

## STANDARD PROGRESS REPORT

Reporting Agency: UNFPA and UNICEF  
Country: Lesotho  
No. and title: HIV Prevention  
Reporting period: August 2010 – December 2010

### I. PURPOSE

The UN family in consultation with Government of Lesotho has resolved to address most of the socio-economic indicators that were on the positive trend in last two decades but have recently been on the decline. The approach is to focus on the 'Mother' as an entry point to addressing issues pertaining to her health, nutrition and economic well being.

The UN has supported an HIV prevention joint program targeting four districts that demonstrate the worst social-demographic indicators. The purpose of the joint program on HIV prevention is to contribute to the reduction of HIV infections hence improving of maternal, neonatal and child health. The program ensures that young women entering motherhood are free from HIV/AIDS. This program contributes to UNDAF Outcome 1: "Individuals, civil society organizations, national/local public and private institutions have the capacity to achieve/deliver and sustain universal access to HIV prevention, treatment, care and support and to mitigate its impact". This outcome directly relates to the national Development Framework priority of Human Development.

In 2010, the proposed joint program resolved in building capacity of health facilities to enable them provide HTC services to men, women and adolescent boys and girls. The program also ensured that young people in four districts aged 11 to 24 in and out of school understood HIV prevention measures and risk reduction strategies through effective life skills education. The program primarily focused on 180,000 boys and girls aged 10 - 24 in the districts of Thaba Tseka, Qacha's Neck; Mokhotlong and Berea. The program strived to complement other joint programs being supported by the UN family in these districts.

The main implementing partners were Ministry of Health and Social Welfare; Ministry of Gender, Youth, Sports and Recreation; Lesotho Planned Parenthood Association; Lesotho Girl Guides Association; and Kick4Life

### II. RESOURCES

Total approved funds for the joint program received from DOCO were \$350,000 of which, USD 91,006 was allocated through UNFPA and USD 258,994 was allocated through UNICEF

### III. RESULTS

The programme was implemented over a 5 month period with actual implementation of activities commencing end of September 2010. The outputs expected and activities carried out to achieve those outputs were:

- Health facilities have the capacity to provide HTC services to men, women, children and adolescent boys and girls; This capacity was strengthened through the following:

- **Procurement of HIV test kits for different institutions:** 5,000 HIV test kits were procured, and distributed to NGO partners. However, due to accreditation and limited time frame, only 2,399 (1,248 males and 1,141 females) young tested in the intervention areas.
- **Hold HTC camps at different places for Young People.** The camps were held in all the interventions areas of Mokhotlong, Berea, Thaba Tseka and Qacha's Nek. This activity was tagged with the activity of implementing RRA sessions for young people in the intervention areas.
- All young people aged 11 to 24 in and out of school understand HIV prevention measures and risk reduction strategies through effective life skills education
  - **Three CSO partners have the capacity to implement HIV RRA intervention with and for young people:** The implementing partners financially supported to reach about 5,756 (2,442 males and 3,314 females) young people in the intervention areas, which are attributed directly by the One Fund contribution.
  - **Produce multimedia interventions for and with Young People:** A DVD depicting the lives of young people in Lesotho in relation to HIV and AIDS was produced, however, due to internal delays in the leading Ministry of Health and Social Welfare, the airing and distribution of the DVD was not done during the reporting period. It is anticipated to be aired and distributed in the first quarter of 2011.
  - **Print and distribute BCC materials and RRA manuals.** Key action of this programme was to operationalize the national BCC strategy, specifically the young people's component including HIV risk reduction and avoidance knowledge (BCC/RRA) and skills intervention. The BCC/ RRA on HIV prevention materials were developed by Ministry of Health -Health Education Division with the involvement of young people from different youth organizations in the country. This program utilized a number of media channels to reach young by printing BCC materials as follows 1,5000 T-shirts for boys and girls; RRA/BCC manuals - 3 Types of 5000 each; Pamphlets- 2 designs -56,000; Posters- 2 designs- 10,000; and 20 Transit Advertising HIV prevention messages. These materials have been printed and delivered at the Ministry for distribution to youth centers and adolescent health corner. These materials will complement the intervention, in supporting HTC services to be more youth friendly and accessible to the young people.

