

PROPOSAL FORM – ROUND 9 (SINGLE COUNTRY APPLICANTS)

The Global Fund to Fight AIDS, Tuberculosis and Malaria is issuing its Round 9 Call for Proposals for grant funding. This Proposal Form should be used by eligible applicants ('Applicants') to submit proposals to the Global Fund. **Please read the accompanying Round 9 Guidelines for Proposals carefully before completing the Proposal Form.**

Applicant Name	COUNTRY COORDINATING MECHANISM		
Country	LESOTHO		
Income Level <i>(Refer to list of income levels by economy in Annex 1 to the Round 9 Guidelines)</i>	Lower Middle Income		
Applicant Type	<input checked="" type="checkbox"/> CCM	<input type="checkbox"/> Sub-CCM	<input type="checkbox"/> Non-CCM

Round 9 Proposal Element(s):			
Disease	Title	Does this disease include cross-cutting Health Systems Strengthening interventions in part 4B? <i>(include in <u>one</u> disease only)</i>	Is this a 're-submit' of the same disease proposal not recommended in Round 8?
HIV ¹	TO PREVENT THE SPREAD OF HIV AND MITIGATE THE IMPACT OF AIDS AMONG ORPHANS AND VULNERABLE CHILDREN IN LESOTHO	No	No.
Tuberculosis ¹			
Malaria			

¹ Different HIV and tuberculosis activities are recommended for different epidemiological situations. **For further information:** see the 'WHO Interim policy on collaborative TB/HIV activities' available at: http://www.who.int/tb/publications/tbhiv_interim_policy/en/

<p>If this is a Round 8 proposal being re-submitted, have the TRP Review Form comments been clearly addressed in s.4.5.2?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Are there major new objectives compared to the Round 8 proposal that is being re-submitted? If yes, please provide a summary of the changes in the box below <u>by each disease re-submission and section number.</u></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p><i>INSERT TEXT – maximum one page</i> <i>N/A</i></p>		

<p>Currency</p>	<p><input checked="" type="checkbox"/> USD</p>	<p>or</p>	<p><input type="checkbox"/> EURO</p>
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Deadline for submission of proposals:

**12 noon, Local Geneva Time,
Monday 1 June 2009**

INDEX OF SECTIONS and KEY ATTACHMENTS FOR PROPOSALS

'+' = A key attachment to the proposal. These documents **must** be submitted with the completed Proposal Form. Other documents may also be attached by an applicant to support their program strategy (or strategies if more than one disease is applied for) and funding requests. Applicants identify these in the 'Checklists' **at the end of** s.2 and s.5.

1. **Funding Summary and Contact Details**
2. **Applicant Summary (including eligibility)**
+ Attachment C: Membership details of CCMs or Sub-CCMs

Complete the following sections for each disease included in Round 9:

3. **Proposal Summary**
4. **Program Description**
4B. HSS cross-cutting interventions strategy **
5. **Funding Request**
5B. HSS cross-cutting funding details **

*** Only to be included in one disease in Round 9. Refer to the [Round 9 Guidelines](#) for detailed information.*

+ Attachment A: 'Performance Framework' (Indicators and targets)

+ Attachment B: 'Preliminary List of Pharmaceutical and Health Products'

+ Detailed Work Plan: Quarterly for years 1 - 2, and annual details for years 3, 4 and 5

+ Detailed Budget: Quarterly for years 1 - 2, and annual details for years 3, 4 and 5

IMPORTANT NOTE:

Applicants are strongly encouraged to read the [Round 9 Guidelines](#) fully before completing a Round 9 proposal. Applicants should continually refer to these Guidelines as they answer each section in the proposal form. All other Round 9 Documents are available [here](#).

A number of recent Global Fund Board decisions have been reflected in the Proposal Form. The [Round 9 Guidelines](#) explain these decisions in the order they apply to this Proposal Form. Information on these decisions is available at:

http://www.theglobalfund.org/documents/board/16/GF-BM16-Decisions_en.pdf.

Since Round 7, efforts have been made to simplify the structure and remove duplication in the Proposal Form. The [Round 9 Guidelines](#) therefore contain the **majority of instructions** and examples that will assist in the completion of the form.

1. FUNDING SUMMARY AND CONTACT DETAILS

1.1 Funding summary

Disease	Total funds requested over proposal term					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV	5,752,289	4,603,823	5,931,572	7,008,736	7,499,873	30,796,293
Tuberculosis	0	0	0	0	0	0
Malaria	0	0	0	0	0	0
Total Round 9 Funding Request →:						30,796,293

Contact details

	Primary contact	Secondary contact
Name	Mrs. Nkhala Sefako	Mr. Motsoakapa Makara
Title	Global Fund Coordinator	Principal Secretary
Organization	Ministry of Finance and Development Planning	Ministry of Education and Training
Mailing address	P.O. Box 395 Maseru, 100 Lesotho	P.O. Box 47 Maseru 100 Lesotho
Telephone	(+266) 58778994	(+266) 22313045/22323193
Fax	(+266) 22324352	(+266) 22310562
E-mail address	sefakon@gfcu.org.ls	
Alternate e-mail address	nkhalasefako@yahoo.co.uk	mochebelelem@education.gov.ls

1.3 List of Abbreviations and Acronyms used by the Applicant

Acronym/ Abbreviation	Meaning
AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral (drugs)
BCC	Behaviour Change Communication
BOS	Bureau of Statistics
CAS	Country Assessment Strategy
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CHAL	Christian Health Association of Lesotho
CRS	Catholic Relief Services
CSO	Civil Society Organization
CSS	Community Strengthening System
CSW	Commercial Sex Worker
CWU	Child Welfare Unit
DAC	District AIDS Committee
DCPT	District Child Protection Teams
DEO	District Education Officer
DHMT	District Health Management Team
DHS	Demographic Heath Survey
DSW	Department of Social Welfare
ECCD	Early Childhood Care and Development
EU	European Union
FBO	Faith-based organization
FHI	Family Health International
FIDA	Lesotho Federation of Women Lawyers
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria

GFCU	Global Fund Coordinating Unit of the MOFDP
GOL	Government of Lesotho
HIV	Human immunodeficiency virus
HIPC	Highly Indebted Poor Countries
HR	Human Resources
HSS	Health system strengthening
HTC	HIV testing and counseling
IEC	Information Education & Communication
IFRC	International Federation of the Red Cross
JAPR	Joint Annual Program Reviews
JLIC	Joint Learning Initiative on Children and HIV/AIDS
K4L	Kick-4-Life
KYS	Know Your Status (Campaign)
LANFE	Lesotho Association for Non-Formal Education
LCN	Lesotho Council of Non-governmental Organisations
LDHS	Lesotho Demographic and Health Survey
LDTC	Lesotho Distance Teaching Centre
LENEPWHA	Lesotho Network of People Living with HIV and AIDS
LFA	Local Funding Agency
LNFOOD	Lesotho National Federation of Organisations for the Disabled
LRCS	Lesotho Red Cross Society
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MIS	Management information system
MOET	Ministry of Education and Training
MOFDP	Ministry of Finance and Development Planning
MOGYSR/MGYSR	Ministry of Gender and Youth, Sport and Recreation
MOHSW	Ministry of Health and Social Welfare
MOJCA (LRC)	Ministry of Justice and Constitutional Affairs (Law Reform Commission)

MOLE	Ministry of Labour and Employment
MoLGCA	Ministry of Local Government and Chieftainship Affairs
NAC	National AIDS Commission
NASA	National AIDS Spending Assessment
NGO	Non-governmental organization
NGOC	Non-Governmental Coalition on the Rights of the Child
NOCC	National AIDS Coordinating Committee
NSP	National HIV and AIDS Strategic Plan
OVC	Orphans and other vulnerable children
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV and AIDS
PMTCT	Prevention of mother to child transmission
PR	Principal Recipient
PRS	Poverty Reduction Strategy
PSI	Population Services International
SADC	Southern African Development Community
SC	Steering Committee
SR	Sub-Recipient
SRH	Sexual and Reproductive Health
SSR	Sub-sub-recipient
STI	Sexually Transmitted Infection
SWAp	Sector-wide Approach
TA	Technical Assistance
TB	Tuberculosis
TOR	Terms of reference
TOT	Training of trainers
TRA	Touch Roots Africa
TRP	Technical Review Panel
TVET	Technical Vocational Education and Training

UN	United Nations
UNGASS	United Nations General Assembly Special Session (on HIV and AIDS)
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation
	[use “Tab” key to add extra rows if needed]

2. APPLICANT SUMMARY (including eligibility)

2.1 Members and operations

2.1.1 Membership summary

Sector Representation	Number of members
x Academic/educational sector	1
x Government	7
x Non-government organizations (NGOs)/community-based organizations	5
x People living with HIV and AIDS	2
X <input type="checkbox"/> People representing key affected populations ²	0
x Private sector	3
x Faith-based organizations	2
x Multilateral and bilateral development partners in country	5
<input type="checkbox"/> Other <i>(please specify)</i> :	
Total Number of Members: <i>(Number must equal number of members in 'Attachment C'³)</i>	25

2.1.2 Broad and inclusive membership

Since the last time you applied to the Global Fund (and were determined compliant with the minimum requirements):		
(a) Have non-government sector members <i>(including any new members since the last application)</i> continued to be transparently selected <u>by their own sector</u> ; and	<input type="checkbox"/> No	X Yes
(b) Is there continuing active membership of people living with and/or affected by the diseases.	<input type="checkbox"/> No	X Yes

² Please use the [Round 9 Guidelines](#) definition of *key affected populations*.

