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2008

Lesotho

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Table 1: Overview

Executive Summary

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Final_all CNs.28sept07..doc	application/msword	9/28/2007		PSeithleko

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

The following gives a brief overview of changes to the country context of the PEPFAR Program in Lesotho since the submission of our FY07 mini-COP. While there are no specific changes to the Five-Year Strategy, the Lesotho team continues to hone in on the four strategic priority areas agreed upon in 2006: prevention of maternal-infant and sexual transmission of HIV; counseling and testing; integration of TB and HIV services; and systems strengthening with a focus on the human capacity crisis.

A significant event that will undoubtedly influence how PEPFAR operates in the future is the \$362 million Millennium Challenge Corporation (MCC) Compact signed in July 2007, including a \$122 million health component. Although largely focused on infrastructure building, the health portion of the Compact includes an \$18.7 million package that will be used to address the human resource issue, the restructuring of the Ministry of Health (MOH) as a result of decentralization, and assistance with Health Management Information Systems (HMIS). The PEPFAR and MCC teams have worked closely together since the inception of the MCC grant making process, and will continue to do so.

In February 2007, national elections were held for the first time since 2002. Although the outcome was and continues to be contentious and resulted in a period of transient instability, MOH personnel have been reorganized which has led to a positive effect on PEPFAR program implementation and coordination. Communications with high-level management in the MOH is more frequent and both sides are working on improved integration of PEPFAR into the MOH's planning processes.

Coupled with the instability caused by the elections, an on-going drought promises to make the current peace somewhat precarious. In July the Prime Minister and Embassy Maseru declared a food disaster in Lesotho due to severe drought, failed harvests, and insufficient domestic food production. USAID has increased its donations to the World Food Program and extended its support to a food-for-assets consortium consisting of CARE, World Vision, and Catholic Relief Services. Partners have reported increased numbers of malnourished or starving children presenting at health facilities, but concrete documentation on the depth and scope of the food crisis is not yet available.

Acceptance of Lesotho's Round 6 Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (GFATM) proposal to strengthen community involvement in TB prevention and treatment has given a boost to the National TB Program. This program however continues to suffer from lack of qualified personnel at both central and district levels. The communications and coordination between the TB and HIV programs continue to fall short of what is needed to gain the necessary impetus to truly integrate the two programs. Partners in Health is taking the clinical lead on identification and treatment of multi-drug resistance (MDR) and extremely-drug resistant (XDR) TB, while the USG is the leading partner on implementation of a National Drug Resistance Survey. Lesotho will most likely submit a Round 8 proposal to the GFATM that focuses on MDR and XDR TB.

The most glaring gap in the national response continues to be the prevention of sexual transmission and lack of evidence that there is true national will to do so. A recently completed prevalence study among textile workers found a 43% prevalence rate among this population of predominantly young women. Although a prevention program has been launched in the apparel industry, a national prevention campaign with population-specific messages is still all but invisible. While there is widespread acknowledgement that multiple concurrent partnerships among both sexes form the deadly fuel that propels HIV transmission, there are still very few interventions that address this issue, and the entire topic remains sensitive to full and open discussion.

Ambassador Letter

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Cover letter Lesotho mini -COP 28sept07.pdf	application/pdf	9/28/2007		PSeithleko

Country Contacts

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	18,477	21,523	40,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	4,374	2,906	7,280
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	19,140	4,031	23,171
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	800	806	1,606
8.1 - Number of OVC served by OVC programs	0	1,500	0	1,500
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	67,750	27,196	94,946
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	9,421	3,154	12,575
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	23,156	21,844	45,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	5,943	2,233	8,176
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	22,979	4,433	27,412
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,050	806	1,856
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	72,550	33,778	106,328
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	11,306	4,110	15,416
Human Resources for Health				
End of Plan Goal				
	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Partnership for Health & Development Communications (PHDC)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8220.08
System ID: 8220
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Academy for Educational Development
New Partner: Yes

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5950.08
System ID: 8145
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: Overseas Technical Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8195.08
System ID: 8195
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Comforce
New Partner: Yes

Mechanism Name: Call to Action project (EGPAF)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5957.08
System ID: 8144
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Call to Action Project (EGPAF)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8216.08
System ID: 8216
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: Nursing Capacity Building

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5954.08
System ID: 8205
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Georgetown University
New Partner: No

Mechanism Name: MTCT Plus (Columbia University)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5956.08
System ID: 8146
Planned Funding(\$): \$1,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University
New Partner: No

Mechanism Name: HIV/AIDS Workplace Education Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5940.08
System ID: 8147
Planned Funding(\$): \$280,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Labor
Funding Source: GHCS (State)
Prime Partner: International Labor Organization
New Partner: No

Sub-Partner: Population Services International
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Mechanism Name: Southern Africa Human Capacity Development Coalition

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5965.08

System ID: 8230

Planned Funding(\$): \$980,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: IntraHealth International, Inc

New Partner: No

Sub-Partner: Foundation for Professional Development

Planned Funding: \$210,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: East, Central, and Southern African Health Community

Planned Funding: \$120,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Management Sciences for Health

Planned Funding: \$200,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Institute for Development Management

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Council for Health Services Accreditation of Southern Africa

Planned Funding: \$170,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Male circumcision service providers training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6206.08
System ID: 8186
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: JHPIEGO
New Partner: Yes

Mechanism Name: Enhancing Strategic Information

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11810.08
System ID: 11810
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Strengthening Pharmaceutical Services (SPS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5964.08
System ID: 8148
Planned Funding(\$): \$538,378
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: Failed IAA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8193.08
System ID: 8193
Planned Funding(\$): \$1,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Sub-Partner: Population Services International
Planned Funding: \$1,500,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name: Phones for Health

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8201.08
System ID: 8201
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Supplies, TA, equipment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8197.08
System ID: 8197
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: No

Mechanism Name: TA in surveillance and surveys

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8200.08
System ID: 8200
Planned Funding(\$): \$55,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8202.08
System ID: 8202
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: IQC Tasc order SA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5966.08
System ID: 8153
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Local prevention partner

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8221.08
System ID: 8221
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: MDR-TB

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6205.08
System ID: 8192
Planned Funding(\$): \$541,321
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: PACT-APS Grantee

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5961.08
System ID: 8149
Planned Funding(\$): \$1,136,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: Lesotho Catholic Bishops Conference
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Rural Self-Help Development Association
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Anti-Drug Abuse Association of Lesotho
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: CARE Lesotho
Planned Funding: \$150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Phelisanang Bophelang
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Durham Link
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Catholic Relief Services
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: BizAIDS
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Infant and Young Child Nutrition

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8226.08
System ID: 8226
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: PATH
New Partner: No

Mechanism Name: Increasing access HIV C&T/Male Circumcision

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6207.08
System ID: 8184
Planned Funding(\$): \$1,650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: Increasing access to HIV C&T

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5944.08
System ID: 8152
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Boston University
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Military Bases Outreach

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5942.08
System ID: 8151
Planned Funding(\$): \$90,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: LDF survey

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8357.08
System ID: 8357
Planned Funding(\$): \$75,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Research Triangle Institute
New Partner: Yes

Mechanism Name: Support to Lesotho Blood Transfusion Service

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8183.08
System ID: 8183
Planned Funding(\$): \$60,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Safe Blood for Africa Foundation
New Partner: Yes

Mechanism Name: Health Care Improvement (HCI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6208.08
System ID: 8228
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: University Research Corporation, LLC
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Care Improvement (HCI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8291.08
System ID: 8291
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: Contraceptive Security Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5967.08
System ID: 8154
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID HCD Advisor and Contracts PA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9313.08
System ID: 9313
Planned Funding(\$): \$590,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: PEPFAR Coordinator salary and benefits

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8213.08
System ID: 8213
Planned Funding(\$): \$191,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: RHAP TA in prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8224.08
System ID: 8224
Planned Funding(\$): \$80,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID Prog. Manager and Program Specialist salaries and benefits

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8232.08
System ID: 8232
Planned Funding(\$): \$238,910
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10661.08
System ID: 10661
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC Chief of Party and Technical Program Specialist salaries and benefits

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8203.08

System ID: 8203

Planned Funding(\$): \$450,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	12012.08	Early funding is requested to cover the urgent immediate costs of salaries, travel, training and other personnel-related expenses for CDC management and staffing ongoing activities. This includes \$150,000 for the CDC Chief of Party and \$100,000 for the CDC PSC for a total of \$250,000.	\$150,000	\$250,000

Mechanism Name: CDC Deputy Director

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9311.08

System ID: 9311

Planned Funding(\$): \$0

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: MDR-TB TA from Atlanta

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8354.08

System ID: 8354

Planned Funding(\$): \$20,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Technical Assistance-ETR.net Electronic TB register

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8187.08
System ID: 8187
Planned Funding(\$): \$15,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: DOD Prevention/Training/Local hire

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8161.08
System ID: 8161
Planned Funding(\$): \$190,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DOD PMTCT/PC/TB/supplies/training/LDF/record keeping

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8157.08
System ID: 8157
Planned Funding(\$): \$245,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: Capital security costs, ICASS services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8211.08
System ID: 8211
Planned Funding(\$): \$118,000
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ICASS services for USAID Prog. Manager and Program Specialist

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8356.08
System ID: 8356
Planned Funding(\$): \$136,622
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS Services, Residence Bldg ops. & local costs non ICASS for CDC CP, lab manager, tech program support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6085.08
System ID: 8155
Planned Funding(\$): \$440,043
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8209.08
System ID: 8209
Planned Funding(\$): \$403,836
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps PEPFAR Coordinator

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9314.08
System ID: 9314
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: VAST grants

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8206.08

System ID: 8206

Planned Funding(\$): \$93,800

Procurement/Assistance Instrument: Grant

Agency: Peace Corps

Funding Source: GHCS (State)

Prime Partner: US Peace Corps

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5940.08	8147	International Labor Organization	Department of Labor	GHCS (State)	Population Services International	N	\$25,000
5965.08	8230	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Council for Health Services Accreditation of Southern Africa	N	\$170,000
5965.08	8230	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	East, Central, and Southern African Health Community	N	\$120,000
5965.08	8230	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Foundation for Professional Development	N	\$210,000
5965.08	8230	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Institute for Development Management	N	\$40,000
5965.08	8230	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Management Sciences for Health	N	\$200,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Anti-Drug Abuse Association of Lesotho	N	\$25,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	BizAIDS	N	\$50,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	CARE Lesotho	N	\$150,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Catholic Relief Services	N	\$100,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Durham Link	N	\$65,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Lesotho Catholic Bishops Conference	N	\$65,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Phelisanang Bophelang	N	\$65,000
5961.08	8149	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Rural Self-Help Development Association	N	\$65,000
5944.08	8152	Population Services International	HHS/Centers for Disease Control & Prevention	GAP	Boston University	N	\$50,000

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$1,582,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The Government of Lesotho (GOL) launched its Prevention of Mother to Child Transmission (PMTCT) program in January 2003 based on a client-initiated counseling and testing approach and the provision of single-dose Nevirapine (NVP) prophylaxis to mother and child at birth. There are approximately 50,000 deliveries annually in Lesotho and in 2006, HIV prevalence among ante-natal clinic (ANC) attendees in Lesotho was reported to be 27%, with over 22,000 children in the country estimated to be living with HIV and AIDS. In December 2006, 35 of 193 functioning facilities nationwide reported PMTCT activities; by July 2007, 64 facilities reported PMTCT activities. At the end of 2005, only 5% of pregnant women were utilizing PMTCT services but by the end of 2006, coverage had increased to 16%. Given that 90% or more of pregnant women in Lesotho seek ANC, there is an enormous opportunity to rapidly expand quality PMTCT programs and services. In early 2007, the Ministry of Health and Social Welfare (MOHSW) commissioned an inter-agency Task Team Review to assess the current status of PMTCT and Pediatric HIV/AIDS practices and to develop a scale-up plan in line with the national objective of achieving universal access by 2010.

In January 2005, the USG initiated the Lesotho Partnership for Family-Centered HIV Services (Partnership) based on the concept of using ANC clinics as the entry point for HIV prevention, diagnosis, care and treatment for the entire family. The Partnership is led by Columbia University's International Center for AIDS Care and Treatment Programs (ICAP) in collaboration with the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF) and the Infant and Young Child Nutrition Project (IYCN). The objective of the program is to prevent pediatric HIV infections and to reduce HIV-related morbidity and mortality among women, children and their families. The Partnership is currently providing direct site support in five districts: Maseru, Butha Buthe, Berea, Mhale's Hoek and Mafateng.

At the national level, the Partnership supports the MOHSW in strategic planning and the development of PMTCT care and treatment systems, policies and guidelines, including pediatric AIDS. In FY07, the Partnership successfully advocated for changes in PMTCT policies, including provider-initiated counseling and testing and dispensation of NVP prophylaxis to HIV-positive pregnant women at the first ANC visit.

In FY08, ICAP and EGPAF will reorganize their programs by district in an efficient response to the MOHSW request for a district approach to services. Each partner will assume responsibility for comprehensive PMTCT services in an entire district. EGPAF will take the lead in Butha Buthe and Berea and ICAP in Mhale's Hoek and Mafateng. The partners will continue to collaborate in Maseru district, with EGPAF taking the lead for PMTCT and ICAP supporting Treatment and Palliative Care.

In FY08, the USG-supported Partnership will expand services to hospitals in two additional districts, Leribe (EGPAF) and Quthing (ICAP). EGPAF will provide services in a total of four hospitals, three filter clinics and 27 health centers by the end of FY08. ICAP will support PMTCT service expansion to 10 health centers in Mafateng District and 10 in Mhale's Hoek District and Quthing Hospital.

The partners plan to support the provision of ART within MCH clinics in keeping with the new MOHSW guidelines and based on the highly successful pilot of this approach at Queen Elizabeth II Hospital. Both partners will focus on the provision of comprehensive support to sites, including:

1. Routine counseling and testing pregnant women during ANC, labor and delivery, or post-natal care introducing the provider opt-out approach and a focus on HIV primary prevention;
2. Facilitating immediate provision of ARV prophylaxis for HIV-positive pregnant women;
3. Staging HIV-positive pregnant women within the maternal and child health (MCH) services, facilitating CD4 testing, STI screening and syndromic management, and timely referral for treatment for HIV+ eligible pregnant women;
4. Provision of a more complex course of ARV prophylaxis to the HIV+ pregnant women not eligible for HAART and for all exposed infants, including treatment of opportunistic infections (OIs) and TB;
5. Provision of family planning methods, immunizations and HIV prevention messages to families at the sites;
6. Improving safe

obstetrical practices (at facility and in community) during labor, delivery, and immediate post-partum; 7. Providing adequate counseling and education for nutrition, infant feeding, and family planning during ANC, labor and delivery, and PNC; 8. Follow-up and care of exposed infants until final diagnosis including cotrimoxazole prophylaxis at six weeks.

The proportion of HIV-exposed infants currently receiving PCR testing at partnership sites is high (>50%) but transmission rates have also been unexpectedly high (~20%). In FY 2008 the partners will attempt to determine the reasons for this and take steps to reduce the transmission rate by focusing on optimizing linkages to ART and improving adherence. In addition, the Partnership will provide 4100 pregnant women with a complete course of antiretroviral prophylaxis in a PMTCT setting.