#### IV. FUTURE WORK PLAN

Priority actions for 2011 are indicated in the 2011 HIV Prevention work plan for the Joint UN Team on HIV/AIDS.

#### V. FINANCIAL IMPLEMENTATION

All funds allocated to the two UN Agencies were utilized on project activities.

**DRAFT 2011 JUPSA WORK PLAN - PREVENTION CELL**

<b>Outputs</b>	<b>Lead Agency</b>	<b>Key Actions</b>	<b>Status as per December 2010</b>	<b>Activities for 2011</b>	<b>Target</b>	<b>Implementing Partners</b>	<b>Needed</b>	<b>Available</b>	<b>Gap</b>	
2.1.1 Men in the age range 15-49 and neonates have access to male circumcision services	WHO	Advocate to policy makers for youth and adult MC to be implemented		develop advocacy tool	At least 3 dialogues held					
	WHO	Support capacity for development of MC policy, strategic plan and standard operating procedures through the provision of TA, guidelines and funding	Printing of the MC policy and operational plan as well as finalisation of the guidelines have been halted, pending launching of the health sector prevention policy and guidelines	Dissemination of policy and guidelines.	Orientation meeting on MC policy and guidelines conducted for all the 10 DHMTs	MOHSW, CHAL, LPPA	10,000	10,000	0	
		Support capacity development of health workers to provide safe MC services through TA, guidelines, training	TA provided to the MOHSW and the development of the comprehensive health sector prevention policy and guidelines is in progress	Support capacity development of health workers	All the hospitals and accredited health facilities have staff capable of providing safe male circumcision	MOHSW, CHAL, LPPA	60,000	35,000	25,000	
		Develop National and District capacity to conduct assessments for quality assurance of MC services			Development of MC advocacy communication and social mobilization (ACSM) Job Aids for health worker	ACSM job aid for health workers	MOHSW, CHAL, LPPA, DHMT	4,000	4,000	0
					Train national and district MC QA Teams	1 National and 4 District QA Teams	MOHSW, CHAL, LPPA, DHMT	15,000	8,000	7,000
					TA to MOHSW for development of M&E system for MC services	Information available to inform effective implementation of the MC policy and programme	MOHSW, CHAL, LPPA, DHMT	78,000	8,000	70,000
2.1.2 Men, women and adolescent	UNICEF	Develop capacity of Health service providers to provide	The operational guidelines and subsequent training	Develop minimum standards for adolescent friendly HTC provisioning	Minimum Standards in place	MOHSW	10,000	10,000	0	

boys and girls have access to and use HTC services		comprehensive SRH and youth friendly HTC services	materials on providing adolescents friendly services developed.						
			Provided HTC services to young people through CSOs (kick 4 life, LPPA)	Train service providers on adolescent friendly HTC provisioning	Service providers in GO and CSO sector trained		60,000	20,000	40,000
			Zero trained but there is a draft training manual (operational guidelines) awaiting approval by the ministry	Procure HTC Test Kits	10,000 HTC Test Kits	MOHSW, MGYSR, CSOs	40,000	40,000	0
		Create demand for Men, women and adolescent boys and girls to utilise comprehensive SRH and HTC youth friendly services	New	Develop and disseminate IEC materials to create awareness on the adolescent friendly HTC services including other services offered	At least 10,000 IEC materials developed and distributed	MOHSW, MGYSR, CSOs	100,000	60,000	40,000
	UNFPA	Create demand for Men, women and adolescent boys and girls to utilise comprehensive SRH and HTC youth friendly services	New	Recruite TA to conduct in-depth analysis of DHS data of young people to inform future programming	study report available	MOHSW, MGYRDHMTs and CHAL			
Women and girls living with HIV and AIDS have access to sexual and reproductive health rights and services that are necessary for them	UNFPA	Engage a company to conduct a Mapping exercise on the current and future needs of adolescents and young people infected with HIV , for future programming	New	Provide finicial support to the company	Study report available				

