

Lesotho Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: TWG members conducted interviews and responses were summarized and vetted by stakeholders

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Consensus reached

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): None

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Director General of Medical Services	A1,A2,A3,A4,A5,A6
Prime Ministers Office	Health Economist	A1,A2,A3,A4,A5,A6
Ministry of Development Planning	Director M&E	A1,A2,A3,A4,A5,A6
Ministry of Local Government and Chieftainship	Director General	A1,A2,A3,A4,A5,A6
Lesotho Correctional Services	HIV and AIDS Officer	A1,A2,A3,A4,A5,A6
Lesotho Mounted Police	HIV and AIDS Officer	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
UN Joint Team on AIDS	UNAIDS Country Director	B1,B2,B3,B4,B5
AIDS Development Partners (PEPFAR, Irish AID, PSI, ICAP, EGPAF, JHPIEGO, SOLIDAMED)	Co-Chairperson	B1,B2,B3,B4,B5
LCN	Director	B1,B2,B3,B4,B5
LENASO	Director	B1,B2,B3,B4,B5
LENEPHWA	Director	B1,B2,B3,B4,B5
PACT	Director	B1,B2,B3,B4,B5
NUL	Director	B1,B2,B3,B4,B5
MATRIX	Director	B1,B2,B3,B4,B5
LIRAC	Director	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2011/12 - 2015/16

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The current NSP was revised in July 2013 using the investment approach and prioritized costing

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: In the absence of the National AIDS Coordinating Authority, Cabinet Office in the Prime Minister's Office, and Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: No evidence to show that IDUs exist and contribute to the spread of HIV in Lesotho. No assessment or size estimation has been done

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Herd boys

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: No

1.6. Does the multisectoral strategy include an operational plan?: No

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: There were various thematic technical working groups were CSOs were fully involved and participated during the NSP and mid-term review process

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: N/A

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 2

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: This will be done through the implementation of the Procurement and management supply strategy for 2014-2016. In addition, the community system strengthening strategy is currently being developed and will be implemented hand in hand with the Primary Health Care Revitalization Plan

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Few

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) **ART and Tuberculosis:** Many

f) **ART and general outpatient care:** Many

g) **ART and chronic Non-Communicable Diseases:** Few

h) **PMTCT with Antenatal Care/Maternal & Child Health:** Many

i) **Other comments on HIV integration:** :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: Planning is more evidenced based, prioritized interventions and thorough costing

What challenges remain in this area:: Full Implementation of the strategies to meet minimum threshold to yield maximum impact The strategy is not fully funded Absence of the national AIDS coordinating authority

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: During parliament speeches and debates; World AIDS Day commemoration, Increased budget allocation to the procurement of ARVs and commodities. The Government of Lesotho procures over 70% of ARVs and commodities and is part of the counterpart funding towards the Global Fund grants

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: No

IF NO, briefly explain why not and how HIV programmes are being managed:: It was closed down in late 2011 for reorganization. Cabinet is considering reopening NAC in the 2013/14 financial year. The Ministry of Health is the interim Coordinator of the AIDS response in Lesotho

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: No

Have active government leadership and participation?: No

Have an official chair person?: No

IF YES, what is his/her name and position title?:

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: No

IF YES, how many?:

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: There is an Annual Joint Review Forum coordinated by the Ministry of Health and the Annual Budget Support Forum Coordinated by Ministry of Finance and Development Planning

What challenges remain in this area:: Meeting the set targets and fully funding the AIDS response Private sector is relatively uninvolved in the national AIDS response Weak Civil Society

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 1

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: A new Children's Protection and Welfare Act was promulgated in 2011. This Act domesticates fundamental rights and protection for children in all social situations, including orphans and children in conflict with the law. The Education Act in 2010 made primary education free and compulsory.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies: The needs of sexual minorities are still not fully recognized or addressed in policy or law. The same is true for sex workers. Herd boys work within rural environments where they are not protected by existing laws or policies.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area: The King, the Prime Minister and senior cabinet ministers have become more prominent and more vocal on the country's challenges regarding HIV and AIDS. Address HIV and AIDS remains at the top of the development agenda. Sustain 70% of Government Resources on ARVs and commodities for PLHIV

What challenges remain in this area: Continued closure of the National AIDS Commission Translating the commitment of Government towards the AIDS response at sub national and community levels

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws: The Constitution of Lesotho protects Basotho against discrimination 'on any ground whatsoever' Provisions of the Education Act and the Children's Protection and Welfare Act prohibit discrimination on characteristics such as sex, religious belief, ethnic origin, or political affiliation

Briefly explain what mechanisms are in place to ensure these laws are implemented: The courts are the mechanism for protection of constitutional rights; however, there is not a strong constitutional law tradition. Discrimination cases are rarely if ever brought to court due to lack of a clear process and an enabling environment. School inspectorates are tasked with preventing or investigating allegations of discrimination. Special children's courts, and Child and Gender Protection Units are tasked with addressing discrimination involving children.

