quthing districts. During the current COP period, partners have reached a total of 23,231 individuals with abstinence and being-faithful (AB) messages. 15,939 (M6,353, F8,686) of these were reached with abstinence only messages.

ADAAL implemented a school-based peer education program in 23 schools of Mafeteng, Mohale's Hoek and Quthing districts contributing a total of 9,776 (M3918, F5858) individuals. LCBC implemented outreach activities in Ketane community both at village and school level, reaching 6,842(M2,999, F3,843) individuals; while RSDA worked with 112 trained peer educators in 14 villages of Phamong region, Mohales' Hoek district reaching 3,860 (M1,617, F2,243) individuals with AB messages.

LDL and CRS experienced delays in program implementation start-up, however, reached 651(M304, F347) youths and 1,240 (M484, F756) church members with abstinence messages in Berea and Maseru districts. CARE reached 862 (M360, F502) individuals from Leribe and Mokhotlong districts.

Partners' sexual prevention outreach activities were guided by interactive, participatory manuals, adapted to meet the specific contextual needs of local programs. Manuals include factual information, stories and discussion questions to help facilitators guide beneficiaries' understanding of sexuality and HIV/AIDS transmission and prevention during group discussions in HIV/AIDS club meetings and classroom visits.

Partners trained a total of 924 peer educators to promote HIV/AIDS prevention programs through AB: ADAAL - 71; CRS - 470; LCBC - 100; LDL - 126; RSDA - 112; CARE - 45. In addition, CRS and RSDA distributed 1,635 IEC materials, including 160 T-shirts and 1,475 posters and HIV group facilitators' manuals.

A main challenge has been the slow pace of implementation by CRS and LDL, which is attributed to a lack of field level managerial support. Pact will continue to work with the two partners to accelerate program implementation in an appropriate manner to ensure that targets are met and program quality is not compromised. In addition, many partner programs are highly dependent on community volunteers with limited commitment to the program. The high turnover of volunteers negatively affects program implementation and sustainability. Some partner programs are located in remote, hard to reach areas undermining effective program supervision.

Goals and Strategies for the Coming Year

Pact will continue to support at least six partners (ADAAL, CARE, CRS, LCBC, LDL, and RSDA) working in 7 districts (Berea, Leribe, Maseru, Mohale's Hoek, Mokhotlong, Mafeteng, Quthing).

Pact's overall strategy is to capacitate civil society to implement focused sexual prevention programs that:

• Address social and structural factors influencing HIV risk and vulnerability in Lesotho
• Prioritize key risk groups
• Emphasize behavioral change instead of mere knowledge and awareness creation
• Promote combination prevention through linkages with other HIV services

Pact will support partners to design and implement programs that not only address individual risk of targeted beneficiaries but also address societal factors that affect individual risk and vulnerability. Partners will undertake interventions to make school environments safer for girls, reduce harmful gender norms, and reduce alcohol and substance abuse. Others factors to be addressed include cross generational sex, transactional sex and multiple concurrent partnerships (MCP).

Program activities will be designed to facilitate behavior change. Beneficiaries will not only be provided with useful information on HIV/AIDS to increase their awareness, but also with the skills and motivation needed to adopt positive behaviors. Program activities are designed to involve regular contact with targeted beneficiaries though on-going support and guidance aimed at facilitating the adoption and continued application of adopted positive behavior over sustained time periods.

Youth aged 10-14 years will be targeted with interventions promoting abstinence and/or the delay of sexual initiation; individuals aged 15 years and above will be appropriately targeted with AB and MCP interventions. Most at risk groups, including street vendors, factory workers, sex workers, miners, and truck drivers, shall be targeted with special interventions aimed at increasing their access to HIV/AIDS prevention, care and treatment services. Partners' sexual prevention programs shall include interventions aimed at increasing community involvement in reducing the spread of HIV. Parents and guardians will be assisted to improve communication to youth about HIV/AIDS, as well as their supervisory role in relation to adolescents. Behaviour change interventions will be delivered through peer groups, media campaigns (radio, television, videos and related promotional materials), national events, community rallies and concerts. Prevention of sexual abuse activities will also supplement sexual prevention in communities by addressing sexual violence which contributes to HIV infection in Lesotho.

Partners' community outreach programs appropriately target specific audiences and age groups through the use of volunteer peer educators. Some partners implement school-based interventions targeting in-school youth and teachers, others implement village-based interventions targeting out-of school youth, congregational church members, and other community members. Volunteers receive on-going training and on-site support to ensure consistent quality program implementation.

Targeted beneficiaries are enrolled into HIV discussion groups and clubs, through which they are routinely reached with curriculum-based activities that are rich in relevant technical content and appropriate methodologies. Pact adapted the World Relief "Choose Life" training manual for abstinence message delivery and the Food for the Hungry "Keys to Healthy Relationships" manual for faithfulness message delivery. Pact chose these manuals based on the close alignment of methodologies with Pact's approach to behavior change, which focuses on the stages of change an individual must undergo for behavior change interventions to be successful. The manuals use interactive and participatory techniques such as stories and discussion questions to guide participants' understanding of sexuality and HIV/AIDS. Youth and adult groups provide fora for discussions and skills building, particularly around decision making, peer pressure, family life, and body changes for youths, sexuality and HIV/AIDS. Participatory learning approaches including games, role plays and stories to practice and help internalize positive behavior change are very useful in this regard. All Pact partners ensure that program volunteers are well trained for proper delivery of program activities especially the curricula that guides group activities. Supplementary training modules will also be used for further guidance on promoting abstinence and faithfulness while underlining involvement of parents/guardians in community HIV/AIDS activities, equipping beneficiaries with more life-skills and availing behavioral risks reduction options especially for youth who are undecided on abstinence.

Partners will also train program staff and community volunteers in behavior change counseling. A "Motivational Interviewing" (MI) curriculum will be used to impart basic behavior change counseling techniques to reinforce other behavior change activities. The curriculum helps trainees to discuss MI principals and techniques, recognizing resistance to behavior change and overcoming such resistance, as well as helping youth/adults create plans for behavior change.

Influential community members will be trained in prevention of sexual abuse using "Food for the Hungry Prevention of Sexual Abuse Curriculum". Influential adults are people who can develop policies, referral systems, and speak into the social systems that allow sexual abuse to happen. The training helps key influential individuals understand the concept of sexual abuse, link stories of sexual abuse to real life scenarios, identify abuse signs, as well as counseling skills to handle post-sexual abuse related trauma within communities.
At program level, Quality Improvement and Verification Checklists (QIVCs) will be used by program management staff for support supervision of community-based trainers and peer educators. All partner programs will focus on ensuring linkages with other HIV services to foster complementarities and efficiency in service delivery. This may include providing access to HCT, PMTCT, male circumcision, and other appropriate services through collaborations and referrals.

Program Monitoring and Evaluation

Pact supports grantees to plan and budget for MER in their programs and to develop MER systems for tracking PEPFAR specific and other organizational indicators. Partners are trained in Basic MER principles and also provided on-going customized technical support to enable them to establish and maintain good MER systems. Partners are assisted in designing of appropriate results frameworks, data collection, and program monitoring formats and procedures for tracking program implementation. Pact further provides support to grantees in proper reporting, data analysis and routine program reviews, as well as the use of MER results to make timely program adjustments. Pact also undertakes focused studies to investigate areas of interest in partner programs that could produce valuable insights and learning.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	232,500	

Narrative:

Context and Background

Lesotho has an estimated population of 1.88 million with 60% living below the poverty datum line (OVC National Action Plan: 2006), an estimated 180,000 of which are considered orphans and vulnerable children (OVC). Lesotho's National Strategic Plan (NSP 2006-2011) emphasizes is a need to increase percentage of AIDS orphans identified and accessing OVC services to 90% by 2011. Pact and partners are committed to implementing an OVC program that contributes to the achievement of the goals of the Lesotho Partnership Framework (2009-2014); PEPFAR Lesotho Strategy and the Lesotho's National AIDS Strategy (2006-2011).

Accomplishments Since Last COP

Pact, through partners, CARE and SWAALES, expanded their service coverage areas to include two new districts, Berea and Mokhotlong, in addition to continuing services in Maseru and Leribe. Pact partners served a total of 2,616 (M1,285, F1,331) OVCs and trained 28 individuals to provide OVC care and support (by end of June 2009) through targeted community driven programming.

CARE served 1,717 (M847, F870) OVCs in Maseru, Mokhotlong and Leribe districts. OVCs received services including psychosocial support, preparation for death counseling, grief counseling, HIV and AIDS counseling, legal assistance for protection of property, access to birth and death certificate, treatment adherence, follow-up on immunizations and referrals to clinics. OVC households were also supported to establish homestead gardens to improve nutrition and for income generating opportunities.

SWAALES served 899 (M438, F461) OVCs with supplementary feeding consisting of one meal a day for five days a week. Other services provided to OVCs included educational support (school fees, academic materials), psycho–social counseling, and follow-ups for treatment adherence for OVCs on ART, other medical support, and life skills education. OVCs are equipped with life skills for income generation including candle making, bead work, gardening (weeding, irrigation and making homestead vegetable

gardens).
The main challenge facing OVC programming is the increasing number of orphans due to the HIV and AIDS pandemic and the vulnerability of girl children to exploitation and sexual abuse. In addition, caregivers often lack the requisite skills in psychosocial care and support to adequately address OVCs needs. A shortage of social welfare staff trained to provide necessary support, particularly in rural districts, exacerbates these problems and leaves many communities with underserved or unreached OVC.

