

## Lesotho Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**Describe the process used for NCPI data gathering and validation:**

Consultant interviewed respondents, summarized report. The summarised reports were for part A and B were validated during stakeholders meetings.

**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):**

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
MOHSW	Director General for Medical Services	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Agriculture, Food Security and Disasater Management	Principle secretary	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Finance and Development Planning	PS	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Local Government and Chieftainship	PS	Yes	Yes	Yes	Yes	Yes	Yes
Lesotho Correctiona Services	HIV and AIDS officer	Yes	Yes	Yes	Yes	Yes	Yes
Lesotho defence Force	HIV and AIDS officer	Yes	Yes	Yes	Yes	Yes	Yes
Lesotho Mounted Police Services	HIV and AIDS services	Yes	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
European Union	Ambasador	Yes	Yes	Yes	Yes	Yes
PEPFAR	Coordinator	Yes	Yes	Yes	Yes	Yes
UNAIDS	Coordinator	Yes	Yes	Yes	Yes	Yes
LCN	Director	Yes	Yes	Yes	Yes	Yes
PSI	Country Director	Yes	Yes	Yes	Yes	Yes
PACT	Director	Yes	Yes	Yes	Yes	Yes
NUL	Chancellor	Yes	Yes	Yes	Yes	Yes
Matrix Group	Director	Yes	Yes	Yes	Yes	Yes

LENASO	Director	Yes	Yes	Yes	Yes	Yes
Herd boys	coordinator	Yes	Yes	Yes	Yes	Yes
LENEPHWA	As a group	Yes	Yes	Yes	Yes	Yes
Sex Workers as a group	Group	Yes	Yes	Yes	Yes	Yes
Prisoners	As a group	Yes	Yes	Yes	Yes	Yes
Youths	Group	Yes	Yes	Yes	Yes	Yes
Religious groups	Group	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No

## A - I. STRATEGIC PLAN

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

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2012-2016

**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 national strategy was developed with joint coordination between Ministry of Health and Social Welfare and the national aids control commission. The component for prevention was also strengthened. Additional response (below) added on 2012/05/22: The National Strategic Plan on HIV and AIDS 2011/12-2015/16 has a greater emphasis on prevention. It is also structured around key priorities. It is more evidence-based, taking into account the country's experience and learning during the previous national strategy.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

The Cabinet office in the Prime Ministers office. Additional response added on 2012/05/22: NAC, Ministry of Health and Social Welfare

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

SECTORS

**Included in Strategy**    **Earmarked Budget**

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

**Other [write in]:**

-

**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, settings and cross-cutting issues?

**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

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**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?:**

After two DHS surveys, in 2004 and 2009, as well as different substudies (inmates, sexual minorities), the country has still not uncovered substantial evidence that there are injection drug users in the population.

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

The new NSP identifies MSM, sex workers, inmates, herdboys, people with disabilities, women, girls, youth, OVC as key populations and vulnerable groups.

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. 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?:**

No

**e) A monitoring and evaluation framework?:**

Yes

1.7

**1.7. 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:**

The review process included civil society groups. Additional response (below) added on 2012/05/22: There was significant improvement from the last NSP in the involvement of civil society in developing the new NSP.

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

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, some partners

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

There is still lack of alignment with respect to resource requirements and channeling funding according to the priorities and

the annual operating plans. What is funded moves forward first and this is not always what is a priority.

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

No

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

No

**Other [write in]:**

No

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

**HIV impact alleviation:**

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 security or other schemes):**

Yes

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

Yes

**Other[write in below]:**

-

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

N/A

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

Yes

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

Yes

**5.2. 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

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(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?:**

Programme coverage is monitored for inmates, uniformed services, factory working and children.

**Briefly explain how this information is used:**

Lesotho Correctional Services uses this information to help it mobilize resources for its HIV and AIDS needs. ALAFA uses information to assess the quality and coverage of its programmes in textile factories, the MOHSW and its partners have used information regarding children to significantly scale-up the availability of paediatric ART across the country.

**(c) Is coverage monitored by geographical area:**

Yes

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

District Additional response (below) added on 2012/05/22: The MOHSW monitors the provision of HTC and ART at health centre level. ART coverage is assessed from constituency to constituency.

**Briefly explain how this information is used:**

Programme coverage information is used for supervision purposes at the district level to identify bottlenecks and to take appropriate action.

#### 5.4. Has the country developed 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:**

Lesotho is in the midst of implementing a comprehensive health system strengthening strategy. This includes strategies for better health human resources recruitment and retention; improving the quantity and the quality of graduates from health training programmes, improving primary health care infrastructure, improving logistics and other systems required to delivery health services at the community level. All of this is done within a framework of decentralization. This has made possible the delivery of HTC, ART and TB treatment at community level.

**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 the HIV programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Strategy planning has become more evidence-based and more inclusive.

