# Lesotho

# Operational Plan Report

# FY 2011

# Operating Unit Overview

## OU Executive Summary

**Background**

*Epidemic Context:* Lesotho is a mountainous country with a population of 1.8 million that faces one of the most serious HIV/AIDS epidemics in the world. The 2004 Lesotho Demographic and Health Survey (LDHS) found overall HIV prevalence of 23.2% among adults aged 15-49. Life expectancy has fallen to 40 years of age, and over 39% of the population is under the age of 15. A new 2009 LDHS will soon provide up-to-date data on HIV prevalence. However, the number of AIDS-related deaths has dropped sharply since its peak in 2005 as antiretroviral therapy (ART) has increased in coverage and prolonged the lives of people living with HIV, making prevalence data increasingly difficult to interpret.

The 2004 LDHS data indicate an alarmingly high HIV prevalence among young people. By age 20-24, about 25% of women are infected; prevalence increases to 40% for the age cohort 25-29 and remains at around this level for women throughout their thirties. Male prevalence lags behind female prevalence by about five years, but similarly reaches about 40% among men aged 30-45. With such high average levels of prevalence nationally, the pool of at-risk individuals is likely at or near saturation among adult men and women aged 25-44. The epidemic is almost uniformly severe throughout the country, with prevalence above 15% in all districts and all but the youngest age-groups.

Incidence is estimated to have fallen by half since its peak in 1995, but a high number of infections still occur each year. Heterosexual sex is the predominant HIV transmission pathway. The GOL and UNAIDS *Lesotho Analysis of Prevention Response and Modes of Transmission Study, 2009* (the "MOT Study") provides a comprehensive overview of epidemiological data and the current status of prevention programming. Based on application of the UNAIDS incidence model, the MOT study concludes that <u>both</u> multiple partner behaviors and single (discordant) partner relationships contribute substantially to annual incidence. (Each is estimated to contribute roughly 30-60% of new infections, with wide-ranging estimates resulting from key data gaps.) The analysis suggests that commercial sex and men who have sex with men each contribute about 3-4% of all new infections, and medical transmission contributes a small number of new infections. Injecting drug use is not a major problem in Lesotho.

*Major Epidemic Drivers:* The MOT study concludes that multiple sexual relationships before and during marriage, in combination with low levels of male circumcision, and low and inconsistent condom use, are the major factors driving Lesotho's hyperendemic HIV situation. Sexual concurrency, often in the form of long-term secondary partners, is exceptionally high in Lesotho. Overall, prevalence of multiple and concurrent partnerships (MCP) is estimated at 24%, compared to 10% in the region; in some studies up to 36% of individuals report MCP. The number of sexual partners is a strong predictor of HIV sero-status. Although frequency of MCP appears to be declining, multiple data sources confirm that such partnerships remain at a high level, and are legitimized through deep-rooted traditions of polygamy. In Basotho culture, strong taboos also exist around open discussion of sexuality, and men are dominant decision-makers in the sexual domain. Based on the age profile of the epidemic, intergenerational sex also appears to be occurring, and is likely closely linked with concurrent partnerships.

A major factor contributing to MCP is labor migration, which plays a substantive social and economic role in the lives of most Basotho. Remittances accounted for 27% of the GDP in 2008. Over 255,000 individuals have emigrated, mostly for work and mainly to South Africa. This is almost one out of every five Basotho over the age of 15. Many working emigrants find employment in South Africa in mines, farms, or industry. Since housing arrangements are usually single sex dwellings, these emigrants often engage in sexual partnerships with commercial sex workers or long term non-marital partners. The other half of labor migration is the partner left behind who, in Lesotho, is most often female. The 2004 LDHS

indicates that 37% of households in Lesotho are women-headed, and in part this is attributed to labor migration. Research from South Africa indicates that migration increases risk to both partners, because women as well as men become infected with HIV through sexual relationships outside of their primary one. Labor migration patterns are changing in Lesotho and there is an increase in domestic migration among females who work primarily in the textile industry. Similar to men who migrate out of the country, domestic migration splits families and increases the possibility of sexual risk taking and concurrent sexual partnerships.

In the 2004 LDHS, 48% of men reported being circumcised. However, self-reported circumcision status does not appear to have a strong protective effect, most likely because traditional male circumcision as performed in Lesotho often involves a symbolic cut rather than complete removal of the foreskin. Only the 16% of men circumcised at health facilities can be considered to be fully protected by male circumcision. Thus lack of medical male circumcision (MMC) and incomplete circumcision are factors likely contributing to the epidemic.

UNAIDS estimates that 270,000 Basotho are people living with HIV (PLHIV). The MOT Study estimates that one-third of all couples are HIV-infected, meaning that one or both of the partners has HIV. Of these, 40% are discordant couples, or only one of the partners is HIV infected, and represent an opportunity to stem new infections among regular partners. Most Basotho men and women engaging in risky sex in the context of a high background level of HIV risk do not protect themselves by using condoms. Moderate, although increasing, levels of condom use during last higher risk sex is reported by both men and women. In the 2004 LDHS, these condom use rates for men were 49%, rising to 64% in 2009 as per the preliminary 2009 LDHS data. For women, these figures are 42% and 65%. The 2009 LDHS indicates that condom use by individuals with two or more partners is still relatively low: 38% for women and 51% for men.

Comprehensive knowledge of HIV transmission and prevention is low; only 24% of women and 19% of men can correctly identify three modes of transmission and two myths regarding HIV/AIDS, although preliminary findings from the 2009 LDHS suggest that there has been improvement in this area. For example, 71% of women and 60% of men believe that using condoms and limiting sexual intercourse to one non-infected partner can prevent HIV infection. Age of sexual debut is similar to other countries in the region.

Sexual violence targeting women is prevalent in Lesotho and also increases vulnerability to HIV infection. A MEASURE study conducted in 2004 indicated that 61% of women reported having experienced sexual violence at some point in their life, with 40% reporting coerced sex, 50% assault, and an incredible 22% rape. A household survey conducted in 2006 in two urban areas of Lesotho among sexually active women ages 18 – 35 had similar findings. Twenty-five percent of respondents reported ever being physically forced to have sex, and 13% reported attempted forced sex. The most common perpetrators of actual and attempted forced sex were boyfriends, at 66% and 44%, respectively.

The UNGASS country report for Lesotho, 2008 – 2009, highlights several accomplishments in HIV prevention in Lesotho. These include the expansion of social and behavior change communications activities and the launching of a National Behavior Change Communications Strategy in 2009. The coverage of prevention of mother-to-child transmission services increased from 6% in 2005 to 71% in 2009. Over 780,000 Basotho have been tested for HIV by the end of 2009, and during a five year period up to the end of 2009, over 32 million condoms were distributed throughout the country.

**Sustainability and Country Ownership**

*The National Response, GOL and USG Policy Frameworks and Key Partnerships:* Recently, both prevention and broad-based capacity-building and systems strengthening have emerged as priorities for the GOL, PEPFAR, the Global Fund for the Fight Against AIDS, Tuberculosis, and Malaria (GFATM), and

other donors. The USG interventions under the PEPFAR program reflect an overall strategic approach which is rooted in a number of the frameworks and policy documents developed by the GOL and the United States Government (USG), and will contribute to the goals expressed in each:

- Lesotho National HIV and AIDS Strategic Plan, 2006 – 2011: The National Strategic Plan (NSP), which was revised in 2009, provides the framework for the national HIV/AIDS response. The strategic focus areas addressed under the NSP include prevention, treatment, care, and support, impact mitigation, and management and coordination. At the impact level, it aims to reduce the number of new infections by 50%, or from 22,000 in 2007 to less than 11,000 in 2011. Priority prevention interventions include social and behavior change communications, male circumcision, prevention of mother-to-child transmissions, condoms, linked HIV testing and counseling, and HIV prevention in the workplace.

- The National Behavior Change Communications Strategy: In 2008, the GOL, the Ministry of Health and Social Welfare (MOHSW), and the National AIDS Commission (NAC) approved this strategy to guide communications addressing prevention, care and support, treatment, and capacity building. Within the plan are six overall strategies to: stimulate dialogue about sex and sexuality and other sensitive topics; promote risk reduction among couples and singles; teach life skills to children and youth; reach out to vulnerable groups to prevent new HIV infections; address gender and community norms; and target supporting audiences and integrate BCC into existing programs. The Strategy identifies four key focus groups for BCC in the prevention of HIV and includes secondary audiences: Youth 10-24 yrs, Men and women of reproductive age (24-49 yrs), Vulnerable groups (migrants, herd boys, sex workers, prisoners, MSM), and People living with HIV and AIDS.

- The forthcoming National HIV Prevention Strategy: The NAC, with technical assistance from the USG and other development partners, is currently developing a three-year National HIV Prevention Strategy and costed operational plan for Lesotho. The strategy will provide a framework for the coordinated, multi-sectoral implementation of behavioral, biomedical, and structural initiatives. These will address the prevention needs of the general population and at-risk populations, including migratory populations, young people, sex workers, and MSM.

- The National OVC Strategic Plan 2006-2011 was formulated to support implementation of the OVC National Policy. The purpose of the plan is to provide a framework that promotes collaboration, eliminates duplication of efforts and ensures fair distribution of resources among service providers. The plan further facilitates coordination in monitoring and evaluation of all OVC activities thus leading to quality care, transparency and accountability. The plan, whose vision is to have a society within which all OVC are free from discrimination, live in dignity and to their full potential, and have their rights and aspirations fulfilled, aims at achieving six strategic aims: OVC are educated and empowered; quality care, support and protection; service providers are motivated and competent; national consultations and coordination; well resourced OVC program; and effective OVC information management.

- The Five Year PEPFAR Strategy, 2009 -2013: In 2008, the President of the United States signed into law H.R. 5501, reauthorizing PEPFAR for another 5 years. Over these five years, the USG and host country governments will work to achieve these five overarching goals:
    - Transition from an emergency response to promotion of sustainable country programs.
    - Strengthen partner government capacity to lead the response to this epidemic and other health demands.
    - Expand prevention, care, and treatment in concentrated and generalized epidemics.
    - Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.

- Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.

Emphasis in Lesotho is on mapping and documenting needs, the scale-up of high-impact, evidence based combination approaches, mutually reinforcing prevention interventions targeting populations in which new infections are concentrated, and linking prevention messaging to treatment and care to maximize impact in reaching HIV-infected people. Gender is another strategic priority; PEPFAR-supported programs must integrate thoughtful and evidence-based responses into their initiatives.

- The PEPFAR Partnership Framework: The USG will continue work initiated under the first phase of PEPFAR, under a Partnership Framework in which PEPFAR resources and host government commitments have been codified to increase the partnership dedicated to fighting the HIV epidemic. In Lesotho, the two governments signed the Partnership Framework on August 20, 2009. Recognizing the critical importance of reducing HIV transmission, the Partnership Framework's first goal is "HIV incidence in Lesotho is reduced by 35 percent by 2014." The Framework's second goal is 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." Towards these goals, the Partnership Framework aims to reach 80% of the population with comprehensive prevention interventions, and commits the USG to increasing funding and technical support for evidence-based, congruent prevention activities which are linked to treatment and care services. The third and fourth goals focus specifically on building Basotho capacity to address the epidemic, and are "the human resource capacity for HIV and AIDS service delivery is improved and increased in three key areas (retention, training, and quality improvement) by 2014" and "Health systems are strengthened in five key areas (HMIS, laboratory, organizational capacity, supply chain, and health financing) to support the prevention, treatment, care, and support goals by 2014", respectively.

**Integration across the USG**

*US Embassy Special Projects Small Grants Program*: The Special Projects office in Lesotho covers the Ambassador's Self-Help Grants, HIV/AIDS Grants through PEPFAR, and the Ambassador's Girls Scholarship Program. The Self-Help fund provides small, short-term grants (one-year) to community groups that are working to improve the basic economic and social conditions of their villages or communities, directly addressing one of the drivers of the epidemic: poverty. The fund also provides grants for activities such as construction of classrooms, construction of community centers and health clinics, and boreholes for access to clean water, all of which support PEPFAR HIV projects in the area. The U.S. Ambassador's HIV/AIDS Community Grants Program, funded by PEPFAR, awards community-initiated, income-generating projects in Lesotho which assist and promote orphaned and vulnerable children (OVC) and HIV/AIDS infected persons. The Ambassador's Girls' Scholarship Program provides scholarships for the retention of girls and boys who would otherwise have no means of staying in school, and therefore addresses one of the key areas of vulnerability. Mentoring and health training for the students complements the scholarship program. To date, 1,153 scholarships have been provided to children in Lesotho, on the basis of academic merit, income, and the effects of HIV/AIDS on the child or family. In addition, the PEPFAR team's capacity-building umbrella grants partner provides capacity-building in the areas of governance and financial management to strengthening the ability of the Special Projects' grantees to manage USG funds.

*MCC/MCA:* The US Government's MCC Compact with Lesotho includes a Health Project that provides a clear example of the collaborative efforts led by the MCA program. This health project is part of a 5 -way partnership between MCC and the Ministry of Health, the National AIDS Commission, PEPFAR, and the MCA-Lesotho team with a goal of improving essential health services such as safe motherhood, HIV/AIDS prevention, care, and treatment, and treatment for tuberculosis. Under this health project, MCC has committed up to $122 million to fund infrastructure renovations and strengthen health systems. This includes rehabilitation over a five-year period of up to 150 existing health centers and 14 district hospital

out-patient departments. The MCC Compact Health Program strengthens the backbone of Lesotho's health sector and PEPFAR and the other partners are contributing to the critical program content of building capacity and delivering essential health services.