The Partnership will strengthen the continuum of care for HIV-positive women and their families and engage families in long-term comprehensive HIV care and treatment using PMTCT services as the point of entry for the family and community. The Partnership will target its support to four levels:

National Level Support: Both partners will continue to provide technical assistance to the MOHSW, highlighting evidence-based practices to inform policy change, participating in the PMTCT Technical Advisory Committee and other technical working groups to develop, revise and disseminate policy documents, guidelines and tools. The MOHSW will pilot test the revised ANC registry at two EGPAF sites, as part of the national registry roll-out. ICAP will work closely with the MOHSW AIDS Directorate, Family Health Division and the Planning Unit to finalize the PMTCT data collection tools for national use. Both partners will improve monitoring and evaluation systems to support the MOHSW to strengthen PMTCT programs nationally. IYCN will support the MOHSW to update its child feeding and PMTCT guidelines to reflect the new national child feeding policy.

District Level Support: The Partnership will build the capacity of providers to offer services and strengthen referral networks between health facilities at all levels within supported districts. The Partnership will support District Health Management Teams (DHMTs) to roll out PMTCT, ART and palliative services to health centers within the district.

Health Facility Level Support: The Partnership will provide comprehensive PMTCT, treatment and palliative services in supported hospitals, clinics and health centers, as described above. At all sites supported, the Partnership will have an expanded focus on improving safe obstetrical practices; providing nutrition, infant feeding and family planning counseling; and clinical assessment and referral for prophylaxis and treatment of opportunistic infections, including TB. EGPAF, in addition, will facilitate social support for HIV-infected and lactating mothers through clinic-based family support groups and expand family support groups to provide psychosocial support and promote partner involvement. IYCN will provide technical assistance to the Partnership and Mothers-to-Mothers (M2M) to improve the quality of infant feeding support at the facility and community levels.

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

Community Level Support: In FY08 EGPAF will expand its work in communities in an effort to increase access to PMTCT services, encourage more men to seek counseling and testing, and strengthen linkages with PLWHA groups. EGPAF will also work within MOHSW guidelines to strengthen the role of community health workers in PMTCT. ICAP will strengthen the community response to PMTCT through training for community members and advocacy sessions for community leaders. The Partnership will continue to enhance family-focused programs and will strengthen linkages across all USG partners to impact the delivery system of services to the family at the community level including pediatric AIDS (see HTXS).

The USG is committed to the synergistic benefits resulting by collaborating with other organizations working in the areas of PMTCT, Treatment and Palliative Care: PEPFAR-funded partners (Quality Assurance Project/URC, M2M, CDC-Lab, Human Capacity Project, IYCN) and other stakeholders including Clinton Foundation, Baylor International Pediatric AIDS Initiative, UNICEF and WHO. Lesotho's PMTCT GFATM Fund Application was approved for strengthening infant nutrition and feeding and the establishment of a peer counseling program for women and partners.

The Partnership implementing agencies are mostly core-funded in FY08. The follow-on funding from a central level is absolutely critical to the success of this Partnership and to avert a gap in service for this premier program which is so closely tied to the MOHSW. The team will work with USAID/W and OGAC to help ensure that the necessary funding for this priority program is maintained beyond FY08.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	73
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	23156
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5943
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	245

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8157.08	Mechanism: DOD PMTCT/PC/TB/supplies/trainin g/LDF/record keeping
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 18609.08	Planned Funds: \$15,000
Activity System ID: 18609	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8216.08	Mechanism: Call to Action Project (EGPAF)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 18689.08	Planned Funds: \$667,000
Activity System ID: 18689	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5957.08	Mechanism: Call to Action project (EGPAF)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 11949.08	Planned Funds: \$500,000
Activity System ID: 18588	

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11949

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27080	11949.27080.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	11282	8216.09	Call to Action Project (EGPAF)	\$830,000
11949	11949.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5957	5957.07	Partnership for Family-Centered HIV/AIDS Program	\$0

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5956.08

Mechanism: MTCT Plus (Columbia University)

Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 12122.08

Planned Funds: \$400,000

Activity System ID: 18590

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12122

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27077	12122.27077.09	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	11268	5956.09	MTCT Plus (Columbia University)	\$180,000
12122	12122.07	U.S. Agency for International Development	Columbia University	5956	5956.07	ICAP	\$0

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area: \$1,009,300

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

HVAB

The USG team has identified prevention of sexual transmission of HIV as a major program priority for FY08. Results from the 2004 Lesotho DHS indicate that 24% of adults aged 15-49 are HIV-infected, 26% of women and 19% of men. By the age of 18, 47% of young women and 52% of young men have had sex. Prevalence rises with age among both sexes, peaking at 43% among women in their late 30's and 41% among men age 30-34. In all 10 districts, women have higher infection rates than men. The cultural hurdles for promoting gender equity in sexual prevention are substantial. The 2004 DHS revealed that 48% of women and 51% of men agreed that wife-beating is justified. It is common knowledge that those who are sexually active have multiple concurrent partnerships. Eleven percent of women aged 15-49 years and 30% of men aged 15-59 years have had two or more partners in the last year (DHS, 2004). According to a WHO study reported by Halperin and Epstein (2007), rates of concurrent partnerships in Lesotho were even higher, with women's rates being reported at 39% and men's rates at 55%. Despite these high percentages, cultural norms restrict public discourse on the topic. The all-male mining industry and the predominantly female textile industry often displace workers from their home villages and thus have been identified as occupations that contribute to extra-marital relationships among these workers.

Over the past five years, the Government of Lesotho (GOL) has made access to treatment a national priority, but national prevention initiatives focusing on partner reduction lag far behind. Launched on World AIDS Day in December 2006, the 2006-2011 National HIV and AIDS Strategic Plan (NSP) states that "the focus of the NSP is...to enhance prevention by increasing quality of interventions through behavioral change communications strategies." The plan, however, does not include steps to operationalize the prevention component.

The GOL has prioritized other prevention efforts such as Counseling and Testing over behavior change activities. For example, in a November 2006 brief, the GOL characterized the "Know Your Status" (KYS) Campaign, a national effort to provide access to community-based counseling and testing, as "the government's primary prevention strategy." But even under KYS, explicit, targeted mass media prevention messages are absent. Programs that address abstinence and being faithful (AB) are fragmented at best and leadership at the national level is weak, with two officers from the Ministry of Health and Social Welfare (MOHSW) Behavior Change Communication (BCC) unit having left public service in recent months. The MOHSW Operational Plan for 2007/2008 includes "increase in positive behavioral change" and "increase in sexual abstinence among children under 18" as explicit outputs. Although the first draft of the national BCC strategy has been developed and is presently under review, the MOHSW reported in July 2007 that development of promotional material for sexual abstinence has been deferred until next quarter. There have been, however, some recent policy developments with positive implications for prevention programs. These include the recently passed Legal Capacity of Married Persons Bill; a condition for MCC funding, which removed married women's status as minors; a Catholic Relief Service (CRS) initiative highlighting gender equalities that provides opportunities to develop gender-specific prevention messages; and the July 2007 Statement of Commitment by Lesotho's Church Leaders on AIDS.

HIV/AIDS Prevention remains a significant gap in the Lesotho National Program. The USG is the largest donor of prevention programs, as reported in a UNAIDS document entitled "Make the money work in Lesotho: Analysis of existing and estimated commitments verses estimated costs from April 2007 to March 2011." This, in part, reflects the scarcity of prevention resources in Lesotho. The report goes on to state that "prevention programming is under-funded and that there is an \$18 million gap in national allocations." The USG focus on prevention programming is just getting underway and although major priorities have been tentatively identified, the formative research required to strategically target resources has not been completed.

The USG has placed increasing strategic priority on scaling up sexual prevention programs at national, district and community levels and this will continue in FY08. Peace Corps, working with several host-country partners including the Ministry of Youth, Gender, Recreation and Sports, the Lesotho Basketball Association, and local businesses, are using sports as a medium for transferring critical life skills and HIV/AIDS prevention strategies to youth. In FY08, Peace Corps will continue its HIV/AIDS prevention education programs through sports camps and Speak ALOUD (A Look at Our Understanding of Development), a gender and youth workshop examining emerging gender and youth roles and how they relate to HIV/AIDS. Under the International Labor Organization (ILO)/U.S. Department of Labor (USDOL) project, 13 construction, textile, utility and hospitality enterprises

have developed BCC strategies that include AB messages. In FY08, these programs will add three to five more enterprises in the mining and security sectors. BizAIDS will continue to work with the informal small business sector, combining AB prevention messages with training on business skills.

PACT supports community-level AB activities implemented by the Lesotho Catholic Bishops Conference (LCBC), the Anti-Drug Abuse Association of Lesotho (ADAAL), and the Rural Self-Help Development Association (RSDA). All PACT partners have received BCC technical assistance to strengthen their technical skills. ADAAL has developed a successful peer education program on HIV prevention and substance abuse for use in schools. LCBC works to mitigate the effects of HIV/AIDS in the rural Ketane region by training community leaders in BCC and providing AB-focused prevention education to community members. RSDA works in the Phamong community, training mentors to deliver HIV/AIDS prevention messages and providing referrals for voluntary testing and counseling. In FY08, PACT will support two new community-based partners. The first, Durham Link, will focus on preventing new HIV infections in Ha Mohatlane, by raising HIV awareness and improving support and services targeted to young women. The second, a consortium between CRS and World Vision, will mobilize local faith leaders and congregations to promote abstinence and faithfulness and reduce multiple concurrent partnerships. In addition, PACT will share prevention best practices with all USG prevention partners, selected GFTAM sub-sub-recipients, and other stakeholders.

In FY08 the USG will implement its prevention programs through a more cohesive plan that promotes stronger programmatic linkages among all prevention, care, treatment and support partners. Establishing stronger monitoring and evaluation systems will also be a focus in FY08. Given the dearth of prevention programs and the relative urgency of promoting strong, consistent prevention messages, the USG team plans a number of steps intended to address this challenge. The USG team recently formed a Prevention Technical Working Group (TWG) composed of representatives of all implementing partners working in prevention. The TWG serves as a program-wide forum for sharing information and best practices, discussing priorities and formulating strategies. A BCC contract will be awarded in the coming months and this will serve as the primary vehicle for developing AB prevention activities and messages and providing USG support for developing and implementing the national BCC strategy. A key focus of this contract will be messages targeted to multiple concurrent partnerships, one of the main drivers of Lesotho's epidemic. Working with the National AIDS Commission (NAC) and other stakeholders, the USG will participate as a member of the national-level prevention working group responsible for planning and implementing a nationwide BCC strategy. The BCC strategy will include the various prevention partners in the country and their role; channels such as how mass media will be used to influence social norms and address stigma and discrimination; and how certain target groups such as adult men will be reached. All prevention messages, including correct and consistent use of condoms and male circumcision will be integrated across the USG program (see HVOP).

To lay the groundwork for strong, targeted prevention messages, the USG and UNAIDS are presently launching a jointly-financed study of multiple concurrent partnerships. One objective of this research is to articulate the "B" message in a way that is locally driven and locally owned. This research is intended to address the criticism raised in a November 2006 GOL document that "external experts, most of whom have little understanding of the cultural and local contexts, develop most of the IEC materials in use in the country, raising questions about the uptake of these messages." In addition, a HIV Prevention advisor will be recruited as a member of the USG team. This expert will work closely with the MOHSW, the NAC, the Ministry of Education, the Ministry of Gender, Youth, Sports and Recreation, USG partners and other stakeholders on a sexual prevention strategy focusing on AB.

Products: Consistent and targeted AB prevention messages across all USG implementing partners, targeted messages developed to address multiple concurrent partnerships, national implementation plan for prevention and sexual prevention messages incorporated into PMTCT, KYS and other USG-supported programs.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	54080
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	25760
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1094

Custom Targets:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5940.08	Mechanism: HIV/AIDS Workplace Education Program
Prime Partner: International Labor Organization	USG Agency: Department of Labor
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 12067.08	Planned Funds: \$75,000

Activity System ID: 18592
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12067
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12067	12067.07	Department of Labor	International Labor Organization	5940	5940.07	HIV/AIDS Workplace Program	\$45,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5961.08
Prime Partner: Pact, Inc.
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 18696.08
Activity System ID: 18696
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: PACT-APS Grantee
USG Agency: U.S. Agency for International Development
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$287,500

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8220.08
Prime Partner: Academy for Educational Development
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 18699.08
Activity System ID: 18699

Mechanism: Partnership for Health & Development Communications (PHDC)
USG Agency: U.S. Agency for International Development
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$450,000

Activity Narrative: Received \$200,000 additional funding from a TBD mechanism.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8206.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 18679.08

Activity System ID: 18679

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: VAST grants

USG Agency: Peace Corps

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$56,800

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8224.08

Prime Partner: US Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: HVAB

Activity ID: 18732.08

Activity System ID: 18732

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: RHAP TA in prevention

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$80,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8232.08

Mechanism: USAID Prog. Manager and Program Specialist salaries and benefits

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19091.08

Planned Funds: \$60,000

Activity System ID: 19091

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: \$60,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The Lesotho National Blood Transfusion Service (LNBS) currently operates within the National Laboratory Services management. This is expected to change in the future with the LNBS operating with a separate budget from the laboratory. HIV/AIDS has increased the workload of LNBS through the growing need for blood transfusions for HIV-related anemia and anemia induced by Anti Retroviral Therapy (ART). The LNBS currently collects around 3,000 usable units per year. The head of the LNBS estimates that a minimum of 5,000 usable units per annum are required to meet the current demand. A more realistic figure may be 9,000 units of blood to meet clinical demand. Blood is usually collected by a single mobile blood collection team that consists of 2 donor attendants, 1 registered nurse, 1 office assistant and 1 driver. This single team covers the entire country and can be away from Maseru for extended period of up to two weeks. During these extended collection blood drives, blood is transported back to the LNBS by government and hospital transport systems. Collection is usually planned on a short term basis and is largely reactive. Chronic shortages become acute during school holidays as donors are predominantly schoolchildren. The minimum age for donation in Lesotho is 18 years. Individual counseling of donors prior to donation is not performed. The ineligibility of school pupils under the age of 18 to donate blood puts a strain on the LNBS since the youth represent the safest source of blood donors and are readily accessible to donor recruitment teams. Many youth leave school before the age of 18 and are largely inaccessible to the donor team. To address this need a blood donor recruiter, supported by Safe Blood For Africa, was added to the staff. The new donor recruiter is helping with four priority areas. This includes donor recruitment, donor retention, blood collection, and blood transportation. Donor recruitment, donor retention and blood collection are the central bottlenecks to the expansion of blood collection activities. Transportation of blood and blood products is cross-cutting, and fundamental to the entire system.

The Safe Blood for Africa Foundation provides highly specialized training and support specifically to develop blood safety in the areas of blood donor recruitment, quality systems and rational blood usage. The Safe Blood for Africa Foundation is providing direct technical assistance to the Lesotho National Blood Transfusion Service by independently funding the employment of a dedicated blood donor recruiter to increase the number of voluntary (safe) blood donors in Lesotho.