**What challenges remain in this area:**

Lesotho is still challenged to implement the strategies it develops.

## 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

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

Signing of the personal commitment to prevent HIV transmission by HIS MAJESTY THE KING and HIS RT HONORABLE THE PRIME MINISTER. Additional response (below) added on 2012/05/22: During World AIDS Day, His Majesty King Letsie III officially launched the NSP. The Prime Minister signed a declaration of commitment to end the epidemic of HIV. The Minister of Health and Social Welfare makes regular public appearances around the country to mobilize the population around HIV and AIDS.

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

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

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

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

-

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

6

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

2

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

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

Yes

**IF YES, briefly describe the main achievements:**

There is a partnership Forum that provide plat form for all stakeholders to discuss, progress, challenges and next steps by sector. Additional response (below) added on 2012/05/22: The only mechanism that brings all constituencies together is the Country Coordination Mechanism. The NAC partnership forum plays a similar role but was not active since 2010.

**What challenges remain in this area:**

Sternthening of the partnership forum and the restructuring of NAC Additional response (below) added on 2012/05/22: The private sector is still relatively uninvolved in the national HIV and AIDS response. Most resources are still concentrated within government.

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

-

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

**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. Herdboys 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 2011?:**

8

**Since 2009, 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.

**What challenges remain in this area:**

There is inconsistent support in the rank and file at the constituency and community level.

## A - III. HUMAN RIGHTS

1.1

**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

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**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 other vulnerable subpopulations?:**

Yes

IF YES, for which subpopulations?

**People living with HIV:**

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 :**

No

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in below]:**

-

**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?

**Abstain from injecting drugs:**

No

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**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 below]:**

-

### 1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

### 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?:**

No

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

### 2.2. Does the strategy include age-appropriate, 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?**

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-

**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 2011?:**

8

**Since 2009, 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 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 The additional comments (below) were added on 2012/05/22: 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.

**4.1. To what extent has HIV prevention been implemented?**

- Blood safety:**  
Strongly Agree
- Condom promotion:**  
Agree
- Harm reduction for people who inject drugs:**  
N/A
- HIV prevention for out-of-school young people:**  
Agree
- HIV prevention in the workplace:**  
Agree
- HIV testing and counseling:**  
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:**  
Agree

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

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

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]:**

-

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 2011?:

6

## 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?:**

Treatment care and support services are provided through local health centres across the country. This was accomplished by providing nurses with the skills and the tools to provide these services at community level.

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Strongly Agree

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

Disagree

**HIV testing and counselling for people with TB:**

Agree

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

Disagree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Strongly 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:**

Disagree

**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:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly 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?:**

N/A

**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 2011?:**

7

**Since 2009, what have been key achievements in this area:**

The coverage of ART and the quality of service continues to improve. Decentralization continues to be stronger and to support more and more adults and children on ART. Through MCA, ART centres and health centres are being modified and refurbished to provide higher quality services to all Basotho.

**What challenges remain in this area:**

Hard to reach areas still of limited access to essential services. Follow-up systems to identify and track defaulters or lost to follow-up are still very weak.

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

Yes

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

Yes

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

Yes

**IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

Yes

**IF YES, what percentage of orphans and vulnerable children is being reached? :**

17%

**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 2011?:**

6

**Since 2009, what have been key achievements in this area:**

The Lesotho Child Grants Programme has been rolled out in selected community council areas in 5 districts. The high school bursary programme has been expanded to assist an additional 5,000 to 7,000 orphans each year. More partners have come on board to work to address the OVC challenge. An new situational analysis and strategic plan have been prepared.

**What challenges remain in this area:**

The scale of need continues to vastly overwhelm the country capacity to respond. Poverty is the main factor causing vulnerability for children whether orphaned or not. Some programmes, such as the school bursary programme, have not yet adjusted to this reality. Poor children with parents are just as likely to not be able to complete secondary school as poor orphans.

## 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:**

Lack of staff at the NAC, Insufficient budget for Work Plan and Strategic information, functionality of the AIDS commission. Additional response (below) added 2012/05/22: Lesotho has one national M&E plan aligned to the NSP. However, mechanisms to align partners and to collect data according to the same indicators and in the same way remain weak. This particularly true at the community level. NAC was recently restructured leaving a gap in terms of coordination of partners at all

levels around on single M&E plan.

**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:**

Some partners still have parallel systems, Additional response (below) added 2012/05/22: There is still some inconsistency regarding indicators. PEPFAR, for example, has their own set of indicators which do not all align with the national M&E plan. Community partners are not yet capacitated to be able to collect reliable and valid data based on the national indicator set.