³ **Attachment C** is where the CCM (or Sub-CCM) lists the names and other details of all current members. This document is a mandatory attachment to an applicant's proposal. It is available at: http://www.theglobalfund.org/documents/rounds/9/CP_Pol_R9_AttachmentC_en.xls

2.1.3 Member knowledge and experience in cross-cutting issues

Health Systems Strengthening

The Global Fund recognizes that weaknesses in the health system can constrain efforts to respond to the three diseases. We therefore encourage members to involve people (from both the government and non-government) who have a focus on the health system in the work of the CCM or Sub-CCM.

- (a) Describe the capacity and experience of the CCM (or Sub-CCM) to consider how health system issues impact programs and outcomes for the three diseases.

The CCM is comprised of a wide range of stakeholders and partners who bring with them different perspectives and extensive experience regarding health and development challenges. It is chaired by the Principal Secretary of the Ministry of Health and Social Welfare (MOHSW), with the Director, Health Planning and Statistics Unit, functioning as her alternate. These two individuals, backed by their senior staff, have significant expertise on opportunities and challenges affecting the health system in Lesotho. In addition, the Director Social Welfare, or her alternate, the OVC Coordinator, attend meetings regularly and observers and resource persons. Other members include senior officials from the Ministries of Education and Training (MOET), and Gender, Youth, Sports & Recreation (MGYSR), and the National AIDS Commission (NAC). In addition, multi-lateral and bi-lateral international partners participate in the CCM, including the United States government, led by the President's Emergency Plan for AIDS Relief (PEPFAR, Irish Aid. The EU participates as an observer with a particular focus on HIV & OVC issues.

The UN family is represented by UNICEF, WHO, and UNAIDS. These agencies provide financial and technical support to the MOHSW and MOET to address their respective system challenges. They are also members of the Health Partners Forum, a multi-sector body advising the MOHSW on health systems development. The faith-based perspective on health system issues is represented by the Christian Health Association of Lesotho (CHAL). Together with its institutional partners, CHAL provides approximately 48% of health services, particularly in rural and remote areas of the country. Finally, local and international civil society organizations and non-governmental partners bring the diverse perspective of system users to CCM deliberations. These entities include the Lesotho Council of NGOs (LCN), Lesotho Inter-Religious AIDS Consortium (LIRAC), Lesotho Youth Federation (LYFe), Lesotho Network of People Living with HIV/AIDS (LENEPWHA), Population Services International (PSI), Touch Roots Africa (TRA), and Catholic Relief Services (CRS).

Gender awareness

The Global Fund recognizes that inequality between males and females, and the situation of sexual minorities are important drivers of epidemics, and that experience in programming requires knowledge and skills in:

- methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and
- the factors that make women and girls and sexual minorities vulnerable.

- (b) Describe the capacity and experience of the CCM (or Sub-CCM) in gender issues including the number of members with requisite knowledge and skills.

Issues of gender equity, in particular gender inequity, are at the core of the complexity of the HIV and TB epidemics in Lesotho. Addressing gender issues has been a component of funded proposals in Rounds 5, 7 & 8. This reflects both the concern of CCM members to address gender issues and their expertise in guiding the development of appropriate gender-related interventions. The Ministry of Youth, Gender Sports and Recreation (MOYGSR) is represented on the CCM by the Gender Focal Point. This Ministry works closely with the United Nations Population Fund (UNFPA) on gender issues in Lesotho. In addition, representatives from Irish Aid, LCN, LYFe, UNAIDS, USG and WHO routinely raise gender-related questions and contribute their own expertise towards guiding other CCM members on these issues.

As a result of these deliberations, for example, the Round 7 grant supported significant efforts to improve access to appropriate services for women and girls, including scaling up access to prevention of mother-to-child transmission (PMTCT) services. It also helped to strengthen the capacity within Child and

Gender Protection Units to improve protection for young women and girls at the community level. Within the Round 8 proposal, additional activities were added to address gender challenges, including strengthened efforts to involve men in HIV-prevention, expansion of sexual and reproductive health (SRH) programmes and community-level education and sensitisation activities to empower women and girls with knowledge about human and legal rights protections.

2.1.3 (c)

Multi-sectoral planning

The Global Fund recognizes that multi-sectoral planning is important to expanding country capacity to respond to the three diseases.

(c) Describe the capacity and experience of the CCM (or Sub-CCM) in multi-sectoral program design.

As a multi-sectoral body itself, the CCM has developed strong capacity to engage representatives from different sectors in both strategic and operational challenges and opportunities within the national response to HIV and TB. All proposal development processes have been broadly inclusive, using multi-sectoral stakeholder groups for the development of innovative interventions. In all funded Rounds, implementing partners from different sectors have been included at both the Sub-recipient (SR) and Sub-sub-recipient (SRR) levels. Issues of capacity differences are recognised within CCM and routinely discussed. During the Round 8 proposal development process, a major effort was made to include civil society entities, including NGOs, FBOs, private sector entities and labour associations. This effort has resulted in much stronger engagement in the CCM and proposal development processes from the civil society sector which is also reflected in the Round 9 preparations. During 2007 & 2008 Round 8, the CCM benefited from the technical advice of a World Bank (WB) funded Civil Society Support Consultant.

As a result of some reflection, the CCM has become aware of the significant capacity gaps between different implementing partners from international and local sectors. It made a commitment through the Round 8 grant to begin closing this gap and to position more locally-based implementing partners, through capacity development, in leadership roles within both Global Fund programmes and the overall national response to HIV and AIDS. For the first time in Lesotho, under Round 8, a non-governmental entity will serve as a PR under the dual-track financing arrangement. The strong, multi-sectoral approach reflected in Round 8 was noted by the TRP as a particular strength of the grant design. Recently, a number of partners who work together on the CCM participated in the design of a second phase of the WB's HIV/AIDS Technical Assistance program. When implemented, this phase will significantly strengthen multi-sectoral coordination and collaboration.

2.2 Eligibility

2.2.1 Application history

'Check' one box in the table below and then follow the further instructions for that box in the right hand column.

<p>X Applied for funding in Round 7 and/or Round 8 and was determined as having met the minimum eligibility requirements.</p>	<p>→ Complete all of sections 2.2.2 to 2.2.8 below.</p>
<p><input type="checkbox"/> Last time applied for funding was before Round 7 or was determined non-compliant with the minimum eligibility requirements when last applied.</p>	<p>→ First, go to 'Attachment D' and complete. → Then also complete sections 2.2.5 to 2.2.8 below (Do not complete sections 2.2.2 to 2.2.4)</p>

2.2.2 Transparent proposal development processes

- Refer to the document '[Clarifications on CCM Minimum Requirements](#)' when completing these questions.
- Documents supporting the information provided below must be submitted with the proposal as clearly named and numbered annexes. Refer to the 'Checklist' after s.2.

- (a) Describe the process(es) used to invite submissions for possible integration into the proposal from a broad range of stakeholders including civil society and the private sector, and at the national, sub-national and community levels. *(If a different process was used for each disease, explain each process.)*

*In January 2009, a request was put forward to CCM to develop a Round 9 proposal focusing on OVC support. The DSW was then given responsibility to prepare a gap analysis to identify the type and amount of support that was needed. A consult was engaged to prepare an overview of commitments on OVC issues from international, governmental and non-governmental partners (**Annex 2.2A, Annex 2.2B**). A presentation on the findings was made to CCM. After deliberating on these, the CCM directed that the proposal development process begin (**Annex 2.2C**).*

*Subsequently, the CCM determined that the proposal development process focus initially on the following areas: school bursaries; food security; psycho-social support; shelter; capacity building for government ministries, NGOs and CBOs; M&E system strengthening; and, revision and expansion of the OVC situational analysis from 2005. Subsequent to this decision, a stakeholder workshop was convened and working groups were formed to work with consultants to elaborate the different areas of focus as defined by the CCM. A Steering Committee was also formed to ensure the engagement of all stakeholders in the proposal development process (**Annex 2.2D**). A call for concept notes was published in national newspapers and all stakeholders and partners were encouraged to inform their members of the opportunity (**Annex 2.2E**).*

- (b) Describe the process(es) used to transparently review the submissions received for possible integration into this proposal. *(If a different process was used for each disease, explain each process.)*

*The CCM received 10 submissions in response to the call for concept notes. These were referred to the team of consultants working on proposal development. As the development of the logical framework unfolded and the proposal elements were clarified, the consultant defined criteria for review of the concept notes, including relevance, scope, feasibility, capacity of proposed implementing partners, efficient and resource requirements. The 10 concept notes were then reviewed by the proposal team. A report with recommendations was then submitted to the CCM for endorsement (**Annex 2.2F; Annex 2.2G**).*

- (c) Describe the process (es) used to ensure the input of people and stakeholders other than CCM (or Sub-CCM) members in the proposal development process. *(If a different process was used for each disease, explain each process.)*

As noted above, very early in the proposal development process, a stakeholder workshop was convened to review the suggested framework for the proposal (**Annex 2.2H, Annex 2.2I**). Working groups were formed at the workshop according to the different themes. Following the workshop, the proposal development team continued to liaise with working group leaders (**Annex 2.2J**). In addition, working group members were frequently invited to meet with the development team to clarify concepts and to identify specific resource requirements.