The Safe Blood for Africa Foundation proposes to conduct a number of training courses during FY 08. Activities in Lesotho are limited within the terms of the funding to providing training in blood safety. The proposed program for FY 08 provides for training courses to administrative, donor, technical, clinical and hospital blood bank staff.

The Safe Blood for Africa Foundation will carry out activities in four major areas during FY08. These areas of activity are:

1. Training and ongoing support in developing a voluntary blood donor program.
 - i. This encompasses the design, planning, development and introduction of an effective voluntary blood donor program, encompassing Club 25 activities, monitoring, review and development of blood donor staff with special attention to recruitment and phlebotomy aspects. Monitoring and evaluation of systems that are introduced is an essential aspect coupled with measurement of effectiveness and meaningful report writing.
 - ii. Training of Lesotho Red Cross Society personnel in motivation, education and recruitment of voluntary non-remunerated blood donors as per the "Proposal for the Active Participation of the Red Cross Youth in Blood Donor Recruitment in Lesotho" document (attached)
 - iii. Training of Lesotho Donor Recruitment staff in effective donor recruitment and retention skills and techniques
 2. Training of administrative and blood donor staff in quality systems
 - i. Quality systems are often seen as a laboratory requirement, however the need for quality extends to all aspects of a BTS operation. The quality training to be provided is in accordance with WHO recommendations
 3. Limited training of clinical and nursing staff in rational blood use
 4. Training of technical and laboratory staff in quality systems
 - i. Quality systems in laboratory environments are required to be specific and include SOP development and report writing in accordance with WHO recommendations, these courses are extended to include hospital blood bank staff
- Ongoing updates of technical and laboratory staff in developing techniques and their application, these courses are extended to include hospital blood bank staff

PEPFAR funds will continue to be leveraged to help support the Millennium Challenge Corporation (MCC) to build a new blood transfusion Centers in the country. MCC has made available over \$120 million dollars to the Government of Lesotho to improve infrastructure in the health sector, with a significant portion going to the blood transfusion service.

Products: Club 25 organizations established; training curriculum for donor recruitment and clinical uses of blood products developed; SOPs for blood transfusion service.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	18
3.2 Number of individuals trained in blood safety	145

Custom Targets:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8183.08	Mechanism: Support to Lesotho Blood Transfusion Service
Prime Partner: Safe Blood for Africa Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03

Activity ID: 18639.08

Planned Funds: \$60,000

Activity System ID: 18639

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$540,000

Amount of total Other Prevention funding which is used to work with IDUs

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Lesotho's population as reflected in the 2004 Demographic Health Survey (DHS) population pyramid is predominantly young; 41% of the total population is less than 15 years old, and 43% are 15-49. Although knowledge of AIDS is almost universal (94% of women and 93% of men knew of AIDS), only 18% of young men and 26% of young women knew how to prevent sexual transmission of HIV. Women are increasingly and disproportionately bearing the burden of infection; although less than 10% are infected at age 18-19, almost 40% are infected by the time they reach 24 years. Multiple concurrent partnerships are embedded in the Basotho culture and wife beating is considered acceptable by fully half of all men and women. In the context of Lesotho's generalized epidemic where most of the adult population is at risk and young women are particularly vulnerable, other population sub-groups identified in the National HIV and AIDS Strategic Plan (December 2006) as being at increased risk are truck drivers, sex workers, miners and prisoners. Given the dearth of prevention programs for the general population, programs specifically targeting these populations are practically non-existent. The Lesotho Planned Parenthood Association has a prevention program in Lesotho prisons that includes condom distribution, and in FY06 the U.S. Department of Defense (DOD) launched a prevention program within the Lesotho Defense Force (LDF).

Condom use is still low and condom availability is inconsistent. A 2007 Global Fund assessment indicated a major shortfall in total numbers of condoms available in Lesotho. A more recent assessment conducted in several districts by the Government of Lesotho (GOL) in collaboration with the United Nations Fund for Population Activities (UNFPA) indicated that major logistics supply problems exist, with stock-outs in some facilities and tremendous over-stocks in others.

According to the DHS, among those reporting having engaged in high-risk sex over the prior year, only 42% of women and 46% of men reported using a condom during their most recent sexual encounter. The main sources of condoms in Lesotho are Population Services International (PSI) and the Global Fund. PSI Lesotho is implementing a comprehensive condom distribution program with operational funds from the Dutch government. A large portion of the condoms (Trust and Blue and Gold) were donated by the USG in 2007. PSI plans to distribute 3,217,405 condoms in FY07 and 3,539,145 in FY08, which includes branded and workplace condoms. PSI also assists the Ministry of Health and Social Welfare (MOHSW) in the distribution of free-issue male and female condoms. Additionally, one million male and 48,000 female free-issue government condoms will be distributed in FY07. The Department of Labor (DOL) and DOD programs will also receive other prevention funds to encourage a more comprehensive ABC approach under these programs. The USG program will also access free condoms through continued use of USAID's Contraceptive Security Fund.

In light of the scale-up of treatment services funded by Lesotho's Global Fund (GF) grants and other donors, the USG team has identified all areas of prevention as a national gap and programmatic priority, and will leverage its funds with those of the GF and other donors to focus on expanding targeted prevention messages and services. This decision is supported by a UNAIDS assessment which states that HIV/AIDS Prevention remains a significant gap in the Lesotho National Program and is under-funded. The UNAIDS assessment reports that the USG is the largest donor of prevention programs.

Although USG prevention efforts in FY08 will focus on PMTCT and sexual prevention via advocacy of delayed sexual activity in young people and reducing concurrent sexual partnerships among adults, the USG Lesotho team will continue to access the condoms available through USAID population funds, and PSI will continue to promote and distribute these condoms through its social marketing program. PSI will continue to train LDF peer educators in the correct and consistent use of condoms, ensuring that LDF clinics have a regular supply of condoms and IEC materials. DOD will provide and promote camouflage wrapped condoms within the LDF to increase correct and consistent use. Similarly, the DOL-funded, International Labor Organization (ILO) -implemented workplace program will continue to provide prevention education and condoms in its current 13 private enterprise settings and expand these services in up to an additional five workplace settings.

In FY2008 the USG/PEFPAR Lesotho program will allocate \$651,852 to AB prevention and \$165,000 to Other Prevention. All prevention messages, including correct and consistent use of condoms, will be integrated into USG and other prevention programs that have AB as their primary focus (see HVAB) and into an over-arching prevention strategy that will be developed with the GOL. In FY08, the USG will also continue to support the Know Your Status Campaign (see HVCT), the integration of TB and HIV services (see HVTB), the training of community health workers (see HBHC), a workplace prevention program and technical assistance to selected community-based groups (see HVAB), and programs and services to prevent maternal-infant transmission (see MTCT). All of these programs and settings will be used as platforms for delivering consistent and targeted prevention messages, including condom use to protect individuals and others. Strengthening USG partners' monitoring and evaluation systems will also be a priority in FY08. Finally, the HIV/AIDS supply chain management system assessment and follow-on support planned during the coming year will improve supply chain efficiency and the availability of condoms at all distribution points nationwide.

In 2006 and 2007, with support from USAID/RHAP, the Futures Constella Group conducted and reported a study to assess the cost and feasibility of male circumcision (MC) as an HIV prevention strategy in Lesotho. The clear consensus, including that of GOL representatives, is that MC may be a reasonable strategy to prevent HIV transmission. The USG team has several mechanisms in place for supporting follow-on activities in this area. Priority activities under consideration include qualitative research with traditional healers, policy support to the MOHSW, and the development of Behavioral Change Communication (BCC) messages promoting MC awareness and demand.

Products

Integration of AB&C messages as appropriate in USG-supported prevention efforts; Condoms distributed; Curricula to train selected communities, peer educators, soldiers and members of the workforce in appropriate condom use, in addition to other prevention strategies.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets

1771

5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	36928
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	233

Custom Targets:

Number of men reached with MC prevention messages	65000
Number of condoms distributed	1274092

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6207.08	Mechanism: Increasing access HIV C&T/Male Circumcision
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18644.08	Planned Funds: \$150,000
Activity System ID: 18644	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6206.08	Mechanism: Male circumcision serice providers training
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18651.08	Planned Funds: \$100,000
Activity System ID: 18651	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8232.08	Mechanism: USAID Prog. Manager and Program Specialist salaries and benefits
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 19090.08	Planned Funds: \$60,000
Activity System ID: 19090	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8161.08	Mechanism: DOD Prevention/Training/Local hire
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18613.08	Planned Funds: \$80,000
Activity System ID: 18613	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5967.08	Mechanism: Contraceptive Security Fund
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 12069.08	Planned Funds: \$0

Activity System ID: 18607
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12069
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27083	12069.27083.09	U.S. Agency for International Development	US Agency for International Development	11272	5967.09	Contraceptive Security Fund	\$0
12069	12069.07	U.S. Agency for International Development	US Agency for International Development	5967	5967.07	Contraceptive Security Fund	\$0

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5942.08
Prime Partner: Population Services International
Funding Source: GHCS (State)
Budget Code: HVOP
Activity ID: 18611.08
Activity System ID: 18611
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Military Bases Outreach
USG Agency: Department of Defense
Program Area: Condoms and Other Prevention Activities
Program Area Code: 05
Planned Funds: \$70,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5940.08
Prime Partner: International Labor Organization
Funding Source: GHCS (State)
Budget Code: HVOP
Activity ID: 12068.08

Mechanism: HIV/AIDS Workplace Education Program
USG Agency: Department of Labor
Program Area: Condoms and Other Prevention Activities
Program Area Code: 05
Planned Funds: \$80,000

Activity System ID: 18593

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12068

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12068	12068.07	Department of Labor	International Labor Organization	5940	5940.07	HIV/AIDS Workplace Program	\$40,000

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$989,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Background

The tradition of care-giving among Basotho communities provides a strong foundation for the implementation and scale-up of palliative care. The community and home-based care system comprises a village network of 6,000 village health workers including support group members, home-based carers and community health workers (CHWs) under both the Ministry of Health and Social Welfare (MOHSW) HIV/AIDS Directorate and Family Health Division (FHD) and 3,000 community providers under Christian Health Association of Lesotho (CHAL). Many of these workers are retired women aged 60 or older and their job portfolio includes everything from water safety to drug adherence. There are also many other partners who are training either 'home-based carers', 'village health workers', or 'lay counselors' independently of the Government of Lesotho (GOL) volunteers. The result is a national mosaic of community-based workers with no standardization in remuneration or job descriptions and wide variance in training and capacity rather than an organized national program.

Summary

USG/Lesotho supports a holistic, family-centered approach to HIV/AIDS care which begins from HIV diagnosis, throughout the course of chronic illness and to end-of-life care services. USG/Lesotho will continue to support community and home-based care service delivery, capacity building support for the GOL CHW program and will focus on building programmatic and technical capacity of community partners, all of which have geographical overlap with ART, TB and PMTCT sites. Although the GFATM grants support aspects of OI management, palliative care is not explicitly documented. The USG will work with donors to support the delivery of basic preventive care commodities and medications, adequate supply chain management and behavior change communication (BCC) strategies to promote positive living and use of preventive care strategies.

The USG will seek opportunities with other donors and the GFATM grants to explore creative transportation strategies to improve access to health facilities in rural mountainous areas, and to provide TA to enhance management and oversight of community

care activities by District Health Management Teams (DHMTs). Food insecurity and malnutrition persist among PLWHA in Lesotho. Building on FY07 Infant and Young Child Nutrition (IYCN) Programs, the USG will support work in nutrition in FY08 (see MTCT) and will continue providing communities around PMTCT sites and the GOL with needed TA and training in implementing recent feeding guidelines. Peace Corps will continue to build the capacity of communities to deliver care services for PLWHA and their families, and work with government and NGOs to establish community gardens, demonstrating permaculture techniques, and providing nutrition education. The USG will continue to provide support to implement sub-district CHW training, monitoring and evaluation, coordination, increased PLWHA leadership, and CHW remuneration and supervision systems as part of overall quality assurance for the national program. Quality of palliative care services will also be addressed through development of minimum care standards and addressing shortages in kit provision and replenishment.

FY 08 Activities

Per the MOHSW request, the USG will continue support to the CHW Program through the Human Capacity Development (HCD) Coalition. The HCD coalition will provide TA to the MOHSW and work in collaboration with other NGOs and Pact sub-grantees to develop a standardized supervisory system for community health workers. This will include the revision of job descriptions for supervisors, development of supervisory checklists and procedures and training of supervisors. The USG is providing program support to a study being implemented with the MOHSW to determine the feasibility of developing the capacity of men as HIV/AIDS community-based caregivers. Key findings from the study will inform activities to mainstream gender in our TA to community-based HIV/AIDS service supervision and referral systems. The African Palliative Care Association (APCA), with FY07 funding, will continue support to scale-up and strengthen capacity of palliative care services. APCA will assist in the development of guidelines that establish minimum standards for the provision of palliative care services to PLWHA's and their families in facility-based and home-based care settings.

Through Pact, Phelisanang Bophelang (PB) will provide palliative care services to people living with HIV/AIDS through a support center in the Leribe District. Services will include psychosocial and spiritual support, nutritional counseling and referral networks. In addition to the center, service will be offered through a partnership with the Motebang Hospital. PB will also develop a network of PLWHA support groups and strengthen their capacity to provide care and support services to their members. Lesotho Catholic Bishops' Conference (LCBC) will train volunteer caregivers on community and home-based care which includes basic nursing care, nutritional counseling, psychosocial and spiritual support, and utilizing referral networks. With FY08 funding, LCBC will continue to implement a community outreach program providing home-based care and access to additional health services through referrals for PLWHA. LCBC will continue to receive extensive assistance from Pact in the design, development and implementation of systems and processes that will enhance organizational sustainability. CARE Lesotho will strengthen the ability and capacity of families and communities to provide integrated care and support for HIV/AIDS affected households. In FY08, CARE will expand its provision of financial, technical and organizational capacity support from six to eight local implementing partners in the Maseru and Leribe districts. The goal is to facilitate the implementation of a comprehensive community home based care model that responds to the needs of the household unit. CARE will facilitate and establish voluntary savings and loan (VS&L) groups for caregivers in order to strengthen economic coping mechanisms and social safety nets in affected and vulnerable households. All PACT-funded local organizations will continue to receive extensive assistance from Pact in the design, development and implementation of systems and processes that will enhance organizational sustainability. In addition, human capacity will be developed and strengthened through on-site mentoring and training as well as attendance in a series of palliative care workshops conducted via Pact partner organizations.