Health facilities have the capacity to provide PMTCT services to pregnant women who are HIV positive	WHO & UNICEF	Scale up Mother Baby Package Nation wide	Initial developed in 2007, revised in 2008 and 2009. It has been used in all health facilities. UNICEF, UNFPA and WHO provided TA to adopt generic guidelines and protocols and incorporate infant and young child feeding component.	Revise PMTCT and update to conform to the latest WHO recommendations	Policy, operational guidelines and protocols for delivery of quality PMTCT services developed	MOHSW	10,000	5,000	5,000
			All Health workers working in the 80 % of all Health facilities were trained on provision PMTCT and EID.	Provide funding to technical partners to initiate training refresher trainer training and on the job training on PMTCT and EID	NUL and Nurse training school tutors trained and providing training for the newly qualified health workers	MOHSW, EGPAF, CHAI and Baylor	120,000	120,000	0
			The M&E form was developed and integrated into the HMIS system and the all revised and included in the new system. Monthly and quarterly statistical forms were developed, printed, disseminated and used in all Health facilities.	Provide trainings and logistics to the DHMTS and National level team to analyse and submit the M&E reports on time	MCH/HIV/TB Managers and supervisors trained and providing in-service training including supervision for health workers	MOHSW and EGPAF	215,000	215,000	0
							Monthly and quarterly data are available at district and national levels.	20,000	0
	UNICEF	Provided TA, finance and logistics to asses and evaluate the locally assembled mother and baby pack at all levels of service delivery. The Lessons learned have been submitted for	Provide for financial support for Training and Logistics of assembling MBP at NDSO. Monitor implementation and document lesson learned . Procure MBP for 2012 consumption	Consistant availability of MBP stock at National level NDSO	MOHSW and EGPAF	40,000	5,000	35,000	

			consideration in the development of the generic prototype.						
2.1.4 The public and private sectors have in place comprehensive and accessible HIV workplace services	ILO	Provide TA to the ministry of public service to Liaise with all relevant stakeholders to establish accessible workplace service	Ministry of Labour and Employment revised HIV/AIDS guidelines in line of the Ministry of public service guidelines. Workers in these enterprise are being sensitized on HIV/AIDS policies and programs	Consultations and meetings for focal points from line ministries with the ministry of public service. Establish referral linkages with community based organizations	15 workplaces will have policies that meet minimum standards.	MOHSW, UNICEF, UNFPA, ILO, Global Fund, NAC	0	0	0
		Support capacity development through the provision of TA to private sector to develop business/labour coalition on HIV and AIDS and access funding from LCN as PR for GF R8.	BLC & ILO applied for SR position under LCN in Global Fund Round 8	BLC & ILO implements the planned activities and ensures sustainability	Establishment of a Joint Business and Labour Coalition on HIV and AIDS.	MOHSW, UNICEF, UNFPA, ILO, Global Fund, NAC	0	0	0
2.1.5 The Ministry of Health has the capacity to expand access by men and women to adequate supplies of male and female condoms, PEP and GBV kits	UNFPA	Support the implementation of Sexual Reproductive Health strategy plan and FP guidelines		Print, distribute and disseminate FP guidelines- - Disseminate SRH strategic Plan Support capacity building-workshops for Nurses	SRH strategic plan developed. Availability of Guidelines. Report available	NAC, MOHSW			0
				Procure male and female condoms	Available condoms	NAC, MOHSW, PSI, LPPA			0
				Provide financial and technical assistance to undertake Client preference study on condoms conducted	Study report available	NAC, MOHSW, PSI	100,000	0	100,000

	UNFPA	Support development and implementation of Comprehensive Condom Programming		Procure 20000 female and 1million male condom as well as 200 male and female anatomy models--- support the review of the CBD programme (WHO).	A five year costed comprehensive condom strategic plan is available. Logistics /supply chain management training conducted				
				Support promotion and distribution of male and female condoms .	Increased demand for female and male condoms				
		National capicity developed on CCP		Provide TA for the development of CCP and capacity developent	Regular supply and availability of male and female condoms at national level				
		Support the launch of female condoms.		Provide and facilitate male and female procurement -	Increased demand for female condoms				
				Create demand for female and male condom use					
	UNFPA	Support development and implementation of Comprehensive Condom Programming		Procure 20000 female and 1million male condom as well as 200 male and female anatomy models--- support the review of the CBD programme (WHO).	A five year costed comprehensive condom strategic plan is available. Logistics /supply chain management training conducted				
		Provide and facilitate male and female models procurement - Create demand for female and male condom use		Support promotion and distribution road show of male and female condoms .	Awareness created				
		National capicity developed on CCP		Provide TA for the development of CCP and capacity developent					
2.1.6 PLWHA	UNAIDS		Note done	Provide TA to CSOs and PLHIV groups on the	PLWHA have guidelines to participate in	NAC, LCN, LENEPWHA,	30,000	15,000	15,000