During this time, development partners and donors were also convened in a round-table session to discuss current and future engagement with the national OVC program in Lesotho. Participants included the EU, UNICEF, PEPFAR, MOFDP and WFP. The participants shared additional financial information regarding the commitments to the OVC program (**Annex 2.2K**). As a result of this information, the CCM then determined to further narrow the focus of the proposal to concentrate only on school bursaries, uniforms, hygiene kits, M&E strengthening, and capacity development for the DSW and the MOET.

This information was shared with working groups in the form of a Donors matrix that clarified the current and future commitments of these partners to the national OVC response and a draft logical framework (**Annex 2.2L**). The Steering Committee liaised with the proposal development team and the working groups to ensure that the proposal content addressed the relevant priorities and that the proposed initiatives aligned with the multi-sectoral approach to OVC programming. Upon the recommendation of the Steering Committee, the CCM subsequently approved the final proposal elements and log frame (**Annex 2.2M; Annex 2.2N; Annex 2.2O**). The CCM continued to monitor the proposal development process in accordance with the log frame (**Annex 2.2P; Annex 2.2Q**).

(d) **Attach** a signed and dated version of the minutes of the meeting(s) at which the members decided on the elements to be included in the proposal for all diseases applied for.

Annex 2.2N

Section	Document description	Annex Number
2.2.2 (a)	CCM Minutes Jan 15	2.2A
2.2.2 (a)	CCM Minutes Feb 5	2.2B
2.2.2 (a)	CCM Minutes Mar 5	2.2C
2.2.2 (a)	CCM Minutes April 2	2.2D
2.2.2 (a)	Call for Concept Notes	2.2E
2.2.2 (b)	Report and Recommendations on Concept Notes	2.2F
2.2.2 (b)	CCM Minutes May 28	2.2G
2.2.2 (c)	Stakeholder Attendance List	2.2H
2.2.2 (c)	Notes from Stakeholder Working Groups	2.2I
2.2.2 (c)	Notes from Proposal Development Team Consultations	2.2J
2.2.2 (c)	Steering Committee Minutes April 9	2.2K
2.2.2 (c)	OVC Donors' Matrix	2.2L
2.2.2 (c)	Log Frame April 25	2.2M

2.2.2 (c)&(d)	CCM Minutes April 16	2.2N
2.2.2 (c)&(d)	CCM Minutes April 30	2.2O
2.2.2 (c)	CCM Minutes May 5	2.2P
2.2.2 (c)	CCM Minutes May 22	2.2Q
2.2.4 (a)	Call for Expression of Interest for Principal Recipient	2.2R
2.2.3 (a)	Revised CCM By-laws	2.2S
2.2.3 (b)	Biannual Meeting Attendance List	2.2T
2.2.3 (b)	Global Fund Annual Report	2.2U

2.2.3 Processes to oversee program implementation

(a) Describe the process(es) used by the CCM (or Sub-CCM) to oversee program implementation.
<p><i>The By-laws of the CCM clearly set out the oversight and management responsibilities of this multi-sectoral body (Annex 2.2S). The By-laws were recently reviewed and amended to clarify oversight roles and responsibilities. In addition, the CCM has formed a partnership with TSF Southern Africa for ongoing training and technical advice concerning governance, monitoring and oversight functions. A proposal has been developed for additional CCM support from Global Fund. This proposal addresses the need to create an independent CCM structure, particularly in light of the dual-track financing arrangements required under the Round 8. The independent structure will provide CCM with more direct support as its oversight role has been enlarged with the number of approved grants running simultaneously. The secretariat will be responsible for preparing and distributing progress reports based on information received from the PRs and their implementing partners. Currently, both the PR and the main SRs for Rounds 2, 5, 7 and 8 are represented on the CCM. This provides the CCM membership with direct opportunities to receive information and ask questions regarding implementation challenges.</i></p>
(b) Describe the process(es) used to ensure the input of stakeholders <u>other than CCM (or Sub-CCM) members</u> in the ongoing oversight of program implementation.
<p><i>At least once per year, the CCM holds a national forum for all stakeholders to review progress on Global Fund grant implementation and to seek advice and direction on opportunities and challenges. The forum functions as an accountability mechanism to ensure that the CCM is guided by the expertise of stakeholders and that it remains focused on the key priorities affecting Lesotho's efforts to address HIV and AIDS and TB. The GFCU is a member of the National Partnership Forum (formerly the UN Expanded Theme Group on HIV/AIDS) where the National Coordinator, GFCU, gives progress reports on a quarterly basis. The National Coordinator also represents the MOFDP in the National HIV and AIDS Forum, a stakeholder body advising the Board of Commissioners of NAC on the implementation of the national response. Progress reports are made to the Cabinet Sub-Committee on HIV and AIDS; and, finally, information of GF grants is shared and discussed at monthly management meetings with the MOHSW. Recently, the GFCU launched a web-site to provide wider access to information on Global Fund implementation in Lesotho. The web-site invites all stakeholders to provide input on the development and implementation of GF-funded programs.</i></p>

2.2.4 Processes to select Principal Recipients

The Global Fund recommends that applicants select both government and non-government sector Principal Recipients to manage program implementation. → Refer to the [Round 9 Guidelines](#) for further explanation of the principles. .

<p>(a) Describe the process used to make a transparent and documented selection of each of the Principal Recipient(s) nominated in this proposal. <i>(If a different process was used for each disease, explain each process.)</i></p>	
<p><i>After finalizing the focus of the Round 9 proposal, the CCM issued a call for expressions of interest for the Principal Recipient role (Annex 2.2R). The advertisement was published in national newspapers. The different stakeholders involved in the proposal development process were also encourage to communicate with their members and partners about the opportunity. Two submissions were received in response to the advertisement. After reviewing the submissions, the CCM nominated the MOFDP to serve as the PR for Round 9 (Annex 2.2G). In making this decision, the CCM noted the narrow focus of the Round 9 proposal fell largely within the mandated responsibilities of government ministries. In addition, since the purpose of the Round 9 submission was enhancement to the Round 7 grant, it was more efficient to preserve the same implementation arrangements. However, the CCM did note with concern that only two submissions were received. The secretariat was then direct to review the procedures used for soliciting interested organizations in the PR role. It was also recommended that during the next proposal development process, a series of pre-proposal activities be conducted to better inform all stakeholders about Global Fund opportunities and the importance of full, multi-sectoral participation in the development and implementation of Global Fund grants.</i></p>	
<p>(b) Attach the signed and dated minutes of the meeting(s) at which the members decided on the Principal Recipient(s) for each disease.</p>	<p>Annex 2.2G</p>

2.2.5 Principal Recipient(s)

Name	Disease	Sector**
<i>Ministry of Finance and Development Planning</i>	<i>HIV</i>	<i>Government</i>

2.2.6 Non-implementation of dual track financing

<p>Provide an explanation below if at least one government sector <u>and</u> one non-government sector Principal Recipient have not been nominated for each disease in this proposal.</p>
<p><i>When considering the implementation arrangements for the Round 9 grant, the CCM decided not to pursue the dual-track financing approach for the following reasons:</i></p> <ul style="list-style-type: none"> <i>The provision of education is essentially the mandate of government, through the Ministry of Education. While there are non-governmental partners also involved in the education system in Lesotho, government maintains the overall responsibility for management and oversight of the educational system. In addition, the MOET has the specific responsibility of ensuring access to education through the free primary education program and the student bursary program. At the moment, the MOET is the only national stakeholder in Lesotho's education system with a national student bursary system targeted towards orphans, vulnerable children and children with special needs.</i> <i>The mandate for the leadership and coordination of the OVC response in the country lies with the Department of Social Welfare in accordance with the National OVC Policy and the different legal and regulatory frameworks governing the social welfare and the social protection of children.</i>

- Since the proposal has been developed as an enhancement to key aspects of the Round 7 grant, it was logical to preserve the same implementation arrangement for Round 9.

It is anticipated that the proposal will involve non-governmental partners in some aspects of the implementation plan. This includes assisting in the procurement and distribution of uniforms and hygiene kits, involvement in national, district and local level community mobilization and sensitisation initiatives, and participation in policy development and operational research projects.