**Coordination with Other Donors and the Private Sector**

The PEPFAR Lesotho team works closely with other development partners through the Health Partners' Forum and the Global Fund Country Coordinating Mechanism to ensure that synergies across programs are enhanced and gaps are avoided. This is largely accomplished through the participation in a variety of in-country coordinating mechanisms at various technical and political levels. Some of these include: the Health Development Partners Coordinating Committee, the Partnership Framework Management Team, and the Global Fund Country Coordinating Mechanism, of which the USG is a permanent member. It is also a member of national technical working groups chaired and coordinated by MOHSW and NAC, including Prevention, Care and Treatment, Laboratory, Human Resource and Strategic Information (MOHSW HMIS technical working group, the NAC M&E technical working group).

Specific donor support includes the following:

- The Global Fund Round 8 Phase I Grant, which recently began implementation, budgets $57.7 million over two years for HIV prevention, TB, and health system strengthening. This includes about $4.54 million for HIV prevention (mass media, STI management, testing and counseling, condom distribution, and male circumcision), $17.18 million for treatment (ART), $18.4 million for Health Work Force, $7.7 million for TB and $7.4 for health service delivery and operational research.
- German Development Cooperation, through its technical assistance agency, is assisting the MoLGC to roll-out the Essential Services Package for HIV/AIDS through Community Councils, which includes a menu of grass-roots activities to change sexual behavior.
- UNICEF has developed a minimum package for HIV prevention programming for young people and is working with the Ministry of Gender and Youth, Sports and Recreation and several Basotho organizations to implement this package for out-of school youth. UNICEF partners are also rolling out the package for in-school youth through after-school programs.
- The British Department for International Development (DFID) has been supporting mass media in Lesotho to address MCP, under the umbrella of Soul City's regional One-Love mass media campaign. DFID has also been supporting workplace prevention activities through the Apparel Lesotho Alliance to Fight AIDS (ALAFA).
- The World Bank is in the first year of a 5-year, $5 million initiative entitled the HIV and AIDS Technical Assistance Project, which aims to build the capacity of government agencies and civil society organizations at both the national and local levels to address the identified gaps in implementing the National HIV and AIDS Strategic Plan. There are three components to the project: improving capacity to deliver a multi-sectoral response, scaling up the health sector's response, and supporting a decentralized local response to the HIV/AIDS epidemic.
- Irish AID has been an active and important strategic partner in strengthening human resources for health and health systems in Lesotho.
- UNICEF (through UNITAID) support the procurement of pediatric ART and supply chain management as well as providing support to the Ministry of Health in the establishment of Nutrition Corners at facilities.

**Programmatic Focus**

PEPFAR funding for FY 2011 will focus on the following broad programmatic areas. The 2009 LDHS data is expected to be released early 2011. Together with the MoHSW, the PEPFAR team will utilize this new data to guide and update the programs and approaches outlined below:

**1. Prevention:** The shared priority of the Governments of Lesotho and the US is to reduce the number of new HIV infections in Lesotho, as evidenced in the first goal of the Partnership Framework and as

described above. USG prevention efforts will be guided by the National Strategic Framework, the National Behavior Change Communications Strategy BCC, forthcoming National HIV Prevention Strategy, as well as those identified in the PEPFAR 5 Year Strategy and the Lesotho Partnership Framework. Specific priorities to be addressed include:

- Building Local Partnership and Sustainability: Activities are conducted in partnership with Basotho organizations and communities to strengthen the technical capacity of in-country partners to implement effective prevention interventions. Such partners include NAC, government ministries, civil society, faith-based organizations (FBOs), the private sector, traditional leaders, etc.
- Emphasizing Behavioral, Biomedical, and Structural Relevance: Programmatic strategies and resources are targeted based on relevant quantitative and qualitative data about the HIV/AIDS epidemic in Lesotho. This includes a sharp focus on behavioral drivers most salient to the epidemic, including multiple and concurrent partnerships and discordant partnerships and related social and cultural norms. Harmonization of behavioral, biomedical, and structural efforts in HIV prevention including clinical based responses such as ART, PMTCT, FP/SRH and HCT is highlighted.
- Incorporating Best Practice and Innovative Approaches to Prevention: Activities incorporate basic principles of high quality behavior change programming, and interventions are data-driven and based on formative research and behavioral theory. To the extent feasible, programs adapt and replicate evidence-based program models from similar settings. Behavior change activities incorporate linked, multi-level interventions with systematic approaches to providing adequate "dose" and "intensity." Emphasis is on changing social norms as well as individual behaviors, so while adherence to best and promising practices are likely to result in achieving behavior change, innovative and creative approaches are also explored and evaluated.
- Addressing Gender Norms: Social and cultural norms about appropriate male and female behaviors, characteristics, and roles profoundly shape the epidemic in Lesotho and will be addressed as a part of an integrated prevention program. The rights and entitlements of women and girls have changed significantly within the legal system in Lesotho, but these have not yet influenced ongoing social and cultural practices regarding female roles in marriage and sexual relationships. Many women and girls, particularly in rural areas, are not yet able to make their own decisions in terms of how and when they participate in relationships with men. Lesotho, like other neighboring countries, continues to experience high rates of gender-related violence (GBV) and is undoubtedly influenced by perceptions of women as of lower social status than men and duty bound to provide for husbands or partners in whatever way this is demanded.
- Reducing HIV-Related Stigma and Discrimination: Strategies to reduce stigma and discrimination against PLHIV affecting decisions to test, seek treatment, and share one's serostatus are integrated across the range of prevention approaches. The most effective and sustainable responses to HIV/AIDS foster open dialogue and participation at the personal, community and policy making levels, so activities incorporate an emphasis on strengthening involvement of PLHIV, and the organizations that represent them, in both advocacy and implementation—a proven strategy to confront stigma.
- Creating a More Conducive Environment to promote reduced social and cultural inhibitions around open discussion of sex and sexuality: Research and formative studies have revealed that reticence between parents and children, teachers and learners, and partners to openly discuss sex and sexuality is an entrenched part of Basotho culture. While this is changing for some groups, such as adolescents and young adults, the ongoing difficulty of open discussion about sexual relationships increases vulnerability to HIV infection, STIs, and unplanned pregnancies.
- Conducting Rigorous Evaluation: To document success and lessons learned, rigorous evaluation will be undertaken. The evaluations will be linked with national- and district-level data collection to measure behavior change as well as impact, where feasible. Basic output data will not be sufficient to measure or determine success of a program, and as such, process, outcome and impact data will be collected.

- Combination Prevention**:** By addressing all the above factors, the program will support multi-level, multi-channel social and behavior change communication, with particular attention to partner reduction, prevention for PLHIV and discordant couples, delaying initiation of sexual activity for young people and condom promotion and distribution. However, these activities should be situated within the context of a broader combination prevention package, including strong linkages to HIV counseling and testing; male circumcision, when approved, and referral to other HIV services.

**2. Care and Support:** Care and Support activities in Lesotho include provision of basic health care and support for adults and children, delivery of integrated TB/HIV services, and extensive OVC programs. USG interventions in Lesotho will result in a marked increase in access to a full range of well-coordinated essential services for OVC and their families, and for people infected
with and affected by HIV, provided in a manner consistent with the local context and meeting international standards for quality. Activities will result in increased access to improved community-based care that includes: (1) palliative care; (2) effective evidence-based
HIV-prevention programs that reach all age levels and both genders, combat stigma and discrimination, and that encourage positive and responsible approaches to remaining AIDS-free, or if HIV-positive, avoiding the spread of the virus to others. Specifically, Care and Support activities in Lesotho will:

- result in widespread programs to "Know Your Epidemic," linked with locally relevant prevention programs, and national policies supporting HIV/AIDS services for migrant and mobile populations (particularly community-based care and services for OVC)
- increase the management capabilities and strengthen the technical skills of CSOs to provide care and support
- institutionalize local capacity-building in governments and governmental agencies, CSOs and other service providers through mentoring and relevant training programs
- provide high-quality services to all segments of the target populations throughout the country
- produce government and CSO leaders who can inspire and encourage positive, responsible change, and enable the health care system throughout the country to meet and overcome challenges yet unseen and continue to build effective, well-coordinated HIV/AIDS services.

TB/ HIV collaboration activities are targeted towards strengthening existing systems and training health care givers, and building capacity of related departments within the Ministry of Health, the National TB program and district health management teams. Support is provided to develop quality TB diagnostic and management services nationwide wide; mobilize communities to improve participation and involvement in destigmatizing, prevent and treat TB; provide cross border TB services for MARPs such as migrant and mine workers; and support effective prevention and treatment of TB amongt PLHIV.

**3. Treatment:** The treatment model employed in Lesotho is based on the MOHSW's National Strategic Plan (2006- 2011) and the Partnership Framework, which focuses on true country ownership and sustainability of interventions. The Lesotho Care and Treatment program focuses on strengthening ART and health systems, TA to MoHSW on care and treatment, and capacity building, but not direct provision of ART. USG partners do not handle drug procurements and in most cases are not providing ARVs. Instead, one PEPFAR partner is taking a national, integrated systems approach to TA and training of in-country clinicians, providing both facility-level clinical capacity building as well as national guidance on policies and strategies to improve data collection, programmatic efficiency, and quality of care. Another partner is supporting the national program to quantify their ART and related commodity needs and purchase accordingly. Partner staff do on occasion provide ad-hoc service provision to fill gaps and mentor existing clinical staff within facilities. Currently, the USG treatment partner is active in 70% of all health facilities in Lesotho and plans are in place to provide support for all sites by FY2014. This partner will support all 216 public sector health facilities in PMTCT by the end of the year, adding adult and pediatric ART service provision to all these by FY2014 and will therefore be directly managing the field-

level implementation of the MOHSW's National Strategic Plan for 2012-2016 and will be setting ongoing treatment targets in line with this document jointly developed with GoL stakeholders and health development partner input.

In terms of scale-up plans for ART, Lesotho's Ministry of Health and Social Welfare has already taken into account the recently updated WHO guidelines for ART and PMTCT, has considered the CD4 count eligibility levels within its enrollment estimates, and has been implementing a treatment scale-up plan designed to reach 80% of estimated eligible clients. As a longstanding partner in Lesotho, the USG treatment partner is currently engaged with the Ministry of Health and Social Welfare in setting ongoing targets for treatment. Although the partner's activities may not be direct service provision, MoHSW envisions EGPAF as their technical manager for the public sector health system in delivering clinical services countrywide. As a result, PEPFAR's investment is enabling the service provision that is reaching an increasing number of Basotho clients. An additional 32,115 new patients will be reached with FY2011 funding, increasing the total number of HIV+ Basotho on treatment to 70,925.

The Government of Lesotho funds approximately 70% of all antiretroviral drugs supplied in country through its recurring operating budget; this has been the case since 2007. Global Fund (through Ministry of Finance, which is the primary recipient) and UNICEF (through UNITAID) fund the remaining 30% of Lesotho's ART inventory with UNICEF taking up the bulk of pediatric ARVs. Clinton Foundation also provides TA and technical support for supply chain management and logistics around ART, which complements the activities of the PEPFAR funded logistics partner mentioned above.

**4. Woman and Girl-Centered Approaches:** While the PEPFAR/Lesotho portfolio has programming dedicated to addressing gender issues and discrimination embedded within the broader components of all their prevention, care and treatment projects, it is embarking on a full-scale campaign focused solely on the rights of women, and particularly their financial empowerment (the lack thereof being a known driver for MCP). In addition to efforts under the PEPFAR Partnership Framework, the Government of Lesotho and the Millennium Challenge Corporation have entered into a Compact Agreement to facilitate poverty reduction through sustainable economic growth. The Gender Equality in Economic Rights Program, part of the Compact's Private Sector Development Project, aims to advance gender equality through the realization of women's legal and economic rights.

In order to augment PEPFAR/Lesotho's gender activities and leverage the MCC Compact's existing gender portfolio, PEPFAR/Lesotho will implement a BCC media campaign building on MCC/MCA's trainings and capacity building regarding women's economic rights. In addition, a PEPFAR partner will provide community-based care and support, and the Special Projects program will offer small scale grants to women who have been reached by MCC/MCA trainings on business development and the opportunities afforded to them under the Legal Capacity of Married Persons Act. This activity will, therefore, not only educate women about their rights under the newly enacted Legal Capacity for Married Persons Act, but will also empower and assist women to access rights and privileges granted to them through this Act, as well as provide resources with which to implement their new-found rights.

**5. Health Systems Strengthening and Human Resources for Health:** Lesotho, like many countries in southern Africa, faces 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. The USG Systems Strengthening partner will support the GoL to build the human resources necessary to deliver quality health and HIV/AIDS programs.