Goals and Strategies for the Coming Year
Pact's goal is to strengthen mechanisms for providing effective, community-based OVC services, focusing on those children infected and affected by HIV/AIDS. Pact is committed to improving the quality of life of OVC and to contributing to positive social and cultural norms that undermine the situation of OVCs in Lesotho. Partners programs focus on addressing community support and coordination to meet OVC needs, strengthen capacity of households and families to care for OVCs and improve the quality of OVC service delivery.
Program target orphans younger than 18 years, particularly those orphaned due to HIV related causes, HIV positive children and most vulnerable children, such as girls subjected to exploitation and sexual abuse. Special emphasis is placed on OVCs in very remote areas with a shortage of trained social welfare staff. The program covers seven of the 10 districts of Lesotho including Berea, Leribe, Maseru, Mohale's hoek, Mokhotlong, Thaba-Tseka and Qachas Nek.
Pact provides local community based organizations with technical and organizational development support to increase their capacity to effectively and efficiently reach OVCs. Pact supports partners to design and implement programs that address individual risk of targeted beneficiaries, as well as societal factors that affect vulnerability. Where possible, programs will link with relevant partner prevention activities, such as interventions to make school environments safer for girls, reduce harmful gender norms, and reduce alcohol and substance abuse. To mitigate issues of volunteer recruitment and retention, Pact provides volunteer management training and support to partners to provide on-going training, motivation, and on-site mentoring and supervision for effective program delivery.
Pact OVC partners include: CARE Bokomaso, Catholic Relief Services (CRS) and Society for Women and Against AIDS in Africa – Lesotho (SWAALES). Pact's partners will focus on providing OVCs with care and support services, including basic psycho-social support, referrals for medical treatment, educational services, legal support, material support, supplementary feeding and building of life skills. Community volunteers will be trained in various OVC care and support components to equip them with necessary skills to assess and provide for OVC needs through home visits.
CARE's integrated community home based care (ICHBC) and support program aims to strengthen the capacity of communities to support households affected by HIV and AIDS. CARE will work in partnership with CBOs in the districts of Thaba-tseka, Qacha's Nek, Mokhotlong, Leribe and Maseru. CAREs OVC

program aims to address the needs of children 0-17 years old made vulnerable by HIV and AIDS. CARE provides its sub-partners with financial, technical and organizational capacity assistance required for them to deliver services to OVCs. A key feature of CARE's approach to OVC care and support is an emphasis on ensuring that not only the OVC, but the entire household benefits from home-based care services.

CARE's OVC package includes the following services: food and nutrition, educational support, material assistance, shelter, clothing, referral for health services, and legal support. In addition, OVC services will include basic psychosocial support, referral for medical treatment and educational assistance whenever necessary. CARE, through their partners, will train OVCs in life skills and income generating activities such as sewing, knitting, and carpentry so as to strengthen their economic capacity and that of their households. Other life skills activities include educative videos on HIV/AIDS prevention to encourage behavior change. Each caregiver will carry out door-to-door education sessions about basic facts on TB/HIV literacy for OVC households with TB/HIV-infected parents/guardians. This will be aimed at reducing possible spread and risk of infection at household levels. CARE, through CBOs, will refer OVC households to legal service providers whenever the need arises.

To ensure quality of service delivery, CARE will provide capacity building through trainings in relevant areas, technical support and quality monitoring and program oversight. OVC care givers will be empowered to monitor and track children's well-being, growth and development, hygiene, immunizations, identification of illnesses and ensure early referrals. Training will also be provided to caregivers in OVC care, rights of children, HIV risk and stigma reduction, psycho-social support, and counseling. CBO managers will also be equipped with skills to facilitate better management of OVC programs. Such skills will include: volunteer management, financial management, conflict management, MER, proposal writing, leadership, computer literacy and business management skills. CARE will ensure linkages with other stake holders and service providers to promote a holistic approach to addressing OVC needs. Other stakeholders may include government departments and ministries, influential community members, schools etc.

SWAALES will deliver quality care and support services to OVCs in thirteen villages of Berea, Maseru and Leribe districts. SWAALES' OVC program focuses on OVC through trained service providers by improving access to education, referrals for health services, and increasing OVC's access to basic social services including psychosocial support. SWAALES' program also aims to counter stigma and discrimination against OVC, and building life skills for OVCs and their guardians in order to contribute to the socio-economic welfare of OVC and reduction of child abuse in the communities.
SWAALES' program provides direct support to OVCs, their caregivers, families and community members, and focuses on ensuring OVCs have basic needs and safe environment which is conducive to their

growth. OVCs are provided with supplementary feeding consisting of one meal a day for five days a week. OVC caregivers provide one-to-one basis mentoring, referrals and follow-ups with program beneficiaries and their households. At family level, the program supports OVC households (heads and/or guardians) in basic OVC care and support.

To ensure quality programming, caregivers are trained to ensure proper assessment of OVC needs, identifying the need for referrals and follow up on referrals through home visits. SWAALES will train both its staff and caregivers in various OVC care and support components. Training will focus on counseling, prevention in sexual abuse, TB/HIV and AIDS literacy, psychosocial counseling, income generating skills, and basic hygiene.

SWAALES will strive to improve its volunteer management strategy, focusing on improving retention and decreasing volunteer turn-over. Volunteers will receive monthly stipends and increased supportive supervision to its volunteers to enable them to meet the required standard of OVC service delivery.

CRS' Mountain Orphan and Vulnerable Children Empowerment (MOVE) project targets OVC and OVC caregivers that live around health clinics supported by the Lesotho Flying Doctors Service (LFDS). There are currently nine health clinics located in the rural areas with potential access to 12,000 OVC in Thaba Tseka, Mohale's Hoek, districts. CRS will provide managerial and technical support in the MOVE project and actual implementation will be done by two local indigenous organizations namely Catholic Commission for Justice & Peace and Caritas Lesotho.

Program activities include: basic psycho-social support, material assistance, referral of OVC for medical treatment and educational assistance, life skills and income generating activities, HIV prevention and child protection, and safety.

The project works closely with the Ministry of Education and the Master of the High Court to ensure that existing curricula and resources for life skills education, psychosocial care and support, energy-saving technologies, peer education, IECCD, HIV prevention, child rights, and legal frameworks are the basis for the MOVE project's training and mobilization curricula.

Like other partners, CRS will also train its caregivers in relevant program components to facilitate quality service delivery. Training will covers counseling, prevention in sexual abuse, TB/HIV and AIDS literacy, psychosocial counseling, income generating skills, and basic hygiene.

Program Monitoring and Evaluation

Pact supports grantees to plan and budget for MER in their programs and to develop MER systems for tracking PEPFAR specific and other organizational indicators. Partners are trained in Basic MER principles and also provided on-going customized technical support to enable them to establish and maintain good MER systems. Partners are assisted in designing of appropriate results frameworks, data collection, and program monitoring formats and procedures for tracking program implementation. Pact further provides support to grantees in proper reporting, data analysis and routine program reviews, as well as the use of MER results to make timely program adjustments. Pact also undertakes focused studies to investigate areas of interest in partner programs that could produce valuable insights and

learning.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10619	**Mechanism Name: Strengthening of TB/HIV collaboration in the Kingdom of Lesotho under PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,850,000	
Funding Source	**Funding Amount**
GHCS (State)	1,850,000

Sub Partner Name(s)

Yale University		

Overview Narrative

GOAL 1: STRENGTHENED NATIONAL CAPACITY

ICAP will engage national-level MOHSW stakeholders and provide support to strategically plan, implement, and evaluate TB and HIV prevention, diagnostic, care and treatment programs. Specifically, ICAP will actively participate in and engage TWGs and planning bodies to support development, dissemination, and implementation of TB/HIV and related policy, guidelines, registers, and tools. Emphasis will mostly be placed on operationalization and implementation, as TB related plans and strategies already exist at national level. ICAP will support the development of more advanced guidelines such as latent TB infection and TB adherence and community follow-up as well as more general lab, IC and ACSM plans and policies which do not exist. Priority focus areas will include fostering an enabling and collaborative environment between the NTP and HIV/AIDS Directorate to ensure TB/HIV integration

and thus decrease the TB burden for PLHIV (through intensified case finding, IPT, and IC) and the HIV burden for TB patients (through HIV prevention and testing, CPT, and HIVC&T services). Furthermore, the MOHSW will be supported to implement a high-quality DOTS program as well as strengthened TB lab networks and to sustainably expand M/XDR-TB services (DOTS-Plus), revitalizing IC implementation at facility and community levels (especially as renovations are planned through MCC5 and other funding). ICAP will work closely with the MOHSW to develop a comprehensive CME program to keep HCWs updated on IC and TB/HIV clinical and diagnostic services.

GOAL 2: COMPREHENSIVE AND QUALITY DISTRICT-WIDE TB SERVICE

Following MOHSW plans and guidelines, ICAP will support the DHMTs to strengthen TB/HIV service delivery. Emphasis will be placed on providing TA and training to DHMTs to improve TB/HIV service integration, with support for HIVC&T services to enhance intensified TB case finding, administer IPT for all eligible PLHIV, ensure successful initiation and completion of TB treatment and implement IC practices; and support to TB services to offer routine HIV testing to all TB cases, and enrollment of PLHIV with TB on CPT and if eligible ART.

Furthermore, to ensure a sustainable and evidence-based approach to service scale-up, ICAP and the MOHSW will identify one or two facilities to serve as settings for pursuing different models and approaches for TB/HIV integration, delivering DOTS and DOTS-Plus, and VHWs TB screening.