*The deliberations of the CCM on this issue are summarized in **Annex 2.2G**.*

2.2.7 Managing conflicts of interest

(a) Are the Chair and/or Vice-Chair of the CCM (or Sub-CCM) from the same entity as <u>any</u> of the nominated Principal Recipient(s) for any of the diseases in this proposal?	<input type="checkbox"/> Yes <i>provide details below</i>
	<input checked="" type="checkbox"/> No → go to s.2.2.8.
(b) If yes, attach the plan for the management of actual and potential conflicts of interest.	Yes <input checked="" type="checkbox"/> No <i>Annex No</i>
(c)	

2.2.8 Proposal endorsement by members

Attachment C – Membership information and Signatures	Has 'Attachment C' been completed with the signatures of all members of the CCM (or Sub-CCM)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ROUND 9 – HIV

Section 2: Eligibility		List Annex Name and Number
CCM and Sub-CCM applicants		
2.2.2(a)	Comprehensive documentation on processes used to <u>invite</u> submissions for possible integration into the proposal (if different processes used for each disease, attach as separate annexes).	Annex 2.2E
2.2.2(b)	Comprehensive documentation on processes used to <u>review</u> submissions for possible integration into the proposal (if different processes used for each disease, attach as separate annexes).	Annex 2.2F; Annex 2.2G
2.2.2(c)	Comprehensive documentation on processes used to ensure the input of a broad range of stakeholders in the proposal development process	Annex 2.2H; Annex 2.2I; Annex 2.2J
2.2.3(a)	Comprehensive documentation on processes to oversee grant implementation by the CCM (or Sub-CCM).	Annex 2.2S
2.2.3(b)	Comprehensive documentation on processes used to ensure the input of a broad range of stakeholders in grant oversight process.	Annex 2.2T; Annex 2.2U
2.2.4(a)	Comprehensive documentation on processes used to select and nominate the Principal Recipient (such as the minutes of the CCM meeting at which the PR(s) was/were nominated). If different processes used for each disease, then explain.	Annex 2.2R; Annex 2.2G
2.2.7	Documented procedures for the management of potential Conflicts of Interest between the Principal Recipient(s) and the Chair or Vice Chair of the Coordinating Mechanism	Annex 2.2S
2.2.8	Minutes of the meeting at which the proposal was developed and CCM (or Sub-CCM) endorsed.	Annex 2.2G
2.2.8	Endorsement of the proposal by all CCM (or Sub-CCM) members.	Attachment C to the Proposal Form

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3 PROPOSAL SUMMARY

3.1 Duration of Proposal	Planned Start Date	To
Month and year: <i>(up to 5 years)</i>	1 July 2010	31 June 2015

3.2 Consolidation of grants		<input checked="" type="checkbox"/> X Yes <i>(go first to (b) below)</i>
(a) Does the CCM (or Sub-CCM) wish to consolidate any existing HIV Global Fund grant(s) with the Round 9 HIV proposal?		<input type="checkbox"/> No <i>(go to s.3.3. below)</i>
<p>'Consolidation' refers to the situation where multiple grants can be combined to form one grant. Under Global Fund policy, this is possible if the same Principal Recipient ('PR') is already managing at least one grant for the same disease. A proposal with more than one nominated PR may seek to consolidate part of the Round 9 proposal.</p> <p>→ More detailed information on grant consolidation (including analysis of some of the benefits and areas to consider is available at: http://www.theglobalfund.org/documents/rounds/9/CP_Pol_R9_FAQ_GrantConsolidation_en.pdf</p>		
(b) If yes, which grants are planned to be consolidated with the Round 9 proposal after Board approval? <i>(List the relevant grant number(s))</i>	Round 5 & Round 8	

3.3 Alignment of planning and fiscal cycles

Describe how the start date:
(a) contributes to alignment with the national planning, budgeting and fiscal cycle; and/or
(b) in grant consolidation cases, increases alignment of planning, implementation and reporting efforts.
<p>The Government fiscal cycle</p> <p>The annual planning and fiscal cycle within the GOL starts each year on 1 April and runs until 31 March of the following year. It is divided into four quarters (April to June, July to September, October to December and January to March). In terms of the budgeting process, GOL preparations begin in September, halfway through the fiscal year. The budget is ready for presentation to the Cabinet by February of the following year and approved during the month of March to coincide with the start of the new fiscal year in April.</p> <p>Current GF cycle</p> <p>The first GF grants (Round 2 on HIV and TB) that started in 2004 were not aligned with the GOL fiscal cycle because they started on 1 January, which for the GOL is towards the end of the financial year. GF Round 2 (R2) was therefore implemented on the basis of a calendar year.</p> <p>Round 5 (R5) started on 1 November 2006, more than halfway through the GOL fiscal cycle. Thus it neither coincided with the start of R2 or a new fiscal quarter, as such, it has still not been aligned with the GOL fiscal cycle. R6, however, was aligned with GOL fiscal cycle and also with Round 2 in terms of quarterly reporting because it commenced on 1 July (six months into Round 2's implementation and reporting cycle). R7, signed on June 2008, started on 1 July 2008 and will be in alignment with Rounds 2 and 6. In terms of Global Fund reporting on progress update and disbursement requests, a six-monthly schedule has been agreed for Rounds 2 and 5 based on their current performance rating. The implementation of Round 6 is proceeding smoothly. Round 7 has just completed the 3rd quarter of its first year of implementation. Round 8 is expected to start in the 2nd or 3rd quarter of the 2008/09 fiscal cycle. Round 8 has a dual-track implementation framework with two PRs. These two entities are in discussion</p>

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on aligning their Round 8 start dates.

Grant consolidation

Lesotho is in the early stages of grant consolidation, inclusive of R9 when approved. The current grants include R2, R5, R7 and R8. However, R2 will end in June 2009, by the time R8 commences. Rounds 6&7 are not targeted for consolidation. Therefore grant consolidation will involve R5 Phase II and Round 8 for MOFDP only. Grant consolidation will take into account the government fiscal cycle and attempt to achieve better alignment. The portion of Round 8 for the non-governmental PR (LCN) will not be part of grant consolidation.

3.4 Program-based approach for HIV

3.4.1. Does planning and funding for the country's response to HIV occur through a program-based approach?	<input type="checkbox"/> Yes. Answer s.3.4.2
	<input checked="" type="checkbox"/> No. → Go to s.3.5.
3.4.2. If yes, does this proposal plan for some or all of the requested funding to be paid into a common-funding mechanism to support that approach?	<input type="checkbox"/> Yes → <i>Complete s.5.5 as an additional section to explain the financial operations of the common funding mechanism.</i>
	<input type="checkbox"/> No. Do not complete s.5.5

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3.5 Summary of Round 9 HIV Proposal

Provide a summary of the HIV proposal described in detail in section 4.

Prepare after completing s.4.

Lesotho is in the midst of a massive effort to scale-up a comprehensive national response to the HIV epidemic. These efforts have met with both successes and challenges. While Lesotho's estimated adult HIV prevalence rate remains at 23.2%, the third highest globally, other indicators are steadily improving. Between 2007 and 2008, the estimated incident rate dropped from 2.9% to 2.7%. ART coverage has increased from 26% in 2007 to 40% in 2008. ART is now provided through a decentralized approach at local health centres across the country. Recently, the MOHSW in collaboration with development partners has launched new prevention initiatives. Despite these gains, some disturbing trends remain. Each day there are an estimated 62 new infections and about 80 deaths due to AIDS. In 2007 there were approximately 270,273 people living with HIV and AIDS (PLHIV). The prevalence of HIV among sexually transmitted infection (STI) patients, with the bulk of new infections in 2008 occurring in those reporting a single partner is reported to be as high as 62% and those with multiple partners going up as high as 59%. 76% of patients with tuberculosis (TB) were found to be HIV positive, supporting the need for better integration of HIV and TB services. Finally, the number of children orphaned or made vulnerable by HIV and AIDS increases yearly. It is now estimated that there are over 185,000 OVCs in Lesotho. **The plight of these children has become the most visible evidence of the impact of the HIV epidemic on Lesotho.**

Support OVCs with school bursaries, clothing, food, shelter and safety has been a critical component of the Lesotho's national response to HIV & AIDS since it began. Through Global Fund support in Round 2 and Round 7, Lesotho was assisted to scale-up its child welfare and protection services. In these grants, some support was provided for bursaries for OVCs attending schools. In 2009, combined resources from Rounds 2 and 7 will keep at least 4,000 OVCs in school through the provision of bursaries. The MOET will provide support for approximately 19,000 children. However, almost 7,000 children will not receive bursaries and will be denied an opportunity to stay in school and continue their education.

Since the Round 7 proposal was developed, new information has emerged through the MOHSW's Spectrum program and MOET projections to indicate a greater amount of unmet need for school bursaries for OVCs than was originally anticipated. In addition, the average cost for school fees has increased above the original estimate used in Round 7. Access to education is an essential strategy in reducing the isolation and vulnerability of OVCs. While the MOET increases its support year over year, an unacceptable gap remains. It is for this reason that the Round 9 proposal has been developed.

More specifically, this proposal aims to achieve the following:

- To increase access to quality education for OVC in and out of school
- Increase capacity for OVC program monitoring and evaluation
- To strengthen the OVC legislative and policy environment

The main activity in this proposal is the provision of 26,000 bursaries to between 5,000 and 7,000 secondary school aged OVCs in each year for five years. During this same period, the MOET will provide 116,000 bursaries to between 19,000 and 25,000 OVCs. In addition, the proposal will support uniforms and hygiene kits for OVCs receiving bursaries under Round 9. This will complement the programs of governmental, non-governmental and international partners supporting other OVC needs. These include the MOET and WFP (school feeding), the EU and UNICEF (cash transfers, psycho-social support), Sentebale, CRS, LRC, World Vision and others (community support, protection and livelihoods development).

In addition to bursaries, the proposal supports additional human resources and training for the staff in the Bursary Unit at MOET in order to increase the efficiency of the bursaries program. The proposal will also support strengthening of the life skills program currently being implemented in primary & secondary schools with support from Round 2 and Round 7. The Round 9 proposal will allow the program to reach all schools across the country and to ensure that it remains an essential element of the national school

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curriculum in Lesotho. The life skills program is the primary means of reaching youth in school with HIV prevention information.