have enhanced capacity and appropriate guidelines for actively participating in positive prevention programmes				design and implementation of comprehensive social protection programmes.	prevention programme	LIRAC, LENASO			
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**UNDAF/JUPSA Outcome**

**2.2 Men, Women, boys and girls able to access and use knowledge , information, skills and services on safe sex and the prevention of HIV infection**

2.2.1 Teachers and Non Formal educators capable of delivering life skills education in schools and NFE centers	UNICEF	Support capacity development through the provision of TA and financial assistance to MOET and LDTC for training of teachers and NFE providers on life skills education	There has been peer to peer training in the whole country.	Train 500 teachers on Life Skills Education	500 teachers trained	MOE, DHMTs, MOHSW, WHO,UNFPA,NAC	20,000	20,000	0
			New	Review LSE materials	LSE materials reviewed and more HIV responsive	MOE, DHMTs, MOHSW, WHO,UNFPA,NAC	65,000	65,000	0
			New	Review and print Mahlaseli to complement LSE in 1500 primary schools	Mahlaseli printed and distributed in 1500 primary schools	MOE, DHMTs, MOHSW, WHO,UNFPA,NAC	10,000	10,000	0
			22 000 young people reached	Rollout of the RRA and FBO interventions in at least five districts	At least 20,000 young people reached in 5 districts	MOHSW, MGYSR, LPPA, UNICEF, UNFPA	400,000	200,000	200,000
			All materials are in the draft form	Disseminate and air the DVD and radio dramas, as well as the IEC materials developed in 2010 through different mass media channels	DVD and radio aired in major broadcast channels. IEC distributed widely.	MOHSW, MGYSR, LPPA, UNICEF, UNFPA	200,000	100,000	100,000



2.2.2 All young people aged 11 to 24 in and out of school understand HIV prevention measures and risk reduction strategies through life skills education	UNICEF	Support capacity development through the provision of TA to MoHSW to develop the operational framework for young people's part of national behavioral change communication	No forum	Support the establishment of a national forum for organizations working with and for young people in the area of HIV prevention	Forum established, with full participation of young people	MGYSR, MOHSW, NAC	10,000	10,000	0
			Focal points and peer educators started implementation of these programs	Trainings and consultations in effective implementation of programs that addresses stigma and discrimination in the workplace	Workplaces have programs that address stigma and discrimination	MoPS	0	0	0
			15 enterprises are effectively implementing HIV/AIDS programs	Refresher trainings on communication and implementation of HIV/AIDS policies and programs	Workplaces are able to develop, implement as well as communicate policies and programmes.	MoPS	0	0	0
			145 trained adult members of the community	Rollout the IPC package among adult community members to sensitize them on adolescent sexual reproductive health issues including HIV prevention	Sensitized community members equipped with skills to provide an enabling environment to young people	UNICEF, UNFPA, PEPFAR, MGYSR, MOHSW, NAC	150,000	50,000	100,000
			Note done	Provide TA and Financial support to develop advocacy and communication strategy for training leaders on MCP reduction.	Leaders have the skills to advocate and communicate on partner reduction.	NAC, MoHSW	15,000	5,000	10,000
			Not done	Advocate in Leadership platforms for inclusion of reduction of MCP advocacy in the leadership forums action plans	MCP included in the leadership forums action plans	NAC, MoHSW	500	500	0
			News	Advocate for the review	Roadmap for the review	MGYSR, MOHSW,	10,000	10,000	0