Briefly comment on the degree to which they are currently implemented: As indicated above, the ability to enforce protections against discrimination is very weak on all accounts.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: The legal status of MSM and transgendered people is still ambiguous. There is widespread discrimination and stigma against these groups. There is no law on sex work meaning that sex workers are constantly vulnerable to physical and sexual abuse by police and are subject to discrimination in provision of health services and in the courts. Migrant workers are mostly miners working in South Africa. There is no cross-boarded mechanism to ensure consistency of care and support for those that have HIV or TB.

Briefly comment on how they pose barriers: Homosexuality is widely thought to be a criminal offence. Transgendered as an identity does not exist within Sotho culture. Sex workers are constantly vulnerable to physical and sexual abuse by police and are subject to discrimination in provision of health services and in the courts. Miners are retrenched without continuation of care or appropriate follow-up. MDR-TB has high relative prevalence amongst ex-miners.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: The new NSP pays special attention to the needs of vulnerable sub-populations. It states that the needs of these groups must be recognized through the provision of targeted IEC materials and other interventions. This includes adapted IEC materials for people with disabilities and those with low literacy.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs:

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]: Factory workers

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area:: The new National Strategic Plan on HIV and AIDS 2011/12-2015/16 recognizes key populations and vulnerable groups within its priorities. The increase in the number of PLHAs on ART and the willingness of more and more Basotho to be open about their HIV status has contributed to reductions in stigma and discrimination. There is more and more recognition that sexual minorities, inmates, sex workers and others are victims of discrimination and abuse and that this should be addressed.

What challenges remain in this area:: There is still much more progress to be made before stigma and discrimination against key populations and vulnerable groups is eradicated. Law and policies changes are paramount and the GOL is very cautious and slow to move forward on these.

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Consultations, DHS re analysis and MOT studies. Specific needs were identified through the 2009 LDHS as well as situational assessments and epidemiological and behavioural studies for sexual minorities, herd boys, inmates and correctional officers, people with disabilities. Base on this information, Lesotho has drafted a national, multisectoral HIV prevention strategy as well as an HIV prevention revitalization operational plan. The Investment Approach further reinforces the prioritization of HIV prevention through the mid term review of the NSP by identifying treatment as part of prevention

IF YES, what are these specific needs? : Reaching young people and adults left in the HIV prevention programmes
Reaching the key populations at risk including MSM, SW, IDUs, Inmates and factory workers

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly disagree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Strongly disagree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized: The package of HIV treatment, care and support services includes provision of HTC and ART at all local health centres, monitoring and follow-up by village health workers and treatment supporters, reduction in stigma and discrimination. And access to support groups.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Revision of ART treatment guidelines using 2013 WHO Recommendations Increased number of ART sites Increased number of skilled health care providers and strengthened the linkage with community in order to increase treatment adherence Integration of ART and TB services in a number of health facilities

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Agree

Economic support: Disagree

Family based care and support: Strongly agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Disagree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: Through NGOs and UN partners, food assistance is provided in different regions of the country. LENEPWHA runs support groups for PLWAs in every district of the country. The Lesotho Child Grants Programme provides financial support to destitute households, many of which are affected by HIV and AIDS.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: Yes

IF YES, for which commodities?: Yes, through the Global Fund, PEPFAR, UNFPA, and other bilateral and multi-lateral partners, Lesotho has access to ART, condoms, medications for opportunistic infections, laboratory reagents and many other essential commodities needed for the national HIV response.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area?: The absolute number of people put on treatment has increased More ART sites have been added There has not been any major stock out of ARVs Revision of ART guidelines based on 2013 WHO Recommendations and implementation of Option B+ in PMTCT Programme

What challenges remain in this area?: Low coverage of access to ART especially for children Increased cost of nutritional support to PLHIV High rates of TB-HIV co-infection

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 7

Since 2011, what have been key achievements in this area?: a total of 50,000 OVC and 20,000 vulnerable households received cash assistance through the Child Grants Programme (CGP) for basic needs including health, food and education. A new situation analysis and strategic plan have been developed GoL has committed to take over the CGP

What challenges remain in this area: Increased cost of the CGP

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation: In the absence of NAC, it has been difficult to have a complete picture of progress towards meeting the set targets of both clinical and non-clinical interventions including the private sector

1.1. IF YES, years covered: 2011/12 -2015/16

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are: M&E Plan not widely circulated to different partners Tools and systems need to be modified to respond to national, regional and global reporting requirements

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: Ranges between 8-11%

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles: The MoH is the interim coordinator of the AIDS response and provides only clinical data Sub-national and community structures are weak

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E Officers	Full-time	2011
Statisticians	Full-time	2011