This proposal will support ongoing strengthening of the national M&E system that is linked to the National OVC Strategic Plan. The Round 9 proposal will complement activities supported under Round 7 and by the EU and UNICEF to implement a robust and user-friendly M&E system to assess the ongoing impact of OVC initiatives. The national OVC response is hampered by the difficulty of obtaining accurate and timely information on this dynamic development challenged. The Round 9 proposal will enhance activities supported through Round 7 to improve data collection, data management and data quality. Round 9 will also provide additional support for operational research programs designed to extend the impact of a revised OVC situational analysis funded through Round 7.

Finally, the Round 9 proposal will support broad community sensitization activities at national, district and local levels once the Child Welfare and Protection Bill is fully enacted (the Bill will shortly begin the process of moving the Parliament). In addition to the development and dissemination of a user-friendly summary of the bill, the Round 9 proposal will also support the review and revision of regulatory and policy frameworks that are required to fully realize the full impact of the new legislation.

Many partners are contributing to the national OVC response in Lesotho. The Round 9 proposal has been designed to focus only on critical gaps not covered by these important stakeholders. The Round 9 proposal also leverages the support in Round 2 & 7 to ensure that OVCs have access to quality education, that systems and supports are there to understand and respond to OVC needs, and that these young children have ways and means to reduce their vulnerability and to play meaningful and rewarding roles within Lesotho society.

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4. PROGRAM DESCRIPTION

4.1 National prevention, treatment, care, and support strategies

(a) Briefly summarize:

- the current HIV national prevention, treatment, and care and support strategies;
- how these strategies respond comprehensively to current epidemiological situation in the country; and
- the improved HIV outcomes expected from implementation of these strategies.

Lesotho continues to struggle under the burden of a generalised heterosexual epidemic with an extremely high level of HIV prevalence. Current understanding of the situation points to the following key drivers: high levels of unsafe sexual activity within multiple and concurrent partnerships; insufficient consistent and correct condom use combined with low levels of male circumcision; and high rates of STIs amongst sexually active adults (Annex 4.1A & Annex 4.1B). The impact of the epidemic on the economic, social and cultural fabric of Lesotho is profound. This proposal addresses one aspect of this impact: the ever increasing number of children who are orphaned or made vulnerable by HIV & AIDS. The country's efforts to address this situation are contained within both the overall national HIV & AIDS response and within targeted strategies and programs specifically addressing the needs of OVCs.

National HIV Response

The national response to HIV and AIDS is guided by the National HIV and AIDS Strategic Plan (NSP) 2006-2011, the National HIV and AIDS Policy, the National Monitoring and Evaluation Plan (2006-2011), and the Coordination Framework for the National HIV and AIDS Response (Annexes 4.1C, 4.1D & 4.1E). The overarching goals of the NSP are to scale up universal access to information, knowledge and services to enable individuals to protect themselves from HIV infection; to increase access treatment, care and support and impact mitigation services (including support for OVCs); and to empathize with those affected by HIV and AIDS. These goals are to be achieved through a coordinated multi-sectoral approach addressing the following priorities:

- **Prevention:** *the NSP identifies bold targets for the provision of prevention programs addressing HTC, STI diagnosis and management, PMTCT and PEP. It also includes the development and implementation of comprehensive BCC programs targeting youth, men and women in multiple concurrent partnerships, and specific vulnerable and high-risk groups such as prisoners, sex workers, herd boys and youth.*
- **Treatment, care and support:** *the NSP focuses on scaling up ART programs to reach 80% or more of the population in need by 2010. This is complemented by an emphasis on improving and expanding health service delivery, strengthening the involvement of non-governmental partners in the provision of community-based care and support programs, strengthening the skills base of all healthcare providers to provide HIV-related diagnosis and treatment, and empowering people living with HIV to take a leadership role in mobilizing communities across the country to seeking HIV testing and treatment where it is needed.*
- **Impact Mitigation:** *The high burden of HIV disease has lasting impacts on the social, economic and cultural development of Lesotho. The plan attempts to mitigate these effects by strengthening and expanding both institutional and community-based support programs for OVCs, equipping people living with HIV with skills and tools to promote food security and local income generating programs, and strengthening community coping mechanisms and social safety nets. The NSP also includes objectives and strategies addressing gender equity, stigma reduction, promotion of legal and human rights, and the creation of an enabling environment through comprehensive law and policy review.*
- **Monitoring and coordination:** *the NSP seeks to strengthen and expand capacity for monitoring and coordinating the national HIV and AIDS response at national, district and community levels. It also provides for the creation of comprehensive monitoring and evaluation systems and the development of strong and effective leadership structures across all areas of multi-sectoral engagement.*

The implementation of the NSP continues to meet with successes and challenges. While there has been no measurable decline in the adult HIV prevalence rate in Lesotho (the expansion of the ART program

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may be a factor), the adult incident rate had declined in 2007 to 2.3% from 2.9% in 2005. ART coverage was estimated to have reached over 40% in 2008. PMTCT coverage increased dramatically from 5% in 2005 to 31% in 2007. At the end of 2007, approximately 12% of the adult population had sought HIV testing and counselling (**Annex 4.1F**). The NSP has recently undergone a comprehensive mid-term review. The amended NSP is not yet finalized. With respect to OVC, during the review it was recommended that strengthening the national OVC response become the first priority within the Impact Mitigation component of the revised NSP. It was noted, sadly, the OVCs are now the most visible social impact of the HIV epidemic in Lesotho.

National OVC Response

Based on a comprehensive situational assessment in 2005, the GOL developed a National OVC Strategic Plan, a National Policy on OVCs and a Costed National Action Plan for OVC. In 2006, the National OVC Coordinating Committee was established as a multi-sectoral leadership group to guide the national OVC response. Finally, in 2008 a National OVC M&E Plan was created (**Annexes 4.1G, 4.1H, 4.1I, 4.1J, 4.1K & 4.1L**). Collectively, these instruments aim to achieve the following:

- To create and maintain **identification and registration systems** for OVCs;
- To ensure **access to essential services and supports**, including health-care, psycho-social support, shelter, food security and livelihoods development;
- Strengthen and **expand laws and policies to promote and protect the legal and human rights** of orphans and vulnerable children, and to reduce stigma and discrimination;
- To ensure **access to education and training** in regular schools, vocational institutions, and distance learning programs;
- To reduce the incidence of orphanhood through **expanded HIV-related counselling, testing and treatment programs**;
- To increase **social awareness** of the OVC situation;
- To strengthen the **evidence-base for policy and program development**;
- To equip all government and non-government service providers with **appropriate knowledge and skills to address OVC needs**; and,
- To strengthen the **leadership and coordination** of the national, multi-sectoral response.

While the proportion of the country's children that is orphaned or vulnerable remains unacceptably high, the coordinated efforts of all stakeholders are having an impact. Among the most significant achievements since the national action plan was initiated in 2006 are the following: the number of OVCs participating in education and training programs has steadily increased; measures to protect orphaned and vulnerable children have expanded; the current and projected incidence rate of orphanhood has begun to stabilize (largely due to the increased coverage of ART programs); government and non-government partners have expanded programs for food security, care and support, and livelihoods development; and, national attention to the OVC situation has increased.

Despite these achievements, more efforts are needed. The Lesotho Round 7 proposal articulated a comprehensive approach to the OVC situation, addressing protection, food security, community supports, access to education, improving the evidence-base, strengthening the skills of government and non-government service providers, expanding access to essential services, increasing coverage of ART treatment programs (PMTCT in particular), and strengthening leadership and coordination mechanisms. Round 7 has just completed the first year of implementation and the full impact of the grant has not yet been felt across Lesotho. However, the early implementation experience has revealed some critical gaps. This proposal strengthens the Round 7 program in these critical areas: improving access to education; expanding skills development for service providers; improving the evidence-base through strong data collection and management process and expanded M&E systems; and strengthening leadership and coordination mechanisms particular as new and existing partners initiate or expand programs targeting OVCs.

Contributions of this Proposal to NSP and NOSP Implementation:

This proposal makes the following contributions to the effective implementation of both the NSP and the NOSP:

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- Increase the number of OVCs receiving to reach at least 80% of current need;
- Expand life skills program to reach children and youth in all primary and secondary school grades;
- Enhance ongoing activities addressing out-of-school OVCs, particularly such highly vulnerable groups as herd boys and young girls in domestic work which were not addressed in the Round 7 grant;
- Strengthen systems within the MOET Bursary Office in order to cope within increased demand;
- Extend Round 7 operational research activities to improve the evidence-base for OVC program planning and implementation for all stakeholders;
- Support the remaining needs to implement a fully functional, national M&E system for OVC initiatives;
- Improve the policy and regulatory environment in line with Child Welfare & Protection Bill (when enacted) to enable more effective implementation of measures to protect and empower OVCs in order to reduce their social and economic vulnerability.

(b) From the list below, attach* **only those documents that are directly relevant** to the focus of this proposal (or, *identify the specific Annex number from a Round 7 or Round 8 proposal when the document was last submitted, and the Global Fund will obtain this document from our files).

Also identify the specific page(s) (in these documents) that support the descriptions in s.4.1. above.