Activities are expected to improve the delivery of health and HIV/AIDS services in both the public 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. This will be accomplished through an alliance of qualified, specialized, Africa-based, regional and country-based people, organizations and institutions. The key focus of these activities is 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 planning, development and support of the health and social welfare workforce, including monitoring and evaluation and alliance building. This consolidated approach to addressing the HR crisis faced by the countries in the region will augment human resource for health and social welfare programs in Lesotho. Priorities for PEPFAR HRH investments in Lesotho include:

- Implementing the national HRH plan
- Developing national HRIS and promoting the use of data for decision-making
- Developing pre-service education for health-related professionals, paraprofessionals and community health workers
- Strengthening HRH planning and management in the MOH, including the oversight of HRH plan implementation
- Addressing workforce shortages through improving worker recruitment, retention, and productivity, and by engaging and formalizing the community workforce
- Strengthening health professional regulatory bodies and associations (e.g., nursing councils) which may register and credential health care workers, oversee continuing education, and/or accredit academic institutions
- Addressing HRH political, legal, and regulatory barriers

As part of health system strengthening, PEPFAR also supports improvement of quality of services, better planning, monitoring, and evidence-based decision making processes. The support includes improving laboratory infrastructure, HIV diagnosis, treatment monitoring, drug resistance surveillance of HIV/ TB, and improving medical commodity supply management system in the country.

In addition to HRH activities, PEPFAR/Lesotho is working with MCC/MCA to strengthen in-country health information systems and routine health data collection. Complementing MCC/MCA's investment in a national HMIS, PEPFAR/Lesotho is focused on improving data quality and increasing data use through capacity building at facility, district, and central levels within both the MoHSW and the NAC. One partner will be providing targeted mentorship support to the DHMTs to develop their capacity to produce quality M&E quarterly reports and will support facility-level performance reviews as well as routine data quality assessments to improve the availability and quality of health information collected at the point of service.

**New Procurements**
Redacted.

**Program Contact:** Through Nov 5, Whitney Gauthier, interim PEPFAR Coordinator (gauthierww@state.gov). After the 5th, Lucille Bonaventure, PEPFAR Coordinator.

**Time Frame:** October 2011 to September 2012

## Population and HIV Statistics

| Population and HIV Statistics | | | | Additional Sources | | |
|---|---|---|---|---|---|---|
| | Value | Year | Source | Value | Year | Source |
| Adults 15+ living | 260,000 | 2009 | UNAIDS Report | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| with HIV | | | on the global AIDS Epidemic 2010 | | | |
| Adults 15-49 HIV Prevalence Rate | 24 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Children 0-14 living with HIV | 28,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Deaths due to HIV/AIDS | 14,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Estimated new HIV infections among adults | | | | | | |
| Estimated new HIV infections among adults and children | | | | | | |
| Estimated number of pregnant women in the last 12 months | 59,000 | 2007 | UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women. | | | |
| Estimated number of pregnant women living with HIV needing ART for PMTCT | 14,000 | 2009 | Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Progress Report, 2010. | | | |
| Number of people living with HIV/AIDS | 290,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Orphans 0-17 due to HIV/AIDS | 130,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| The estimated number of adults and children with advanced HIV infection (in need of ART) | 130,000 | 2009 | Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. | | | |
| Women 15+ living with HIV | 160,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |

## 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 | Private-Sector USD Planned | PPP Description |
|---|---|---|---|---|---|

| | | | Funds | Funds | |
|---|---|---|---|---|---|
| Improving HCW retention through personal and housing loans | | Standard Bank | 500,000 | 0 | 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.<br><br>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.<br><br>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 |
|---|---|---|---|
| CDC/PSI Repeat Testers Quantitative & Qualitative Study | Population-based Behavioral Surveys | General Population | Data Review |
| 2011 Lesotho ANC Surveillance Survey | Sentinel Surveillance (e.g. ANC Surveys) | Other | Implementation |
| OVC Situational Analysis | Other | Other | Other |
| PSI factory program process evaluation | Evaluation | General Population | Planning |
| SABERS – LDF process evaluation | Evaluation | Uniformed Service Members | Planning |
| Tracking Results Continuously (TRAC) behavioral survey | Population-based Behavioral Surveys | General Population | Data Review |

# 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 | | | 650,000 | | **650,000** |
| HHS/CDC | | 1,150,000 | 9,890,000 | | **11,040,000** |
| PC | | | 350,000 | | **350,000** |
| State | | | 130,000 | | **130,000** |
| State/AF | | | 250,000 | | **250,000** |
| USAID | | | 10,380,000 | 6,400,000 | **16,780,000** |
| **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 | |
| HBHC | | 100,000 | | 0 | 150,000 | 1,650,000 | | **1,900,000** |
| HKID | | 35,000 | | 10,000 | 100,000 | 1,550,000 | | **1,695,000** |
| HLAB | | 35,000 | 1,800,000 | | | 50,000 | | **1,885,000** |
| HMBL | | | 1,100,000 | | | | | **1,100,000** |
| HTXS | | 75,000 | | | | 600,000 | | **675,000** |
| HVAB | | | | 0 | | 1,600,000 | | **1,600,000** |
| HVCT | | 40,000 | 2,340,000 | | | | | **2,380,000** |
| HVMS | 130,000 | 100,000 | 1,500,000 | 340,000 | | 2,100,000 | | **4,170,000** |
| HVOP | | 70,000 | 350,000 | 0 | | 1,300,000 | | **1,720,000** |
| HVSI | | 85,000 | 450,000 | | | 730,000 | | **1,265,000** |
| HVTB | | | 2,800,000 | | | 200,000 | | **3,000,000** |
| MTCT | | 10,000 | | | | 1,800,000 | | **1,810,000** |
| OHSS | | 100,000 | 700,000 | | | 3,600,000 | | **4,400,000** |
| PDCS | | | | | | 1,000,000 | | **1,000,000** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PDTX | | | | | | 600,000 | | **600,000** |
| | **130,000** | **650,000** | **11,040,000** | **350,000** | **250,000** | **16,780,000** | **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 | 1,900,000 | |
| HTXS | 675,000 | |
| **Total Technical Area Planned Funding:** | **2,575,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** Biomedical Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HMBL | 1,100,000 | |
| **Total Technical Area Planned Funding:** | **1,100,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** Counseling and Testing

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVCT | 2,380,000 | |
| **Total Technical Area Planned Funding:** | **2,380,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** Health Systems Strengthening

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| OHSS | 4,400,000 | |
| **Total Technical Area Planned** | **4,400,000** | **0** |

| | | |
|---|---|---|
| **Funding:** | | |

**Summary:**
(No data provided.)

**Technical Area:** Laboratory Infrastructure

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HLAB | 1,885,000 | |
| **Total Technical Area Planned Funding:** | **1,885,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** Management and Operations

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVMS | 4,170,000 | |
| **Total Technical Area Planned Funding:** | **4,170,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** OVC

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HKID | 1,695,000 | |
| **Total Technical Area Planned Funding:** | **1,695,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** Pediatric Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| PDCS | 1,000,000 | |
| PDTX | 600,000 | |
| **Total Technical Area Planned Funding:** | **1,600,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** PMTCT

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| MTCT | 1,810,000 | |
| **Total Technical Area Planned Funding:** | **1,810,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** Sexual Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVAB | 1,600,000 | |
| HVOP | 1,720,000 | |
| **Total Technical Area Planned Funding:** | **3,320,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** Strategic Information

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVSI | 1,265,000 | |
| **Total Technical Area Planned Funding:** | **1,265,000** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** TB/HIV

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVTB | 3,000,000 | |
| **Total Technical Area Planned Funding:** | **3,000,000** | **0** |

**Summary:**
(No data provided.)

## 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) | 400,000 |
| 7467 | John Snow, Inc. | Private Contractor | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 8772 | American Society of Clinical Pathology | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 200,000 |
| 10432 | Association of Public Health Laboratories | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 500,000 |
| 10456 | MANAGEMENT SCIENCES FOR HEALTH/LMS | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 3,050,000 |
| 10457 | National Institute for Communicable Diseases (NICD) | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 400,000 |

| | | | | | |
|---|---|---|---|---|---|
| 10458 | JHPIEGO | NGO | U.S. Agency for International Development | GHCS (State) | 900,000 |
| 10459 | Elizabeth Glaser Pediatric AIDS Foundation | NGO | U.S. Agency for International Development | GHCS (USAID) | 4,500,000 |
| 10460 | Management Sciences for Health/ Strengthening Pharmaceutical Systems Program | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 550,000 |
| 10464 | JOHNS HOPKINS UNIVERSITY KNOWLEDGE FOR HEALTH | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 30,000 |
| 10480 | Pact, Inc. | NGO | U.S. Agency for International Development | GHCS (State) | 1,850,000 |
| 10619 | International Center for AIDS Care and Treatment Programs, Columbia University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 3,000,000 |
| 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) | 1,500,000 |
| 11018 | U.S. Peace Corps | Implementing Agency | U.S. Peace Corps | GHCS (State) | 10,000 |
| 11030 | Department of | Implementing | U.S. Department | GHCS (State) | 250,000 |

| | | | | | |
|---|---|---|---|---|---|
| | State | Agency | of State/Bureau of African Affairs | | |
| 11066 | UNITED NATIONAL DEVELOPMENT PROGRAM (UNDP) | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 300,000 |
| 12098 | 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) | 1,000,000 |
| 12099 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12104 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12973 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13034 | VISTA PARTNERS | Implementing Agency | U.S. Department of Defense | GHCS (State) | 40,000 |
| 13345 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |

| | | | | | |
|---|---|---|---|---|---|
| 13478 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13484 | Population Services International | NGO | U.S. Department of Defense | GHCS (State) | 110,000 |

# 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: 400,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 400,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Lesotho Department of Defense (LDF) | | |

## Overview Narrative

In FY2011, 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 FY2011, 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 FY2011 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. FY2011 PEPFAR funding will support the first year of a five-year plan for human resource development. DOD will support building of a TB clinic for infection control.

## 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

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
Mobile Population
Safe Motherhood
TB

## 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 | 100,000 | |

**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 | 35,000 | |

**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 | 75,000 | |

**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 |
|---|---|---|---|
| Other | HVSI | 45,000 | |

**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 FY2011 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 2011, 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 | MTCT | 10,000 | |

**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 FY11 include the following continuing:
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-Support the newly renovated LAB
4) Support the implementation of QA program including TB and HIV testing

## 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: 500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 500,000 |

## Sub Partner Name(s)

(No data provided.)

## 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.

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

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. In this COP period, the project will extend its activities to three more districts.

Specifically, the project will assist in

i. 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.
ii. Enhancing the capacity of the MOHSW (Lesotho) strengthen the community level information systems.
iii. Provide TA to NAC in developing and enhancing Capacity to meet its SI objectives

The JSI/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 Enhancing Data Use
IV. Task 5: Activities on Decision support systems at USG/PEPFAR level
V. Task 6: GIS activities for the MOHSW and PEPFAR programs

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 | 250,000 |

## 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 | 500,000 | |

**Narrative:**

For COP FY2011, ESI's focus will be on Capacity Building, Data Quality, and Data Use. LePMS development (Task 5) and GIS (Task 6) will be phasing out for Y4/COP FY2011 and should therefore be understood as requiring minimal technical and financial support in COP FY2011.

ESI will continue to address the following issues highlighted below:

Task 1: Capacity Building
* Conduct a comprehensive and relevant training for selected departments and institutions (e.g., NAC, MOHSW,) that will enhance the transfer of skills in basic M&E concepts, data quality, data analysis and information utilization and the strengthening of health information systems
* Strengthening synergies between training and the application of M&E skills in the workplace through the implementation targeted partner-specific capacity building TA at community and District level and tracking system for trained M & E personnel

As part of its remit, JSI/ESI Lesotho project will provide support to the LOMSHA at community, district and national level. Central to this support will be to enhance linkages between the national M and E systems to that of all the other partners, data analysis and use and management of HIV service data at community level.

Task 2: Improving Data Quality

To ensure quality, basic data quality criteria and monitoring of Quality assurance and improvement procedures, the team will conduct the RDQA as a diagnostic tool to identify and determine strategic interventions at community, District and IP level. In order to make critical, evidence-based decisions to strengthen the national response to HIV, the JSI/ESI project building on experiences garnered in implementing two of the three system strengthening tools developed under a joint global initiative, will focus on supporting, through training and TA, the TWG partners and government by:

* Support the development of SOP's at community and district level to ensure that there is clear understanding of the processes that are required to ensure quality
* In concert with the USG/PEPFAR Lesotho team support the development of a capacity building quality assessment scheme(Routine Data Quality Assessments)
* Organizing a joint workshop on how to utilize the RDQA to ensure a joint approach to enhancing quality of data being generated and utilized by IP's under the PEPFAR program and Health facilities at district level
* Support the institutionalization of the data quarterly review process
* Training targeted beneficiaries on all processes of the data management information cycle
* Advocacy for the harmonization and standardization of description/definiyions of variables/indicators being tracked nationally and at district level
* Development of a QA/QI approach amongst target beneficiaries (MOHSW, NAC and IP's)

Task 3: Enhancing Data Use

1) Leadership and Governance:

At District and community level, ESI project Lesotho intends to provide technical support in Data use and integration for the purpose of program development. From the 10 districts in Lesotho, we intend to train at least two members in each DHMT. This training will focus on the key components of fully functional and decentralized District Health systems. In this COP period, the project will focus on:

a) Assist the development and dissemination of Standards and Norms of Data collection, collation, analysis and procedures and that they available and accessible to end users

b) Analysis of Data, its interpretation and use

c) Develop capacity at district level to maintain data management systems (Electronic and paper based)

A process of back stopping for the District Quarterly review process will be put in place to ensure that there are skilled personnel who support the process with the aim of turning over the process to the existing structures of governance and management.