The PMTCT Partnership's implementing organizations, ICAP and EGPAF will continue to support the MOHSW to strengthen palliative care activities within the context of the National Care and Treatment Technical Working Group. In collaboration with University Research Center (URC) and other partners, ICAP and EGPAF will work closely with the MOHSW to develop, review and adapt HIV Care policies, guidelines, training curriculum and caregivers handbooks. They will also work to strengthen community mobilization initiatives with emphasis on Palliative Care and male involvement in care initiatives; strengthen HIV/TB linkages and referral network systems and support the production of IEC materials. The Partnership will also roll out standard pre-HAART/palliative care services to all Partnership-supported sites. These services will include the following components: integration of care and treatment for women and families within the mother and child health unit; routine laboratory testing and monitoring; routine TB screening; OI prophylaxis, OI management and asymptomatic patient care; counseling and psychosocial support, especially on adherence; referrals to community resources and support groups including HBC workers; partner and household member testing with Population Services International (PSI); counseling to prevent HIV transmission to others; nutrition education and micronutrient supplementation; peer education and counseling services by PLWHAs support groups at the sites in collaboration with M2M and Clinton Foundation; support for patients' access to community and home-based care services and assistance; identification of HIV-exposed and infected children in all MCH units through PMTCT follow-up, growth monitoring, symptom recognition, and testing with DNA-PCR or rapid tests as appropriate; support groups for women and their families in communities; and strengthening linkages through existing activities with World Vision and other partners for income generating activities and nutritional support.

In support of the GOL, URC will assist in scaling up key elements of basic preventive care including OI prophylaxis, screening and referral for TB services, promotion of good hygiene, sound nutritional practices, and integrated ABC prevention messaging (see HVAB and HPOV). APCA, with GOL counterparts, will review strategies supporting the medicinal use of oral opioids for PLWHA and develop a plan of action to address pain and symptom management at community level. A basic preventive care package for HIV-exposed or infected children, including support for improved infant feeding and other essential child survival interventions, will be supported within the USG PMTCT and palliative care programs. Providing a continuum of care services for PLWHA is a priority of PEPFAR/Lesotho, however, due to strategic funding priorities for PEPFAR/Lesotho the amount of program elements provided is limited.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

64

6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	21929
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	608

Custom Targets:

Number of HIV-infected individuals attending HIV care/treatment services who are receiving cotrimoxazole

Number of HIV-infected clients attending HIV care/treatment services that are given cotrimoxazole preventive therapy 13958

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5961.08	Mechanism: PACT-APS Grantee
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 11967.08	Planned Funds: \$247,500
Activity System ID: 18600	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11967	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11967	11967.07	U.S. Agency for International Development	Pact, Inc.	5961	5961.07	Community Reach	\$200,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 8216.08	Mechanism: Call to Action Project (EGPAF)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 19078.08	Planned Funds: \$166,500
Activity System ID: 19078	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8157.08	Mechanism: DOD PMTCT/PC/TB/supplies/training/LDF/record keeping
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 19094.08	Planned Funds: \$50,000
Activity System ID: 19094	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8226.08	Mechanism: Infant and Young Child Nutrition
Prime Partner: PATH	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 18737.08	Planned Funds: \$100,000
Activity System ID: 18737	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5956.08	Mechanism: MTCT Plus (Columbia University)
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 18740.08	Planned Funds: \$400,000
Activity System ID: 18740	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8206.08	Mechanism: VAST grants
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 19100.08	Planned Funds: \$25,000
Activity System ID: 19100	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVTB - Palliative Care: TB/HIV

Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07

Total Planned Funding for Program Area: \$1,326,321

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Worldwide, tuberculosis (TB) is the largest killer of HIV infected persons, and WHO estimates that 76% of TB patients in Lesotho are co-infected with HIV (WHO Report 2006). The prevalence of TB in Lesotho in 2004 was estimated at 544 per 100,000 while the incidence has been estimated at 696 per 100,000. Thirty-seven percent of TB cases were classified as smear negative. It is also estimated that the notification rate of 634 cases per 100,000 is the fifth highest in the world (WHO Global TB Report 2006). These concerns are only exacerbated by recent confirmation of multi-drug resistant (MDR) and extreme drug resistant (XDR) strains of TB in neighboring South Africa.

Lesotho's TB infrastructure has declined over the past decade and is only recently beginning to make inroads again. Lesotho's TB program was in such disarray that in 2006 the GFATM threatened to cut off its Round 2 funding unless problems were addressed effectively and rapidly. Although Lesotho reports 100% DOTS coverage, drug therapy is infrequently directly observed, and TB suspects are generally not referred to a clinic with TB diagnostic capacity. Often case detection is through clinical diagnosis or X-ray rather than microscopy. Although active case finding is recommended for HIV infected people and children in close contact with active TB cases, contact-tracing is weak, and program monitoring and evaluation, quality assurance and collaboration with other programs such as HIV/AIDS and Maternal and Child Health are in desperate need of strengthening. Laboratory and human capacity, quality assurance, referral systems and drug supplies all remain severe problems.

In 2006/2007 Lesotho showed signs of responding to many of these challenges but continues to face tremendous obstacles. With USG-funded partners often serving as catalysts, collaboration between the National TB Program (NTP), the HIV Directorate and the WHO has dramatically increased. In addition to the Lesotho NTP manager and a US funded technical advisor who both began working on high level policy issues this past year, a new, Partners in Health (PIH) funded, WHO MDR TB Coordinator has just arrived and is tasked with coordinating all MDR TB related activities in the country. In addition, a senior level Laboratory Advisor, financed by the Foundation for Innovative Diagnostics (FIND), has commenced a six month temporary duty in order to help train laboratory staff and carry out a pilot study evaluating more rapid methods for performing TB cultures and detecting drug resistance.

The determination of the prevalence of MDR TB and whether or not XDR TB exists in Lesotho remain high priorities. A "rapid survey" conducted by Harvard/PIH was inconclusive due to loss of many samples from breakage or contamination during shipping. However, a protocol is now being finalized for a more comprehensive survey which is anticipated to begin in the near future.

Recently awarded GFATM, Round 6 funds for TB are focusing on scaling up implementation of DOTS and other basic NTP strengthening activities. These national efforts help ensure sustainability of continued USG supported efforts to enhance implementation of HIV/TB integration at the district and facility levels. Also, a training manual for community-based health workers was recently revised to include a TB component.

The USG will continue to place programmatic emphasis on integration of TB and HIV services. Trainings on provider-initiated HIV testing in the TB settings and referrals for HIV care and treatment have begun and are expected to expand. USG technical support has been instrumental in the development of an electronic TB register in Lesotho, and the training of key NTP individuals in this methodology has recently taken place. These individuals will be training others in the NTP for eventual roll-out nationwide. USG and its partners have completed trainings on TB detection among HIV positive patients, the management of HIV-infected children with TB, the integration of TB with maternal and child health services (see HBHC and MTCT) and the provision of prophylactic isoniazid (INH) to children under five in close contact with smear positive patients.

Current planned activities include: 1) expanded integration of TB and HIV services in the public sector beyond the six districts currently served as well as throughout the private sector; 2) improvement of the linkage of HIV-infected TB patients to HIV care and ARV treatment; 3) training in the newly developed TB registers (paper-based) that have been modified to capture HIV testing, counseling, and services among TB patients; 4) implementation of an electronic TB register for TB and HIV surveillance; 5) continued training in basic smear microscopy; 6) working with the MOHSW in the design and implementation of infection control strategies; 7) improving the turn-around time of smear results and 8) developing improved policies to strengthen the delivery of TB and other OI drugs. The provision of cotrimoxazole prophylaxis to all HIV positive TB cases has been national policy since 2004 but has been slow to be implemented in part because staffing shortages in the clinics preclude the systematic HIV testing of all TB patients.

In July 2007 the \$362.5 million Millennium Challenge Corporation (MCC) compact was signed with the Government of Lesotho. This compact encompasses a \$122 million health component including the refurbishing of 150 community health centers, construction of 14 hospital-based ART clinics and construction and equipping of a new national laboratory. Joint planning between MCC and the expanding group of other donors involved in TB/HIV assistance has begun to ensure cooperation and oversight for efficient leveraging and use of funds. For example, USG intends to provide technical assistance to ensure that investments in infrastructure development take into account simple administrative/workflow and environmental measures to reduce the risk of nosocomial transmission of TB, especially to HIV positive patients.

Products

National TB Guidelines, TB/HIV Strategy (to be developed), electronic and manual record and reporting system, MDR/XDR surveillance protocol, microscopy curriculum training.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or 30 presumed) in a palliative care setting

7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB 1050 disease

7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1045
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	6550

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8187.08	Mechanism: Technical Assistance-ETR.net Electronic TB register
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18653.08	Planned Funds: \$15,000
Activity System ID: 18653	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8157.08	Mechanism: DOD PMTCT/PC/TB/supplies/trainin g/LDF/record keeping
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19095.08	Planned Funds: \$50,000
Activity System ID: 19095	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8203.08	Mechanism: CDC Chief of Party and Technical Program Specialist salaries and benefits
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19122.08	Planned Funds: \$100,000
Activity System ID: 19122	
Activity Narrative: CDC Chief of party salary and benefits.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8291.08	Mechanism: Health Care Improvement (HCI)
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18888.08	Planned Funds: \$150,000
Activity System ID: 18888	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8354.08	Mechanism: MDR-TB TA from Atlanta
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19117.08	Planned Funds: \$20,000
Activity System ID: 19117	
Activity Narrative: N/A	

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6208.08	Mechanism: Health Care Improvement (HCI)
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18743.08	Planned Funds: \$450,000
Activity System ID: 18743	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVCT - Counseling and Testing

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$3,170,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Lesotho has a population just 1.8 million people and one of the highest HIV prevalence rates in the world. During the 2005 National HIV Serosurveillance of Women Attending Antenatal Care Services the HIV prevalence was estimated at 23% among the adult population. It is believed that there are approximately 270,000 people living with HIV/AIDS in Lesotho (2006 UNAIDS estimates). Most of these people do not know that they are infected with HIV, that there is treatment and care available for HIV infected persons or how to avoid further transmission of the virus.

For many reasons expanding HIV counseling and testing (HCT) services has been a difficult challenge throughout this mountainous country. It is estimated that only 12% of women and 9% of men have ever tested for HIV and received their results (Lesotho Demographic Health Survey (DHS), 2004). Most of the usual barriers to counseling and testing for HIV exist in Lesotho

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

Recognizing these problems, in 2004 the Government of Lesotho (GOL) launched the “Know Your Status” (KYS) campaign, which has become a centerpiece of the national program against HIV/AIDS. This ambitious, high-profile campaign initially called for all Basotho (people) 12 years of age and older to be tested by the end of 2007. (Children under 12 may be tested with parental consent in the KYS or provider initiated setting.) The plan focuses not only on testing but also on HIV education, the promotion of appropriate workplace policies and the assurance of proper referrals into treatment and care as needed. The focus of this campaign is the use of broadly educated community health care workers (CHW) for much of the implementation. Many of these CHWs go door to door, educating the population and offering counseling, testing and referral services.

The GOL and other stakeholders are aware and concerned that the KYS campaign has already created a corresponding demand for care and treatment as well as support services which is unevenly distributed throughout the country. By 2007, the KYS Campaign had been launched in all ten districts, but because of lack of physical and human resources the program has been struggling to meet the huge demand of counseling, testing and related services. It has been estimated that (200,200) Basotho have been counseled and tested through “Know their Status” as of June 2007. HCT services are currently provided in more than 100 public and private facilities and by NGOs throughout the country. The lowland areas are easier to reach and have much greater coverage than the mountainous regions. Importantly, several NGOs also provide stand-alone, mobile HCT, and referral services. Most of these HCT services are client-initiated, however, and only recently are efforts being made to routinely offer provider-initiated HCT to clients in ante-natal care (ANC), tuberculosis (TB) and sexually-transmitted infections (STI) clinics (see MTCT, HVTB and HTXS). Many patients have declined these services, however, and efforts are being made to increase uptake. Testing of concurrent partners also remains a challenge because of the attached stigma.

Although the KYS campaign and the associated scale up have been supported by the World Health Organization (WHO)/United Nations Development Program (UNDP), Irish Aid, USG and others, comprehensive funding to finance this immense undertaking has not been forthcoming. At the request of the HIV/SIDS Directorate, USG has taken part in some training of trainers of CHW for the KYS program. The training of CHWs for KYS has also been very broad in scope and efforts are being made to concentrate USG-supported trainings more specifically on counseling and testing quality assurance systems. (see HBHC and OHPS).

In 2004, HCT guidelines were issued by the Ministry of Health and Social Welfare (MOHSW) recommending the WHO serial testing algorithm using the rapid tests, “Determine” and “Double Check” in all settings. These commodities have by and large been supplied by the GOL through the Global Fund monies but there have been problems. Current procurement and inventory management systems are insufficient to support the demands of the country. Stock-outs are not uncommon. Testing methodology remains uneven. Counseling and testing proficiency varies greatly by individual, and CHW trainings need better coordination and inclusion of quality assurance measures.

To date, the USG and its partners have provided significant assistance to the MOHSW in the promotion of HCT and the establishment of available HCT services including the building and operation of five stand-alone New Start Centers with a mobile clinic attached to each of these five centers. These client-initiated HCT services have set standards and created operating procedures which have frequently been adopted by the MOHSW. A new HCT register has recently been developed and implemented with the assistance of a USG partner and improved record keeping and M&E in HCT is a priority. Additionally, USG implementing partners have participated in the development of the KYS Strategy and Implementation document and USG staff and partners currently sit on the KYS Steering Committee, Technical Working Group, and the Communications Committee. It is noteworthy, however, that HCT support is not necessarily perceived by the MOHSW as assisting the KYS program. Although HCT support is welcome, this facility and mobile clinic type of assistance is considered separate and distinct from directly assisting the KYS program which is considered a community broad-based, door-to-door campaign by the MOHSW. Nonetheless, both the USG and the MOHSW recognize that quality counseling and testing services is a necessary component of any comprehensive program.

In FY08 the USG and its partners will continue to support the MOHSW with the expansion of its HCT program while emphasizing the quality of associated trainings and total quality assurance of its laboratory component (see HLAB). USG will assist in ensuring that KYS is implemented with a quality training package, appropriate supervision of lay counselors, accurate and efficient reporting and feedback loops, and quality assurance of the counseling and testing services.

A main focus of USG efforts in FY08 will be to strengthen HCT services (including referrals). This will not necessarily be through increasing the number of client-initiated sites but rather through making better use of existing facilities (i.e. trainings, expansion of mobile units and mentorships) and expanding outreach. There will also be a continued effort to assist the MOHSW transition to community-based opt-out HCT services and provider initiated services in the health clinics, tuberculosis (TB) facilities and hospitals. The USG team will ensure that a genuine opt-out option is included for clients tested in the community setting (see HVTB, MTCT and HBHC) and USG Technical Assistance is planned to determine the optimal way to ensure a high quality, successful KYS program in conjunction with rights-based HCT policies.

During FY08, USG and its partners Population Services International (PSI) and University Research Corporation (URC) will increase their outreach programs to the general population. This includes offering testing during community gatherings (“pitsos”), continued coverage of all 10 districts with mobile teams, and assistance to public health facilities (especially TB, ANC, STI and out-patient department clinics), private service providers and Lesotho Defense Forces (LDF) in establishing high-uptake and quality-assured provider-initiated HCT services. A strong emphasis will be placed upon ensuring sexual prevention messages are part of HCT (see AB narrative) and on establishing an appropriate referral system for people that will include all aspects of prevention, care and support for both HIV negatives and positives. During FY08 the USG partners will assist the MOHSW in implementing a

new HCT register and creating reporting forms to capture HCT and referral data in systematic way.