Document	Proposal Annex Number	Page References
<input checked="" type="checkbox"/> X <i>Important sub-sector policies that are relevant to the proposal</i> <i>Coordination Framework for the National HIV and AIDS Response</i> <i>National HIV and AIDS Strategic Plan (2006-2011)</i> <i>National HIV and AIDS Policy</i> <i>National OVC Strategic Plan</i> <i>Costed National Action Plan for OVC</i> <i>National OVC Policy</i> <i>Terms of Reference National OVC Coordinating Committee (2006)</i> <i>Ministry of Education, HIV/AIDS Policy</i> <i>Children's Protection and Welfare Bill, (2005)</i> <i>MOET Strategic Plan 2005-2015</i> <i>Concept Note: Child Welfare Unit</i> <i>Concept Note: Social Welfare Routine Information System</i>	 4.1F (R8 4.1D) 4.1E (R8 4.1C) 4.1D (R8 4.1B) 4.1I (R7 4F) 4.1J (R7 4E) 4.1K (R7 4D) 4.7B 4.3B 4.7C 4.3C 4.3D	
<input type="checkbox"/> <i>Most recent self-evaluation reports/technical advisory reviews, including any Epidemiology report directly relevant to the proposal</i> <i>Lesotho HIV Prevention Response and Modes of Transmission Analysis (2009)</i> <i>Lesotho HIV-STI Sentinel Survey Report (2007)</i> <i>Annual Joint Review Report FY 2007/08</i> <i>Update on the Situation Analysis of OVC in Lesotho</i> <i>DSW Capacity Strengthening Action Plan</i>	 4.1A 4,1B (R8 4.3H) 4.1F (R8 4.1F) 4.1G (R7 4G) 4.7A	

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<input type="checkbox"/> <i>National Monitoring and Evaluation Plan (health sector, disease specific or other)</i> <i>National Monitoring and Evaluation Plan (2006-2011)</i> <i>National OVC M&E Plan (2008-2011)</i>	4.1E (R8 4.1C) 4.1L	
<input type="checkbox"/> <i>National policies to achieve gender equality in regard to the provision of HIV prevention, treatment, and care and support services to all people in need of services</i> <i>2006 National Action Plan on Women and Girls, HIV and AIDS</i>	4.3A (R8 4.3C)	

4.2 Epidemiological Background

4.2.1 Geographic reach of this proposal

(a) Do the activities target:

<input checked="" type="checkbox"/> Whole country	<input type="checkbox"/> Specific Region(s) <i>** If so, insert a map to show where</i>	<input type="checkbox"/> Specific population groups <i>** If so, insert a map to show where these groups are if they are in a specific area of the country</i>
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(b) **Size of population group(s)**

(If national data is disaggregated differently then type over the categories proposed)

Population Groups	Population Size	Source of Data	Year of Estimate
Total country population (all ages)	1,880,661	Lesotho Bureau Statistics	2006 ⁴
Women > 25 years	370,525	Lesotho Bureau Statistics	2004
Women 19 – 24 years	115,072	Lesotho Bureau Statistics	2004
Women 15 – 18 years	95,910	Lesotho Bureau Statistics	2004
Men > 25 years	337,671	Lesotho Bureau Statistics	2004
Men 19 – 24 years	106,652	Lesotho Bureau Statistics	2004
Men 15 – 18 years	93,598	Lesotho Bureau Statistics	2004
Girls 0 – 14 years	418,428	Lesotho Bureau Statistics	2004
Boys 0 – 14 years	430,588	Lesotho Bureau Statistics	2004
Orphans & Vulnerable Children	183,000	Spectrum database, MOHSW	2009
Orphans & Vulnerable Children at	29,408	Spectrum database, MOHSW	2009

⁴ Census preliminary report. Detailed, disaggregated estimates by age and sex are not yet available.

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(b) Size of population group(s) <i>(If national data is disaggregated differently then type over the categories proposed)</i>			
Population Groups	Population Size	Source of Data	Year of Estimate
Secondary School age (14-17)			

4.2.2 HIV epidemiology of target population(s) <i>(If national data is disaggregated differently then type other the categories suggested)</i>			
Population Groups	Estimated Number	Source of Data	Year of Estimate
Number of people living with HIV (all ages)	270,000	GOL/UNAIDS Estimates	2007
Women living with HIV > 25 years	153,581	GOL/UNAIDS Estimates	2007
Women living with HIV 19 – 24 years	120,407	GOL/UNAIDS Estimates	2007
Women living with HIV 15 – 18 years	33,174	GOL/UNAIDS Estimates	2007
Pregnant women living with HIV	12,750	Lesotho 2007 UNGASS Country Report	2007
Men living with HIV > 25 years	104,050	GOL/UNAIDS Estimates	2007
Men living with HIV 19 – 24 years	12,942	GOL/UNAIDS Estimates	2007
Men living with HIV 15 – 18 years	116,992	GOL/UNAIDS Estimates	2007
Girls (0 – 14 years) living with HIV	Unknown		
Boys (0 – 14 years) living with HIV	Unknown		

4.3 Major constraints and gaps

(For the questions below, consider government, non-government and community level weaknesses and gaps, and also any key affected populations⁵ who may have disproportionately low access to HIV prevention, treatment, and care and support services, including women, girls, and sexual minorities.)

4.3.1. HIV program

Describe:

- the main weaknesses in the implementation of current HIV strategies;
- how these weaknesses affect achievement of planned national HIV outcomes; and
- existing gaps in the delivery of services to target populations.

The weaknesses of the Lesotho HIV/AIDS program was articulated and elaborated upon in section 4.3.1 of the Global Fund Round 8 Proposal, and little has changed since then. This section therefore briefly recapitulates the issues raised in Round 8 Gap Analysis undertaken for Round 8 and focuses them on OVC issues of the Round 9 proposal. This discussion is also informed by a

⁵ Please refer back to the definition in s.2 and found in the [Round 9 Guidelines](#).

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comprehensive gap analysis prepared for this proposal (**Annex 4.3E**).

National AIDS response

The main weaknesses of the HIV/AIDS program in Lesotho have been largely due to the lack of a comprehensive approach and engagement by the key stakeholders. The **lack of a comprehensive national implementation strategy on HIV prevention** and the absence of a well coordinated multi-sectoral response has resulted in a rather **fragmented response** and hindered the scaling up of interventions.

This in turn has also led to the lack of stakeholder involvement in the development of a national multi-sectoral coordination framework. And because the coordination arrangements are relatively new and not yet fully implemented there is a general lack of alignment by stakeholders. The **poor coordination and lack of alignment** has resulted in roles and responsibilities being poorly defined amongst the multi-sectoral partners, particularly at district and community level. This has been even more pronounced with the **fragmented OVC response** with many role players particularly at community level delivering services without any cohesive coordination mechanisms and alignment to a national OVC strategy.

The private sector is very weak in Lesotho. Very few private sector organizations have the capacity to undertake HIV/AIDS related policy and program development, and as such has resulted in very **poor involvement of the private sector** in the HIV and AIDS response. In OVC apart from the institutional responses with some support to orphanages the private sector is virtually absent. The **public sector response to HIV/AIDS has also been equally weak**. With only four out of 21 line ministries initiating or developing comprehensive workplace policies, the MOET, MOHSW, MOLE and the MPS, the response has been very slow. In addition, neither of the ministries has yet implemented adequate workplace programmes to address the impact of AIDS on employees. Both private and public sector responses lack comprehensive workplace policies that extend to families of employees, including information on issues relating to OVC's. For instance although the Office of the Master of the High Court deals with inheritance issues and protection of assets for orphaned children, issues like these can be incorporated effectively in Work Place programs that assist employees, infected or not infected with HIV, to prepare Wills and other legal caveats to protect their assets from being taken away from their children.

At **community level** although there are a number of CBO's in existence but with **very low service delivery capacity**. Most OVC interventions are implemented at this level. The lack of service delivery capacity has led to community level partners not being involved in the planning and programming in particular of prevention interventions and programs at district and community levels. This is perhaps also the single most important factor that has hindered implementation of the National Action Plan for OVC. **Implementation of the National Action Plan on Women and girls, HIV and AIDS (Annex 4.3A)** has received very scant attention and yet women continue to remain the most affected and infected. Women are also key role players particularly at community and household levels as male care-giving functions remain minuscule.

Prevention

Progress in achieving behaviour change was set back by the de facto **closure of the STI, HIV and AIDS Directorate's BCC Unit**, limiting MOHSW's efforts at effectively addressing an epidemic driven largely by unsafe sex and multiple concurrent sexual partners (**Annex 4.1A**). Underserved rural and hard-to-reach areas remain largely outside the scope and coverage of prevention and populations younger than 15 years of age not specifically targeted. This age group also forms part of the OVC key population and which therefore is exposed to even more vulnerability and exposure. The **absence of adequate empirical data** concerning the size of the epidemic and the socio-cultural issues giving rise to vulnerability among populations such as OVCs, herd boys, people with disabilities, poses challenges in developing targeted interventions aimed at special populations. The absence of data has contributed significantly to inadequate OVC planning and programming and has been addressed in this Round 9 proposal in Objective 2.

STI services are limited with only two district hospitals providing comprehensive STI services, but facing the challenges of inadequate staffed and who are also inadequately trained. Scant human resources have also limited the STI, HIV and AIDS Directorate, CHAL and the MOHSW in the monitoring and supervision of HIV and AIDS services at all levels, particularly the district level. MOHSW's capacity to monitor and supervise OVC interventions through its DSW has been very

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weak. The M&E Unit established under Round 7 has just recently been piloting the monitoring tools so information gathering still remains a challenge. Under Round 9, Objective 2 seeks to strengthen this Unit and further build on the capacity of the DSW and the Bursaries Unit of the MOET (Objective 2) to monitor interventions.