GOAL 3: EFFECTIVE TB LABORATORY NETWORK

ICAP will collaborate with the MOHSW and DHMT to conduct a rapid lab assessment of lab infrastructure and staff capacity to develop a workplan for enhancing the TB lab network. The workplan will define lab levels network-wide (i.e. reference, district, and HC levels); set a timeline for phased establishment of TB lab components by lab; specify technology for tests at each level; develop a lab model for each network level, based on lab space; address provisional lab space and services; and develop policies and SOPs standard to each level. ICAP will support the NRL to develop an overall quality policy statement, QA/QC manuals, SOPs, test methodologies for each level, and tools for a client satisfaction survey.

GOAL 4: COMMUNITY MOBILIZATION

Meaningful involvement of the community in developing, implementing, and monitoring TB and HIV activities is the cornerstone to reduce its burden and implement successful local TB- and HIV-related services. Key activities will include emphasizing the value and modes of HIV and TB prevention; enhancing TB and HIV literacy; promoting demand for high-quality TB and HIV health services; destigmatizing TB and HIV and clarifying misinformation; and improving TB and HIV prevention skills and self-efficacy. Key stakeholders will be engaged in these activities to assess priority needs and campaign design as part of the larger ACSM strategy ICAP will support the MOHSW to develop.

VHWs, vital health facilities–community links, will be trained and supported regularly by ICAP and MOHSW to follow up with high-risk patients in support of HIV and TB treatment, adherence, and care in the household. They will also conduct community IEC activities and home visits for pregnant woman, infants, newly diagnosed PLHIV with TB, those starting ART, and all TB and ART patients who miss

appointments. In addition, VHWs will assess homes of M/XDR-TB patients discharged to the community, noting IC issues and vulnerabilities of household members (e.g. children, PLHIV); and will provide education on TB transmission, signs and symptoms, and IC.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	25,000
Human Resources for Health	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10619**		
Mechanism Name:	**Strengthening of TB/HIV collaboration in the Kingdom of Lesotho under PEPFAR**		
Prime Partner Name:	**Columbia University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	1,850,000	

Narrative:

Columbia University-ICAP will aim to accelerate effective scale-up of TB- and HIV-health systems and will meet targets while sustainably building indigenous capacity. ICAP will support human resources, training, infrastructure, and the introduction of clinical, lab, community and M&E activities will be prioritized to strengthen TB-HIV actives.

In FY10, ICAP will support all 10 districts, however, at HF level, ICAP will provide support in a phased manner. Within the currently supported four districts and 31 HF, ICAP will broaden its ongoing HIV support to include TB and lab activities. In the new districts ICAP, will support eight hospitals, six labs, and 12 HCs, for a total 57 HFs (15 hospitals and 42 HCs).

ICAP will ensure delivery and uptake of appropriate, high-quality TB/HIV services; and to support the achievement of the GOL's National DOTS Expansion Strategic Plan (2008–2012), M/XDR-TB

Emergency Plan 2007–2009, and the National HIV and AIDS Strategic Plan (2008–2011). ICAP will also support the MOHSW on all related policy issues, including strategic decision making to improve the accelerated rollout of TB/HIV services.

ICAP will continue to strengthen collaborations with the following organizations in the areas of TB/HIV: PEPFAR-funded partners, Quality Assurance M2M, Human Capacity Project, Infant and Young Child Nutrition) and other stakeholders including Clinton Foundation, Baylor International Pediatric AIDS Initiative, Partners in Health, UNICEF and WHO.

ICAP will support the MOHSW to implement and institutionalize the ETR.net electronic database to capture identifier-delinked patient-based information at district level directly from paper TB registers; to generate standard cohort reports, line listings, and data quality checks reflecting the DOTS strategy and enabling routine TB-program surveillance and M&E.

ICAP will work closely with the MOHSW to implement systems to routinely ensure and assess data quality. High-quality services will be achieved by intensively mentoring health facility (HF) staff and implementing SOC tools. Trainings and workshops will be conducted to enhance HF capacity to document, collect, analyze, report, and feedback data to improve services; supporting MOHSW establishment and enhancement of routine surveillance and M&E systems at facility, lab, and community level to track program outputs and implementation of systematic methods to gather strategic information for program planning, evaluation, and progress measurement. ICAP uses a Program and Facility Characteristics Tracking System (PFACTS) that systematically collects facility- , lab- and program-level information (e.g., location, provider-client ratio, specific services provided, etc.). The data will be used for strategic planning and program evaluation. ICAP-Lesotho will also support the MOHSW to implement a Data Quality Improvement Tool to identify and correct HF-level data problems. Finally, careful attention will be given to data confidentiality and security via the use of training, password-protected databases and locked files.

ICAP will conduct high-quality, timely, and sustainable monitoring and evaluation of project activities consistent with the Three Ones principles, ensuring that information is used for program improvement by supporting the routine collection, analysis, use, and dissemination of data using national registers and forms that assess program progress, quality, and impact.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10739	**Mechanism Name: Support to the Ministry of Health and Social Welfare in Lesotho for HIV/AIDS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare – Lesotho	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,195,000	
Funding Source	**Funding Amount**
GHCS (State)	1,195,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Lesotho Ministry of Health and Social works (MOHSW) technical assistance project is a five year cooperative agreement awarded by HSS/CDC from September 30, 2009 with a potential value of $3,975,000. The MOHSW will build capacity in laboratory services, strategic information, TB/HIV and coordinate HIV/AIDS prevention, care and treatment programs.

Lesotho has the third highest prevalence rate of HIV infection and the fourth highest estimated TB incidence in the world. The Government of Lesotho is committed to the fight against HIV/AIDS and endorsed a decentralization framework with the strategic objective of attaining universal coverage of essential health care services. The MOHSW is facilitating the establishment of a system that will deliver quality health care efficiently and equitably. The Directorate of Laboratory Services, MOHSW, is responsible for overseeing the implementation and the monitoring of laboratory performances throughout the country and providing continuous guidance and support for laboratory services. There are more than 200 health facilities that include 1 Central Laboratory, 1 National Blood Transfusion Service, 21 hospitals and 184 health centers that provide a range of clinical, laboratory diagnostic and monitoring tests.

Because of co-morbidity of TB and HIV/AIDS epidemics and ART scale up, there is an associated increase in patient load and a demand in laboratory services. To address the shortcomings and improve

quality of laboratory diagnostic and monitoring services, the MOHSW has developed a laboratory policy and a five year national strategic plan. The Directorate of Laboratory Services also coordinates the implementation of national laboratory and strategic plan, policy, and guidelines. As part of laboratory quality improvement, Laboratory External Quality Assessment (EQA) schemes have begun in HIV rapid testing, CD4, chemistry and hematology to many of the district hospital laboratories. In collaboration with the PEPFAR implementing partners, the central Laboratory supports the early infant diagnosis of HIV. DBS samples are collected from district hospitals and then transported to the Central Laboratory. These programs have enabled the initiation and scale up of pediatric care and treatment as part of improving the clinical laboratory services at different levels.

The policy and guidelines will also be implemented to support non laboratory professionals to do HIV testing services and ensure national coverage. To strengthen human resources, support will be provided to improve the quality of pre-service education including curriculum revision, provision of training aids, and mentorship. A significant portion of these activities are supported by PEPFAR, which are in line with health system strengthening.

Although sustainable progress is made through the support by PEFPAR, there are still major gaps in the laboratory services. The absence of a National Public Health Reference Laboratory and the limited capacity of the central laboratory to support reference services, especially TB culture and drug susceptibility testing and early infant diagnosis is a concern. The logistic and supply management to support procurement, distribution and inventory management is still weak. The implementation of a quality assurance program is limited and not yet comprehensive. Additionally, infrastructure and human capacity needs to strengthen to support the growing demand of diagnostic and monitoring support at multiple levels.

As part of capacity development and improving the quality of laboratory services for supporting HIV/AIDS, STI, TB and OI prevention, care and treatment program , the MOHSW has been awarded a five year cooperative agreement to build its capacity, strengthen the healthcare system and coordinate HIV/AIDS prevention, care and treatment programs. The implementation through a cooperative agreement came into effect as of October 2009. The primary goals and objectives of include the following:
1) strengthen the technical and management capacity of the MOHSW to effectively manage laboratory , TB/HIV and M&E activities in the country,
2) To strengthen the national laboratory quality program and accredit laboratory services,
3) To develop an effective an efficient inventory management system to ensure laboratory medical supplies are procured, stocked, and distributed in a timely manner;
4) To strengthen the national M&E system that will enable to analyze data for planning and evidence based decision making process.

Through the cooperative agreement, the MOHSW will strengthen an integrated, harmonized and decentralized HMIS, laboratory infrastructure and TB program with technical capacity to produce appropriate and timely quality information that is accessible to all stakeholders for evidence based action. To guide the process, the first sector HMIS Policy and Strategic Plan are being updated. MOHSW is in the process of establishing and strengthening district M&E systems. .

The MOHSW will implement the activities through direct support to central, district and health center laboratories. The planned activities will cover all health facilities (public, nongovernmental and private sectors) that provide testing services. In order to ensure the programs are cost effective and sustainable, the MOHSW will also provide budgetary support and leverage resources with Global Fund, other non-governmental partners, and international and local development partners.

The implementation plan will further enable the MOHSW to meet the most critical health system demands and will ensure reliability, equity, and sustainability for services. Furthermore, strengthening the laboratory services will significantly contribute to achieving the PEPFAR targets, outlined in the Partnership Framework Implementation Plan, by enrolling TB and HIV patients in care and treatment programs in Lesotho.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	100,000
Human Resources for Health	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10739**		
Mechanism Name:	**Support to the Ministry of Health and Social Welfare in Lesotho for HIV/AIDS**		
Prime Partner Name:	**Ministry of Health and Social Welfare – Lesotho**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	HVSI	100,000	

Narrative:

MOHWS will strengthen the capacity of HMIS, Surveillance and M&E units to collect and use surveillance data and manage HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety. This will enable the utilization of essential information from sentinel surveillance, national health surveys, clinical and laboratory information systems, and targeted evaluations to improve quality of care.