Products

System for recording and reporting counseling and testing results and referrals; guidelines for quality assurance of counseling and rapid testing training curriculums under both provider initiated and client initiated venues.

Program Area Downstream Targets:

- 9.1 Number of service outlets providing counseling and testing according to national and international standards 29
- 9.3 Number of individuals trained in counseling and testing according to national and international standards 127
- 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) 66000

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5944.08 **Mechanism:** Increasing access to HIV C&T

Prime Partner: Population Services International **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 11982.08 **Planned Funds:** \$50,000

Activity System ID: 18605

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11982

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27076	11982.27076.09	HHS/Centers for Disease Control & Prevention	Population Services International	11274	6207.09	Increasing access HIV C&T (GHA)	\$1,350,000
11982	11982.07	HHS/Centers for Disease Control & Prevention	Population Services International	5944	5944.07	Increasing access to HIV C&T	\$50,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5942.08 **Mechanism:** Military Bases Outreach

Prime Partner: Population Services International **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 19087.08 **Planned Funds:** \$20,000
Activity System ID: 19087
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6207.08 **Mechanism:** Increasing access HIV
C&T/Male Circumcision
Prime Partner: Population Services
International **USG Agency:** HHS/Centers for Disease
Control & Prevention
Funding Source: GHCS (State) **Program Area:** Counseling and Testing
Budget Code: HVCT **Program Area Code:** 09
Activity ID: 18660.08 **Planned Funds:** \$1,500,000
Activity System ID: 18660
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5940.08 **Mechanism:** HIV/AIDS Workplace
Education Program
Prime Partner: International Labor
Organization **USG Agency:** Department of Labor
Funding Source: GHCS (State) **Program Area:** Counseling and Testing
Budget Code: HVCT **Program Area Code:** 09
Activity ID: 18634.08 **Planned Funds:** \$45,000
Activity System ID: 18634
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8357.08	Mechanism: LDF survey
Prime Partner: Research Triangle Institute	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19126.08	Planned Funds: \$20,000
Activity System ID: 19126	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8157.08	Mechanism: DOD PMTCT/PC/TB/supplies/trainin g/LDF/record keeping
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19096.08	Planned Funds: \$35,000
Activity System ID: 19096	
Activity Narrative: Supplies for mobile clinic	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: \$176,578

Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The Government of Lesotho (GOL) has made a substantial commitment to providing antiretroviral treatment for the country. By the end of 2006, all districts were providing ARV drugs free of charge. The GOL itself is currently contributing more to the purchase of ARVs than the grant dollars from the Global Fund. Given the PEPFAR team's strategic priorities and budgetary considerations the PEPFAR program does not currently procure ARV drugs nor is there a plan to do so in FY08.

Systems supporting the procurement and delivery of ARV drugs however, are weak, however procurement, storage and distribution of all medicines to all government, para-statal, and mission hospitals, clinics and health centers throughout the country occurs through the National Drug Supply Organization (NDSO) based outside the capital in Mafeteng; whereas HIV-specific drugs are supplied through the HIV/AIDS Products Coordination Unit (HAPCO), resulting in uncoordinated and duplicative systems. The Health Management Information System (HMIS) does not capture appropriate HIV information and logistics and supply chain systems have substantial gaps in supply of drugs and equipment. At facility levels, infrastructure to support already weak pharmaceutical systems is lacking, and systems are not computerized. The current Pharmacy Act (under the Medicine Act) dates back to 1929 and clearly needs updating to address HIV/AIDS. There is a dearth of pharmacists and pharmacist assistants and among the few in practice, skills are weak.

A number of interventions have been introduced in Lesotho over the years in an effort to improve access to essential pharmaceutical products. Health Research for Action (HERA) was awarded a World Bank funded contract to strengthen inventory management and security at all hospitals thus enabling the National Drug Supply Organization (NDSO) and the Procurement Unit to engage in international competitive bidding for procurement services. Construction of a new central drug storage warehouse for the NDSO was required as a 'condition precedent' before GFATM funds could be used to resume purchase of ARVs. This contract will end in February 2008. This work was preceded by an assessment of the medicines supply management system, the procurement services provided by the NDSO and a risk and security assessment of health facilities, conducted between August and September 2006.

The Rational Pharmaceutical Management Program (RPM-Plus) managed by Management Sciences for Health has been providing support in Lesotho since October 2005 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.

Despite the past assessments of the drug supply system that have been undertaken in Lesotho, shortages of essential HIV and AIDS related commodities including ARV drugs and lab reagents, disposable supplies, rapid test kits, condoms, and most recently CD4 machines, have been reported. Rapid replenishment has required emergency action on the part of various stakeholders. Program managers have recognized that HIV/AIDS commodity procurements are fragmented and uncoordinated and that areas such as laboratory and condoms still need to be addressed.

Because of frequent stock-outs of non-ARV HIV-related commodities, the USG PEPFAR Team has requested SCMS and RPM-Plus to undertake a comprehensive analysis of the HIV/AIDS prevention, care and treatment related commodities supply chain(s) in Lesotho that also include ARVs. With the end of the RPM-Plus contract in September 2008 and the follow-on award of Strengthening Pharmaceutical Services (SPS), RPM-Plus will be noted in discussion of past activities while SPS will be used in discussion of continuing or new activities.

Based on the outcomes of the HIV/AIDS supply chain situation analysis produced out of the joint SCMS/RPM-Plus assessment team, the USG/PEFAR team will develop plans for specific partner responsibilities. The priority areas to address are 1. national pharmaceutical policies; procurement; quantification and quality assurance; warehousing; distribution and logistics; and facility supply management and use to SPS.

Product selection: In FY07 RPM Plus has been working with the MOHSW to review existing regulation and legislation relevant to the procurement and distribution of medicines. In FY08, SPS will continue to assist the Pharmacy Services to strengthen the Lesotho Medicines Regulatory Authority to regulate the importation, procurement, storage and distribution of medicines for the public and private sector. SPS will continue to provide technical assistance and build the capacity of the National Drug Therapeutic Committee (NDTC) members to ensure that they can assume their critical roles and functions such as: the development and compilation of national standard treatment protocols and guidelines (STGs) for HIV and AIDS, OI's, TB and other diseases in line with international recommendations; to ensure that the selection of essential medicines is in line with evidence based medicine approaches.

Forecasting/quantification: Building on the forecasting work of the Clinton Foundation, SPS, in collaboration with SCMS, will continue to strengthen quantification practices and the monitoring of estimates vs. purchases vs. morbidity data for medicines

used for HIV/AIDS, TB, STIs, OIs using the forecast scenarios approach. The focus during FY07 was on ARV quantification at both central (NDSO) and facility levels (Hospitals). Additional models will be introduced to quantify other priority diseases (TB, OIs, STIs) and commodities (lab reagents), other relevant program managers and health personnel will also be included in this program. The decentralization of the quantification is one of the key success factors; therefore facility level procedures will be developed and implemented.

Procurement: RPM Plus/SPS will strengthen national procurement capacity by providing technical assistance in verification of vendor quality, development of fulfillment plans, and monitoring of funds flow.

In-country warehousing: RPM Plus has supported the implementation of a computerized warehouse management system (Orion@MSH) at NDSO. With FY08 funds, SPS will assist NDSO in improving their management, including the management of personnel in collaboration with Intra-Health. SPS, in collaboration with SCMS, will continue to support the management of NDSO including monitoring of supplier performance, reviewing facilities expenditures and improving financing mechanism.

Logistics Management Information system: SPS will continue to implement drug tracking systems (both manual and computerized) to ensure availability of essential medicines, optimize reorder level, monitor expenditures and strengthen the accountability of stock at all levels (one of the requirements for the disbursement of GFATM funds). In FY07 RPM-Plus has implemented its inventory and dispensing computerized system (RxSolution) at 5 pilot sites to support access to ART. During FY08, additional sites will include private and faith based organisation facilities (including Christian Health Association of Lesotho, "CHAL"). With FY08 funds, SPS will continue providing support to the system implementation and improvement, building capacity at the site level to ensure that the system is fully functional and that health personnel use the collected data to support management. SPS will build National level counterpart capacity to maintain and support the system. SPS will implement a centralized data repository at the national level to assist with the monitoring of use and availability of essential commodities throughout the country.

Capacity building: RPM Plus/SPS will conduct training on quantification of medicine requirements. Pharmacists, procurement officers and program managers at national and district level will be trained in forecasting commodities requirements using consumption and morbidity based methods. Additionally, SPS will train pharmacy technicians, facility managers and data clerks in using all the functions of the computerized drug supply management system, to support activities related to procurement, storage, distribution, dispensing and down referral, thereby ensuring availability of ARVs at all times.

Products

A comprehensive strategic plan for supply chain management in Lesotho and development of quantification procedures.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5964.08	Mechanism: Strengthening Pharmaceutical Services (SPS)
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 11983.08	Planned Funds: \$176,578
Activity System ID: 18596	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11983	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11983	11983.07	U.S. Agency for International Development	Management Sciences for Health	5964	5964.07	RPM-Plus	\$300,000

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$797,400

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

According to UNAIDS 2006 estimates, approximately 270,000 people are infected with HIV in Lesotho, 56,000 of whom are thought to be in need of antiretroviral therapy (ARV). At end November 2006 the Government of Lesotho (GOL) estimated that 18,000 people have started ARV. To support rapid ARV services, GOL instituted a 2% allocation of line Ministry budgets for HIV/AIDS scale up nationwide and directed these funds to the National AIDS Commission (NAC). HIV/AIDS Global Fund (GFATM) grants contain major treatment components (including the purchase of ARV drugs) and grant implementation is supported by a World Bank grant. Pediatric ARV was launched in 2005 with the inauguration of the Baylor Pediatric Centre of Excellence (COE) and the Clinton Foundation's pediatric AIDS clinic in Maseru. Other development partners supporting ARV services in Lesotho include WHO, UNICEF, OHAfrica (Canadian NGO), Partners in Health (not PEPFAR funded in Lesotho), Doctors Without Borders (MSF) and other private U.S. foundations. The recently signed (July 23rd 2007) Millennium Challenge Corporation (MCC) grant will build and/or renovate clinics integrating ART clinics with Out Patient Departments (OPD), hospitals and lab facilities and facilitate training to health staff.

Although ARV services are being integrated into the health system and comprehensive National HIV/AIDS Clinical Care Guidelines (2004) for adults and children exist, there remain severe gaps in human resources, including training for the medical and nursing professions, training of front-line laboratory personnel, and other unmet needs in quality assurance and logistics systems for HIV/AIDS and TB-related lab services (see Lab). Even before the Know Your Status (KYS) testing campaign was launched, the client demand at ARV sites already exceeded capacity to respond, as witnessed by long waiting lines at ARV clinics. Laboratory systems are not adequate to deliver high quality services; challenges include inadequately trained personnel, poor equipment and procurement planning, inadequate maintenance of laboratory equipment, outdated safety protocols, poorly implemented Standard Operating Procedures (SOPs), and limited laboratory supervision. At community level, adherence to ARV poses an as yet unmet challenge, while lack of accurate and customized information concerning availability of ARV services continues to prevent ARV-seeking behavior, particularly in isolated rural and mountainous communities in Lesotho. Referral mechanisms between ARV services and community-level care and support services are very weak although the MOHSW HIV/AIDS Directorate has expressed interest in strengthening referrals.

National statistics are not yet available; therefore the following statistics are coming from sites supported by our main partner in this area, ICAP.

- Number of service outlets providing antiretroviral therapy for adults and for children at the beginning of the reporting period (5) and projected for the end of the reporting period (16).
- Number of adults and children receiving HIV care, including those on antiretroviral therapy, at the beginning of the reporting period (9,783) and projected for the end of the reporting period (11,659).

- Number of adults and children on antiretroviral therapy, at the beginning of the reporting period (4,030) and projected for the end of the reporting period (6,318).
- Approximately 65% of adults and 75% of children who enrolled in ART are alive and on ART at 12 months of therapy. These proportions were determined using current only available data for all individuals ever enrolled on ART who were on ART at the end of June, 2007 which shows that the overall retention rate for adults ever enrolled on ART is about 65% and slightly higher ~ 75% for children.
- Of those who enrolled in ART but are not currently on ART, 14.4% died, 0.2% stopped therapy, 9.7% transferred out, or 44.8% were lost to follow up. That data are not available for 6, 12, and 24 months, the proportions presented above are for all individuals ever enrolled on who were not on ART at the end of June, 2007.
- Of persons on ART, the median differential between the CD4+ cell count at baseline (96.25) and the CD4+ count at 12 months of therapy (296.25) is 200. The CD4+ cell median differential data are based on individuals >5 years only. Due to national challenges with CD4+ cell count machines and shortages of reagents, the median CD4+ cell counts after 12 months are based on small proportions of individuals (115) in the cohort who are still on ART, and are thus not truly reflective of the actual CD4+ cell count changes for the entire cohort (519).
- Health workers trained to deliver adult ART services and ART services to children, according to national and/or international standards are the same: 124 at the end of March 2007 (SAPR).

This program area is not one of the USG/PEPFAR team priority areas per se, and what will be addressed here are more the “plus” of our PMTCT-Plus activities with our main core-funded partners ICAP and EGPAF (see PMTCT program area) and some activities in the military, with the underlying issues of supply chain management (see ARV Drugs program area) and health care workers capacity building (see OHPS program area) that are addressed in collaboration with other PEPFAR funded partners such as RPM-Plus and SA-HCD coalition.

In FY 08, ICAP and EGPAF will reorganize their programs by district in an efficient response to the MOHSW request for a district approach to services. Each partner will assume responsibility for comprehensive PMTCT-Plus services, in an entire district. EGPAF will take the lead in the North-western districts (Butha Buthe, Leribe and Berea) after a transition period of several months - ICAP in the South-western districts (Mafeteng, Mohales Hoek and Quthing). The partners will continue to collaborate in Maseru district, with EGPAF taking the lead for PMTCT and ICAP supporting Care and Treatment, covering a total of 7 districts out of 10 (see PMTCT program area).

Based on the tenets of the MTCT-Plus model of care, ICAP will support the provision of a family-centered HIV service which will comprise of HIV specific care, including access to a number of standardized antiretroviral options, to HIV infected women and children identified in PMTCT programs, and for their HIV infected partners and other family members. ICAP will support the roll-out of treatment to health centers by 1) strengthening the link between PMTCT and ART program, 2) improving clinical management of patients on HAART in stand alone ART Clinics, 3) facilitating the expansion of access to pediatric HIV care and treatment in the area of follow-up of HIV exposed infants and children in working closely with Clinton and Baylor COE, 4) strengthening laboratory services, working closely with CDC Lab Manager, the MOHSW Laboratory Directorate, ensuring continuous access to CD4 and other laboratory tests needed to initiate treatment and monitor HIV and OIs. ICAP will also support laboratory staff at sites to become more active in multidisciplinary team activities and improve on specimen collection systems and turn-around times for lab results, 5) strengthening pharmacy services with regard to supply chain management and adherence issues, 6) strengthening linkages and referrals through community outreach activities working closely with the MOHSW, the District Health Management Teams (DHMTs) and Mothers to Mothers organization, which includes addressing lost to follow-up issues.