Task 5 – Decision Support

| |
|---|
| During this COP period, JSI/Enhanced Strategic information will support the maintenance of the LePMS given that the finalized product will have been handed over to the USG/PEPFAR HMIS specialist. It is expected that this specialist will provided TA to partners on the use of this product. However, should there be any need for any back-end development required by PEPFAR; the JSI/ESI team will provide the required support.<br><br>Task 6 – Geographical Information Systems<br>Barring the challenges in determining boundaries of the councils to ensure adequate scoping of the population catchment areas, the JSI/ESI team will provide the following for the PEPFAR team and the MOHSW:<br>Demographic profile for PEPFAR funding sites, HIV / AIDS prevalence Mapping, Time series analysis from 2004 to present, Develop a set of base maps for partners and other important stockholders to access and work with USAID / OGAC in continuing GIS work that has already been started in Lesotho |

## 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: 200,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 200,000 |

## 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 $940, 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 | 50,000 |
| Human Resources for Health | 50,000 |

## 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 | 200,000 | |

**Narrative:**

Curriculum Implementation Mentorship
In COP11, ASCP will continue the pre-service development process in Lesotho by providing mentorship to the National Health Training College (NHTC) in Maseru. In conjunction with NHTC, ASCP developed a new curriculum for medical laboratory science that is to be implemented during the 2010-2011 school year. To aid with curriculum implementation, an ASCP consultant will spend two weeks to one month 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. The ASCP consultant 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.

| |
|---|
| Development of Mid-Level One Year Laboratory Assistant Training<br>ASCP consultants will work with the Ministry of Health and other key stakeholders to develop a one year laboratory assistant training. The purpose of this training is to address the shortage of laboratory personnel in Lesotho. A one year training will prepare students quickly to work as laboratory assistants and will provide trained personnel to staff rural laboratories in a timely manner. The development of this training will include a stakeholders planning meeting and one or two separate workshops (depending upon the length of the workshops to be determined at the stakeholders meeting) where ASCP consultants will work with in-country stakeholders in subject specific groups to develop the training and write the curriculum. |

## 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: 500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 500,000 |

## 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 2009 to 2014, with a total potential value of $1,638,181. 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 2009 to 2014, with a total potential value of $500,000. 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. It 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 supports 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 support includes 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)

| | |
|---|---|
| Construction/Renovation | 50,000 |
| Human Resources for Health | 10,000 |

## 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** |
| Treatment | HLAB | 500,000 | |

**Narrative:**

In COP11, APHL will continue to provide technical assistance in the following key areas:
(1)Support the Directorate of Laboratory Services to strengthen quality management system and laboratory infrastructure.
(2) Assist with expansion for HIV rapid test EQA program and data management
(3) Support the implementation of laboratory information system (LIS).
(4) Support the lab monitoring and evaluation system

1) APHL will continue to assist MOHSW (together with other partners) in the roll out of SLMTA and provision of TA for site supervision and mentoring. APHL will provide TA for preparation of laboratories towards accreditation. APHL will provide TA as requested by MOHSW in design, build and equipping of the new reference laboratory. 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 (such as SLMTA roll out, site supervision and on-going mentorship as needed).

2) APHL supports strengthening and expansion of the EQA program for HIV RT to 5 districts during COP10. About 500 testers at health center and hospital testing points have enrolled in QC and PPT program. APHL will continue to provide TA as requested during expansion of the program to the

| |
|---|
| remaining 5 districts. Senior counselors from each testing site will be trained in quality assurance an EQA schemes, proficiency panel testing and QC testing. In addition, APHL will assist with data management of the database for the HIV RT EQA program.<br><br>3) APHL lead initial electronic LIS implementation at 4 laboratories and will continue to assist MOHSW with expansion of LIS to additional 6 laboratories during 2011-2012 making a total of 10 laboratories. APHL will support procurement of lab and IT equipment and accessories, furniture, furbishing and installation. APHL will continue to assist with strengthening of the paper based system that will standardize the system and facilitate collation of site and national data. APHL will provide assistance with managing this data for use with surveillance and policy development activities. Data mining training and technical assistance will be provided. APHL will assist the MOHSW in developing and implementing a sustainable LIS.<br><br>4) 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.<br>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. |

## 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: MANAGEMENT SCIENCES FOR HEALTH/LMS | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 3,050,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |

| | |
|---|---|
| GHCS (State) | 3,050,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| TBD | | |

## Overview Narrative

Management Sciences for Health/ Leadership Management and Sustainability will 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.

MSH/LMS 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 program 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)

| | |
|---|---|
| Economic Strengthening | 350,000 |
| Education | 200,000 |
| Gender: Reducing Violence and Coercion | 150,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10456** | | |
| **Mechanism Name:** | **Southern Africa Building Local Capacity Proejct** | | |
| **Prime Partner Name:** | **MANAGEMENT SCIENCES FOR HEALTH/LMS** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 1,150,000 | |
| **Narrative:** | | | |
| MSH/LMS 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 MSH/LMS program will establish a workable | | | |

community-based mechanism that considers MOHSW community health workers and the ausiliary social workers from the DSW. To ensure a systematic referral system, formal linkages will be made with all health sites (hospitals and clinics) to assist facilities with treatment adherence, with tracking patients for reporting test results follow up with pregnant women and newborns, follo-up of infected patients who are not yet eligible for ART, and assisting in referrals from community settings to clinical settings. This will be done within a strictly confidential and stigma and discrimination free environment. At community level, MSH/LMS will establish and strengthen community networks of people living with HIV/AIDS that have direct program activities promoting wellness, sound nutrition, psychosocial support and/or economic security. Programs to support post test negative individuals will also be established to ensure that they stay negative. $150k to be matched with OGAC Gender Challenge Fund, for community based activities

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 1,100,000 | |

**Narrative:**

Management Science for Health/LMS 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 | 500,000 | |
| **Narrative:** | | | |
| The MSH/LMS 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 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. | | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 300,000 | |
| **Narrative:** | | | |
| capacity building with MoH and CCM governance and support | | | |

## 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 (NICD) | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---|---|
| **Total Funding: 400,000** | |
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 400,000 |

## 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 2009 to 2014, with a total potential value of $2,200,000. 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 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 FY09/10, 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 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)

| | |
|---|---|
| Human Resources for Health | 50,000 |

## 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 (NICD)** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Treatment | HLAB | 400,000 | |

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

In-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.

## 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: 900,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 900,000 |

## 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 |
| Human Resources for Health | 650,000 |

## 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 | OHSS | 900,000 | |

**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: 10459** | **Mechanism Name: Strengthening Clinical Services (SCS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 4,500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (USAID) | 4,500,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| ALAFA (Apparel Lesotho Alliance to Fight AIDS) | Baylour College of Excellence (BCOE) | LENASO (Lesotho National AIDS Service Organisations) |
| Mothers to Mothers (M2M) | | |

## Overview Narrative

On February 16, 2010, EGPAF entered into a 5 year cooperative agreement with the USAID to implement the Strengthening Clinical Services (SCS) project in Lesotho. The SCS project has a uniquely national coverage, 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 communities.

SCS Lesotho's objectives are as follows:
• 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 the end of 2013

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 into the SCS project include 1) provision of comprehensive clinical expertise by EGPAF and its sub grantees 2) a family-focused approach to service delivery, 3) promotion of true local ownership, 4) reliance on EGPAF's strong existing relationships with the MOHSW and DHMTs, and 5) the ability to seamlessly transition to the more integrated SCS Project approach.
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. The SCS Lesotho Project is specifically aligned to fulfilling the goals of the PF, as outlined are below (over the 5 year project period).

• Goal I: HIV incidence in Lesotho is reduced by 35% by 2014.
• 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.
• 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.

EGPAF 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 EGPAF'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 had been provided on-site mentorship to 103 sites in the north and this model will continue under the SCS Project with rapid introduction and scale up of ART and PMTCT services to the remaining sites in the Southern part of Lesotho, while continuing the expansion of already existing services in the North.

• 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.

Health Systems Strengthening
EGPAF will continue to 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 work plans 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.

Strategic Information
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.

Cross Cutting Budget Issues

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.

Human Resources for Health: In addition to the clinical training and mentoring discussed above, EGPAF through 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.

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 Emergency 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 Issues

Work place Programs: SCS will help make workplace care and support groups available in the majority of textile companies throughout Lesotho, as well as HIV treatment, 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.

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.

Monitoring and evaluation plans for each activity

The project's 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 designed to 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. Some principles of the M&E plan include:

• High quality data that meet the reporting requirements of GOL and PEPFAR
• Sustainability of the M&E systems

Some Major Achievements during COP10:

o Baseline assessment completed and report underway
o Successful take off of SCS-project
o PMTCT guidelines reviewed and finalized
o Pediatric, adolescents and Adults care and treatment guidelines review and write up ongoing

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Food and Nutrition: Policy, Tools, and Service Delivery | 100,000 |
| Gender: Reducing Violence and Coercion | 100,000 |
| Human Resources for Health | 250,000 |

## Key Issues

Addressing male norms and behaviors
Child Survival Activities
Safe Motherhood

TB
Workplace Programs
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10459** | | |
| **Mechanism Name:** | **Strengthening Clinical Services (SCS)** | | |
| **Prime Partner Name:** | **Elizabeth Glaser Pediatric AIDS Foundation** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 500,000 | |

**Narrative:**

Adult Care and Support
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).
EGPAF'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.
• Mechanisms to address client retention and referrals, including the use of outreach and bi-directional referral systems.
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.
Defaulter Tracking
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 with other HIV care, treatment and prevention sites and/or referrals
EGPAF 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.
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.
Program Monitoring and Evaluation
EGPAF 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.
EGPAF will train all health professionals on new changes in Monitoring tools in the country

Additional Points for COP 11
• Training of counselors and other health professionals on Psychosocial support leveraging on ViiV funding
• Scale up Teen clubs in the whole country
• COMMUNITY ACTIVITIES- Continue Scale up of community activities including mobilization, defaulter tracking, support groups for psychosocial support. This is very important as we roll out new guidelines across the country.
• Leveraging on UNICEF funding to scale up revitalization of nutrition corners in all the districts.

• Support the MOH in training and distribution of rehabilitative supplement such plumpy nut in all facilities
QUALITY IMPROVEMENT:
-Ensure new QI program is implemented in all district to ensure standard of care.

CHALLENGES
Partners' testing accross the whole country is a major challenge, especially with migrant populations.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 600,000 | |

**Narrative:**

Adult Treatment
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, EGPAF will improve service delivery at the site level by building appropriate capacity and providing supportive monitoring opportunities. At the health center level, EGPAF through SCS 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. EGPAF 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. EGPAF'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
The target population is all HIV-positive adults in need of treatment throughout the country.
With LENASO, EGPAF 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. It is expected that with this intervention, there will be rise in patient retention, reduction in loss to follow up, better clinical outcome.
EGPAF will strengthen the referral linkages within health facilities, between facilities and the community to access better services. SCS 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, EGPAF 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.
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 enrolment on HAART and the rate of failure to first line regimen will be evaluated. Currently, efforts have been made to follow up patients who are alive and picking their from health facilities as a means of evaluating clinical outcome.
Additional Points for COP 11
• Finalization of the guidelines on pediatric, adolescent and adults care and treatment including nutrition
• Finalization of integrated training curriculum of health professional
• Training of health professionals in the new guidelines across the country
• Continue scale up to achieve the national goal
• Training of counselors and other health professionals on Psychosocial support leveraging on ViiV funding
• Scale up Teen clubs in the whole country
• COMMUNITY ACTIVITIES- Continue Scale up of community activities including mobilization, defaulter tracking, support groups for psychosocial support. This is very important as we roll out new guidelines

across the country.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 500,000 | |

**Narrative:**

Pediatric Care and Support

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.

SCS 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.

NUTRITION CORNERS

Nutrition corners will be established in the hospitals to emphasize the importance of correct IYCF practices. EGPAF will leverage on UNICEF funding to scale up revitalization of nutrition corners in all the districts and support the MOH in training and distribution of rehabilitative supplement such plumpy nut in all facilities

SYSTEMS STRENGTHENING

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.

INTEGRATION ACTIVITIES

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.

STRENGTHENING LABORATORY SUPPORT

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 centers. EGPAF will continue to support the electronic distribution of DNA/PCR results in the whole country through 3 G technology in the district.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 600,000 | |

**Narrative:**

Pediatric Care and Treatment

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 EGPAF supported sites will be helped to provide the essential PMTCT interventions to HIV-exposed infants and young children. As defined by the WHO, EGPAF 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, EGPAF 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.

Nutrition Corners for pediatric clients

Nutrition corners to be established in all hospitals will help to identify malnourished children and to refer them for clinical care. EGPAF will leveraging on UNICEF funding to scale up revitalization of nutrition

corners in all the districts and support the MOH in training and distribution of rehabilitative supplement such plumpy nut in all facilities

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

Strengthening 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 centers. EGPAF will continue to support the electronic distribution of DNA/PCR results in the whole country through 3G technology in all the districts.

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

**Narrative:**

STRATEGIC INFORMATION

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.

Additions in COP 11

1. MONITORING AND EVALUATION:
• Train all health professionals on new changes in Monitoring tools in the country.
2. QUALITY IMPROVEMENT:
• Ensure new QI program is implemented in all district to ensure standard of care.
• EGPAF will continue to support the electronic distribution of DNA/PCR results in the whole country through 3G technology in all the districts.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Other | OHSS | 200,000 | |

**Narrative:**

HSS
EGPAF will continue to 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 work plans 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.