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Data Entry Clerks	Temps plein	2011

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: A Strategic Information technical working group first reviews the data before it is shared during the annual and bi-annual Joint Reviews

What are the major challenges in this area:: Non-clinical data has no national repository Private sector information is not collected widely

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: HMIS and is managed by Ministry of Health Directorate of Health Planning and Statistics

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?: TB, HTC, VMMC, Condoms, ART, EID, PMTCT by district and facility, and disaggregated by age and sex

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: national, sub national levels

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: General Population, sex workers, factory workers, inmates

Briefly explain how this information is used:: Programming, target setting, budgeting and resource allocation

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: district

Briefly explain how this information is used:: Programming, target setting, budgeting and resource allocation

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Grant negotiations with development partners and resource mobilization Challenges - untimely provision of data and completeness

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained:: 30

At subnational level?: Yes

IF YES, what was the number trained: 20

At service delivery level including civil society?: Yes

IF YES, how many?: 30

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Mentoring and supportive supervision Data analysis and interpretation

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: Quality of HIV data has improved Revision of the national M&E plan and tools Annual Joint Reviews Increased use of strategic information in programming and budgeting

What challenges remain in this area:: Continued closure of NAC has led to challenges of not collecting non-clinical data from CSOs and NGOs and data from private sector High staff turn over Low M&E capacity at sub national and community levels

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: The role played by civil society towards commitment of top leaders has been minimal. There isn't a well defined relationship between civil society and government. Although the situation is improving, CSOs do not yet feel that they are equal partners in the national HIV and AIDS response.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 3

Comments and examples:: CSOs were active in the revision and development of the National Strategy on HIV and AIDS 2011/12 to 2015/16. Also, they were actively involved in the Global Fund Interim Application and Post 2015 Agenda

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 3

c. The national HIV reports?: 4

Comments and examples:: Network of PLHIV, Lesotho Network of AIDS Service Organization, Lesotho Inter-religious Coalition Against AIDS and Lesotho Council of NGOs were actively involved in the review, development and cost of the NSP 2011/2-2015/16 using the Investment Approach

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 3

Comments and examples:: CSOs participated in the review, development and cost of the NSP 2011/2-2015/16 using the Investment Approach

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 5

Comments and examples:: CSO representatives of diverse organizations participate and are included in key national processes including NSP review and development and Global Fund proposal development

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples: Support does not come from government directly but from donor agencies, Government budget allocated to CSOs is very low. Conditions for access to finances from donors and Global Fund are very stringent for civil society organizations meaning that many are not successful in accessing these funds. There has been a measurable increase in technical support to CSOs through UN, PEPFAR, Pact, and World Bank.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 25-50%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: <25%

Transgender people: <25%

Palliative care : 25-50%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): <25%

Home-based care: 51-75%

Programmes for OVC: 51-75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 6

Since 2011, what have been key achievements in this area: There has been much improvement in the involvement of civil society in national planning and implementation structures for HIV and AIDS especially in the absence of NAC structures. As noted above, CSOs participated in the development of the NSP. They were also active in the Lesotho Country Coordination Mechanism for the Global Fund Interim application and various technical working groups especially treatment and care.

What challenges remain in this area: The capacity of the CSOs to adequately respond to HIV still needs to be developed to the highest levels in order to have them as key stakeholders in the fight against HIV. The key to the problem is that much focus is still given to grants making to CSOs without developing adequately the corresponding capacities- resulting in many challenges towards being effective partners in the fight against HIV.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:: Development of the NSP, Prevention strategy and National Social and Development plan Additional During key HIV activities, such as World AIDS Day, and the national prevention symposium, PLHIV were offered the opportunity to be present and to speak about positive living. Some PLHIVAs have also been involved in policy design and programme implementation.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Sexual Offences Act Constitution of the Kingdom of Lesotho: The Constitution of Lesotho bars discrimination on all grounds.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Child and Gender Protection Unit : Lesotho is challenged in this respect. There is not a very strong constitutional law tradition within the courts. Very few cases of discrimination invoking the Constitution have come forward. Although there has been discussion about establishing a Human Rights Commission, there is no indication when this will move forward to be established.

Briefly comment on the degree to which they are currently implemented: Implemented by each police post and chief offices. There are efforts to protect girls and women against sexual abuse in Lesotho. These efforts , however are being undermined by the judiciary systems in Lesotho that does not have specialized courts to committed crimes. This leads to women and girls feeling that they would rather live with unreported cases of sexual abuse given that the mechanisms of addressing cases, from reporting up to courts, still shift the blame on the females

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: There are laws that criminalize same sex relationships e.g. sodomy. there are laws that also criminalize sex work such as workers have no expressed rights in Lesotho. LGBTIs are not recognized legally, socially or culturally leaving them as non-persons.