ARV services is a new activity for EGPAF in FY08. As EGPAF expands its activities, a Care and Treatment Program Advisor ,with expertise in pediatric HIV, will be hired to provide technical leadership in this area. The program’s primary focus will be on following women after delivery, providing a continuum of care for her and her family. Active case-finding and diagnosis in other MCH areas will increase the number of women, children and other family members enrolled in care. The majority of adult treatment programs are covered by the MOHSW or other non-USG partners such as OHA Africa in Leribe district, and the majority of pediatric ART is provided through the Baylor COE and their Pediatric AIDS Corps. EGPAF will work with ART providers in all sites to ensure the continuum of care for HIV+ women and children from PMTCT programs and case-finding activities in MCH clinics. Family Support Groups will provide additional adherence support at the community level in collaboration with facility-based efforts.

Both partners will conduct ARV Services training as part of a comprehensive MTCT-Plus training modules that ensure a standardized and coordinated HIV/AIDS training, The training is geared towards enhancing performance and strengthening program implementation capacity of all health care workers at the facilities: lay counselors, PLWHA (Peer Mothers and expert patients), social workers, nurses, midwives, laboratory technicians, pharmacy technicians, matrons, doctors. The training approach will be a mixture of didactic sessions, clinical implementation/preceptorship sessions and case study activities. (Clinical case reviews, bedside teaching, assist with referred and complicated cases).

DOD will support HIV treatment through trainings for healthcare personnel of the Lesotho Defense Force and peer educators and through provision of equipment and supplies. LDF will increase participation of LDF PLWHA in all of their HIV programs (prevention, care and treatment). PLWHA will work with the peer educators, in the clinics and with the Mobile Clinic team going to remote military bases.

Products:

- Increased number of health centers providing PMTCT-plus services.
- Development or adaptation of HAART job aids.
- Development and dissemination of client orientated IEC Materials
- Support of minor renovations and provision of equipment to enhance service delivery

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	47
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4385
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	16240
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	11306
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	299

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5956.08	Mechanism: MTCT Plus (Columbia University)
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 12136.08	Planned Funds: \$400,000
Activity System ID: 18591	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12136	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27079	12136.27079.09	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	11268	5956.09	MTCT Plus (Columbia University)	\$240,000
12136	12136.07	U.S. Agency for International Development	Columbia University	5956	5956.07	ICAP	\$0

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8216.08	Mechanism: Call to Action Project (EGPAF)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11

Activity ID: 19079.08
Activity System ID: 19079
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Planned Funds: \$166,500

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5964.08
Prime Partner: Management Sciences for Health
Funding Source: GHCS (USAID)
Budget Code: HTXS
Activity ID: 18746.08
Activity System ID: 18746
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Strengthening Pharmaceutical Services (SPS)
USG Agency: U.S. Agency for International Development
Program Area: HIV/AIDS Treatment/ARV Services
Program Area Code: 11
Planned Funds: \$180,900

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8161.08
Prime Partner: US Department of Defense
Funding Source: GHCS (State)
Budget Code: HTXS
Activity ID: 19092.08
Activity System ID: 19092
Activity Narrative: Training
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: DOD Prevention/Training/Local hire
USG Agency: Department of Defense
Program Area: HIV/AIDS Treatment/ARV Services
Program Area Code: 11
Planned Funds: \$50,000

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$695,900

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The Ministry of Health and Social Welfare (MOHSW) in Lesotho continues to face increased patient loads, a high rate of HIV/AIDS and TB co-infections, critical staff shortages in allied medical staff, deteriorating and inadequate infrastructure; shortages of essential equipment and supplies, weak laboratory services and specimen management and transport. These issues are starting to be addressed by the cooperative efforts of the U. S. Government PEPFAR team including the Millennium Challenge Corporation (MCC), the Lesotho MOHSW, World Health Organization (WHO), Partners in Health (PIH), and the Fund for Innovative New Diagnostics (FIND). The U. S. Government PEPFAR team (USG) will be leveraging the resources of these organizations to build a new national reference laboratory and blood transfusion center and to build a new tuberculosis laboratory capable of performing culture and drug susceptibility testing. The U. S. G. will continue to support the training of laboratory health workers and provide technical assistance to develop and improve quality management systems infrastructure.

The Central Laboratory serves as the leader and reference lab for other hospital and clinic labs in the ten districts of Lesotho. One of the biggest issues facing the laboratory currently is a lack of resources to manage reagents for testing CD4 and chemistry and haematology in the district and Central laboratories. This is an issue that is not always due to a lack of money as adequate resources from Global Fund are available to purchase reagents. The issue is one of supply chain management and distribution. Lesotho has a very high rate of tuberculosis within its HIV-positive population. Many of these patients are thought to have multi-drug resistant Mycobacterium tuberculosis. With the issues associated with multi-drug resistant tuberculosis there is a dire need to build capacity and infrastructure in the national TB laboratory. The current lab has been assessed and found not to conform to international standards set by the WHO. Partners in Health, WHO and Fund for Innovative New Diagnostics (FIND) are working to build an infectious diseases hospital and a new TB laboratory. The USG will support this effort by offering TA in lab design, lab safety, quality assurance and the development of SOPs to support the culture and susceptibility testing of Mycobacterium tuberculosis. Additional USG efforts will continue to build on its current support in training and mentoring of laboratory staff in Quality Systems and Phlebotomy by continuing to assist in implementing the USG-initiated QA program to strengthen and expand laboratory services to support the Know Your Status (KYS) campaign, TB/HIV integration services and to support a functioning, integrated national laboratory network. This network will also include laboratories at military installations. The USG will support the improvement and expansion of clinical laboratory capacity through essential technical assistance, training, and supervision to strengthen Lesotho's laboratory infrastructure and function. Specifically, the USG will:

- Assist with a rationalized plan for a tiered laboratory referral system to meet short- and longer- term lab systems needs including the establishment and pre-service training of much needed new positions, e.g. laboratory technologists, and laboratory technology assistants, and in-service support and long-term lab training in quality assurance (QA) protocols, supervision/mentoring, standard operating procedures (SOP), chemistry, haematology, CD4 testing, logistics and management
- Help strengthen the surveillance function of the central reference laboratory to support multiple drug resistant (MDR and XDR) TB and HIV incidence studies.
- Development of an effective laboratory transport and communication system to ensure access to laboratory support and maximize laboratory utilization.

Activities in Lesotho will be coordinated through technical assistance from the USG PEPFAR team. CDC will work with partners such as the American Society for Clinical Pathology (ASCP) and the National Institute for Communicable Diseases (NICD) and with the Clinton Foundation (CF) to develop a training plan and implementation strategy to strengthen laboratories in Lesotho. As part of this training plan, the USG is working with the WHO to develop training for rapid HIV testing to support the KYS campaign along with a quality assurance strategy to monitor the quality of testing by home-based counselors and testers. The USG will also work with Capacity Project to build human resource capacity and management within Laboratory services. Management Sciences for Health through RPM+ and USAID's Supply Chain Management System will work with the USG to help build a better system to manage and to distribute laboratory reagents and supplies to laboratories in Lesotho. The MCC and the USG will work together to building a new national reference laboratory and blood transfusion center. Safe Blood for Africa will provide technical assistance to support the new blood transfusion center. The USG team through the U. S. Department of Defense will support the improvement of laboratory infrastructure for the military facility in Maseru. Military personnel and facilities will be included in all activities provided for civilian personnel and facilities. Additional activities will be provided by the South Africa Medical Research Council (SAMRC) and the South Africa National Health Laboratory Services (NHLS) to provide support for HIV/TB services and the national survey for drug resistance in Mycobacterium tuberculosis in TB patients in Lesotho.

Products

Procedures for Supply Chain management; Human Resource and Capacity Development strategy to include budgeting, workforce requirements and staff retention; Distribution system for laboratory reagents and supplies; Infection control guidelines for tuberculosis laboratory and clinics; TB culture and drug susceptibility testing to second-line drugs; Quality Assurance guidelines – internal and external.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2
12.2 Number of individuals trained in the provision of laboratory-related activities	107
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	84600

Custom Targets:

Table 3.3.12: Activities by Funding Mechanism

Prime Partner: Comforce
Funding Source: GAP
Budget Code: HLAB
Activity ID: 18663.08
Activity System ID: 18663
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Laboratory Infrastructure
Program Area Code: 12
Planned Funds: \$200,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5964.08
Prime Partner: Management Sciences for Health
Funding Source: GHCS (USAID)
Budget Code: HLAB
Activity ID: 18750.08
Activity System ID: 18750
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Strengthening Pharmaceutical Services (SPS)
USG Agency: U.S. Agency for International Development
Program Area: Laboratory Infrastructure
Program Area Code: 12
Planned Funds: \$180,900

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8157.08
Prime Partner: US Department of Defense
Funding Source: GHCS (State)
Budget Code: HLAB
Activity ID: 19097.08
Activity System ID: 19097
Activity Narrative: Training
HQ Technical Area:

Mechanism: DOD
PMTCT/PC/TB/supplies/trainin
g/LDF/record keeping
USG Agency: Department of Defense
Program Area: Laboratory Infrastructure
Program Area Code: 12
Planned Funds: \$15,000

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5950.08 **Mechanism:** Technical Assistance
Prime Partner: American Society of Clinical Pathology **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 11987.08 **Planned Funds:** \$200,000
Activity System ID: 18589
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11987
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11987	11987.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	5950	5950.07	Laboratory Quality Assurance Training	\$100,000

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$1,191,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

In FY08 USG Lesotho will continue activities just initiated with FY07 funds but would like to highlight the following as particular hallmarks of FY08 SI activities: 1. based on current indications and events to date, it is likely that Phones for Health will begin implementation activities in Lesotho, and 2. increased efforts will be placed on building the M&E capacity of the PEPFAR team itself as well as implementing partners.

Improving capacity to deliver high quality strategic information products is a priority under Lesotho's National HIV/AIDS Strategic Plan (2006-2011). The National HIV/AIDS M&E Plan (2006-2011) provides a well-conceived roadmap to meet information demands. In support of the Government of Lesotho's (GOL) efforts in this area, the USG HIV/AIDS Program in Lesotho has focused on the provision of technical assistance to M&E capacity building and "roadmap" implementation at the National AIDS Commission (NAC) including financial and technical support to the National Strategic Information Assessment (2005), formation of the national M&E work group, design and implementation of the National HIV program monitoring system (through PEPFAR Lesotho and central GFATM set aside funds), and support for selected national M&E information products including the 2005 National ANC-based HIV sentinel surveillance survey, 2004 Lesotho DHS (serological-survey and dissemination support), and assistance in the development of national HIV/AIDS indicators. The National Tuberculosis Control Program (NTP) has been especially weakened by a historic lack of reliable data to understand TB-HIV co-infection and to guide effective programming. Part of USG Lesotho's programmatic emphasis is on strengthening the TB/HIV program implementation (and continued GFATM funding) through building capacity within the NTP for sound data collection and data utilization. The planned FY07 targeted evaluation of referral systems in Lesotho was cancelled because of prolonged delays in obtaining approval from the GOL. USG Lesotho remains committed to a strong partnership, along with UNAIDS, to support the NAC and Ministry of Health and Social Welfare (MOHSW) in the delivery of national HIV/AIDS-related information products. Given the early stage of M&E systems development and severe M&E human resource crisis in Lesotho, it is important that USG Lesotho be prepared to fill gaps in function when they arise.

The following summarizes the strategic information challenges for FY 2008:

1. Strengthening the decentralized approach to M&E. Strengthening the district health management teams (DHMT) and District AIDS Councils, in their role of coordination amongst various players and management of data.
2. Improving data capture, data quality and timely data use within PEPFAR funded partners, and at the district and national levels.
3. Supporting a more integrated approach to HMIS (HIV and AIDS, TB, other health sector data) possibly through a "Phones for Health" partnership and collaboration with the Millennium Challenge Corporation (MCC).

FY08 Activities

National Level Support: In 2007, the MOHSW reviewed its Health Management Information System (HMIS) with the support of the WHO Health Metrics Network and is currently in the process of updating the 2003 HMIS Strategic Plan. One of the major management challenges acknowledged by the MOHSW is the lack of timely health data to support informed decision-making, which is due in large part to the weak Information, Communication & Technology (ICT) infrastructure in the districts. In this context, the MOHSW expressed an interest in a "Phones for Health" partnership when presented by the PEPFAR team. Additionally, MCC is planning to fund ICT activities. The PEPFAR team is working to send the MOHSW personnel on a joint study tour with MCC personnel to observe Trac Net (a program which tracks commodities in addition to other monitoring) implementation in Rwanda. If the GOL decides to participate, an initial outreach and needs assessment will be undertaken and funded by OGAC.

With limited FY 2008 funds, the PEPFAR team will support a plan for country implementation, gathering details on system requirements, system design and partial configuration, and possible leveraging of MCC funds for a full "Phones-for-Health" deployment in Lesotho. A full roll out will include: 1) Completion of system configuration, 2) Definition of policies and procedures, 3) Infrastructure setup, 4) Negotiation of telecom billing arrangements, 5) Hardware deployment, 6) Training of users and administrators, 7) Initial system deployment, and 8) Support for system management and program management. Also, USG will provide limited support for surveillance and surveys activities by leveraging other donors' funds for the TA associated with the DHS+ planned in 2009 and providing TA to the MOHSW in writing protocols and conducting the ANC sentinel surveillance. The USG team will continue to provide technical assistance, training and other support to strengthen the integration of TB and HIV data through upgrading and implementing a reliable TB/HIV Management Information System (MIS) (ETR.Net) and focusing on timely production of high quality TB/HIV reports. The PEPFAR team through IntraHealth will continue to support Human Resources Information System (HRIS) activities through training of managers and policymakers from MOHSW, CHAL, Public Service, and training institutions on data driven decision making. Additionally, IntraHealth and Foundation for Professional Development (FPD) will provide TA to develop a Training Information Management System (TIMS) and train tutors and managers at health training institutions, regulatory councils and the training department of MOHSW to manage it and generate reports in order to rationalize intake of students into health training and immediately recruit and deploy graduates.

The SI Liaison, as a member of the National M&E TWG, will work with the NAC, MOHSW, Global Fund Coordinating Unit and UNAIDS develop a comprehensive review of the national response with attribution to donors using Service Coverage Reports (to be produced quarterly and annually) and mapping of implementing organizations.

With FY 2008 funds activities will be implemented through a new M&E contract for South-Africa, Lesotho and Swaziland. This mechanism will 1) establishing a database to collect data (planning and reporting, including a Geographical Information System (GIS) component) for all the USG agencies implementing PEPFAR, 2) provide training workshops and ongoing support to PEPFAR partners in strategic information (SI) to monitor and improve programs and 3) will also support the national plan by mentoring District Health Management Teams (DHMTs) and district M&E officers, in collaboration with MCC decentralization advisors, to improve data capture, data quality and timely use of data. Additionally, the new M&E partner (TBD) will conduct regular data quality audits of partners for capacity building.

At the local and community level, Pact will continue to work with current and new sub-grantees/indigenous organizations in assessing and developing their Monitoring, Evaluation and Reporting capacity. Additionally, PACT will work with all sub-grantees in developing knowledge management processes and conduct data quality assessments.