The MOHSW is building integrated, harmonized and decentralized Health Management information System (HMIS), with increased capacity to produce appropriate and timely quality information that is accessible to all stakeholders for evidence-based action. To guide the process, the first sector HMIS Policy and Strategic Plan were developed and are currently being updated. PEPFAR, in conjunction with other Development Partners such as the Global Fund, the World Bank, Millennium Challenge Cooperation, is supporting through the Partnership Framework with Government of Lesotho (GOL), the MOHSW in establishing and strengthening district M&E systems.

District Health Teams (DHTs) core members (Head of District Health Management Team (DHMT), Public Health Nurse, District Health Information Officer, District Medical Officer and matron) are increasingly responsible for coordination of data collection, processing, analysis, dissemination and use at the district/ local level.

M & E of the Health Sector reform is an important process that is supported by World Bank and Irish Aid. The MOHSW will conduct district-based Health Sector Reviews in order to promote utilization of data at the point of source in all 10 districts. This will improve the quality of data with respect to completeness, comprehensiveness and timeliness. The MOHSW will strengthen the capacity of the DHTs to conduct biannually quarterly reviews while the central level of MOHSW will conduct the other two reviews including the Annual Joint review.

The M&E Unit, MOHSW, will conduct refresher training with core DHT members of all 10 districts on data collection, analysis and dissemination. This refresher training will be followed by mentoring sessions on how to check for data quality, produce statistical tables, interpret data, and on how to write the District Health Sector Review report. Additionally, FY10 funds will support the printing of the 10 district reports and the actual review seminars in all 10 districts twice a year. MOHSW will work closely with John Snow Inc. (JSI) to train and mentor the DHT in the 2 districts supported by JSI.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	200,000	

Narrative:

In FY1O, the MOHSW will support the following.

1) Strengthening of Human Resource Capacity

The MOHSW will strengthen the administrative and technical management structures of the Directorate of Laboratory Services to play a leadership and coordination role. Salary and benefit to existing four full-time employees and recruit TB lab QA manager and equipment maintenance coordinator will be supported.

Human resource is one of the major factors for effective coordination and scale up of TB/HIV collaborative activities at the national level and district levels. To strengthen the TB/HIV collaborative program, MOHSW will recruit administrative and technical staff at national and district levels and implemented retention strategies.

2) Training support

Support in-service training of laboratorians in HIV diagnosis, monitoring, quality assurance and management using customized and standardized training modules

Strengthening the management of MDR TB by training National TB Program (NTP) staff at national and district levels through in-service training, study tours for Queen II Hospital doctors, workshops, and conferences related to TB/HIV care services.

The MOHSW will support health training institutions of health care works, such as laboratory technologists, microscopists and others in customizing curricula and integrating HIV/AIDS/TB diagnoses , treatment and preventions programs in the trainings.

3) Leadership and coordination of program

The MOHSW will enhance the technical management and program capacity of the respective divisions to coordinate, monitor and evaluate laboratory, TB/HIV, surveillance and related activities at national and district levels. The MOHSW will support implementation of policies, strategic plans guidelines, and operational tools. Policy, guidelines and information-education- communication (IEC) materials will be disseminated.

The MOHSW will coordinate and work with all relevant stakeholders and implementing partners for harmonization of Laboratory, TB/HIV activities, M&E, surveillance and other areas.

MOHSW will support the joint review meetings with stakeholders and other implementing partners to ensure the implementations are integrated and coordinated at service delivery levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	595,000	

Narrative:

FY 10, the MOHSW will implement the following:

1) Expansion and strengthening the national quality assurance program

The Quality Assurance (QA) Unit of the Directorate of Laboratory Services will coordinate the implementation of compressive External Quality Assessment (EQA) schemes in all health facilities that provide diagnostic and monitoring tests in the country. These include serology including HIV rapid test, chemistry, hematology, microbiology, parasitology, Tuberculosis (TB) smear microcopy and CD4 monitoring.

The QA Unity will support the preparation and distribution of the HIV proficiency panels and quality control samples to all 201 facilities twice a year. In coordination with the central TB laboratory, TB smear microcopy panels will be prepared and distributed to 18 hospitals.

2) Strengthen Laboratory Support Systems

In order to ensure the continuity of testing services and avoid disruption of services, MOHSWS will support procurement of minor equipment and accessories for DNA PCR based early infant diagnosis (EID) and TB culture facilities. In addition, maintenance service contract will be supported for molecular diagnostic equipment and biosafety cabinets and centrifuges in those facilities. For effective quantification and forecasting of supplies required for HIV diagnostic and monitoring tests, the inventory and stock management system will be supported.

The referral testing services will be strengthened through logistics support and effective coordination between collection sites and central laboratory. The referral testing services will include dried blood sport (DBS), TB cultures and drug susceptibility testing, CD4 and viral load monitoring.

For coordination of implementation plan, regular laboratory review meetings with partners will be held. Office supplies and communication services will be purchased for effective running of the project management office.

3) Strengthen Data Management and lab records

Lab register and reporting forms will be standardized and be used for collection, analysis, and reporting. The standardized paper based data management tools (registers, request forms, reporting forms) will be printed and distributed to all clinical laboratory facilities.

4) Renovation and furnishing of district laboratories

MOHSW will support the upgrading of the district laboratories by renovating and furnishing with equipment, lab furniture and accessories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HVTB	300,000	

Narrative:

The National Tuberculosis Program (NTP), a unit within the MOHSW, supports the collaborative TB/HIV activities including coordination of activities with National HIV/AIDS Directorate, HIV testing of all TB patients, provision anti TB drugs and ART for all TB patients co-infected with HIV. Along with the Directorate of Laboratory Services, NTP also supports and coordinates the laboratory testing at national and district levels to diagnose and treat active tuberculosis including Multiple Drug Resistance TB (MDR-TB).

The MOHSW will strengthen the capacity of NTP for effective implementation of TB/HIV activities in the country. The FY10 budget will be used to support the following activities:

1) Site assessment and supportive supervision: NTP will conduct site assessment and regular supervisory visits to clinical and laboratory services to monitor and evaluate the TB/HIV programs using one tool.

2) Infection Control measures: Support will be provided for baseline assessment of current infection-control practices, revise national infection-control guidelines and implementation appropriate infection-control measures. Necessary supplies such as out-patient department masks for infection control in hospitals will be procured a stop gap measure. Advocacy and promotion of window opening as part of infection control.

3) Monitoring and Evaluation (M&E): Strengthen the national M&E system of TB/HIV and MDR TB, data collection, analysis and disseminate of information. In FY10, the MOHSW will also support program evaluation with emphasis on TB/HIV activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10740	**Mechanism Name: Support Implementation of ETR.Net**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: WAM Technology	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 25,000	
Funding Source	**Funding Amount**
GHCS (State)	25,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

WAM Technology performs services including software development in consultation and collaboration with the client(s) and ensures the complete series are provided. Its support also contributes to capacity building by transferring information, knowledge and expertise.

In many parts of the world, Tuberculosis (TB) rates have increased dramatically in recent years. The provision of accurate data and tools for surveillance, program management and supervision has become increasingly essential. ETR.Net is the electronic register used for tuberculosis (TB) surveillance and statistical analysis. This custom-developed software tool was designed to assist national TB control programs in performing surveillance, reporting TB and TB/HIV data, and monitoring/evaluating TB program activities. Some relevant software features include: patient-based registration, sputum and culture results, treatment outcome, HIV test results and associated treatment, case-finding reports, sputum conversion reports, treatment outcome reports, HIV reports and various data validations and graphs.

Over the past few years, ETR.Net has been introduced, tested or implemented in several different countries, including Lesotho. In Lesotho, implementation has been met with multiple challenges, some of which have been successfully resolved, and some of which remain. The purpose of this contract is to develop a plan for providing additional implementation, maintenance and troubleshooting support services for ETR.Net.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	5,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10740		
Mechanism Name:	Support Implementation of ETR.Net		
Prime Partner Name:	WAM Technology		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	25,000	

Narrative:

WAM technology provides technical support in training, onsite implementation assistance, supportive supervision and Bespoke software.

In FY10 WAM technology will proved the following services:
1) Conduct two support visits (2 days each) including systems support, trouble shooting, performance assessments and on-site mentoring and assistance.

2) Conduct two trainings (5 days each) which will comprise of two separate 2½ day sections: one for introductory training of completely new users, one for slightly more advanced training of those who used ETR before. Number of participants to each of the sections will depend on the need at the time, but total number of trainees will not exceed 15.

3) Develop generic software (Lesotho will share in the cost of some of the ongoing modifications and improvements of the software as they become available). Develop bespoke software (Lesotho will bear the full cost in case of requests for Lesotho-specific modifications and improvements of the software).

4) Provide day-to-day technical support by phone, fax or e-mail, or through access to the ETR.Net website and portal.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11018	Mechanism Name: Peace Corps
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 18,000	
Funding Source	**Funding Amount**
GHCS (State)	18,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY 10, Peace Corps/Lesotho (PC/L) will continue its support of the National HIV/AIDS Strategic Plan of the Government of Lesotho (GoL) and the PEPFAR Partnership Framework by contributing to the reduction of HIV incidence, providing high quality OVC services, improving human resource capacity and strengthening the health system in all 10 districts.

PC/L will train all of its approximately 80 Volunteers in the Community Health and Economic Development (CHED) and Education projects and their counterparts to promote behavior change related to sexual prevention. PC/L Volunteers will also support the GoL's PMTCT goals through community mobilization.