Additions in COP11
1. Supervision, Improved Quality of Care and Strengthening of health services
2. 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.
3. CHALLENGES:
• Some facilities too far to be reached for sample transport
• High turnout of health professional with ever increasing need to train newly recruited ones.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 1,800,000 | |

**Narrative:**

PMTCT

The target population of the SCS project for PMTCT activities is all women of child bearing age, pregnant women, postnatal mothers and breastfeeding mothers in Lesotho.
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.

Activities including PMTCT interventions and activities that EGPAF 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 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 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

EGPAF 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 this 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. EGPAF 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. EGPAF 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.

Activities promoting Integration and Linkages to Care and Treatment

• 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.

SOME ADDITIONAL AREAS IN COP 11:

• Printing and dissemination of the new PMTCT guidelines

• Training of health care workers on the new guidelines in the whole of Lesotho. These will include

| | | | |
|---|---|---|---|
| Doctors, Nurses, and Pharmacists<br>• Onsite mentorship and supportive supervision for the implementation of the new guidelines<br>• Ensure PMTCT scale reaches 100% facilities coverage in line with the National scale up plan | | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Treatment | HVTB | 200,000 | |
| **Narrative:** | | | |
| TB/HIV<br>EGPAF 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: 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/ Strengthening Pharmaceutical Systems Program | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 550,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 550,000 |

## 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/ Strengthening Pharmaceutical Systems Program** |

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

**Narrative:**

The SPS will adopt several strategies that will enhance capacities, strengthen systems and usuage of information. However the development of the RX Solution is an important step towards creating an iterface between the pharmaceutical supply information and the HMIS. When the RX Solution is fully functional it will be considered the primary source for drugs and supply management information (pharmaceutival information).

Additions for COP11
MSH will expand the Rx Solution to 11 more sites in FY2011. The APMR modules will be implemeted in all the previous pilot sites (4) and hospital facilities with functional HPTCs. In all sites with the Rx Solution, the dispensing and inventory modules will be implemented.
The Rx Solution at QE2 will not be further expanded as this site will no longer be functional by September 2011.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 400,000 | |

**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.

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

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Treatment | HLAB | 50,000 | |
| **Narrative:** | | | |
| Activities include:<br>• To support the laboratory services directorate in inventory management of laboratory commodities using RxSolution.<br>• To provide technical assistance in quantification of lab commodities<br>• To support stock and inventory management at facility level.<br>• To provide technical and material support to strengthen for lab stores, logistics and distribution<br>• To provide training support for laboratory personnel. | | | |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 10464** | **Mechanism Name: John's Hopkins University (JHU) Knowlegde for Health Project (K4H)** |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: JOHNS HOPKINS UNIVERSITY KNOWLEDGE FOR HEALTH | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 30,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 30,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Johns Hopkins University, Knowledge for Health (K4H) Program will work with the Lesotho National AIDS Commission (NAC) partnership Forum, the Ministry of Health and Social Welfare (MOHSW) and their Research Unit, and key stakeholders, to build capacity and develop and strengthen knowledge management systems to facilitate the capturing, synthesizing and sharing of HIV/AIDS knowledge and

information, thereby addressing information needs, improving program implementation and collaboration, and making use of new technologies to better share information and experiences. This activity contributes to the health systems strengthening and strategic information pillars of the Partnership Framework and will help strengthen the health systems and capacity building thematic areas of the Lesotho National Strategic Plan (NSP). K4H will develop the capacity of strategically placed local institutions to better manage and disseminate HIV materials and information, encouraging and facilitating their use in the design, harmonization and implementation of HIV programs throughout the country.

Strengthening the knowledge and information management capacity of the NAC, MOH and other key stakeholders benefits a range of individuals and organizations working in health, education, the community, the government and the private sector in Lesotho, including: health program managers and providers, community, faith-based and non-governmental organizations, networks of PLWHA and support organizations, focal point units and individuals in government, planners and policy makers, researchers, advocates and the media.

Family planning is a health-related wraparound cross-cutting key issue within this activity. The K4H program has considerable linkage and experience with family planning and is therefore uniquely positioned to improve the integration of HIV/AIDS and family planning/reproductive health (FP/RH) for better health outcomes within programs in Lesotho.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10464** | | |
| **Mechanism Name:** | **John's Hopkins University (JHU) Knowlegde for Health Project (K4H)** | | |
| **Prime Partner Name:** | **JOHNS HOPKINS UNIVERSITY KNOWLEDGE FOR HEALTH** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 30,000 | |

**Narrative:**

In COP FY2011, K4Health will continue to provide TA and support for the following activities:

• Contine support for a national HIV/AIDS clearinghouse using NAC's national AIDS resource center as the focal point for support.
• Build capacity at NAC and within targeted thematic groups (i.e., Prevention Thematic Working Group) to document key activities and programs in-country and to improve dissemination methods for delivering best practices and messaging materials to target audiences (gen pop, health service providers, district management teams, etc.)
• Link the Lesotho K4Health activities back to regional efforts around sharing knowledge and best practices; linking Lesotho to the regional Web portal and contextualizing broader regional efforts to within K4Health's in-country activities.

K4H will work with the Lesotho National AIDS Commission (NAC) partnership Forum, the Ministry of Health and Social Welfare (MOHSW) and their Research Unit, and key stakeholders to create National HIV/AIDS resource and information sharing systems for Lesotho that will serve as the key source of evidence-based information on HIV/AIDS in Lesotho. Since prevention is a key priority focus area under the partnership framework, initial emphasis will focus on the collection, adaptation and dissemination of relevant prevention information.

Specific activities under the project include:
• Develop a national HIV/AIDS clearinghouse that provides easy access to all relevant, evidence-based, research, programmatic materials, tools, communication materials, policy and advocacy information, and a directory of HIV/AIDS services and programs in Lesotho. Materials would be accessible in electronic, hard copy, and audio-visual formats.

• Develop the capacity of key stakeholders to document key activities and programs and their significance in the HIV/AIDS response and to repackage key information for specific target audiences.

• Develop a Lesotho web portal for HIV/AIDS. The clearinghouse would develop a dynamic, easy-to-use web portal to provide country-wide access to resources and a forum for program managers, health communicators, researchers, trainers, and policy makers to share experiences, strategies, approaches and lessons learned.

• Develop the capacity of key stakeholders to host electronic and face to face forums at national and district level, to discuss current issues on HIV/AIDS.

| |
|---|
| • Provide a virtual online training center. K4H will work with key strategic partners, including the MCC, to develop a series of e-learning courses targeted to a range of audiences, including public health practitioners, program managers, health communication specialists, and volunteers country-wide, giving them access to training, knowledge and skills.<br><br>• Build local capacity by creating or strengthening existing district and community level "learning centers" that will be linked to and collaborate with the clearinghouse. |

## 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, Inc. | |
| 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)

| | | |
|---|---|---|
| ADAAL | PB | SWAALES |
| TBD | | |

## Overview Narrative

Executive Summary For the period 2010-2014, Pact is undertaking a new five year associate Cooperative Agreement which seeks to provide a mechanism for implementing a grants management program that includes targeted technical assistance and capacity development for HIV/AIDS programs. The program is aimed contributing to the achievement of the goals of the Lesotho Partnership Framework

(2009-2014); PEPFAR 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. The overall goal sought is to "Reduce the impact of HIV and AIDS and improve health care for Lesotho". Pact's primary objectives are:

1. To prevent HIV transmission through multiple strategies that promote abstinence, faithfulness, partner reduction and other prevention activities including promotion of condom use
2. To provide quality, comprehensive and compassionate care and support services for orphans and other vulnerable children

Pact's partners will be awarded PEPFAR funding through a competitive process to implement programs in Sexual and other Sexual Prevention; Orphans and Vulnerable Children (OVC) services and Health System Strengthening (HSS). Through the sub-granting mechanism, Pact will build capacities of community based organizations to provide HIV services to the communities. To ensure adequate and quality technical support to the grantees, Pact will provide on-going technical support to implementing partners through training, mentoring and supportive supervision. In addition, technical input to strengthen national HIV/AIDS strategies and policies will be provided.

Pact's program shall include cross cutting mechanisms for economic strengthening, and HIV/AIDS workplace programs. With regard to gender-based violence, Pact shall implement interventions aimed at raising community awareness and mobilizing communities to undermine societal and community norms that perpetuate violence against women and other marginalized populations. Workplace programs shall target both small and medium enterprises to implement HIV/AIDS care, treatment and prevention interventions for their members, and employees.

The Pact program will contribute towards Health System Strengthening within Lesotho by building the technical capacity of partner organizations through on-going formal trainings and customized on-the-job 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 go a long way in contributing to the development of human resources for health within Lesotho. Pact aims to promote the establishment and strengthening of viable and a sustainable civil society to address the HIV/AIDS epidemic in Lesotho. As a strategic entry, Pact will work with selected umbrella and network organizations with a view to broadening HIV and AIDS service base while developing lasting capacities of networks and their members to ensure sustainable institutions.

While Pact is committed to ensuring provision of quality services that comprehensively meet the needs of targeted beneficiaries, it also strives to promote efficiency within its programs. Partner organizations are guided in the design of cost-effective programs where program targets and costs per person served are carefully considered to ensure that they are in-line with similar program costs in the Southern African region. To further promote program efficiency and cost effectiveness, Pact will network with other partners working within the same communities and leverage available resources.

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.

Through comprehensive compliance reporting, and periodic site visits, Pact ensures that technical programs are implemented as proposed, funds are properly expended, and that necessary and timely program adjustments are made appropriately. Pact supports grantees in the development of their monitoring, evaluation and reporting (MER) systems for tracking relevant PEPFAR-specific indicators.

Pact's PMP tracks and evaluates all key program concepts by utilizing 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. Pact proposes to engage a team of external experts that are technically competent to periodically review program progress to inform program direction.

For sustainability, Pact will ensure that partners are supported to align their programs with national systems: partners' plans will be aligned with district health management team priorities and partner results are reported through existing government structures. To further ensure that work done by Pact partners continues after the PEPFAR grant, partners shall be equipped with resource mobilization skills, to avoid reliance on PEPFAR funding. With an increased number of CSOs with strengthened capacity to provide services, there will be a reduced burden on government for service provision, and a stronger voice for advocating for HIV/AIDS policies and general health systems development in Lesotho.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 90,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 100,000 |
| 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, Inc.** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HKID | 450,000 | |

**Narrative:**

Context and background

Lesotho has an estimated population of 1.88 million with 60% living below the poverty datum line (OVC NAP: 2006). The number of Orphans and vulnerable children is estimated at 210,000 (Lesotho Populations & Housing census, NBS 2006). This situation calls for more focused interventions which address the needs of orphans and vulnerable children (OVC). According to NSP 2006-2011, one of the targets being emphasized is to increase percentage of AIDS orphans in need of accessing OVC services to 90% by 2011.

In this regard, Pact is committed to implementing an OVC program 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

During the period under consideration, Pact through its partner SWAALES) served a total of 888(M 431, F457) OVCs and trained 20 individuals to provide OVC care and support. OVCs were served through home-based care visits and received services including psychosocial support; preparation for death counseling, grief counseling, HIV and AIDS counseling, treatment adherence, and follow-up on immunizations and referrals to health facilities. OVCs were also served with supplementary feeding consisting of one meal a day for five days a week. Other services provided to OVCs included educational support (school fees, scholastic materials), and life skills education.

Challenges:
As indicated in the prevention budget code, Pact faced the same challenge of delay in awarding sub-grants thus having no partners to implement program activities.

Goals and Strategies for the Coming Year
Pact's goal is to develop and strengthen capacity of its partners to provide quality, comprehensive and compassionate care and support services for orphans and other vulnerable children.
Pact is committed to improving the quality of life of OVC and to address social and cultural norms that undermine the situation of OVCs in Lesotho. Partners programs will 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. The program targets orphans and vulnerable children aged 17 years or younger; particularly those orphaned due to HIV related causes, HIV positive children and most vulnerable children who live without adequate support from adults. Special emphasis is placed on OVCs in very remote areas with a shortage of trained social welfare staff and with limited access to quality, comprehensive OVC social and health care services and support.
Pact will provide 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 increase OVC vulnerability. Where possible, programs will link with relevant partners to address OVC stigma and social neglect, abuse and exploitation, trafficking, loss of inherited property, harmful gender norms, alcohol and substance abuse. To mitigate challenges related to volunteer recruitment and retention, Pact will provide volunteer management training and support to enable partners provide on-going training, motivation, on-site mentoring and supervision for effective program delivery.
Pact's partners will focus on providing OVCs with care and support services which include; basic psycho-social support and life skills, OVC household economics strengthening, referrals for medical treatment, educational and vocational services, and HIV prevention education, referrals for legal support, material support, supplementary feeding and nutritional support. 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 timely and regular home visits.