Facilitated by the SI liaison, the USG/PEPFAR team is in the process of putting systems in place to review partners' targets and set country targets. The USG/PEPFAR team will review partners' targets according to past trends based on available data, partner funding level, site information, and policy environment. The total USG/PEPFAR support targets will thus be set as a

fraction of national targets. These numbers will be guided by the different levels of upstream support at national or district level provided by USG/Lesotho, using geographic coverage of the PEPFAR Program indirect outputs produced by PEPFAR funded partners.

In FY 2007, the PEPFAR team instituted a semi-annual progress report for all PEPFAR funded partners and agencies. This was a very useful exercise which highlighted the weakness of the PEPFAR Lesotho reporting system and paves the way for improvement. In FY 2008, the USG/ PEPFAR team plans to institute simple quarterly reports (relevant indicator data and a short narrative describing the data) for several reasons: capacity building, improved data quality and enhanced program monitoring; the GOL, NAC and GFATM are also requesting quarterly reports. The SI Liaison will analyze data in terms of progress towards targets and proactively identify possible problem areas in data quality. Feedback to partners individually and at the TWG level. To oversee all these activities, the PEPFAR team has a part-time CDC employee and plans to have one CDC employee fully dedicated to SI-related functions with some support in database management from a future program assistant.

Products

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

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	29
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	162

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11810.08	Mechanism: Enhancing Strategic Information
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 11993.08	Planned Funds: \$300,000
Activity System ID: 18606	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11993	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27082	11993.2708 2.09	U.S. Agency for International Development	John Snow International	11271	5966.09	JSI- Enhancing Strategic Information	\$107,250
11993	11993.07	U.S. Agency for International Development	University of North Carolina	5966	5966.07	MEASURE Evaluation	\$0

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5965.08	Mechanism: Southern Africa Human Capacity Development Coalition
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 18756.08	Planned Funds: \$100,000
Activity System ID: 18756	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8357.08	Mechanism: LDF survey
Prime Partner: Research Triangle Institute	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 19127.08	Planned Funds: \$55,000
Activity System ID: 19127	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5961.08	Mechanism: PACT-APS Grantee
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 19084.08	Planned Funds: \$311,000
Activity System ID: 19084	

Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8157.08	Mechanism: DOD PMTCT/PC/TB/supplies/trainin g/LDF/record keeping
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 19098.08	Planned Funds: \$70,000
Activity System ID: 19098	
Activity Narrative: Medical Record Keeping System (military specific HMIS software)	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8203.08	Mechanism: CDC Chief of Party and Technical Program Specialist salaries and benefits
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 19081.08	Planned Funds: \$100,000
Activity System ID: 19081	
Activity Narrative: CDC Tech. Prog. Sp. Salary and benefits	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$1,526,000

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

The human resource crisis within the health sector in Lesotho has exceeded the HIV/AIDS and TB crisis. Three-hundred percent more nurses are required to respond to the burden of HIV disease, but nursing coverage decreased by 15% from 1992-2002. There are only 20.9 health workers available per 1,000 people in need of ART, with burn out and migration on the rise. Lesotho has a MOHSW Human Resources (HR) Strategic Plan, an HR Directorate and in 2007 developed an Emergency Human Resource Plan for the country. Implementation and finalization of these policies has been hampered by lack of supporting HRIS data, lack of advocacy skills to influence cabinet for changes in legislation, and weak leadership in the HR Directorate. The National Health Training College (NHTC), National University of Lesotho (NUL) and Christian Health Association of Lesotho (CHAL) are the primary training institutions for health workers in Lesotho. Currently these institutions produce a limited number of graduates to meet the demand for nurses in the country. Community health workers (CHW) and other voluntary cadres are contributing significantly to HIV services, especially in the areas of OVC, palliative care and treatment adherence programs. The MOHSW has been voicing the need to strengthen the training, support, and supervision of this volunteer cadre in Lesotho.

The PEPFAR program in Lesotho began with significant investments in human resources for health at the national level, along with Irish Aid, Global Fund, African Development Bank and MCC and indigenous organizations. PEPFAR/Lesotho supported the due diligence process for the Millennium Challenge Corporation (MCC) implementation and helped lay the foundation for the follow-on work for human resource development for future MCC activities. The Emergency Human Resources for Health (HRH) Task Force was reinstated in FY07 through USG (PEPFAR and MCC) advocacy. MCC required the MOHSW to address a comprehensive response to the human resource crisis within the health sector.

Activities for FY2008 will continue the work begun in FY07 and will grow programs to address policy and system strengthening. The USG (PEPFAR and MCC) is well-poised for collaboration between PEPFAR and MCC on HRH programs in 2008 and will support strengthening HR management systems; developing capacity of health managers in leadership and management; continuing to develop HIV/AIDS workplace programs for public sector employees; revising current recruitment procedures to streamline the process; and developing policies for bonding, retaining, and posting health workers. Support will be given to the MOHSW and NGOs to develop a standardized supervisory system for community health workers, to strengthen pre-service and in-service training strategies related to HIV/AIDS and to expand the capacity for pre-service training through recruitment and placement of health tutors at NHTC and CHAL.

The HCD Coalition in Lesotho is made up of 8 partners: IntraHealth, Management Sciences for Health (MSH), Foundation for Professional Development (FPD), Council of Health Service Accreditation of Southern Africa (COHSASA), The Eastern, Central, and Southern African (ECSA) Health Community, Training Resource Group and Institute for Development of Management (IDM). The Coalition will assist the MOHSW in improving the quality of HIV/AIDS service delivery through implementation of a QI process, which emphasizes empowerment of local health teams and problem solving. With input from baseline work, COHSASA will work with MOHSW and CHAL QI teams through on-site facilitation and mentoring to develop and implement action plans to address HIV management and service delivery gaps. The Coalition will explore partnering with ICAP, EGPAF, Boston Lesotho Health Alliance, and MSF to implement the QI program within facilities where these agencies are working.

Focusing on strengthening the MOHSW HR management (HRM) systems, MSH will facilitate Leadership Dialogues among Ministries of Health, Public Service, Finance, Local Government, CHAL, training institutions and development partners to address the bottlenecks in implementation of the HR Strategic Plan. MSH will expand its HRM assessments and action plan development activities to MOHSW and CHAL facilities, as well as National Drug Supply Organization (NDSO) in collaboration with RPM+, Clinton Foundation, and possibly SCMS to help NDSO develop a strategic plan. Once the decentralized MOHSW structure is approved, the Coalition will assist the MOHSW to review job functions to ensure they are in line with decentralization. MSH with IDM will initiate the Leadership Development Program to train and mentor teams from NDSO and selected MOHSW and CHAL health facility teams to resolve HIV/AIDS service delivery bottlenecks. FPD will second a placement coordinator to the MOHSW to build capacity of HR staff and ensure the placement process is being effectively and efficiently carried out. ECSA will continue collaborating with ILO/USDOL to support the MOHSW in piloting HIV/AIDS workplace programs. Based on findings from the FY07 needs assessment, ECSA will assist selected district hospitals in developing tailored workplace programs, which may include psychosocial peer support, increasing provider access to counseling, testing and treatment, and stigma reduction.

Georgetown University and FPD will assist the MOHSW to develop pre-service and in-service training strategies and a continuing education program for HIV/AIDS. FPD will work with Georgetown to develop a clinical preceptorship program and with Clinton Foundation to assist MOHSW in institutionalizing a national nurse mentorship program. The Coalition will work with CDC to identify an organization to provide TA to the National Health Training College to strengthen pre-service laboratory training. The Coalition will collaborate with MSF and PSI to support task shifting to expand capacity for HIV/AIDS service delivery of nursing assistants and ward assistants, including policy development, advocacy, revision of job descriptions, and strengthening management and support systems. Georgetown will also mentor a cadre of 18 nurse tutors to strengthen their leadership skills to plan, advocate and secure all necessary ingredients to graduate nurses at NUL and also provide leadership training to identified managers and clinical nurse potential leaders at the CHAL hospitals. The Georgetown team, and its partners including the US Association of Nurses in AIDS Care (ANAC) have and will collaborate with key Lesotho stakeholders such as the University, the Nurses Association and other partners currently working in nurse development. Finally, in collaboration with Lesotho-Boston Health Alliance, CARE, Red Cross, and other NGOs/PACT sub-grantees, IntraHealth will assist the MOHSW to develop a standardized supervisory system for community health workers, including the revision of job descriptions for supervisors, development of supervisory checklists and procedures, and training of supervisors.

Pact leads institutional capacity building of small community-based organizations to increase grantees' effectiveness to achieve expanded, high quality services and strengthen financial management, strategic planning, and monitoring and reporting systems. Pact will assess/reassess partner programs and work with each partner to develop a tailored plan for a phased capacity building agenda based upon the results of the reassessments. Pact will also support the provision of technical assistance from selected regional and international partners for local partners to assist them in expanding their organizational capacity.

Training is a component of all the USG activities, however USG will continue to avoid duplication by cross-partner streamlining of in-service training and finalizing national curricula. These programs are increasing skills of providers trained in PMTCT, infant and young child feeding, ART, HIV management, TB, HCT, palliative care, treatment adherence, pharmaceutical management, lab, HR management and overall public sector management. Private funding through ESKOM OPEC will be used for sponsoring government participants in several trainings and linking to training programs sponsored through South Africa's PEPFAR program. USG will also be assisting the MOHSW to improve the roll-out of training under KYS to lay counselors and "community carers" (see HVCT). The DOD aims at training military policy makers, HIV project coordinators and members of the HIV/AIDS team, all of whom facilitate HIV/AIDS program development.

The USG will help businesses to strengthen HIV and AIDS workplace policies and programs, and to integrate effective prevention into comprehensive AIDS services for employees (see HVOP). DOL/ILO will continue its support for the enforcement of a national HIV/AIDS workforce policy, based on the new law on HIV and AIDS and the world of work and priorities in the National HIV Strategy that includes undertaking HIV/AIDS workplace surveys. National bodies such as employers and workers organizations and the Ministry of Employment will be trained to develop and update national HIV and AIDS policy to be in line with latest developments. DOL/ILO will continue to assist enterprises in the development of workplace policies. Prevention and other HIV/AIDS workplace programs using peer educators, HIV/AIDS committees, and management and workers representatives will continue in order to ensure sustainability.

Products

HRIS training curriculum, workforce policy, supervision protocols, quality improvement toolkit, human resources guidelines, HR database, national training curriculum.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	116
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	343
14.3 Number of individuals trained in HIV-related policy development	434
14.4 Number of individuals trained in HIV-related institutional capacity building	850
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	364
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	310

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8209.08

Mechanism: ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS
Activity ID: 19104.08
Activity System ID: 19104
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 14
Planned Funds: \$75,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5954.08
Prime Partner: Georgetown University
Funding Source: GHCS (State)
Budget Code: OHPS
Activity ID: 18678.08
Activity System ID: 18678
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Nursing Capacity Building
USG Agency: HHS/Health Resources Services Administration
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$100,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5961.08
Prime Partner: Pact, Inc.
Funding Source: GHCS (USAID)
Budget Code: OHPS
Activity ID: 19085.08
Activity System ID: 19085
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: PACT-APS Grantee
USG Agency: U.S. Agency for International Development
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$240,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5961.08	Mechanism: PACT-APS Grantee
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19086.08	Planned Funds: \$50,000
Activity System ID: 19086	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5965.08	Mechanism: Southern Africa Human Capacity Development Coalition
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 18757.08	Planned Funds: \$880,000
Activity System ID: 18757	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8157.08	Mechanism: DOD PMTCT/PC/TB/supplies/training/LDF/record keeping
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Prime Partner: US Department of Defense
Funding Source: GHCS (State)
Budget Code: OHPS
Activity ID: 19099.08
Activity System ID: 19099
Activity Narrative: LDF Policy
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

USG Agency: Department of Defense
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$10,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8232.08
Prime Partner: US Agency for International Development
Funding Source: GHCS (USAID)
Budget Code: OHPS
Activity ID: 18768.08
Activity System ID: 18768
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: USAID Prog. Manager and Program Specialist salaries and benefits
USG Agency: U.S. Agency for International Development
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$91,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5940.08
Prime Partner: International Labor Organization
Funding Source: GHCS (State)
Budget Code: OHPS
Activity ID: 11995.08
Activity System ID: 18595
Activity Narrative: N/A

Mechanism: HIV/AIDS Workplace Education Program
USG Agency: Department of Labor
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$80,000

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11995

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11995	11995.07	Department of Labor	International Labor Organization	5940	5940.07	HIV/AIDS Workplace Program	\$85,000

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$2,554,411

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

In FY2007, as per the recommendations of the PEPFAR "Under Principals" or "UPs", the Lesotho USG Task Force began implementing a transition plan to create a fully fledged in-country PEPFAR program. The program had traditionally been managed by the USAID Regional HIV/AIDS Program (RHAP) and the CDC Southern Africa Regional Aids Program (SARAP) based in Pretoria, South Africa.

The staffing transition plan involves converting the EP Coordinator and CDC-funded SI Liaison/Technical & Program Manager positions from contract to PSC or direct hire positions; converting the Administrative Assistant position to the DOS and hiring an additional DOS supported Program Assistant; hiring a USAID PSC as the USAID Program Manager and a USAID-supported FSN as the USAID Program Specialist; and hiring a CDC Direct Hire Chief of Party. The recruitment/conversion process for the above has taken considerably longer than originally predicted. USAID has therefore placed an Interim USAID Program Manager in-country to manage the USAID portfolio and support the PEPFAR team. The Interim USAID Program Manger will continue to support the team in-country until the end of 2007 when the permanent Program Manager is expected to come on board.

At the same time the renovations to the Embassy warehouse, which is to become the new PEPFAR Office (in keeping with the DOS security requirements), is also taking longer than expected, and it is possible that the office space will not be available until mid-2008. The PEPFAR Team will therefore remain in commercial office space and the EP Coordinator and the CDC Technical and Program Manager will not transfer to PSC/Direct Hire status until appropriate space is available. In January 2008 the team will move into alternative, temporary office space. The CDC Chief of Party is in-country as of September 2007 and has been assigned temporary office space at the Embassy.

The USAID FSN Program Specialist position and the DOS supported Program Assistant positions will be recruited by the DOS either when suitable temporary office space is available in early 2008 or upon completion of the warehouse renovations in sometime in 2008.

Since the placement of in-country staff has taken longer than expected, the USAID Regional office is still providing some activity management and technical support to the Lesotho PEPFAR Team, although this will decrease gradually in FY2008. In the coming year, RHAP will support the new USAID staff on an as needed basis as they become oriented to the program, and will continue to provide budgetary and contracting support for both Washington-based field support and local regional awards, as well as managing the EP Coordinator and USAID Program Manager contracts. The Lesotho PEPFAR Team will also buy into the

Regional Technical Prevention Advisor position to provide technical assistance to the program. This position is reflected in the prevention technical area budget and narrative.