Through the recruitment of 7 PEPFAR-funded 2-year Volunteers and 2 Peace Corps Response Volunteers, PC/L will expand its activities in the areas of human capacity development and health systems strengthening. Volunteers will assist and coach local data clerks and district health information officers in improving the quality of data collection, compilation, analysis and reporting. PC/L will also assist local HIV/AIDS umbrella groups by building their organizational capacity and expanding their outreach efforts. Finally, PC/L is working with the MOHSW and the Ministry of Education to develop Volunteer assignments at the National Health Training College in Maseru. Prevention AB and OVC prevention will be the primary focal points of Volunteers' activities. Volunteers will promote the development of life skills among young people and address behavior change related to multiple concurrent partners among adults. They will also teach, coach and mentor OVCs using a Life Skills curriculum; create linkages between OVC services and underserved communities; and assist with establishing programmes and support mechanisms for keeping OVCs in school.

PC/L will use carryover funds from previous years to continue to support activities in the areas of other prevention and basic health care and support for people living with HIV. They will also work with PLWA groups at the district level to help organize income generating activities.

PC/L's grassroots approach to development aims to build the capacity of local organizations and counterparts throughout the 2-year length of service of the Volunteers. Volunteers and their counterparts receive training in monitoring and evaluation and PEPFAR reporting. PC/L compiles data on Volunteers' PEPFAR-funded activities on a quarterly basis and conducts periodic site visits to monitor the implementation of activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**11018**		
Mechanism Name:	**Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	8,000	

Narrative:

In all 10 districts, Peace Corps/Lesotho (PC/L) Volunteers work with OVC (boys and girls under 18 years) in their communities to develop life skills (including HIV prevention skills), create income generating activities and household gardens and link them to other GoL social welfare programs. Some Volunteers work with local leaders to ensure that accurate records of OVCs in the community are kept.

In FY10, PC/L will recruit 2 PEPFAR-funded Volunteers for the Community Health and Economic Development (CHED) project. These Volunteers will contribute to strengthening the health system by

developing human resources in clinics and communities and strengthening linkages and coordination between communities and HIV and AIDS service organizations, particularly those addressing the needs of OVC. PC/L also plans to support the MOHSW's efforts to improve data collection and monitoring and evaluation by coaching data clerks at the clinic level.

To ensure quality, PC/L partners with local and international organizations, such as AED, PSI, Lesotho Planned Parenthood Association, C-Change, and PHELA Development and Communications to train Volunteers and their counterparts using evidence-based curricula to disseminate prevention messages through mass media, interpersonal communications. Volunteers' activities are monitored by PC/L staff through site visits and quarterly reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	10,000	

Narrative:

In all 10 districts Peace Corps/Lesotho (PC/L) Volunteers collaborate with the MOHSW and the Ministry of Education on age-appropriate HIV prevention at the individual, small group and community levels with in- and out-of-school youth under the age of 24. The approximately 80 PC Volunteers in the Community Health and Economic Development (CHED) and Education projects work with counterparts and young people to form youth clubs, organize sports tournaments, and hold youth empowerment camps as ways to develop life and leadership skills among young people, educate them about HIV prevention and promote gender equality. In FY10, PC/L will recruit 5 PEPFAR-funded Volunteers for the CHED project. These Volunteers will contribute to strengthening the health system by developing human resources in clinics and communities and strengthening linkages and coordination between communities and HIV and AIDS service organizations. PC/L also plans to support the MOHSW's efforts to improve data collection and monitoring and evaluation by coaching data clerks at the clinic level. In addition, PC/L will recruit two PEPFAR-funded Peace Corps Response Volunteers (who are former Volunteers assigned for up to one year) to teach at the National Health Training College, incorporating HIV prevention into. In addition, PEPFAR funds will continue to be set aside for small grants for community-initiated prevention projects.

PC/L focuses on addressing the major driver of the epidemic in the country, multiple and concurrent partnerships (MCP), by training Volunteers and their counterparts to support the "One Love" campaign and raise awareness in their communities on the risks of having MCPs, engaging in transactional sex and trans-generational sex, and couples living apart for extended periods. Volunteers will also continue to help communities address male norms and gender-based violence through the Men As Partners program, and promote prevention among PLWA. Volunteers will also mobilize communities increase uptake of HIV testing and counseling in ANC settings.

To ensure quality, PC/L partners with local and international organizations, such as AED, PSI, Lesotho Planned Parenthood Association, C-Change, and PHELA Development and Communications to train Volunteers and their counterparts using evidence-based curricula to disseminate prevention messages through mass media, interpersonal communications. Volunteers' activities are monitored by PC/L staff through site visits and quarterly reporting.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11731	**Mechanism Name: PEPFAR Secretariat**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 222,114	
Funding Source	**Funding Amount**
GHCS (State)	222,114

Sub Partner Name(s)

(No data provided.)

Overview Narrative

These funds will be used by the PEPFAR Secretariat in conjunction with the Partnership Framework Management Team and the Government of Lesotho to strengthen local capacity to lead and manage Lesotho's HIV/AIDS Response and promote to country ownership. The Secretariat will also work with the US Embassy's Public Diplomacy Section to branding and promotional activities to enhance public awareness of Lesotho's HIV/AIDS Response.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11731		
Mechanism Name:	PEPFAR Secretariat		
Prime Partner Name:	U.S. Department of State		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	222,114	

Narrative:

The PEPFAR Secretariat will use these funds to support capacity building of GOL and local CSO and NGO staff. The Secretariat will work with the MOHSW and NAC to identify key activities and participants. Examples of activities include participation at key international meetings on HIV/AIDS and Health Systems programs and study tours that would benefit the Lesotho HIV/AIDS Response and enable local stakeholders to take ownership of the current programs. The PEPFAR Secretariat will also work closely with the Partnership Framework Management Team to facilitate quarterly meetings to enhance leadership and coordination of the Framework.

In general public awareness campaigns around Lesotho's HIV epidemic and Response are weak. One rarely sees billboards on public roads, posters in health facilities, or hears public health messages on HIV/AIDS around the country. To create increased awareness around the PEPFAR program and the epidemic, the PEPFAR Secretariat will work with the Public Diplomacy Section of the US Embassy in Maseru to enhance branding activities by PEPFAR partners and review IEC materials used in the program. The Public Diplomacy Section will provide technical assistance to PEPFAR partners and provide guidance to the PEPFAR team on branding and marking policies. The Public Diplomacy section may also review partners' promotional materials and provide appropriate materials to create more awareness around the Partnership Framework and its implementation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12098	**Mechanism Name: Support to the Government of the Kingdom of Lesotho (GOL) to Strengthen and Expand Safe Blood Transfusion Services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The blood safety project to support the Government of Lesotho to strengthen and expand safe Blood Transfusion Services will be a new cooperative agreement with HSS/CDC from 2010 to 2014, with a total potential value of Redacted. This support will improve collection, screening, storage and distribution of blood and blood products, access to safe blood throughout the country. The support includes, but not limited to, construction and furnishing of regional blood banks, improving supply management, human resource, and national data management and information system.

The Ministry of Health and Social Welfare (MOHSW) is the responsible body for the Blood Transfusion Service in the country with regulatory, coordination and oversight roles in addition to the its services. The Lesotho Blood Transfusion Service (LBTS), an integral part of the Central Laboratory of the MOHSW, supplies all of the nation's hospitals with safe blood through the recruitment, collection, screening, storage and distribution of blood.

There is only one national blood bank in Maseru and one mobile blood collection team for the whole country. LBTS collects blood from voluntary non-remunerated blood donors who contribute 97 percent of the donations and three percent from family/replacement donors. Most of the clinics are from mobile clinics at secondary schools and colleges which accounts 60 percent of the collection. Other institutions

contribute 15 percent while walk-in donors contribute about 25 percent. All donated bloods are screened for ABO group, HIV, HBV, HCV and Syphilis. LBTS is involved in WHO external quality assurance (EQA) scheme with National Institute for Communicable Diseases (NICD) for HIV and South African National Blood Service (SANBS) for blood grouping.

Currently, LBTS collects 1.4 units per 1000 population, which is far less than the WHO-recommended 10-20 per 1000 population. It has been has estimated that Lesotho requires approximately 10,000 units of blood annually. LBTS has limited infrastructure and organizational capacity to meet this clinical demand. The high prevalence of HIV in the country has also contributed ash also an impact in recruiting donors.

MOHSW in collaboration with partners has developed a national policy and a five year strategic plan for the national blood transfusion services. The goal of national blood transfusion services is to provide blood and blood products that are safe and adequate to meet the needs of all the patients in the countries. This goal is achieved through the education of population, recruitment of voluntary non-remunerated blood donors, screening and processing blood, establishing a quality management, and training health care providers and donors.

MOHSW through LBTS will lead and coordinate implementations in partnership PEPFAR, Millennium Challenge Corporation (MCC), WHO, and Safe blood for Africa (SBFA) for scale up blood collection and transfusion service through infrastructure capacity development, human resource development, and expanding quality management systems in BTS nationwide.

As part of strengthening the infrastructure of the blood transfusion services in the country, three blood banks (national and regional centers in Leribe and Mohale's Hoek districts) will be constructed and furnished. The MCC, in collaboration with the MOHSW will support the construction and furnishing of the central blood bank in Maseru. Through PEPFAR support, the blood transfusion services will be expanded and strengthened including construction of regional blood transfusion service centers. Generic national and site-specific protocols for screening and processing of blood, logistics and supply chain management, equipment maintenance, waste disposal, record keeping; quality management will be developed . A system will be developed to maintain a network of blood donor recruiters and blood donor counselors, identify a network of low risk and repeat blood donors, and promote voluntary, non-remunerated regular blood donation.