SWAALES will support OVCs in thirteen villages of Berea, Maseru and Leribe districts. SWAALES' OVC program focuses on delivering quality care and support services to 1,000 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 and nutritional 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 and development. OVCs are provided with supplementary feeding consisting of one meal a day for five days a week, OVC weighed monthly, data recorded in the community monitors' registers and educational support i.e. scholastic materials and uniforms. 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. Support OVC with after-school homework and encourage child-to-child discussions. SWAALES will also strengthen economic capacity of older OVC and that of their households through provision of support to establish vegetable gardens and other Income generating activities. To ensure quality programming, caregivers are trained to ensure proper assessment of OVC needs, identifying needs for referrals and follow up on health status/referrals through home visits. SWAALES will train both its staff and community monitors in counseling, prevention in sexual abuse, TB/HIV and AIDS literacy, psychosocial counseling, income generating skills, basic hygiene and also train children's' club leaders in leadership and psychosocial support.
SWAALES will strive to improve on its volunteer management strategy, motivate staff and volunteers for higher retention and lower volunteer turn-over. Pact intends to acquire at least five more partners to implement OVC activities during the course of FY11.

Other Potential Partner Activities:
• Partners are anticipated to implement in districts of Berea, Leribe, Mafeteng, Thaba Tseka, and Quthing
• OVC service package will include the following services: Referrals for health care services, educational support, social protection services, nutritional support and psychosocial support. Referrals for health care services, support OVC community committees, support OVC with accessing their birth certificates and death certificates of their parents/guardians; provide scholastic materials to facilitate school attendance; facilitate establishment of kids club and related club activities; support establishment of households gardens; and training of caregivers in OVC psychosocial support and provide counseling to OVCs in need.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 500,000 | |

**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'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 will engage technical expert organizations to support improved capacity in the design and delivery of planned services and interventions by implementing partners.
Goals and Strategies for the Coming Year
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 progress made and outstanding areas of weakness that need to be addressed. 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.
Organizational development and capacity building interventions:
Capacity building interventions will include formal training and on-site customized mentoring, and supportive supervision targeting strengthened financial management, accountability and monitoring systems. Other support includes human resource system development, good governance and resource mobilization. Partners will receive training in Organizational development (OD); Financial management; Grants Management; Project Management (3 day); Resource Mobilization (3 day); Governance and Leadership; and Volunteer Management.
Technical Assistance:
Pact through its technical partner organizations will ensure that implementing 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.
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.
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.

Monitoring and Evaluation
Pact will continue prioritizing building and strengthening of community based monitoring and evaluation systems through: training, supportive supervision, and mentoring of community-based service providers in basic M&E and organizational development related to M&E functions within their organizations. In all technical assistance, Pact targets wider organizational rather than project-specific systems strengthening in order to ensure sustained and institutionalized MER systems improvements.
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. These include:
• MER Capacity Assessments which provide benchmark information on the status of human capacity and systems development;
• Formal training in Basic MER Principles and Concepts, Data Quality Management, and Program Evaluation; and
• On-going mentoring and supportive supervision tailored to individual partner needs.
Partner data quality assessments will also be conducted to ensure that data generated meets quality requirements for reporting to PEPFAR.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 600,000 | |

**Narrative:**

Context and Background
Lesotho's estimated population stands at 1.88 million, 59.8% of which is aged between 15-64 years, and 35.3% aged 0-14 years (US Census Bureau 2008 estimate).
This most recent estimate shows that Lesotho's HIV prevalence rate increased by 0.4% from 2007 and

now stands at 23.6% and total HIV-positive population is approximately 280,000 (Lesotho UNGASS Country Report 2009). The 2009 UNGASS Report also shows that there is ongoing disproportionate impact of HIV as 57.7% of all HIV-positive adults are female while only 42.3% are male.

The generalized epidemic, necessitates broader, far reaching strategies that have been incorporated into the revised Lesotho National HIV and AIDS Strategic Plan, 2006-2011 which become a results-based plan (2009 UNGASS Report)

With this background, Pact is committed to implementing a sexual prevention program 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

During this reporting period, Pact through its partners (ADAAL, CRS,) working in 5 districts (Leribe, Maseru, Mohales' Hoek, Mafeteng, Quthing) reached a total of 1,352 individuals with Abstinence and Being-faithful messages.

ADAAL implemented a school-based peer education program in 20 schools of Mafeteng, Mohale's Hoek and Quthing districts contributing a total of 932 individuals; while CRS which worked for only two months before the end of their grant reached 420 individuals.

Partners' sexual prevention outreach activities were guided by manuals that provide interactive and participatory techniques such as stories and discussion questions to guide benficiaries' understanding of sexuality and HIV/AIDS. Beneficiaries were reached through group discussions in HIV/AIDS club meetings and classroom visits.

A total of 124 individuals were trained to promote HIV/AIDS prevention programs through AB by ADAAL.

One of the main challenges experienced by Pact's program this FY has been absence of partners to work with due to the slow APS process. Pact signed a cooperative agreement with USAID in October 2009 to implement a five year capacity building grant. In preparation for issuing sub grants under the new award, Pact administered an Annual Program Statement (APS) which served as a solicitation for prospective local and international NGOs to apply for USAID funding through Pact. By mid December 2009, Pact had reviewed all submitted round 1 concept papers and full proposals from applicants. However, towards the end of December 2009, USAID advised Pact to put the APS process on-hold until further notice because USAID implementation priorities and strategy had changed. In January 2010, USAID advised Pact to re-issue the APS and this required redeveloping the APS from scratch and sharing the draft with USAID for concurrence. Starting the whole process all over again meant program delivery was delayed since no sub- grant awards were issued. This negatively affected implementation and explains the underperformance. ADAAL which is the only prevention partner retained by Pact also implemented for few months due to delay caused the elaborate processes of closing out the old grant and being enrolled on to the new grant.

Goals and Strategies for the Coming Year

Objectives:
• To develop and strengthen capacity of its partners to prevent HIV transmission through multiple strategies that promote abstinence, faithfulness, partner reduction and other prevention activities including promotion of condom use
Pact's overall strategy is to facilitate civil society to implement a focused sexual prevention program that:

• Address larger socio-cultural and societal contexts which can influence HIV risk and vulnerability in Lesotho
• Prioritize key risk groups
• Address key behavioral outcome through emphasis on 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 through structural interventions which address societal, cultural and economic contexts which contribute to increase in risk for HIV transmission in communities. Interventions targeting socio-economic and cultural norms include but not limited to; early marriages, partner reduction, gender-based violence, intergenerational and transactional sex, private sector involvement and stigma-reduction. Partners will undertake interventions to make school environments safer for girls, reduce risks for factory workers, reduce harmful gender norms, and reduce alcohol and substance abuse. Other factors to be addressed include; stigma and discrimination associated with HIV/AIDS, low levels of consistent and correct condom use, 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 will be designed to involve regular contact with targeted beneficiaries through on-going support and guidance aimed at facilitating the adoption and continued application of adopted positive behavior

Youth aged 10-14 years will be targeted with interventions promoting abstinence and/or the delay of sexual debut; individuals aged 15 years and above will be appropriately targeted with partner reduction, abstinence and mutual monogamy interventions. Most at risk groups including factory workers, sex workers and their clients, mobile population, shall be targeted with special interventions aimed at increasing their access to quality HIV/AIDS prevention. Correct and consistent condom use, sexual partner reduction, alcohol abuse reduction/prevention and effective use of available health care and other support services are likely to be critical HIV prevention themes in these interventions. Pact anticipates acquiring four new partners during the course of FY11 to implement program activities.

Partners' programs shall also incorporate interventions aimed at increasing community empowerment, participation and involvement in reducing the spread of HIV. Parents and guardians will be assisted to improve communication with youth about HIV/AIDS, as well as their mentoring role in relation to adolescents. Behavior change interventions will be delivered through peer groups, media campaigns, national events, community mobilization and interpersonal communication efforts will be used in concerts to encourage individuals, families, and communities to adopt and maintain healthy behaviors and norms. Prevention of sexual abuse activities will also supplement sexual prevention in communities by addressing sexual abuse and violence/ coercion which also contribute to spread of HIV transmission in Lesotho

Targeted beneficiaries are enrolled into HIV discussion groups/clubs through which they are routinely reached with curriculum-based activities that are rich in technical content and methodology.. 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 will 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. Below are specifics of partner sexual prevention interventions:

ADAAL will continue to implement a school-based peer education and drug abuse program in 20 schools of Mafeteng, Mahale's Hoek and Quthing districts. ADAAL's primary target are youth of both gender aged between 10-24 years and their teachers. ADAAL promotes abstinence among youths and teachers using school-based peer educators utilizing the "Choose Life" Manual. Students are reached through school HIV/AIDS clubs, classroom visits, and use of drama and sports which motivates student participation. The program also involves school-based counseling provided by a trained focal teachers and peer counselors to provide one-on one support to students in need. Teachers on the other hand are reached with AB interventions to address multiple concurrent partnerships, unprotected sex, transactional and cross-generational sex by their peers using "Keys to a healthy relationship" curriculum.

With the aid of a "Peer educator pocket booklet" and an "Anti drug abuse and HIV/AIDS" training guide, youth and teachers will be helped to understand the linkage between substance abuse and HIV/AIDS. School communities and parents are to be targeted with activities aimed at promoting their engagement in creating safe environments for the youth (both at school and within their communities).

Other Potential Partner Activities: Pact anticipates acquiring more partners to implement prevention interventions. Partner activities are anticipated to cover all districts of Lesotho namely; Berea, Maseru, Mokhotlong, Mafeteng, Mahale's Hoek, Leribe, Butha Buthe, Qacha's Nek, Thaba Tseka and Quthing districts. Community outreach programs will appropriately target specific audiences and age groups through the use of volunteer peer educators. Some will target youth, women, school youths; out-of school

youth; and factory workers with their partners etc.
Their expected program activities are summarized below:
• Partners' programs shall incorporate interventions aimed at increasing community empowerment, participation and involvement in reducing the spread of HIV.
• Parents and guardians will be assisted to improve communication with youth about HIV/AIDS, as well as their mentoring role in relation to adolescents.
• Behavior change interventions will be delivered through peer groups, media campaigns, national events, community mobilization and interpersonal communication efforts will be used in concerts to encourage individuals, families, and communities to adopt and maintain healthy behaviors and norms.
• Prevention of sexual abuse activities will also supplement sexual prevention in communities by addressing sexual abuse and violence/ coercion which also contribute to spread of HIV transmission in Lesotho
Partners will be assisted to train their program staff and community volunteers in behavior change counseling. A "Motivational Interviewing" (MI) curriculum will be used to impart participants with basic behavior change counseling techniques to reinforce 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. 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.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 300,000 | |

**Narrative:**

None

## 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: International Center for AIDS Care and Treatment Programs, Columbia University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 3,000,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 3,000,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Yale University AIDS Program (YUAP) | | |

## 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).

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. Under the guidance of the MOHSW, ICAP will collaborate with other partners to build DHMT management capacity and skills through training, mentoring, modeling, and district twinning.

GOAL 3: EFFECTIVE TB LABORATORY NETWORK
ICAP will support the MOHSW to implement the Laboratory Services Strategic Plan in collaboration with CDC, Association of Public Health Laboratories (APHL), FIND, PIH and other partners. Specifically, ICAP will provide support to strengthen microscopy services in high TB case load district hospitals and enhance the facility–network sample transportation system.

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)

| | |
|---|---|
| Human Resources for Health | 200,000 |

## Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

TB

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10619** | | |
| **Mechanism Name:** | **Strengthening of TB/HIV collaboration in the Kingdom of Lesotho under PEPFAR** | | |
| **Prime Partner Name:** | **International Center for AIDS Care and Treatment Programs, Columbia University** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 100,000 | |

**Narrative:**

Strategic Information

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. 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.

With FY11 funds, ICAP will build on the already established relationship with MOHSW to assist in strengthening human resource capacity and information systems in order to improve TB/HIV integration 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, Ministry of Local Government and Chieftainship and other relevant key ministries and local organizations, ICAP will contribute to the

monitoring and evaluation of the Partnership Framework's TB/HIV objective and to the transition from PEPFAR-specific reporting systems to strengthened, GOL-owned systems.

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.

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

**Narrative:**

Human Resource capacity and Sustainability
ICAP's concept of TA is built upon the process of Clinical Systems Mentorship (CSM), a re-conceptualization of traditional clinical mentorship aimed at establishing a model for high-quality care, which is characterized by comprehensive continuity care, a focus on the family and community, attention to high-quality patient follow-up, and coordination of services within/between a health facility CSM strengthens the individual health care worker (HCW), the MDT, district supervisory bodies, and health-care systems. Grounded in continuous data-driven assessment to ensure the effectiveness of support activities, the approach explicitly targets health-service delivery challenges. ICAP's portfolio of CSM support tools ranges from participatory site assessments, standards of care (SOCs) toolkits, job aids, patient-flow analysis materials, questionnaires, and checklists. ICAP will support the INCI in Lesotho to improve in service nurse training and mentorship.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 200,000 | |

**Narrative:**

ICAP will support the MOHSW to implement the Laboratory Services Strategic Plan in collaboration with

CDC, Association of Public Health Laboratories (APHL), FIND, PIH and other partners. Specifically, ICAP will provide support to strengthen microscopy services in high TB case load district hospitals and enhance the facility–network sample transportation system. The MOHSW will be supported to implement a high-quality DOTS program as well as strengthened TB lab networks.
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

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 2,500,000 | |

**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 pay special attention to TB/HIV co-infected migrant workers. It will support the MOHSW at national, district, facility as well as community level with the implementation of routine TB screening among miners and their family. Adherence and psychosocial support (APS) in migrant workers on TB and/or HIV treatment will be strengthened in order to reduce defaulter rates. Other APS activities include strengthening the continuum of TB/HIV care for mine workers in their communities in Lesotho by training and supporting community health workers. As mine workers enter Lesotho through various border posts throughout the country, generally during month-end and holiday seasons, community health workers and APS Officers will provide TB-related information and referrals to health facilities within their respective communities. At national level ICAP will support MOHSW of Lesotho with the establishment of bi-national information and administrative system (including standardized paper-based medical records) to support continuity in TB prevention, diagnosis, treatment and care for migrant workers and their families.