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**  
Yes

**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?:**

In Progress

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

In Progress

**Briefly describe any obstacles:**

Functionality of NAC due to its closure for restructuring. Additional response (below) added 2012/05/22: Lesotho has been challenged by M&E recently. Up until 2011, NAC provided leadership and coordination regarding M&E. A gap in this respect has opened due to the length of time the restructuring of NAC has taken. While the MOHSW is attempting to function as the national M&E unit in absence of NAC, that are not sufficiently resourced to be able to carry out this task. Community partners are still very weak on M&E.

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

**In the Ministry of Health?:**  
Yes

**In the National HIV Commission (or equivalent)?:**  
Yes

**Elsewhere [write in]?:**  
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
1	X	-	2011
1	x	-	2011
1	-	x	2011
1	-	x	2011
1	-	x	2011
1	-	x	2011
1	-	x	2011

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

- - - -

**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:**

National, District Partnership Forums, Website and CRIS Additional response (below) added 2012/05/22: As mentioned above, the length of time it has taken the country to restructure its NAC has meant that, currently, there is no mechanism in place to ensure that all key partners submit data and rely on a national M&E system. However with the presence of this, Partnership Forum Report was used as the mechanism.

**What are the major challenges in this area:**

The challenges are noted above.

**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.:**

Housed and managed by NAC Additional response (below) added 2012/05/22: The country relies on CRIS. However, in the absence of NAC, the CRIS has not been updated periodically and is awaiting opening of NAC

**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, all of the above

**6.2. Is there a functional Health Information System?**

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

The below response was added 2012/05/22 and is an extension of the answer offered for question 6.1 of this section (above): "The MOHSW is able to track the provision of services, including HTC and ART. Aside from this, partners track their own information and make it available."

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

Yes

**8. 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]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

revisions and development of national and district HIV plans as well as monitoring implementation. Additional response (below) added: PMTCT data has been used to engage all partners to develop a strategy to eliminate mother-to-child transmission. The MOHSW is currently working with partners regarding TB/HIV data, in particular low rates of HIV+ TB patients enrolled on ART, and, low treatment success rates in key districts across the country. Further analysis of DHS 2009 has provided significant amount of data used in target setting.

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

**At national level?:**

Yes

**IF YES, what was the number trained:**

120

**At subnational level?:**

Yes

**IF YES, what was the number trained:**

300

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

-

### 9.1. Were other M&E capacity-building activities conducted` other than training?:

No

### 10. 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 2011?:

7

#### Since 2009, what have been key achievements in this area:

As noted previously, largely due to the 2009 DHS, the country’s new NSP is more evidence based and more targeted in terms of priority areas and key populations.

#### What challenges remain in this area:

There is still insufficient data on sub-trends within the HIV epidemic; this includes populations such as MSM and sex workers. It also includes comprehensive data on low rates of condom use and HTC despite a majority of men and women knowing sources for condoms and HTC but not using these interventions.

## 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 isnt a well defined relationship between civil society and government Additional response (below) added 2012/05/22: Although the situation is improving, CSOs do not yet feel that they are equal partners in the national HIV and AIDS response. CSOs were active in the development of the National Strategy on HIV and AIDS 2011/12 to 2015/16. However, they were not consulted on resource allocation questions. As well, CSOs were consulted only minimally during the external review of NAC. They were not involved in any of the decisions on restructuring NAC that emerged from the review.

### 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:

Civil Societies attend meetings but the degree to which they offer effective inputs is very minimal. Also very few CSOs attend these meetings Additional response (below) added 2012/05/22: Civil society representatives participated throughout the development of the new NSP. However, representatives felt that their input was more symbolic than anything else.

3.

#### a. The national HIV strategy?:

3

#### b. The national HIV budget?:

2

#### c. The national HIV reports?:

4

#### Comments and examples:

As noted above, civil society representatives were fairly active during the development of the new NSP, except in the domain of budget decisions. Until the time that NAC stopped its quarterly partnership forum reports, the work of CSOs was adequately included in national HIV reports along with the work of the other multi-sectoral partners

4.

#### 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?:

:

3

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

2

#### Comments and examples:

CSOs are represented in the national technical working group on M&E. Through working group, they participate in developing the national M&E plan. The capacity of CSOs to use M&E data for programming decisions remains very low.

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

5

#### Comments and examples:

Interventions and organizations are now supported within civil society for sex workers and sexual minorities. There is little tension within the sector regarding the legitimacy of all groups to be seen and to be heard. However, due to a strong religious

bias, some diverse populations and groups are still regarded within civil society with disdain.

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 fro civil society organisations" Additional response (below) added: As for finances, support does not come from government directly but from donor agencies. The government budget allocated to CSOs is very low and was only available through NAC. Now that NAC is under restructuring, there have been no resources from government for CSOs since the beginning of 2010. There continue to be problems regarding the conditions for access to finances from donors and Global Fund . They are very stringent for CSOs meaning that many are not successful in accessing these funds. There has been a measurable increase in technical support to CSOs through UNAIDS, PEPFAR, Pact, and World Bank.