DOD will recruit a PEPFAR Lesotho program manager who will have primary responsibility for management and implementation of the HIV/AIDS programs conducted with the Lesotho Defense Force (LDF). The DOD/PEPFAR program manager's office will be sited at the LDF Makoanyane Military Hospital however they will work with and participate in the Lesotho PEPFAR Task Force. The DOD Program Manager will receive support and guidance from the Office of Defense Cooperation (ODC) in Pretoria and from the DOD HIV/AIDS Prevention Program in San Diego. The Peace Corps will also recruit a full time PEPFAR Assistant to help manage the Peace Corps PEPFAR Portfolio. DOL and HRSA will therefore be the only USG agencies with in-country programs but without in-country USG staff and will continue to liaise with the Task Force via Washington-based staff. Two additional PEPFAR-funded positions have been added with FY08 funds: 1.) a CDC Lab Advisor, and a driver whose time will be 100% devoted to the PEPFAR Program. With the building of a new national laboratory funded by MCC, scaled up national HCT and TB programs, and constantly increasing numbers of patients on ARVs, the need for a full-time, in-country Lab Advisor has become increasingly evident.

As in FY 2007, the PEPFAR staffing will be funded as follows:

- 1) Local support costs for the Direct Hire/PSC and FSN employees will be administered by the Embassy ICASS Staff.
- 2) State will fund office-related costs for all PEPFAR staff, all costs for the EP Coordinator other than salaries/benefits/assignment travel (funded by USAID/RHAP serving as the contracting office), and all costs for the Program Assistant, Administrative Assistant, and driver.
- 3) CDC will fund salaries/benefits, all travel, and all non-office-related costs for its Chief of Party (funding is reflected in TB/HIV, CT and M&S program areas), the Strategic Information Liaison (whose funding is reflected in the SI and M & S program areas), and an in-country Lab Advisor (funding under lab).
- 4) USAID will fund salaries/benefits, all travel, and all non-office-related costs for its PSC and FSN employees (one each). Funding for the FSN Program Specialist is reflected in the Prevention AB and Condoms and Other Prevention budget and narratives.

The overall oversight and management body for the entire PEPFAR program remains the USG HIV/AIDS Task Force (TF) for Lesotho. While the Ambassador is the head of the Task Force, meetings are generally convened and chaired by the Coordinator. Each Agency with active programs in Lesotho is represented on the Task Force. Management of program partners, PEPFAR program planning, and management and provision of technical assistance is organized around four main technical management areas: Prevention, Care and Treatment, SI and HCD. USAID leads the Prevention and HCD technical areas, while CDC leads the SI and Care and Treatment technical areas. Cross agency management issues and Staffing for Results have been a major topic of thought and discussion by the Task Force over the past year. While the concept has already been agreed upon by the Task Force, effective implementation of the model is dependent upon the presence of the full complement of permanent in-country staff. In an effort to decrease confusion and allow for innovation of the model, the terms "Program Officer" and "Administrative Officer" have replaced Activity Manager and Technical Advisor as main PEPFAR points of contact for partners. Close collaboration among agencies and partners, standardization of all work plan and reporting tools across agencies and routinized strategic technical meetings with other national and USG stakeholders has been a challenge to implement.

Three other recommendations of the October 2006 visit of the "UPs" also bear mentioning.

1. "Focus program on a few priorities" and "consolidate management units": Given the on-going challenges in getting full staff on board, the TF is fully cognizant of and struggling with these issues. While the four program priorities are clear, the issue of procurement & supply chain management has also become an increased source of concern (& hence funding) for the TF. With FY08 funds, agency co-funding of the same organizations will decrease, and there will only be one umbrella grant. Four implementing partners who had FY07 funding will not get funding in FY08, but one has been added.
2. "The USG team should consult often with the GOL to assure common understanding of the PEPFAR program and assure close collaboration and support". The February 2007 changes in personnel at high levels in the MOHSW have provided an opportunity for increased and conscientious efforts to keep senior level officials in the MOHSW apprised of the PEPFAR program and planning processes. These include formal presentation of the FY07 mini-COP to senior ministry, formal presentation of the FY07 mini-COP to the National AIDS Commission, a decision to regularize meetings between the Director General, the Health Planning & Statistics Unit, the PEPFAR Coordinator, and the heads of the USAID and CDC programs, and the first meeting co-chaired by the MOHSW and PEPFAR that included multiple senior MOHSW officials and all implementing partners. Efforts to formalize these meetings, institute regular reporting, and increase financial transparency will continue.
3. "RHAP and SARAP should identify one individual to serve as a primary member and one as a back-up – these should be the only and consistent reps." Although this is still a work in progress, the arrivals of the USAID Interim Program Manager and the CDC Chief of Party in Lesotho will enable the implementation of this recommendation.

The M & S budget was prepared with full participation of Embassy Maseru, USAID, and CDC.

Budget Justification

The percentage of the budget occupied by M & S costs has not yet satisfactorily decreased, but it has come down from nearly 21% to about 17% because of the decrease in one-off costs that were incurred in the FY07 mini-COP by the transition from region to in-country, and because some of these costs have been appropriately integrated into the other program areas. The high M & S costs in the budget are most simply put a reflection of the "cost of doing business" in Lesotho. Also, two additional PEPFAR-funded staff have been added to the M & S costs: an in-country Lab Technical Advisor and a driver. One-time costs for the Lab Advisor such as security and other housing upgrades, or installation of water tanks and generators come to almost \$100,000. Also, given the relative smallness of the overall U.S. Mission in Lesotho, ICASS costs are among the most expensive in the world. Similarly, the capital security cost sharing line item consumes a large portion of these M & S costs.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8209.08	Mechanism: ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18682.08	Planned Funds: \$115,015
Activity System ID: 18682	
Activity Narrative: These funds will cover ICASS services (includes information technology, health services, non-residential guards, the Community Liaison Office functions, general services, financial management, overhead, phone lines, personnel services), resident building operations and non-ICASS local costs (rent, general maintenance, phone, water, electricity, security and miscellaneous charges for the PEPFAR Coordinator.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8211.08	Mechanism: Capital security costs, ICASS services
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18684.08	Planned Funds: \$118,000
Activity System ID: 18684	
Activity Narrative: This figure covers the Capital Security Cost Sharing item for seven staff (\$16, 391 per person) in non-controlled access area offices plus one driver in a non-office space (\$2837).	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8213.08 **Mechanism:** PEPFAR Coordinator salary and benefits

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Area Code:** 15

Activity ID: 18686.08 **Planned Funds:** \$191,000

Activity System ID: 18686

Activity Narrative: These funds cover the salary and benefits of the PEPFAR Coordinator.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8203.08 **Mechanism:** CDC Chief of Party and Technical Program Specialist salaries and benefits

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Management and Staffing

Budget Code: HVMS **Program Area Code:** 15

Activity ID: 12012.08 **Planned Funds:** \$250,000

Activity System ID: 18673

Activity Narrative: This item will pay for 60% of the salary and benefits for the CDC Chief of Party, the other portion of which is covered in the TB/HIV program area and will pay for 50% of the salary and benefits of the CDC Technical Program Specialist/SI Liaison, the other half of which will be covered in the strategic Information program area."

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12012

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27097	12012.27097.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11278	8203.09	CDC Staffing - Core	\$240,000
12012	12012.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5941	5941.07	CDC-various	\$44,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6085.08 **Mechanism:** ICASS Services, Residence Bldg ops. & local costs non ICASS for CDC CP, lab manager, tech program support

Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Area Code:** 15

Activity ID: 12013.08 **Planned Funds:** \$115,014

Activity System ID: 18608

Activity Narrative: Remainder of ICASS costs for the CDC Program Director and CDC Technical and Program Manager.

Added FY08 COP entry:
 These funds will cover ICASS services (includes information technology, health services, non residential guards, the Community Liaison Office functions, general services, financial management, overhead, phone lines, personnel services), resident building operations and non-ICASS local costs (rent, general maintenance, phone, water, electricity, security adn miscellaneous direct charges) for the CDC Chief of Party.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12013

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27086	12013.2708 6.09	HHS/Centers for Disease Control & Prevention	US Department of State	11273	6085.09	CDC Staff ICASS Costs	\$360,500
12013	12013.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6085	6085.07	CDC ICASS	\$150,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 10661.08 **Mechanism:** N/A

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Area Code:** 15

Activity ID: 25090.08 **Planned Funds:** \$350,000

Activity System ID: 25090

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 9313.08	Mechanism: USAID HCD Advisor and Contracts PA
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 21441.08	Planned Funds: \$590,000
Activity System ID: 21441	
Activity Narrative: Funds to hire 1 PSC and 2 FSNs to cover 2 technical (HCD, OVC/Care) and 1 program assistant (contracts) positions.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 9314.08	Mechanism: Peace Corps PEPFAR Coordinator
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 21435.08	Planned Funds: \$50,000
Activity System ID: 21435	
Activity Narrative: Funds to hire part-time Peace Corps PEPFAR Coordinator with FY 2008 Compact funds.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6085.08

Mechanism: ICASS Services, Residence Bldg ops. & local costs non ICASS for CDC CP, lab manager, tech program support

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 19103.08

Planned Funds: \$115,015

Activity System ID: 19103

Activity Narrative: These funds will cover ICASS services (includes information technology, health, services, non-residentail guards, the Community Liaison Office functions, general services, financial management, overhead, phonelines, personnel services), resident buiding operations and non-ICASS local costs (rent, general maintenance, phone, water, electricity, security, and miscellaneous direct charges) for the CDC Technical Program Specialist/SI Liaison.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8209.08

Mechanism: ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 19106.08

Planned Funds: \$92,500

Activity System ID: 19106

Activity Narrative: This item covers teh salary and all the benefits for the PEPFAR Program Assistant, the Administrative Assistant and a driver.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8209.08

Mechanism: ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel

Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 19107.08
Planned Funds: \$6,500
Activity System ID: 19107
Activity Narrative: These are the shared costs for the actual office space at the US Embassy that will be occupied by eight PEPFAR staff.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6085.08
Mechanism: ICASS Services, Residence Bldg ops. & local costs non ICASS for CDC CP, lab manager, tech program support
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 19102.08
Planned Funds: \$210,014
Activity System ID: 19102
Activity Narrative: These funds will cover ICASS services (includes information technology, health services, non residential guards, the Community Liaison Office functions, general services, financial management, overhead, phone lines, personnel services), resident building operations and non-ICASS local costs (rent, general maintenance, phone, water, electricity, security, and miscellaneous direct charges) for the CDC Laboratory Technical Assistant as well as \$95,000 for one time costs such as a water tank, generator, electrical upgrade, security upgrade, adn possible housing renovation(s).
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8206.08
Mechanism: VAST grants
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 19101.08
Planned Funds: \$12,000

Activity System ID: 19101

Activity Narrative: This figure will cover the salary and benefits of one locally hired PEPFAR Assistant for Peace Corps.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8356.08	Mechanism: ICASS services for USAID Prog. Manager and Program Specialist
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19125.08	Planned Funds: \$136,622
Activity System ID: 19125	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8209.08	Mechanism: ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19105.08	Planned Funds: \$50,000
Activity System ID: 19105	
Activity Narrative: This items will fund the PEPFAR Secretariat (Coordinator, SI Liaison, Program Assistant, and Administrative Assistant) which, with the permission of the Task Force, will fund travel to conferences, workshops for Government or other counterparts, representational events, some travel for the PEPFAR Personal Services Contractors, meetings of PEPFAR implementing partners and the Government, and unanticipated costs of workshops that PEPFAR is asked to cover either by the Government, the National AIDS Commission, or the Global Fund Coordinating Unit. Some of these funds may also be used to support a PEPFAR Lesotho web site.	
HQ Technical Area:	

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8209.08	Mechanism: ICASS services, resident bldg. ops. & local costs, driver, AA, PA salaries and benefits, small grants, Sec. travel
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19110.08	Planned Funds: \$64,821
Activity System ID: 19110	
Activity Narrative: These funds will cover any ICASS services for locally employed staff (LES)	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8232.08	Mechanism: USAID Prog. Manager and Program Specialist salaries and benefits
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19089.08	Planned Funds: \$27,910
Activity System ID: 19089	
Activity Narrative: Noted May 8, 2008: Rescission	
	These funds will pay for the salary and benefits of the USAID Program Manager; these costs are shared between the Management and Staffing program area and the Other Policy and Systems Strengthening program area.
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8161.08	Mechanism: DOD Prevention/Training/Local hire
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19093.08	Planned Funds: \$60,000
Activity System ID: 19093	
Activity Narrative: DoD has primary responsibility for management and implementation of the Lesotho Defence Force (LDF) PEPFAR activities. A DoD program manager will be sited locally with the LDF to assist directly with program implementation. The Office of Defense Cooperation (ODC) in Pretoria, South Africa will continue to provide fiscal and management support as will the DOD HIV/AIDS Prevention Program in San Diego. DoD will also provide contracts and grants support. The DoD Lesotho program manager is a member of the USG PEPFAR Task Force. The DoD pepFAR program collaborates closely with all other USG PEPFAR implementing agencies technical advisors and implementing partners in all technical areas. Other local costs will include office supplies, equipment and training.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No

Other Significant Data Collection Activities

Name: Routine NAC Multisectoral HIV/AIDS Program Monitoring and HMIS

Brief Description of the data collection activity:

Preliminary Data Available:

12:00:00 AM

Name: ETR.net**Brief Description of the data collection activity:**

Electronic TB Register.net. Routine data collection on TB patients. Activity supported by CDC.

Preliminary Data Available:

12:00:00 AM

Name: District Quarterly Service Coverage Statistics**Brief Description of the data collection activity:**

Routine NAC activity

Preliminary Data Available:

12:00:00 AM

Name: NASA National Aids Spending Assessment**Brief Description of the data collection activity:**

This assessment will collect financial data to inform the national indicators about national government allocation and expenditures on HIV programmes. However, Lesotho will conduct it on an annual basis.

Preliminary Data Available:

6/30/2008

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Functional Staffing Chart _MC EDITS (final)1.doc	application/msword	9/27/2007	This is Fuctional Staffing Chart that includes: The Steering Committee, The Secretariat, Task Force and Technical Working Groups.	Other	PSeithleko
Lesotho Global Fund Supplement Lesotho 19SEPT07 (final).doc	application/msword	9/28/2007		Global Fund Supplemental*	PSeithleko
08 Lesotho Peace Corps volunteer matrix.number 2 (final).xls	application/vnd.ms-excel	9/28/2007		Other	PSeithleko
SFR.28sept07.xls	application/vnd.ms-excel	9/28/2007		Other	PSeithleko
Final_all Cns.28sept07..doc	application/msword	9/28/2007		Executive Summary	PSeithleko
Budget Justification re AB Earmark.doc	application/msword	9/28/2007		Justification for AB Budgetary Requirements	PSeithleko
Final_MC FY08 Supplemental 27sept07.xls	application/vnd.ms-excel	9/28/2007		Other	PSeithleko
Final_2007 09 27 Lesotho FY08 COP Submission_BRW 2.xls	application/vnd.ms-excel	9/28/2007		Budgetary Requirements Worksheet*	PSeithleko
Cover letter Lesotho mini-COP 28sept07.pdf	application/pdf	9/28/2007		Ambassador Letter	PSeithleko
Les_COP 2008_upstream_targets_sep07 x3.xls	application/vnd.ms-excel	9/28/2007		Explanation of Targets Calculations*	PSeithleko