The absence of staff dedicated to coordination activities of OVC interventions and the general skills base in OVC in the DSW has greatly affected its capacity to provide effective leadership and oversight of the OVC response; Objective 2, Sub Sub Activity 2.1.1.2 will provide training in HIV and AIDS and OVC in order to build the capacity of existing staff in the DSW in OVC. The Bursaries Unit of the MOET has only one staff member at national level, and yet Lesotho is scaling up the provision of bursaries secondary school in pursuance of the policy of Universal Access to Education for all in the country. R9 Objective 1. Sub Sub Activity 2.1.1.2.2 provides for the support of two technical officers and four data entry clerks for the Bursaries Office, to support the scale up. There is however still a need to expand the functions of the MOET providing HIV/AIDS and OVC services in the ministry. The ongoing restructuring of the ministry will address some of the staffing concerns through the reallocation and dedication of more human resources to OVC and AIDS.

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4.3.2. Health System

Describe the main weaknesses of and/or gaps in the health system that affect HIV outcomes.

The description can include discussion of:

- *issues that are common to HIV, tuberculosis and malaria programming and service delivery; and*
- *issues that are relevant to the health system and HIV outcomes (e.g.: PMTCT services), but perhaps not also malaria and tuberculosis programming and service delivery.*

Although this proposal is an HIV proposal and the narrow focus on OVC still sits within the broader framework of the national HIV response, the weaknesses and gaps in the health system that affect HIV outcomes are fully articulated in Annex 4.3K of Round 8 and 4.3.2 of the Proposal document and the situation has not changed significantly for the past year since the development of the Round 8 document. The following description therefore focuses on the weakness and gaps in the national OVC implementation frameworks.

a) Legislative and Regulatory framework for OVC implementation

In Lesotho, the Department of Social Welfare (DSW) in the Ministry of Health and Social Welfare (MOHSW) has the official mandate to coordinate the OVC national response and to provide 'care and support for children as well as mitigation of the impact of HIV and AIDS'.⁶ The description of functions of DSW include the development, review and monitoring of child welfare policies and programs, mitigation of the impact of HIV and AIDS among children and provision of support to community child welfare structures including other stakeholders.

*However, the legislative framework that is intended to support the role of DSW in executing its mandate on OVC, the Child Protection and Welfare Bill (2009) was in May 2009 pending presentation and first reading in parliament (**Annex 4.3B**). The existing legislation, the Child Welfare Bill of (1980) is outdated and does not provide adequately for dealing with the impact of HIV and AIDS on children, and the burgeoning OVC crises in Lesotho arising from it. The existing legislative framework therefore does not adequately support DSW's mandate and provide it with the required authority and oversight over other line ministries implementing OVC programs, and adequate national budget support for OVC specific activities.*

b) Coordination of the national OVC response

*In order to absorb the increased funding from development partners that resulted from the development of the Costed OVC National Plan of Action, the GOL established the Child Welfare Division under the DSW, to focus on children's issues, including OVC and the impact of HIV and AIDS on children (**Annex 4.3C**).*

A National OVC coordinator was recruited to oversee the implementation of the Costed OVC NAP, which was funded in part by the European Union, Round 7 funding and other funding. The position of National OVC Coordinator is a project position, funded by the EU grant. There is no designated officer within the DSW establishment for OVC coordination. This raises the issue of sustainability because whilst the OVC National Coordinator is supposed to work closely with the Chief Child Welfare Officer, and the National Orphans and Vulnerable Children Coordinating Committee (NOCC), the functions of coordination still remain largely outside of the main DSW establishment and the NOCC.

There is a need to have permanent staff specifically responsible OVC coordination and more clearly defined job description(s) to support this. The DSW in the newly reorganized structure have Senior Welfare Officers at District level and District Welfare Officers, and the Chief Child Welfare Officer at national level. The Senior Child Welfare Officers were previously Social Welfare Officers performing generic social welfare tasks, but not specific to OVC. Their experience, skills and knowledge base on OVC and HIV and AIDS is lacking, as is their coordination skills.

c) Monitoring of the national OVC response

One M&E Advisor was recruited under the World Bank Grant for 2004-2008 for six months, and now engaged for two years under Round 5 Phase 2, and three M&E officers Under Round 7, to establish the OVC National M&E Unit and funding was provided for salaries and development of the monitoring tools

⁶ GOL, Department of Social Welfare Child Welfare Division Concept Note on Delivery systems. p1

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for OVC. The tools were developed in early 2009 and piloted, but the unit does not have the funds to undertake the monitoring activities of collecting data from the local and district and national level implementers. The implementers of OVC programs have also not been given any orientation and training on the use of the tools due to the lack of a budget for that when the activity was developed in Round 7.

d) OVC Data and database

Evidence-based programming for OVC is a challenge in Lesotho due to the lack of current and accurate data on OVC. Although there are a number of interventions implemented information on those interventions is lacking due to the absence of a well managed, well equipped data depository, well developed information retrieval systems and well coordinated in-depth scientific studies into areas requiring investigation.

Although there is an OVC M&E Unit at DSW since early 2009, this unit is not well equipped to manage the storage, retrieval and dissemination of scientific data on OVC for planning interventions. The unit requires adequate data storage equipment and data quality management support.

The absence of a well managed and well structured coordination framework for OVC also impedes the coordination of scientific research into OVC, thus the absence of properly managed and well coordinated research activities.

Although the NAC provides forums and coordination support for research into OVC, DSW needs to provide the justification and motivation for the research on the basis of program implementation feedback.

e) Human Resource capacity

Although the DSW has been restructured to enhance its role in OVC coordination there are still inadequate staff to undertake activities at district level, with only one Senior Child Welfare officer and one other officer per district. The Senior Child Welfare Officers are already managing child and social protection at district level, they are responsible for the administration of the Child Grants programme at district level, with the support of village chieftains and voluntary community committees, and provide secretariat services for the District Child Protection Teams. There are no staff at the local level below the district level so DSW collaborates with other line ministries, such as the Ministry of Local Government (village chieftains) and Ministry of Health (community health cadre) in activities at that level.

With increased focus on OVC coordination, amongst other child protection activities, the district level structure is inadequately staffed and in its present form cannot cope with the task of coordinating other OVC implementers.

At line ministry implementation, the MOET has only one staff member at the national level and a very small establishment at district level dedicated to the bursaries program. With an expanded bursaries program the national level presence would have to be increased.

4.3.3. Efforts to resolve health system weaknesses and gaps

Describe what is being done, and by whom, to respond to health system weaknesses and gaps that affect HIV outcomes.

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a) Legislative and Regulatory framework for OVC implementation

The Child Protection and Welfare Bill 2009 (CPWB) which once enacted would provide a stronger legislative and regulatory framework for the OVC response, was approved by the Cabinet of the GOL early 2009 and is due to be presented to parliament by the MOHSW in June 2009. Once the CPWB is enacted, the existing policy and regulatory framework will need to be reviewed and strengthened for effective implementation of the Act, an activity Round 9 will support in Objective 3. Activity 3.2, through the engagement of policy development, child law and child protection consultants to develop policies, regulations and guidelines that will support child protection and enhance the coordination mandate and function of the OVC national response in Lesotho.

b) Coordination of the national OVC response

The enactment of the CPWB will provide more clarity on the role and authority to the DSW for the coordination of the national OVC response. It will support the parent ministry, MOHSW's authority over other line ministries with regards to OVC, the authority to request for information on all activities targeting OVCs and compliance to set standards and guidelines.

UNICEF is implementing activities with EU funding to support government coordination of OVC response. In its annual workplan for 2009, UNICEF has planned and is implementing activities in strengthening the coordination mechanism of the NOCC, DSW as the NOCC Secretariat and the DCPTs and supporting networking and mapping efforts among CSOs and effective inter sectoral collaboration between line ministries and government institutions to deliver the OVC national response.

c) Monitoring of the national OVC response

The monitoring of the national OVC response is done by NAC in the monitoring of the HIV and AIDS national response. Although NAC is supposed to monitor the national response, DSW is supposed to provide input into the national M&E system as the lead ministry on OVC. But because the DSW OVC national M&E system is still in its infancy, NAC collects information from the field through its district structures.

However, DSW needs a more coherent and effective M&E system and OVC information database which would provide implementers data for evidence-based planning of interventions. The M&E has designed a concept called the Social Welfare Routine Information System (SWRIS). However, the system has not yet been piloted or roll-out from the national to the district levels (**Annex 4.3D**).

e) Human Resource capacity

The human resource capacity constraints of the DSW and the NOCC with regards to coordination have only been addressed through the engagement of the National OVC Coordinator, with EU support. No other staff have been designated to the coordination of OVC. The Bursaries Unit at MOET will in Round 9 recruit two technical officers and four data entry clerks to support an expanded bursaries program and receive support for the recruitment of consultants to support the organizational capacity development of the bursaries program.

In the long term, the MOET is undergoing a restructuring and it is hoped more staff will be allocated to the bursaries program.