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), 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.<br><br>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. |

## 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: 1,500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,500,000 |

## 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 | 300,000 |

## Key Issues

TB

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:**<br>**Mechanism Name:**<br>**Prime Partner Name:** | **10739**<br>**Support to the Ministry of Health and Social Welfare in Lesotho for HIV/AIDS**<br>**Ministry of Health and Social Welfare – Lesotho** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 200,000 | |

**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 and. Additionally, FY11 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. As part of coordination, the Health Planning and Statistics Unit will conduct district quarterly reviews as well as Annual Joint Reviews in TB/HIV, Laboratory and M & E and related activities

In addition to DHT technical assistance and support for M&E activities, MOHSW will use funding to support the implementation of ANC surveillance activities scheduled for dissemination in FY2011. Funding may also be used to carry out ad-hoc health surveys, surveillance, and assessments based on the needs and priorities established by MOHSW in coordination with the NSP and national research agenda for health (currently under development).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 300,000 | |

**Narrative:**

MOHSW will support the following.
1) Strengthening of Human Resource Capacity
In Human resource is one of the major factors for effective coordination and scale up of TB/HIV collaborative activities, Prevention and laboratory activities at the national level and district levels. The MOHSW will strengthen the administrative and technical management structures of the Directorate of Laboratory Services to play a leadership and coordination role.

Two lab technologists will be recruited to strengthen the molecular diagnostic lab (EID, Viral load and TB) and support integrated services, In addition,
Two M&E officers will be recruited to strengthen and the district level of m& E support

Two officers will be employed and to support TB-HIV activities
Two technical officers will be recruited for coordinating and supporting male circumcision (MC) activities throughout the country.
Salary and benefit to existing four full-time employees and recruit TB lab QA manager and equipment maintenance coordinator will be supported. The part of retention stagey, the MOHSW will also develop and implement incentive packages

2) Training support
Support in-service training of laboratories 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. MOHSW will support training of two officers for one year pre-service training (certificate/masters) in Field Epidemiology and Laboratory Training Program (FELTP) or related program

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 organize and conduct both quarterly and annual 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 | 700,000 | |

**Narrative:**

FY 11, 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, CD4 monitoring, DNA PPCR and viral load assays .
The HIV rapid test EQA/PT program will be scaled up and cover all testing points in the county. 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.

5) Establishment of National Reference Ranges: MOHSW will establish reference ranges for major lab

tests in the country

| 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-patients department masks and N95 Masks in TB wards for infection control in hospitals will be procured.
Printing of stickers to promote window opening as part of control in public transport. Procurement for TB drugs that are not covered by GF.

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

| Total Funding: 10,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 10,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In FY 11, 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.

PC/L will expand its activities in the areas of human capacity development and health systems strengthening.PC/L will assist local HIV/AIDS umbrella groups by building their organizational capacity and expanding their outreach efforts. PC/L started working with the MOHSW and the Ministry of Education from FY09 and has successfully developed 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. Peace Corps Volunteers 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 abstinence and be faithful, 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)

| | |
|---|---|
| Economic Strengthening | 5,000 |
| Education | 5,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

## 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 | HBHC | 0 | |
| **Narrative:** | | | |
| None | | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |

| | | | |
|---|---|---|---|
| Care | HKID | 10,000 | |

**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 FY11, PC/L will recruit 7 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 | 0 | |

**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. 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 will recruit 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 their classroom work. 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.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 0 | |

**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 to focus 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. Herd boys are a particular "most at-risk population" targeted by Volunteers and their counterparts with other prevention messages. 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. In addition, PEPFAR funds will continue to be set aside for small grants for community-initiated prevention projects.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11030** | **Mechanism Name: PEPFAR Small Grants Program** |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Grant |
| Prime Partner Name: Department of State | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 250,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 250,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| N/A | | |

## Overview Narrative

1. Community groups typically provide home-based palliative care and support to HIV+ patients in their homes, or assist them in getting to the clinic for their regular consultations. Some Support Groups also monitor patients' medication adherence and some volunteers may be trained to administer medicine. The target group for the Community Support Groups are HIV+ adults who need care and support.
2. The goal is to provide support to groups located in all ten districts, especially in the remote rural regions.
3. Support groups are staffed by dedicated volunteers who actively follow their HIV+ patients. Patient retention in these groups is high and often the community groups are well known within the community and aware of who is in need of care and support.
4. The Community Support Groups know of the clinics in their areas and often accompany patients to the clinics and assist them with medication adherence. Income-generating projects allow the groups to provide patients with much needed food, basic toiletries and even clothing. Support Groups sometimes request training for their members so that they can deliver a better service. Training for Support Groups is invariably conducted by external groups and could include organisations such as Peace Corps,

BAYLOR or MOHSW.
5. The Special Projects Team closely monitors the finance situation of the groups by requiring quotations prior to any money disbursement and receipts after disbursement. Special Projects maintains regular contact with the group at all stages of the grant, from disbursement, to monitoring spending, to providing advice/information. All requests for training from the Support Group come through the Special Projects Office for evaluation and approval. Site visits by the Special Projects team evaluate the projects and suggest improvements, where needed.
6. With the Gender Challenge Fund, Special Projects will work in collaboration with MCC/MCA and offer small grants to women who have been reached by MCC/MCA trainings on business development and the opportunities afforded to them under the Legal Capacity of Married Persons Act for the purpose of building small businesses.
7. Special Projects will monitor projects in the field on a quarterly basis and conduct follow-up interviews with recipients.
8. Priority grants are for Community support and coordination and Family/household strengthening
9. Target population: OVCs in remote rural villages who have limited access to services.
10. By allocating income-generating grants to remote rural communities the communities will learn micro-enterprise skills
as well as generate food for the OVCs from the sale proceeds or from the project itself (e.g., poultry projects). Income-generating projects will encourage the communities to work together and support themselves. Having a purpose in Lesotho, where unemployment is estimated at 50%, helps self-esteem and community self-sufficiency. Proceeds from the sales of the goods produced will also be used to train community members in HIV/AIDS care.
11. Income-generating projects will generate proceeds which will be used to provide OVC basic needs, such as education expenses and food, as well as potentially teaching them and the community micro-enterprise skills.
12. Successes will be providing OVCs with food, reducing the numbers of hungry children, providing the community with a means to earn money and to work as a community, giving OVCs the opportunity to continue their education as opposed to missing school and trying to find a job to earn money for their livelihood. Not only are the successes evident for the community but projects in remote and rural areas generate huge amounts of positive goodwill for the US as is evident when we visit the communities.
13. The challenges are in reporting information to PEPFAR according to their timeframes and requests given that the communities have minimal grasp of English and bureaucracy. These grants are short term and only for one year, so there is a lot of reporting required for a 12 month long project.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 50,000 |
| Education | 30,000 |
| Human Resources for Health | 50,000 |

## Key Issues

Addressing male norms and behaviors

Increasing women's access to income and productive resources

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **11030** | | |
| **Mechanism Name:** | **PEPFAR Small Grants Program** | | |
| **Prime Partner Name:** | **Department of State** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 150,000 | |

**Narrative:**

1. Community groups typically provide home-based palliative care and support to HIV+ patients in their homes, or assist them in getting to the clinic for their regular consultations. Some Support Groups also monitor patients' medication adherence and some volunteers may be trained to administer medicine. The target group for the Community Support Groups are HIV+ adults who need care and support.
2. The goal is to provide support to groups located in all ten districts, especially in the remote rural regions.
3. Support groups are staffed by dedicated volunteers who actively follow their HIV+ patients. Patient retention in these groups is high and often the community groups are well known within the community and aware of who is in need of care and support.
4. The Community Support Groups know of the clinics in their areas and often accompany patients to the clinics and assist them with medication adherence. Income-generating projects allow the groups to provide patients with much needed food, basic toiletries and even clothing. Support Groups sometimes request training for their members so that they can deliver a better service. Training for Support Groups is invariably conducted by external groups and could include organisations such as Peace Corps, BAYLOR or MOHSW.
5. The Special Projects Team closely monitors the finance situation of the groups by requiring quotations prior to any money disbursement and receipts after disbursement. Special Projects maintains regular

contact with the group at all stages of the grant, from disbursement, to monitoring spending, to providing advice/information. All requests for training from the Support Group come through the Special Projects Office for evaluation and approval. Site visits by the Special Projects team evaluate the projects and suggest improvements, where needed.

Gender Challenge Fund

6. With the Gender Challenge Fund, Special Projects will work in collaboration with MCC/MCA and offer small grants to women who have been reached by MCC/MCA trainings on business development and the opportunities afforded to them under the Legal Capacity of Married Persons Act for the purpose of building small businesses.
7. Special Projects will monitor projects in the field on a quarterly basis and conduct follow-up interviews with recipients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 100,000 | |

**Narrative:**

1. Priority grants are for Community support and coordination and Family/household strengthening
2. Target population: OVCs in remote rural villages who have limited access to services.
3. By allocating income-generating grants to remote rural communities the communities will learn micro-enterprise skills
as well as generate food for the OVCs from the sale proceeds or from the project itself (e.g., poultry projects). Income-generating projects will encourage the communities to work together and support themselves. Having a purpose in Lesotho, where unemployment is estimated at 50%, helps self-esteem and community self-sufficiency. Proceeds from the sales of the goods produced will also be used to train community members in HIV/AIDS care.
4. Income-generating projects will generate proceeds which will be used to provide OVC basic needs, such as education expenses and food, as well as potentially teaching them and the community micro-enterprise skills.
5. Successes will be providing OVCs with food, reducing the numbers of hungry children, providing the community with a means to earn money and to work as a community, giving OVCs the opportunity to continue their education as opposed to missing school and trying to find a job to earn money for their livelihood. Not only are the successes evident for the community but projects in remote and rural areas generate huge amounts of positive goodwill for the US as is evident when we visit the communities.
6. The challenges are in reporting information to PEPFAR according to their timeframes and requests given that the communities have minimal grasp of English and bureaucracy. These grants are short term

| |
|---|
| and only for one year, so there is a lot of reporting required for a 12 month long project. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11066** | **Mechanism Name: UNV program** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Grant |
| Prime Partner Name: UNITED NATIONAL DEVELOPMENT PROGRAM (UNDP) | |
| 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 main objective of this programme is to provide improved and expanded equitable access to quality basic health services for all through the deployment of medical personnel as volunteers. This will also strengthen capacity to sustain universal access to HIV prevention, treatment, care and support with a specific focus on Maternal and Child Health and PMTCT. International volunteer specialists will be placed in different health facilities in Lesotho to provide improved medical services to the local population and to build capacity to ensure the continued delivery of quality medical care after the volunteer placement has ended.

The human resource crisis forms a major concern for the Government of Lesotho (GoL) and especially for health service provision in the Kingdom. A large number of trained clinical staff is being lost to South Africa and overseas countries while the demand for health services is ever increasing partly due to the HIV&AIDS pandemic.

Within the context of the short-term Emergency Human Resource Plan, this joint programme has been

developed in close collaboration with WHO, UNDP and UNV with the objective of supporting the GoL by deploying Medical Doctors for the provision of health care services at different levels of the health care system. The proposed programme will be complementary to several other programmes (see below). Given that these programmes will not deliver immediate results, it is imperative that a stop-gap measure is designed to make qualified medical staff available to ensure adequate delivery of health services in the short- to medium- term.

Qualified doctors are sourced globally through the UNV roster and will serve in country for a minimum of two years. The partnership with the Ministry of Health and Social Welfare (MoHSW) has led to an efficient management structure for placement of UNV medical doctors. The recruitment process has been significantly shortened by 1) by-passing of the required procedures for face-to-face interview by the Public Service Commission and 2) agreement with MoHSW to conduct telephone interview for the doctors with verification of identity and qualifications done at the country of origin through the local UN office. This has significantly reduced the deployment lead time which is one of the main challenges for the health system in Lesotho. Training, accommodation and logistical arrangements for the doctors have also been agreed with the MoHSW.

Efforts and benefits brought about by this project will be sustained through the following strategies:

• The continuing fellowship programme implemented under the WHO for training various health professionals - medical doctors and other health professionals. This will build up the number of trained professionals to complement the national health workforce. Results of this programme will only be visible after completion of the training, as each batch of medical staff will require a minimum of 5 years training before qualification.
• GoL has initiated a programme of training doctors abroad with an annual intake of 20 students per year. The first batch of qualified doctors is expected to join the national workforce in the last year of the implementation of this project. This should facilitate a smooth transition from the UNV Medical doctors to the nationals.
• GoL is also establishing a Medical School which will be able to take over the training of doctors from the above-mentioned programme in a more sustainable matter. It is envisioned that in 2 to 3 years the overseas programme will be limited to pre-clinical training.
• Boston University has initiated the Family Residence Programme, which is being implemented in two districts. While this programme is in its first year of implementation, it is hoped that it will attract more Basotho who will undergo a training programme in Medicine while they are in the service. When qualified, they will be assimilated into the stream of doctors to be assigned to different parts of the country.
• The Emergency Human Resource Plan intends to double the production of trained health professionals from the local training institutions. A larger pool of trained health personnel of different cadres will impact

positively during the departure of the UNV Medical doctors.
• Baylor and Clinton Foundation also have ongoing mentoring programmes to improve health service delivery. The improved capacity of those involved in the mentoring programme will support continuity of the results from this project.