The human resource will be strengthened by recruiting additional staff, training, developing retention schemes. Training programs and continuing education programs related to blood donor recruitment and blood collection will be provided to health care professionals involved with blood transfusion services

throughout the country. Physicians, nurses and laboratory technicians will be trained in basic principles and practice of blood banking and transfusion medicine, including the rational utilization of blood.
M & E system that includes clear and actionable indicators such as the number of outreach and recruitment, the number of donors; repeat donors and the frequency of their donations; and the number of units of blood donated and screened will be developed and implemented. Tools will also monitor and evaluate the overall blood transfusion for planning and decision making process. The national data collection and information management system will also be established to ensure the traceability of donors, donated blood and transfusion recipients.

When fully functional, the regional centers are expected to augment the blood collection efforts in Maseru by providing 50 percent of the nation's blood needs. Regional centers will support collection of 4,500 units of blood between them and the mobile units assigned to each center. A fully operational and expanded blood transfusion service can meet the indeed targets and provided 10, 000 units of safe blood per annum to the health service. It will also play an important role in prevention of infections associated blood transfusion serves as well as providing counseling and testing services to all potential blood doors. PEPFAR through Partnership Framework represents an opportunity to support the LBTS and establish an integrated approach to blood safety in Lesotho with potential cross cutting benefits to many programs and make it sustainable.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12098**
Mechanism Name:	**Support to the Government of the Kingdom of Lesotho (GOL) to Strengthen and Expand Safe Blood Transfusion Services**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HMBL	Redacted	Redacted

Narrative:

In FY10, the national of blood transfusion services will be strengthen through infrastructure capacity development, human resource development, and quality management systems. The following are major activities planned to be implemented.

1) Construction of Regional blood banks
The blood collection center in Maseru and two regional blood banks in Leribe and Mohale's Hoek districts will be constructed. The construction will require full fixtures, including the specialized physical conditions required by a blood banking facility, such as a cold room for the storage of blood, blood products, and reagents and a stand-by generator to ensure a constant supply of electricity.

2) Procurement of major Equipment
Adequate equipment and supplies will be purchased to build the capacity and expand the services. Cold-chain vehicles will also be purchased to maintain the integrity of blood supplies over an extended network, cold chains and backup generators.

3) Strengthening human resource
Two blood donor recruiters, four phlebotomists, three drivers, two administrators, three lab technologists; two counselor one senior technical advisor will be employed to support the national and regional services. Staff will be trained in cold chain management, effective clinical use of blood and blood products, information management and quality assurance.

4) Improvement of the quality of services
Based on accepted international standards, generic national and site-specific protocols will be developed for blood screening; managing blood processing facilities; implementing quality assurance plan, documentation and reporting system, and disposal of medical waste. Perform quality control checks on operations to improve the services and safety standards. Policy and strategic plans will be reviewed.

5) Monitoring and evaluation (M&E) and information system
M&E tools will be developed and to used track donated units of blood, measure clinical outcomes and evaluate the overall blood transfusion for planning and decision making process. National data collection and information management system will be established to ensure the traceability of donors, donated blood and transfusion recipients. The national blood bank data base system will also be established.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12099	**Mechanism Name: TBD Prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In August 2009, the Government of Lesotho (GOL) and the US government signed a Partnership Framework Agreement (PF) through the President's Emergency Plan for AIDS Relief (PEPFAR) to collaboratively develop, plan and implement a five-year strategy to contribute to the implementation of the National HIV and AIDS Strategic Plan (NSP) 2006-2011. Both the PF and the NSP highlight prevention as a key priority in the HIV/AIDS response in Lesotho.
In 2008, the HIV prevalence in Lesotho was 23.2 percent and incidence was estimated to be 1.7 percent or approximately 21,000 new infections in 2007 (2009 Modes of Transmission Study). A high degree of homogeneity exists in the epidemic, with prevalence above 15% in all districts and among all but a few population age groups.

Heterosexual sex is the predominant HIV transmission pathway in Lesotho, with significantly higher prevalence in women (26%) than in men (19%). The Know Your Epidemic incidence modeling concluded than the bulk of new infections (2008) occurred in both those reporting a single-partner (35%-62%) and people in multiple concurrent partnerships (32%-54%). High incidence in those reporting one single sexual partner is because it is the most populous risk group and because of high HIV discordance in steady couples (estimated at 1/3) combined with low condom use, low complete male circumcision and

secret partners. Multiple concurrent sexual partnering (MCP) is exceptionally high in Lesotho with an overall MCP of 24% in 2007, compared to 10% in the region (CIET, 2008). In addition, the subjects of MCP and sexuality are personal and private subjects in Lesotho and are rarely discussed publically, within families or between couples. This necessitates the utilization of a comprehensive, well-coordinated and culturally sensitive national HIV prevention initiative that works in close collaboration with stakeholders and communities.

The Prevention TBD partner will develop and strengthen a national focus on a comprehensive, evidence-based 'combination prevention' program in alignment with the National HIV and AIDS Strategic Plan, National Behavior Change Communication Strategy (2008-13), National HIV and AIDS Policy and the PEPFAR Lesotho Partnership Framework in order to build a sustainable system at the end of five years. The TBD will assist and collaborate with MOHSW, NAC, National HIV and AIDS Communication TWG, UN Prevention TWG and other key stakeholders/partners in Lesotho. Civil society and their representatives in NGOs/FBOs/CBOs will also serve as close partners in program design and implementation especially those serving PLHIV and vulnerable groups. Capacity building and strengthening will need to be provided to government entities, civil society organization and the private sector and will be based upon robust capacity needs assessments and a few towards sustainability.
The TBD will take a coordinating role in the assessment of current prevention programming and research literature to guide the development of evidence based HIV prevention strategies, programming and policies including the development of guidelines and protocols, as necessary. It will encourage strengthened collaboration with government entities, civil society and the private sector in the implementation of HIV prevention programs, and support the collection and analysis of M&E data to guide the outputs of prevention programs. Condom social marking, family planning and improved supply chain management of condoms and other reproductive health communities will need to be a key focus to ensure that high quality condoms are available throughout Lesotho.

A comprehensive combination prevention approach will require the utilization of several communication channels, the targeting of prevention messages to a variety of vulnerable audiences, ensuring linkages and messaging among behavioral, biomedical and structural interventions. Lastly, the TBD will strengthen national and civil society technical capacities to develop, implement, monitor and evaluate comprehensive HIV prevention programming.
In late January 2010, an onsite assessment will be conducted of PEPFAR Lesotho by members of the PEPFAR Prevention TWG with the aim of developing recommendations for a TBD combination prevention initiative for COP10.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12099**		
Mechanism Name:	**TBD Prevention**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
The Prevention TBD partner will develop and strengthen a national focus on a comprehensive, evidence-based 'combination prevention' program in alignment with the National HIV and AIDS Strategic Plan, National Behavior Change Communication Strategy (2008-13), National HIV and AIDS Policy and the PEPFAR Lesotho Partnership Framework in order to build a sustainable system at the end of five years. The TBD will assist and collaborate with MOHSW, NAC, National HIV and AIDS Communication TWG, UN Prevention TWG and other key stakeholders/partners in Lesotho. Civil society and their representatives in NGOs/FBOs/CBOs will also serve as close partners in program design and implementation especially those serving PLHIV and vulnerable groups.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
Condom social marking, family planning and improved supply chain management of condoms and other reproductive health communities will be a key focus of this TBD partner to ensure that high quality condoms are available throughout Lesotho.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12100	Mechanism Name: Support for policy reform
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12100**		
Mechanism Name:	**Support for policy reform**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted

Narrative:
African legal experts will provide the assistance needed in the implementation and monitoring of planned policy reforms through contractual agreement with CDC/PEPFAR. Legal experts from Lesotho will formulate, deliver, and explain baseline, annual, and Final End-of-Partnership Framework assessments to the PEPFAR Lesotho. The products and services obtained through this mechanism will allow PEPFAR Lesotho to better understand and impact health policy reforms that are directly relevant to HIV/AIDS prevention, care, and treatment and to health systems strengthening in partner countries In FY10, the contractor(s) will conduct baseline assessment: • Descriptions of existing laws and policies targeted for reform in the Partnership Framework including copies of, references to, and executive summaries of all laws and policies within the scope of each targeted policy reform, • The legal paths to reform of each of these policies (e.g., sequential actions required and by which officials under country's existing law). The experts assessments will document progress made with regard to each policy reform targeted in each Partnership Framework, and will provide an informed basis for evaluation by members of the Partnership Framework monitoring team of past progress and future prospects in the area of policy reform.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12101	Mechanism Name: TBD DOD/LDF Prevention
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD prevention partner will work with the Lesotho Defence Force to use the data collected in the 2010 SABERS to strengthen, tailor, and focus their prevention program. Activities supported by this TBD partner will assist the LDF to embrace a comprehensive prevention program including activities to improve structural factors influencing HIV prevention, behavioral programs including peer outreach and sports related ativities, and male circumcision. Sports centered activities started in 2009 such as VCT and peer education at football matches were highly successful and will be continued. Peer education will be strengthen and using the SABERS, peer educators will have enhanced content training and monitoring and evaluation training. Military specific condoms will be provided in the context of the overall prevention program promoting the military duty to protect one's self, family, and country. The prevention partner will also integrate male circumcision messaging into all prevention modalities.