				of the national youth policy and the adolescent health policy to make them responsive to HIV prevention	of the policies developed	NAC			
			No policy	Technically support the development and finalization of the Health Sector HIV prevention policy and guidelines	The Health Sector HIV Prevention policy and guidelines fully adolescent and young people responsive	MOHSW	500	500	0
2.2.3 All young people aged 11-24 in and out of school understand HIV prevention measures and risk reduction strategies through effective lifeskills education.	UNFPA	Provide funds to young people Civil society organisation to conduct awareness creation on SRH and HIV prevention services for young people	New	Print and distribute BCC/IEC popularisation of SRH materials .	Edutainment activities on SRH/HIV prevention and related activities implemented at community level for and with young people	MOHSW, MGYSR, LPPA, UNICEF, CSO			
		Provide support to most at risk and vulnerable groups to be capacited on lifeskills focusing on SRH and gender issues	New	Support capacity building workshops for sexworker and herdbouys	300 herbbouys trained in rural and urban areas. 40 sex workers trained in 6 ditrictis	MOHSW, MGYR, DHMTs and CHAL, MOET, Local Governmet, NGOs			
2.2.4 The public and private sectors have		Strengthen the capacity of both media houses ( Print and Electronic) focal		Trainings and journalists and Editors consultations workshops in effective reporting of initiative,	Untold stories and best practices documented	MOC, NAC, MOHSW MOET, MGYR	0	0	0

in place a comprehensive and accessible HIV workplace services		points to monitor BCC on SRH and HIV prevention and Gender issues HIV prevention across the programmes and articles through effective M&E strategies		reported and untold stories, implementation of programs that addresses SRH, HIV prevention and gender issues in the country ( especially for young people)						
2.2.5 All HIV and AIDS Focal Points able to coordinate social and behaviour change on HIV prevention in workplaces across the public and private sectors	ILO	Strengthen the capacity of both public and private sectors focal points to monitor BCC on HIV prevention across the sectors through effective M&E strategies	Focal points and peer educators started implementation of these programs	Trainings and consultations in effective implementation of programs that addresses stigma and discrimination in the workplace	Workplaces have programs that address stigma and discrimination					
			15 enterprises are effectively implementing HIV/AIDS programs	Refresher trainings on communication and implementation of HIV/AIDS policies and programs	Workplaces are able to develop, implement as well as communicate policies and programmes.	MoPS	0	0	0	

**UNDAF/JUPSA Outcome**

**2.3 Leaders at all levels have the capacity to address socio-cultural issues that surround and drive MCP**

2.3.1 Advocacy and communication strategy developed	UNAIDS	Support capacity development through TA, training and financial support to leadership forums to equip its leadership	Note done	Provide TA and Financial support to develop advocacy and communication strategy for training leaders on MCP reduction.	Leaders have the skills to advocate and communicate on partner reduction.		15,000	5,000	10,000
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and used to train leaders on MCP		with advocacy and communication skills for MCP reduction							
	UNFPA	Support the development of comprehensive prevention and Advocacy and communication strategy, policy and operational guidelines	New	Printing and distribution of advocacy IEC materials , 1,000 guidelines	10 community and 2 advocacy dialogues held	MOHSW, MGYR, DHMTs and CHAL			
		Support the national Symposium on HIV prevention	New	Provide Technical and financial support for the symposium	National HIV prevention symposium Held				
2.3.2 Leaders at all levels, including FBOs, government and politicians have the skills to communicate and advocate for partner reduction in the context of MCP	UNAIDS		Not done	Advocate in Leadership platforms for inclusion of reduction of MCP advocacy in the leadership forums action plans	MCP included in the leadership forums action plans		500	500	0
NAC, MoHSW									

**UNDAF/JUPSA Outcome**

**2.4 The rights of women , girls and persons living with HIV are promoted and protected**

Government has enhanced institutional	UNFPA /UNAIDS	Support the revision of the National action	New	Financially support the printing , dissemination and	Revised national action plan of women girls and HIV	MYGR, Justice Ministry,			
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capacity to promote and protect the rights of women and girls and PLHIV		plan of women and girls and HIV and AIDS through TA		launch of the report	and AIDs that includes activities for implementation available	MOHSW, UNICEF, UNAIDS, UNDP			
		Fanancially support the costing of the operational plan			A costed operational plan of the revised national action plan of womena and girls and HIV and AIDS				
<b>TOTALS</b>									