Briefly comment on how they pose barriers: Key populations and LGBTIs may not freely come out in the open and declare their sexual orientation when accessing HIV services for fear of incrimination and verbal abuse

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: The Sexual Offences Act 2003 criminalizes sexual violence regardless of gender of those so accused. The Children's Welfare and Protection Act 2011 criminalizes sexual violence against children regardless of gender. Finally, the Anti-trafficking in Persons Act 2009 criminalizes trafficking of children or adults for the purposes of sexual or physical exploitation and abuse.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: NSP includes Human Rights as a principle. The human rights of PLHIVs and other key populations and vulnerable groups are specifically singled out in the National AIDS Policy 2006. As well as being an issues of legal rights, the policy also mentions human rights protection and promotion in the context of public health.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: There is no official mechanism to document human rights abuses. The Lesotho Federation of Women Lawyers, through their paralegals at district levels and through their community sensitization activities, is informed of cases the local community level and where appropriate provides ongoing legal support for those victimized in this way. Also, support groups of PLHIV does document and report cases of human rights violations

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: The epidemic in Lesotho is generalized across the population. There are no specific priorities for the provision of services given this reality. Since 2011, there has been a focus on HIV-positive children, adolescents, adults and pregnant women to improve their access to care and treatment across the country.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: The national HIV and AIDS policy provides for free access to HIV services of prevention, treatment, care and support to all in the country. The National HIV & AIDS Policy states the HIV-related services should be provided free of charge to all who need them without discrimination of any kind. However, mechanisms to enforce the policy effectively do not yet exist.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: The policy provides for the provision of HIV-related services to inmates, herd boys, women and girls. It does not explicitly address other key populations such as MSM and sex workers.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: It is the Labour Code Amendment Act of 2006. It prohibits using HIV status as a screening mechanism for hiring and promotion in all types of employment, with the exception of the military. Although not official, there have been claims that HIV positive individuals are barred from joining the military service. There continues to be debate about whether this constitutes discrimination without justification.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples::

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]:

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 5

Since 2011, what have been key achievements in this area: There have been reduced stigmatization and discrimination of PLHIVs in Lesotho over the period. Passing and implementation of Child Welfare and Protection Act. There has also been more constructive dialogue within the national HIV and AIDS response on the needs of prisoners, MSM and sex workers. Finally, the Children’s Welfare and Protection Act 2011 provides for comprehensive protection for children and adolescents against all types of discrimination.

What challenges remain in this area: The key challenge is that there is still no HIV and AIDS specific act in Lesotho. Such issues relating to HIV and AIDS are enshrined in other laws, thus making legal action almost impossible for common man to stage any litigation related to HIV. The costs of litigation in Lesotho are prohibitive, making it almost impossible for the common man to stage any litigation related to HIV.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area: There have been improvements regarding women and girls, for example, in the extent that sexual assault crimes are more frequently prosecuted. The rights of children and adolescents have been fully recognized in the Children’s Protection and Welfare Act.

What challenges remain in this area: There are still very few responsive and effective mechanisms to address discrimination in Lesotho. Human rights protections are in words only, not in deeds.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: The country’s specific needs were most recently identified through the 2009 DHS which was released in 2010. Prevention needs are also identified through sentinel surveillance studies and national, annual HIV estimates and mid term review of the NSP. There are still challenges where the evidence is not used to direct HIV prevention efforts. Life-skills programmes for children and adolescents in schools have not been effective but there is not yet a strategy to address this.

IF YES, what are these specific needs? : access to HIV services - HTC, SBCC, Condoms, PMTCT, VMMC

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly disagree

Condom promotion: Strongly disagree

Harm reduction for people who inject drugs: Strongly disagree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly disagree

Prevention for people living with HIV: Strongly disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Strongly disagree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 5

Since 2011, what have been key achievements in this area?: Development of Prevention strategy and hosting of national and district prevention revitalization forums Inclusion of sexual minorities and key populations in dialogues and programming Development of life skills strategy and programmes for primary and secondary school going children

What challenges remain in this area?: Translating CSO led prevention efforts into overall positive behavior change and reduction in new HIV infections

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized?: Sustaining adults on ART, enrolling more children on ART, reaching 100% coverage for PMTCT and eliminating mother-to child transmission.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Increased community mobilization and linkage to health services Increased adherence and treatment retention Provision of ART services in hard to reach areas Increased number of ART sites and health care workers including community health workers

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Disagree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Disagree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: Absolute number of people accessing ART have increased and ART sites have expanded Satellite clinics and one on one mentoring for pediatric treatment of health providers has been rolled out

What challenges remain in this area: Low coverage of ART for adults and children ART retention 12 months after initiation is 72%

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area: Revision of ART guidelines based on 2013 WHO recommendations Increased number on ART

What challenges remain in this area: Low coverage Low retention rates