Cross-Cutting Budget Attribution(s)

Education	Redacted

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**12101**		
Mechanism Name:	**TBD DOD/LDF Prevention**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
The TBD prevention partner will support the Lesotho Defence Force (LDF) to conduct HIV trainings for children and spouses, HIV infected soldiers, and officers, work with the LDF to use the data collected in the 2010 SABERS to strengthen, tailor, and focus their prevention program. Activities supported by this			

TBD partner will assist the LDF to embrace a comprehensive prevention program including activities to improve structural factors influencing HIV prevention, behavioral programs including peer outreach and sports related ativities, and male circumcision. Sports centered activities started in 2009 such as VCT and peer education at football matches were highly successful and will be continued. Peer education will be strengthen and using the SABERS. Peer educators will have enhanced content training and monitoring and evaluation training. Know your status prevention campaign will be conducted which attract both LDF and other uniform services. Funding under AB will focus on behavior change including partner reduction and safe sex.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The TBD preventionpartner will work with the Lesotho Defence Force (LDF) to use the data collected in the 2010 SABERS,to strengthen, tailor and focus their prevention program. Activities supported by the TBD partner will assist the LDF to embrace a comprehensive prevention program including activities to improve structural factors influencing HIV prevention, behavioral programs including peer uotreach and sports related activities and male circumcision. LDF prevention activities will focus on providing HIV/C/T, provision of camouflaged male condoms and condom training along with messaging to reduce the number of partners and concurrent partnership. TheTBD prevention partner will support the LDF to conduct HIV trainings for spouses, HIV infected soldiers, and officers. The partner will support the LDF to conduct prevention outreach at high risk venues that are frequented by the LDF and the community. The LDF will continue and strengthen other prevention activities. The 2010 SABERS will be used to inform prevention programming, allowing for a tailoring and focusing on the specific HIV risks found in the LDF. Activities will include training of peer educators and refresher trainings for existing peer educators, and training for HTC counselors. Information regarding male circumcision as a prevention modality will be integrated into prevention education for LDF personnel. Outreach events will be conducted by LDF and there will be use of community events such as soccer tournaments, LDF world AIDS day and army day.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12102	**Mechanism Name: Supporting Evaluation and Research to Combat HIV/AIDS (SEARCH) project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Project SEARCH – Supporting Evaluation and Research to Combat HIV/AIDS (SEARCH) – is an Indefinite Quantity Contract (IQC) awarded to five organizations to support HIV/AIDS research and evaluation in developing countries.

The goal of the project is to carry out research and evaluation to improve the coverage, quality, and effectiveness of HIV/AIDS prevention, care, and treatment programs worldwide, and to strengthen local capacity in HIV/AIDS research and public health evaluations through training and in-country collaborations. The five awardees are Boston University, Futures Group International, Family Health International, Johns Hopkins University and the Population Council.

The awards – based on full and open competition – fall under a mechanism called an Indefinite Quantity Contract (IQC), which provides a more efficient response to the short- and long-term needs of Missions overseas by establishing a competitive bidding process among only the Project SEARCH contractors.

The PEPFAR Lesotho team anticipates using Project SEARCH for supporting Partnership Framework evaluation needs in key areas where the PEPFAR program doesn't have yet partners established on the ground and where national programming is fragmented such as prevention and community care/OVC. It is envisioned that this partner will coordinate with other PEPFAR implementing partners working in the relevant technical areas and work closely with GOL counterparts in strengthening their capacity in evaluation procedures and by providing technical assistance to local institutions.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12102		
Mechanism Name:	Supporting Evaluation and Research to Combat HIV/AIDS (SEARCH) project		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
The PEPFAR Lesotho team anticipates using Project SEARCH for supporting Partnership Framework evaluation needs in key areas where the PEPFAR program doesn't have yet partners established on the ground and where national programming is fragmented such as prevention and community care/OVC.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12103	**Mechanism Name: Technical Support to Lesotho Blood Transfusion Service**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEPFAR's blood safety technical assistance project is a cooperative agreement awarded by HHS/CDC from 2007 to 2011, with a total potential value of Redacted. Through the partner, support has been provided to strengthen Lesotho blood transfusion services (LBTS), which include strategic planning, policy development and implementation, quality improvement in blood screening and processing, blood donor management, clinical use of blood, training and M &E.

Blood transfusion can be life saving, and expedites recovery in many illnesses. Blood transfusion is an essential part of modern health care delivery, and directly supports several Millennium Development Goals. However transfusion may be associated with complications and carries the risk of transmission transmissible infections (TTI's). These TTI's include diseases of immense public health importance such as HIV and hepatitis. Blood services require financial and human resources which are scarce in developing countries. PEPFAR supports Blood Safety through Biomedical HIV prevention, and enables improvement through key activity objectives. The PEPFAR program in Lesotho aims to address human resource capacity, policy and infrastructure challenges experienced by the LBTS by providing training and technical assistance for a strengthened and sustainable service which contributes directly to the health system.
Lesotho's health services are compromised by a chronic shortage of safe blood. LBTS collects just over 3000 units of blood annually, falling far short of the most conservative estimated need for blood in Lesotho of 10 000 units. The most important single reason for an inability to meet this clinical demand is inadequate capacity in the service. Together with the high prevalence of HIV, it is extremely challenging to access a safe and adequate supply. Despite external funding for health issues in the country, LBTS has received little support for its essential service to date.
A fully capacitated LBTS which provides the target of 10 000 units of safe blood per annum to the health service represents at least 10,000 counseling and testing interactions (specifically for potential blood donors) per year. Although less than the WHO recommended figure for a country of Lesotho's population size, this target is appropriate for the current status of health services in Lesotho.

Through PEFPAR, the partner will support development of LBTS. Specialist training staff will provide advocacy, donor management training, quality systems training and mentorship in LBTS and in hospital blood banks. It will also facilitate access to the skills resources of the above mentioned services.

PEPFAR represents an opportunity to support the LBTS and establish an integrated approach to blood

safety in Lesotho with potential cross cutting benefits to many programs. Links to Lesotho PEPFAR framework exist in the areas of HIV reduction through increased blood safety and in patient care through provision of an adequate and safe blood supply, and is a critical treatment adjunct to manage HIV related anemia since up to 70% of all patients with HIV develop anemia. LBTS is well positioned to support the adult and pediatric ARV treatment programs, maternal health, counseling and testing, and health care infrastructure, as well as HIV prevention through biomedical prevention. The need to develop human capacity and train highly specialized staff requires skills which extend beyond the scope of routine laboratory services, and therefore requires specialist training and dedicated technical assistance.
The overall goal of PEPFAR support is to ensure availability of a safe and adequate blood supply and to promote the development of LBTS, aligned with international norms and standards of best practice. This entails:
1. Health System Strengthening: the implementation of a (revised) national blood policy and supporting legislation
2. Blood Donor Management: the collection of blood from regular, low risk, voluntary non-remunerated donors
3. Laboratory: effective and universal screening for HIV, hepatitis B and C and syphilis, with appropriate storage, processing and distribution of blood and blood products
4. Appropriate Clinical Use of Blood: development of transfusion guidelines, monitoring demand and optimizing prescribing practices and transfusion outcomes through continuing medical education and hemovigilance program.
5. Training: in-service training and mentorship of blood service and hospital personnel
6. Strengthening "Club 25: PEFPAR will support a youth blood donor club for voluntary non-remunerated blood donators (VNRBD) for promoting HIV prevention through peer support, safe lifestyles and regular counseling and testing for blood donors.
7. Monitoring & Evaluation: to measure performance using PEPFAR blood safety indicators, and progress toward meeting objectives and implementing best practice systems, including exploration of Information Management Systems
8. Sustainability: to ensure continuity after PEPFAR through adequate capacity and ensuring Lesotho MOHSW commitment and support. Among other strategies, this will need to be achieved by accurate costing of blood and blood products, and demonstrating cost efficiency.

The technical assistance to be provided will be cost effective because the national blood program will improve blood utilization in clinical environments and utilization of resources through improved quality management. Moreover, it will reduce patient mortality and cost of care through shorter hospital stays, and fewer cross border referrals for access to blood and blood products.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12103**		
Mechanism Name:	**Technical Support to Lesotho Blood Transfusion Service**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted

Narrative:

The primary objective of PEPFAR funded activity in Lesotho is to achieve a safe and adequate supply of blood for Lesotho's clinical needs. The specific objectives include:
1. Pursuing a national blood policy, and enactment of supporting legislation;
2. Providing training of BTS and hospital personnel in donor management, best operational practices, appropriate clinical blood use, and monitoring and evaluation;
3. Assisting development of long term sustainability and planning for LBTS; and
4. Ensuring an effective cost efficient operation

In FY10, PEPFAR's technical support will focus on the following.
A. Infrastructure and policies: The PEPFAR partner will support the LBTS stakeholders committee to monitor and assist LBTS development. Technical assistance will provided for design and development on blood centre infrastructure development at national and regional levels.

B. Training support: The in-service trainings include the following areas:
Training of hospital blood banks staff on quality management systems to improve the management of blood transfusion services;
Training of Voluntary Non-remunerated Blood Donor (NRBD) recruitment staff on blood donor recruitment and management systems;
Training on phlebotomy, blood collection, and pre and post-donation counseling;

Training of laboratory staff on Quality Assurance /External Quality assessment (QA/EQA) on blood screening of transfusion transmitted infections (TTI) and blood grouping and blood component processing; and Training of staff on blood distribution, cold chain storage and logistics management; Provide regular training, updates and reviews on clinical blood usage, Develop and train staff on hospital blood usage and hemovigilance . In addition to training, follow up and supportive supervision will be provided to LBTS and hospital blood transfusion services to ensure quality system is implemented. C. Data management support: Technical assistance will be provided on the identification of a data management system including, data collection, monitoring and evaluation of activities. D. Development of sustainable systems: PEPFAR will assist with the establishment and identification of suitable operational policy development, identifying gaps to improve the blood collection and distribution processes. Moreover, PEPFAR will provide regular updates and reviews on clinical blood usage and quality management. E. Support for "Club 25": Technical support will be provided in recruiting more youth members in schools, workplaces and establishing 'Club 25" at district levels.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12104	**Mechanism Name: TBD Health Systems Strengthening**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Many countries face health worker shortages, an inability to recruit, train and deploy staff to areas with the greatest need, and a workforce that does not have the skills necessary to respond to the HIV/AIDS crisis. The urgent need for greater human capacity demands that health planners and managers adopt a new paradigm of advanced teamwork, ownership and collaboration, strengthened systems, stronger problem-solving skills, and the thoughtful sharing across borders. Regional and national institutions and individuals are fully capable to lead and implement the effort to build human capacity to provide HIV/AIDS prevention and care in the region.