It is, therefore, imperative that the UNV programme is seen as a bridging arrangement designed to cover the first years during which no or limited qualified staff will become available through the above mentioned programmes. As such, in a complementary fashion with the other programmes, the UNV programme will, in a sustainable manner, ensure that qualified medical staff is made available to Lesotho throughout the coming years.

The second objective of the UNV programme is to build the capacity of in-situ medical staff through quality supervision, peer- and on-the-job training. It is expected that these activities will take place during the entire placement of the UNV Medical doctors. The length of the programme (i.e. 4 years) will allow for sufficient and continued training opportunities which, in turn, will ensure sustainable results.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 300,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **11066** | | |
| **Mechanism Name:** | **UNV program** | | |
| **Prime Partner Name:** | **UNITED NATIONAL DEVELOPMENT PROGRAM (UNDP)** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 300,000 | |
| **Narrative:** | | | |
| The current budget for the UNV programme is directly linked to the main objectives outlined in the mechanism narrative. | | | |

Output 1 - High quality medical care provided in the beneficiary health facilities over the project duration

Of the present funded budget, 82% is linked to the allowance structure of the doctors (pro-forma costs for a doctor is USD 65,174 per year). Other budget items under this first output are the upgrading of the accommodation for those doctors serving in Maseru (all other accommodation will be provided through MoHSW) and monies related to orientation training and continued sharing of experience of the doctors in the different districts.

Output 2 - Junior doctors and nursing personnel in the beneficiary health facilities given on the job training and supervision

Budget lines under this output are linked to the development and dissemination of training material.

In addition to the budget lines associated with these major outputs, several cross-cutting budget lines are introduced for Communication material on the programme and its achievements, Evaluation & Audits as part of a comprehensive monitoring and evaluation framework and Support costs for the UN agencies involved to compensate for the time commitment of various professional and support staff in the selection, deployment and management of the volunteer doctors.

## 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: Ministry of Health and Social Welfare – Lesotho | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,000,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |

| | |
|---|---|
| GHCS (State) | 1,000,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The blood safety project PEPFAR COP11, to support the Government of Lesotho to strengthen and expand safe Blood Transfusion Services will be the second year of cooperative agreement with HSS/CDC from 2010 to 2014, with a total potential value of $5,000,000. 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, renovation 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 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. The MOHSW has improved the human resource for Lesotho Blood Transfusion Service (LBTS) with the support from PEPFAR for COP10. The two regional blood banks will be renovated and expected to be operational by December 2010.

There will be one national blood bank in Maseru and two regional blood banks, one in Mohale's Hoek and the other one in Motebang hospital Leribe. There is going to be one more mobile blood collection team adding to the one that has been the only one for the National blood bank. The second team will be for the regional centres. LBTS collects blood from voluntary non-remunerated blood donors who contribute 93 percent of the donations and 7 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 10 percent while walk-in donors contribute about 30 percent. All donated bloods are screened for ABO and RhD grouping, HIV, HBV, HCV and Syphilis. LBTS is involved in WHO external quality assurance (EQA) scheme with National Institute for Communicable Diseases (NICD) for HIV, South African National Blood Service (SANBS) for blood grouping and National Health Laboratory Services (NHLS) South Africa for syphilis.

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 Account-Lesotho (MCA-L), 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 MCA-L, 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 strengthened including staffing of central and 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 | 300,000 |
| Human Resources for Health | 100,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:**<br>**Mechanism Name:**<br>**Prime Partner Name:** | **12098**<br>**Support to the Government of the Kingdom of Lesotho (GOL) to Strengthen and Expand Safe Blood Transfusion Services**<br>**Ministry of Health and Social Welfare – Lesotho** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HMBL | 1,000,000 | |
| **Narrative:** | | | |
| In FY11, the national 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.<br><br>1) The renovations will require the specialized physical conditions required by a blood banking facility, including a stand-by generator to ensure a constant supply of electricity. | | | |

2) Strengthening human resource
Staff will be trained in phlebotomy, counselling, donor recruitment, preparation of blood components, cold chain management, effective clinical use of blood and blood products, information management, quality assurance and leadership and management.

3) 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.

4) 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 |

## 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 COP11. This is the new updated version.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing women's legal rights and protection

## 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: 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)

| | |
|---|---|
| Human Resources for Health | Redacted |

## 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)<br>• TBD Partner will finalise the QA programme, leading to accreditation assessment of involved facilities.<br>• TBD Partner will extend programme country wide, with TBD Partner QA support restricted to oversight and support.<br>• 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 .<br>• TBD Partner will assist in the implementation of improved PST curricula, in line with the country's health needs and HRH plan.<br>• 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.<br>• 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.<br>• TBD Partner will support the recruitment of health cadres in key priority areas, in response to country and institutional needs.<br>• 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.<br>• 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.)

## Implementing Mechanism Details

| **Mechanism ID: 12973** | **Mechanism Name: CDC Global Epidemiology and Strategic Information Services** |
|---|---|
| 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

The CDC Global Epidemiology and Strategic Information Services (ESIS) is a multiple-award five year IDIQ contract based out of CDC HQ. The contract ceiling is USD$100 million over five years.

Services available under the contract can include:

* Monitoring and evaluation of health programs and systems
* Health economics and finance
* Surveillance and surveys, statistics, modeling, and epidemiologic investigations
* Health information systems
* Auxiliary and support services

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **12973** | | |
|---|---|---|---|
| **Mechanism Name:** | **CDC Global Epidemiology and Strategic Information Services** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | Redacted | Redacted |

| **Narrative:** |
|---|
| For COP FY2011, PEPFAR Lesotho intends to utilize the ESIS mechanism to provide central-level TA and support to strengthen the national health information system. Depending on priorities outlined by MOHSW, the national HMIS TWG, and other development partners (such as MCA-Lesotho), ESIS activities may include:<br><br>* Developing an integrated national epidemiological profile within the HMIS dashboard for reporting activities<br>* Generating a comprehensive national master facilities list for all health service providers integrated with the new HMIS project managed by MCA-L<br><br>ESIS may also be used to provide TA and support for the monitoring and evaluation of ongoing health programs and systems, including a review of existing/ongoing ART cohort studies to improve MOHSW's understanding around barriers to treatment adherence (stockouts, patient monitoring systems, transportation, etc.).<br><br>As ESIS is a new mechanism and the awarded contractors have not yet been named, this narrative is subject to revision/refinement based on the SI priorities identified in FY2011 and the competencies demonstrated within the range of contract awardees. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 13034** | **Mechanism Name: DOD Support of the LDF Electronic Medical Record** |
|---|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: VISTA PARTNERS | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 40,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 40,000 |

## 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:** | **13034** | | |
| **Mechanism Name:** | **DOD Support of the LDF Electronic Medical Record** | | |
| **Prime Partner Name:** | **VISTA PARTNERS** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 40,000 | |
| **Narrative:** | | | |
| TA from Vista Partners for support of LDF's electronic medical record | | | |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 13345** | **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:** | **13345** | | |
| **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 to achieve a safe and adequate supply of blood for Lesotho's clinical needs. The activties nclude:
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 FY11, the technical support will focus on the following.
A. Infrastructure and policies: The 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: 13478** | **Mechanism Name: Increasing Access to HIV Confidential Counseling and Testing (VCT)** |
|---|---|
| Funding Agency: U.S. Department of Health and | Procurement Type: Cooperative Agreement |

| | |
|---|---|
| Human Services/Centers for Disease Control and Prevention | |
| 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. Implementing Mechanism Narrative

This TBD will include 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.

Partnership Framework linkages

The TBD partner 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 objectives. The latter will be 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

Targeting will be 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 will support the implementing partner 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.

The counseling and testing and condom programs will be nationwide in scope, providing services, products, and behavior change interventions to men and women throughout Lesotho. The 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, the program will 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, will likely target men 18 and older who are not already medically circumcised.

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, the partner 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

The TBD partner will monitor 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, the partner will perform 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 | Redacted |
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **13478** | | |
| **Mechanism Name:** | **Increasing Access to HIV Confidential Counseling and Testing (VCT)** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | Redacted | Redacted |

**Narrative:**

The TBD partner will implement a counseling and testing model that emphasizes 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. Parallel to this, the TBD partner 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. Mobile units will 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 the TBD partner 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.

In order to effectively promote its counseling and testing services, the TBD partner will utilize a cadre of IPC agents for 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.

The TBD partner will implement a 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** |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Sexual prevention activities in this TBD include promotion and distribution of male and female condoms. In addition to branded, commercially marketed condoms, the partner will distribute GoL condoms to health centers, and provides USG-donated condoms to local partners. The partner will also distribute USG-donated female condoms (FC).

Condom programming will be implemented 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 this condom programming portfolio are influenced by 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 FY11, male condom activities will include sales of branded male condoms as well as an expanded role in the distribution of free –issue GoL condoms to health centers nationwide. 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.
The implementing partner will also seek to grow partnerships with groups serving the general population and vulnerable groups in order to ensure better access to condoms. The partner will distribute male and female condoms and conduct community mobilization events as appropriate through existing networks of community-based partners.
The partner will build upon momentum gained in the 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. The partner will also work with churches and FBOs to ensure that the female condom and dual protection are addressed in premarital family planning counseling. Finally, the partner 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: 13484** | **Mechanism Name: PSI/DOD support** |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Population Services International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| |
|---|
| **Total Funding: 110,000** |

| Funding Source | Funding Amount |
|---|---|
| GHCS (State) | 110,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 20,000 |

## Key Issues

Military Population

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **13484** | | |
| **Mechanism Name:** | **PSI/DOD support** | | |
| **Prime Partner Name:** | **Population Services International** | | |
| **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 |
|---|---|---|---|
| Prevention | HVOP | 70,000 | |

**Narrative:**

The funding will be used to continue PSI programs including procurement and distribution of condoms to all military bases and also procurement of cami condoms and support information on correct condom use.

## 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 | | | | | 40,000 | 40,000 |
| ICASS | | | | | 500,000 | 500,000 |
| Non-ICASS Administrative Costs | | | | 100,000 | 9,500 | 109,500 |
| Staff Program Travel | | | | 100,000 | 290,500 | 390,500 |
| USG Staff Salaries and Benefits | | | | | 1,060,000 | 1,060,000 |
| **Total** | **0** | **0** | **0** | **200,000** | **1,900,000** | **2,100,000** |

## U.S. Agency for International Development Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Capital Security Cost Sharing | | GHCS (USAID) | | 40,000 |

| | | | | |
|---|---|---|---|---|
| ICASS | | GHCS (USAID) | | 500,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 100,000 |
| Non-ICASS Administrative Costs | | GHCS (USAID) | | 9,500 |

## 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 | | | | 25,000 | | 25,000 |
| 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 | | | | 55,000 | | 55,000 |
| **Total** | **0** | **0** | **0** | **100,000** | **0** | **100,000** |

## U.S. Department of Defense Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| ICASS | | GHCS (State) | | 25,000 |
| 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 | | | 170,996 | | | 170,996 |
| ICASS | | | 248,517 | 107,892 | | 356,409 |
| Management Meetings/Professional Developement | | | 6,751 | 11,000 | | 17,751 |
| Non-ICASS Administrative Costs | | | 145,000 | 24,000 | | 169,000 |
| Staff Program Travel | | | 45,000 | 22,500 | | 67,500 |
| USG Staff Salaries and Benefits | | | 533,736 | 184,608 | | 718,344 |
| **Total** | **0** | **0** | **1,150,000** | **350,000** | **0** | **1,500,000** |

## 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 | | 170,996 |
| ICASS | | GAP | | 248,517 |
| ICASS | | GHCS (State) | | 107,892 |
| Management | | GAP | | 6,751 |

| | | | | |
|---|---|---|---|---|
| Meetings/Professional Developement | | | | |
| Management Meetings/Professional Developement | | GHCS (State) | | 11,000 |
| Non-ICASS Administrative Costs | | GAP | | 145,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 24,000 |

## 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 | | | | 20,488 | | 20,488 |
| Computers/IT Services | | | | 2,750 | | 2,750 |
| ICASS | | | | 24,532 | | 24,532 |
| Management Meetings/Professional Developement | | | | 3,000 | | 3,000 |
| Non-ICASS Administrative Costs | | | | 15,000 | | 15,000 |
| Staff Program Travel | | | | 4,000 | | 4,000 |
| USG Staff Salaries and Benefits | | | | 60,230 | | 60,230 |
| **Total** | **0** | **0** | **0** | **130,000** | **0** | **130,000** |

## U.S. Department of State Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Capital Security Cost Sharing | | GHCS (State) | | 20,488 |
| Computers/IT Services | | GHCS (State) | | 2,750 |
| ICASS | | GHCS (State) | | 24,532 |
| Management Meetings/Professional Developement | | GHCS (State) | | 3,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 15,000 |

## U.S. Peace Corps

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Peace Corps Volunteer Costs | | | | 260,000 | | 260,000 |
| USG Staff Salaries and Benefits | | | | 80,000 | | 80,000 |
| **Total** | **0** | **0** | **0** | **340,000** | **0** | **340,000** |

## U.S. Peace Corps Other Costs Details