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

**People living with HIV:**

25-50%

**Men who have sex with men:**

<25%

**People who inject drugs:**

<25%

**Sex workers:**

<25%

**Transgendered people:**

<25%

**Testing and Counselling:**

25-50%

**Reduction of Stigma and Discrimination:**

51-75%

**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 2011?:

6

**Since 2009, what have been key achievements in this area:**

There has been much improvement since 2009 in the involvement of civil society in national planning and implementation structures for HIV and AIDS. As noted above, CSOs participated in the development of the NSP. They were also active in the Lesotho Country Coordination Mechanism and the M&E technical working group. However, there is still some distance to go before CSOs feel that they are equal partners with government and other stakeholders.

**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 response (below) added 2012/05/22: During key HIV activities, such as World AIDS Day, and the national prevention symposium, PLHAs were offered the opportunity to be present and to speak about positive living. Some PLHAs have also been involved in policy design and programme implementation. However, the MOHSW still makes many major decisions regarding HIV and AIDS with no substantial participation of PLHAs or other key populations and vulnerable groups

## **B - III. HUMAN RIGHTS**

1.1.

**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

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**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 Additional response (below) added 2012/05/22: 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 Additional response (below) added 2012/05/22: 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 specialised 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 and is horrifyingly abusive to the very females they are supposed to protect.

**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?

**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:**

No

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**



No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

**Briefly describe the content of these laws, regulations or policies:**

There are laws that criminalise same sex relationships e.g. sodomy. there are laws that also criminalise sex work such as workers have no expressed rights in Lesotho. Additional response (below) added: 2012/05/22: Transgendered people are not recognized legally, socially or culturally leaving them as non-persons.

**Briefly comment on how they pose barriers:**

" The barriers that are posed by these are both gays and lesbians as well as sex workers may not establish and legally register their organizations which would become their advocacy vanguards and where such groups may also be accessed with information and education pertaining to HIV"

**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 HR as a principle Additional response (below) added: The human rights of PLWHAs 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/or other vulnerable sub-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.

**6. Does the country have a policy or strategy of free services for the following?**

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

**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 2009, however, there has been a focus on HIV-positive children and adolescents 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. Additional response (below) added: 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**

**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?:**

Yes

**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:**

Yes. 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. HIV positive individuals are still barred from 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 enforcement 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]:**

-

**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 2011?:**

5

**Since 2009, 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. Additional response (below) added 2012/05/22: There has been reduction in stigmatization and discrimination of PLHIVs in Lesotho over the period since 2009. 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 enshrouded in other laws, thus making legal action almost impossible for common man to stage any litigation related to HIV. Additional response (below) added: 2012/05/22: 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 2011?:**

4

**Since 2009, 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. Additional response (below) added 2012/05/22: 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. The same programme continues to be implemented.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

N/A

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

Disagree

**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:**

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:**

Disagree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

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 2011?:**

5

**Since 2009, what have been key achievements in this area:**

More efforts have been made to include and support CSOs in delivering prevention programmes, particularly faith-based responses, PMTCT and youth. Also, projects have started to address sexual minorities and sex workers.

**What challenges remain in this area:**

The CSO-led prevention response is still too fragile and poorly supported to have lasting impact on behaviour change at community level.

## B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS 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?:**

Partners, such as Global Fund, WHO, UNICEF, PEPFAR are working closely with the GOL to continue to scale up provision of ART, the improve diagnosis and treatment of children and adolescents, and to launch the national strategy to eliminate PMTCT.

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

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:**

Agree

**Post-delivery ART provision to women:**

Strongly 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]:**

-

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 2011?:

7

**Since 2009, what have been key achievements in this area:**

ART coverage is close to 70%, survival rate is improving, cohort results are good at plus/minus 80% alive and still on treatment after 12 months. PMTCT continues to strengthen and expand. Satellite clinics and one-on-one mentoring for paediatric treatment for health providers has been rolled out.

**What challenges remain in this area:**

Follow-up at community level, nutritional support, HIV+ children in rural/remote areas, quality of service is inconsistent, large gap in need versus of availability of health human resources persists.

2. Does the country have a policy or strategy to address the additional HIV-related 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

**2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

Yes

**2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :**

17%

**3. 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 2011?":**

7

**Since 2009, what have been key achievements in this area:**

The Lesotho Child Grants Programme has been rolled out in selected community council areas in 5 districts. The high school bursary programme has been expanded to assist an additional 5,000 to 7,000 orphans each year. More partners have come on board to work to address the OVC challenge. An new situational analysis and strategic plan have been prepared.

**What challenges remain in this area:**

-

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Source URL: <http://aidsreportingtool.unaids.org/118/lesotho-report-ncpi>