This five-year award to a TBD partner will provide a mechanism for a regional platform in assist African countries in building the human resources (HR) necessary to deliver quality health and HIV/AIDS programs. The regional platform established underthis award will assist with the implementation of country-specific programs and activities illustrated under the country PEPFAR frameworks and other Global Health Initiative documents. Activities funded under this award are expected to improve the delivery of health and HIV/AIDS services in both the pubic and private sectors by strengthening the capacity of health workers, policy makers and planners, program managers, educational faculties and institutions and communities and families to deliver those services. It will do this through an alliance of qualified, specialized, Africa-based, regional and country-based people, organizations and institutions. The work of the Alliance on regional human resources for health and social welfare will contribute to the achievement of the United States President's Emergency Plan for AIDS Relief (PEPFAR) Frameworks in Lesotho.

TBD Partner will be embedded in the MoHSW, which will afford it a major influence and the ability to bring other development partners to participate in both country-led and global efforts to improve action across all major areas of health systems. These, include policy development, strategic planning, human resources capacity development, building leadership and management skills of health workers, financing, service delivery improvement (including infrastructure, supply systems and QA/QI advancements in health facilities) and information systems. SAHCD will continue to work across all levels of the systems with all actors in the public sector, regulatory bodies and teaching institutions and will continue supporting sector strategies and plans; helping build system-wide responses; and working on initiatives to devise, test and share best practice.

The a key focus of TBD partner will be to respond to the human resource crisis in the health and social welfare sector, linked to the HIV/AIDS epidemic by leveraging the institutional and technical capacity of local and regional partners, including Non-governmental organizations (NGOs), government institutions, multilateral organizations, and private partners. These organizations will be accessed and used to implement, coordinate, advocate and provide technical assistance to strengthen to the regional planning, development and support of the health and social welfare workforce, including monitoring and evaluation and alliance building. By the end of this award in 5 years, a local partner led Alliance will bolster a consolidated approach to addressing the HR crisis faced by the countries in the region and augment human resource for health and social welfare programs in Africa. This award will be developed at a regional level to address the regionality of the HR crisis in Africa including the movement of critical health and social welfare cadres in, out and around the SADC countries. The TBD partner will work through an alliance of Africa-based people and institutions, including current SAHCD partners and related southern African organizations, by offering providing core activities focused on increasing the numbers of workforce needed and the quality and performance of this workforce. The TBD Partner will bring together a diversity of partners, skills and activities around the Lesotho Partner Framework's vision human resources for health (HRH)/ health systems strengthening (HSS) to increase and build the human resources for health and social welfare in southern Africa.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12104**		
Mechanism Name:	**TBD Health Systems Strengthening**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			

Quality Assurance (QA)
• TBD Partner will finalise the QA programme, leading to accreditation assessment of involved facilities.
• TBD Partner will extend programme country wide, with TBD Partner QA support restricted to oversight and support.
• A web based system will be institutionalized at the MoHSW's Quality Assurance unit to generate reports, share these with facilities key stakeholders in the health sector during reviews and use it for policy decisions.
• QA system will be linked to relevant systems within the sector such as the Health Information Management, Human Resources Information.

Restructuring, recruitment and deployment, retention and other operational Policies
The former award (SAHCD) provided Technical Assistance (TA) to the MOHSW to re-structure and establish a functional structure. This proposed organizational structure and new positions was submitted to Cabinet and MoPS for approval and implementation. Although approved by the former the MoPS posed some challenges which are currently being addressed. SAHCD also assisted the MOHSW to develop a concept note on "Task shifting" as an interim measure to address the prevailing skilled labor shortages at the point of service delivery and to respond to the HIV and AIDS impact.
• TBD partner will continue to support the HR Directorate of the MoHSW to facilitate implementation of the above mentioned new structure.
• TBD Partner will continue to support the development of relevant sector specific recruitment policies (for the workforce and training programmes), retention strategy, deployment policy, communication strategy, and other relevant priority policy issues as will be determined by the Health sector. The activities to supplement the proposed new structure of the MOHSW will include development of schemes of service and career ladders of the health workforce. TBD Partner will strengthen orientation of MOHSW's newly recruited health workers especially in the HR department to enhance a 'hands on' approach and efficiency.
• TBD Partner will support dissemination and implementation of these policies and strategies. The geographic disparities in personnel coverage at the point of service delivery at the primary level (health centers), coupled with the under-supply of personnel by the dedicated training institutions, reflect inefficiencies in the prevailing posting practices of the MoHSW. TBD Partner will assist the MoHSW to develop a posting policy.
• TBD Partner will provide technical assistance in developing and implementing a strategic plan for Nursing in the country.
• TBD Partner will support implementation of Work place Program
•TBD Partner will continue providing support and supervision to the established Wellness clinics in 22 health facilities. It will build the capacity of a unified national and regional support and supervision teams that will focus on the QA, Wellness, and LDP programmes. In collaboration with the other partners it will

enhance linkages between HCD programmes and the Human Resource Advisory Committee to ensure continuous feedback on progress and highlight programme challenges with MOH senior management. TBD Partner will also periodically monitor and evaluate the programmes.

Strengthening Leadership, Governance and Management Capacity of MOH
TBD Partner will continue to emphasise its health systems strengthening programmes through PST and In-service Training (IST) according to the relevant training policies and strategies. PST activities and these will be focused on NUL, CHAL, NHTC and MOHSW. IST activities will be in support of MOHSW, other implementers and health care institutions. Health system strengthening activities will be conducted .
• TBD Partner will assist in the implementation of improved PST curricula, in line with the country's health needs and HRH plan.
• TBD Partner will give technical assistance in introducing innovative training methodologies for IST training, support through TOT and co – training activities and assess trainers' competencies in order to identify gaps and strengthen training efforts in line with the MoHSW Continuing Education strategy.
• TBD Partner will continue supporting IST activities in Lesotho, focusing mainly on areas that are unattended or have gaps/limitations. These areas will include the strengthening of transition efforts for new cadres from PST, through coaching/ mentorship and strengthened supervisory roles. In FY09, SAHCD developed a mentorship toolkit to support this transition and expand the quality and capacity of the health workforce.
• TBD Partner will support the recruitment of health cadres in key priority areas, in response to country and institutional needs.
• TBD Partner will advocate through the MOHSW to establish an accreditation system within the MOHSW, responsible for regulating education and practice standards of non- regulated health cadres such as community health workers.
• TBD Partner will strengthen regulatory bodies in implementing a continuous education monitoring system, to ensure continuous development of health cadres, and licensure in line with international best practice.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				38,382		38,382
ICASS				376,200		376,200
Non-ICASS Administrative Costs				146,342	768,000	914,342
Staff Program Travel				290,500		290,500
USG Staff Salaries and Benefits				1,060,000		1,060,000
Total	**0**	**0**	**0**	**1,911,424**	**768,000**	**2,679,424**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		38,382

ICASS		GHCS (State)		376,200
Non-ICASS Administrative Costs		GHCS (State)		146,342
Non-ICASS Administrative Costs		GHCS (USAID)		768,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				10,000		10,000
Management Meetings/Professional Developement				10,000		10,000
Non-ICASS Administrative Costs				5,000		5,000
Staff Program Travel				5,000		5,000
USG Staff Salaries and Benefits				45,000		45,000
Total	**0**	**0**	**0**	**75,000**	**0**	**75,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		10,000
Management Meetings/Professional Developement		GHCS (State)		10,000
Non-ICASS		GHCS (State)		5,000

Administrative Costs				

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			146,454			146,454
ICASS			430,468			430,468
Institutional Contractors				50,000		50,000
Management Meetings/Professional Developement				27,500		27,500
Non-ICASS Administrative Costs				539,000		539,000
Staff Program Travel			78,078	94,922		173,000
USG Staff Salaries and Benefits			495,000	417,550		912,550
Total	**0**	**0**	**1,150,000**	**1,128,972**	**0**	**2,278,972**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		146,454
ICASS		GAP		430,468

Management Meetings/Professional Developement		GHCS (State)		27,500
Non-ICASS Administrative Costs		GHCS (State)		539,000

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				49,622		49,622
Computers/IT Services				12,000		12,000
ICASS				53,863		53,863
Management Meetings/Professional Developement				5,000		5,000
Non-ICASS Administrative Costs				98,000		98,000
Staff Program Travel				40,000		40,000
USG Staff Salaries and Benefits				291,621		291,621
Total	**0**	**0**	**0**	**550,106**	**0**	**550,106**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security		GHCS (State)		49,622

Cost Sharing				
Computers/IT Services		GHCS (State)		12,000
ICASS		GHCS (State)		53,863
Management Meetings/Professional Developement		GHCS (State)		5,000
Non-ICASS Administrative Costs		GHCS (State)		98,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				2,400		2,400
Peace Corps Volunteer Costs				364,200		364,200
Staff Program Travel				4,000		4,000
USG Staff Salaries and Benefits				25,400		25,400
Total	**0**	**0**	**0**	**396,000**	**0**	**396,000**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		2,400