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4.4 Round 9 Priorities

Complete the tables below on a program coverage basis (and not financial data) for **three to six areas** identified by the applicant as priority interventions for this proposal. Ensure that the choice of priorities is consistent with the current HIV epidemiology and identified weaknesses and gaps from s.4.2.2 and s.4.3.

Note: All health systems strengthening needs that are most effectively responded to on an HIV disease program basis, and which are important areas of work in this proposal, should also be included here.

Priority No:	1	Historical		Current		Country targets			
Indicator name		2007	2008	2009	2010	2011	2012	2013	2014
A: Country target (from annual plans where these exist)		29,817	30,000	29,408	30,202	31,017	31,855	32,715	33,598
B: Extent of need already planned to be met under other programs		22,978	24,031	21,333	22,902	24,476	26,086	24,249	25,462
C: Expected annual gap in achieving plans		6,839	6,987	8,075	7,301	6,452	5,770	8,466	8,137
D: Round 9 proposal contribution to total need		<i>(e.g., can be equal to or less than full gap)</i>			5,257	4,710	4,154	6,095	5,858

→ If there are six priority areas, copy the table above once more.

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4.5 Implementation strategy

4.5.1. Round 9 interventions

Explain: (i) who will be undertaking each area of activity (which Principal Recipient, which Sub-Recipient or other implementer); and (ii) the targeted population(s). *Ensure that the explanation follows the order of each objective, service delivery area (SDA), activities and indicator in the 'Performance Framework' (Attachment A). The Global Fund recommends that the work plan and budget follow this same order.*

Where there are planned activities that benefit the health system that can easily be included in the HIV program description (because they predominantly contribute to HIV outcomes), include them in this section only of the Round 9 proposal.

Note: If there are other activities that benefit, together, HIV, tuberculosis and malaria outcomes (and health outcomes beyond the three diseases), and these are not easily included in a 'disease program' strategy, they can be included in s.4B in one disease proposal in Round 9. The applicant will need to decide which disease to include s.4B (but only once). → Refer to the [Round 9 Guidelines](#) (s.4.5.1.) for information on this choice.

OUTPUT 1.0 SCHOOL BURSARIES

Objective 1.1 Increase access to quality education and training for orphans and vulnerable children in and out of school

SDA : Support for Orphans and Vulnerable Children

Lead Implementer/ Target Populations: MOET, In Collaboration With DSW and MLGC

Indicators:

Activity 1.1 Improve implementation systems and evidence-base for OVC bursaries program

Sub Activity 1.1.1 Improve awareness and compliance with OVC Bursary program

The Bursary Operations manual is currently under development by UNICEF under the EU grant during the 2009 MOET workplan implementation. It is anticipated that the development and piloting of the Bursary Operations manual will be completed by the start of the Round 9 implementation. This proposal in Objective 1 will undertake the follow up activities.

Round 9 Sub Activity 1.1.1 of Objective 1. will provide the support for the printing and distribution of the Operations manual and training of key users through district workshops in all the ten districts. This activity will be implemented by the MOET targeting school authorities and teachers at district level and village chieftains and other local level targets involved in the identification and selection of beneficiaries. The local level activities will be undertaken in collaboration with the Ministry of Local Government & Chieftainship, being the implementing line ministry for vital statistics collection including OVC registration.

Under Objective 1. all potential users of the Operations Manual will receive orientation to the Operations Manual in two district trainings, for a total of 1500 participants in Yr1, Yr3 and Yr5 for each year. A total of 30,000 manuals will be printed for the entire grant, 15,000 in Phase 1 and 15,000 in Phase 2.

Sub Activity 1.1.2 Strengthen the human resource capacity of the Bursary Office at MOET

Sub Sub Activity 1.1.2.1 Engage a consultant for capacity building

A consultant will be recruited to undertake the organizational capacity development of the expanded Bursary Office at head office, MOET. Two technical officers, four data entry clerks and two drivers for the two vehicles for the Unit will be recruited. The consultant will develop and undertake training and re-training of national and district level staff to build the capacity of the unit to manage an expanded bursaries program, which will be enhanced with participation in national, regional and international conferences and workshops. It is expected that with the expansion of the Bursaries program there will be a need for increased staffing and well designed systems to ensure an efficient program.

Sub Sub Activity 1.1.2.2 Recruit additional staff (2 officers and 4 data entry clerks)

The MOET Bursaries Unit currently has only one officer at national level. With an expanded bursaries program coordination efforts will be hampered by the lack of manpower. This activity will provide two additional staff to support this program and remuneration for the officers. The MOET is currently undergoing a restructuring process which will see additional staff re-designated to bursaries unit to

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strengthen it. The restructuring is a long term activity, but the roll out of bursaries to secondary school will require the additional human resources on board within the first year of implementation of this grant if awarded.

Sub Sub Activity 1.1.2.3 Procure Office equipment for new staff/ 1.1.2.4 Procure 2 vehicles for Bursary staff/ 1.1.2.5 Recruit and remunerate 2 drivers

The Bursaries office at MOET is not adequately equipped, there is only one vehicle at Head Office to service the entire bursaries program. With an expanded program, vehicles and office equipment will have to be procured as the current office equipment is not adequate, whilst at district level some of this is shared equipment with other departments. Two 4x4 vehicles and office equipment will be purchased to ensure efficient operations. Two drivers will be hired because currently within the MOET these positions do not exist in the Unit structure but during the course of the implementation of the grant it is hoped that the ministry will fill these positions. The capacity is needed to support internal audit functions and field visits.

Sub Sub Activity 1.1.2.6 Train and retrain national and district Bursary Unit staff on HIV and OVC

Through this activity the skills base in HIV/AIDS and OVC will be developed within the bursaries Unit at both district and national level, to ensure officers are knowledgeable about the epidemic, its impact on children and issues impacting children in the education sector so that they are able to manage the program more appropriately.

Sub sub Activity 1.1.2.7 Support participation in national, regional and international conferences

This activity will support MOET bursary staff to participate in meetings on HIV/AIDS and Education locally, regionally and internationally in order to have a well informed and well equipped cadre of staff in the Unit.

Activity 1.2 Provide fees and educational requisites for OVC in schools

Sub Activity 1.2.1 Provide fees for OVC in secondary schools

The main focus of the Round 9 proposal is the provision of school fees in secondary schools because the access to education will continue to be an issue for OVC until school is free from primary to secondary. There will therefore be a need for bursaries until there is free education for all for ten years. In Round 7 there was an allocation made for bursaries but the allocation was made on data available at the time. During the development of this proposal more accurate data has been available to estimate the need for the bursaries.

This proposal therefore is filling the gaps in the estimations of Round 7 due to insufficient data. This proposal will support 26,000 bursaries cumulatively, supporting between 5,000 and 6,000 students each year and during the same period the government of Lesotho will be providing 116,000 bursaries, supporting between 21,000 and 25,000 students each year. If this grant is not secured between 6000 and 8000 orphans per year will be denied the opportunity to continue their education.

Disbursement of fees will be done according to MOET policy and selection criteria. A more detailed analysis of the overall need for bursaries is contained in **Annex 5.4.3A**.

Sub Activity 1.2.2 Provide uniforms

In Lesotho uniforms are still compulsory and therefore in order to avoid the stigmatization and discrimination of OVC who cannot afford uniforms, school uniforms are being provided in this proposal. The target for uniforms is the same as the target for bursaries above in Sub Activity 1.2.1. The uniforms will be provided once per year together with the bursaries.

Activity 1.2.3 Provide hygiene kits

Hygiene kits are one of the needs of OVC and Round 2 targets hygiene kits for OVC. Hygiene kits have been selected by Round 9 amongst the needs as a continuation of the Round 2. Other needs such as feeding are being provided by GOL and WFP; the World Food Program is providing school feeding. Other partners are detailed in Section 4.6.2. The same target for the bursaries and uniforms is targeted for the hygiene kits – and these will be provided twice a year.

Activity 1.3 Strengthen Life Skills Training

The development of life skills training was incorporated in Round 2, with the development of materials

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and training of teachers and continued in Round 7 with the reprint the teachers manuals and learners books and additional training for teachers. UNICEF has also provide support to the life-skills program with funds for printing and training. Round 9 will be a continuation of Round 7 and will provide for the revision and reprinting of teachers manuals following MOET revision of the Life Skills Program. Round 9 will also provide for the refresher training of teachers.

The target for the reprint is 40,000 sets (2,000 schools for 20 sets per school) of the teaching manuals for the whole program, for both primary and secondary schools. With Round 9 Life Skills will become institutionalized and become a permanent part of the school curriculum.

Activity 1.4 Expand basic literacy training for out-of-school OVC.

1.4.1 Support LDTC to revise literacy curriculum to incorporate information on HIV and AIDS.

The LDTC training materials will be reviewed in order to update the information and incorporate HIV and AIDS, and produced and distributed to training service providers, including the non-government service provide LANFE. Instructors will be provided refresher training on the revised materials.

1.4.2 Support LANFE to scale up literacy program targeting young boys and girls out of school (herdboys, domestic workers)

LANFE is a non-governmental association that provides literacy programs to a key affected population in the OVC response in Lesotho, herd boys and domestic workers. Young boys are often pulled out of school and hired as herd boys to tend to livestock often kept in remote mountainous areas, living under extremely difficult circumstances and far from services like education and health. The phenomena of herd boys has resulted in low enrollment and retention rates for boys in comparison to girls, and a reverse gender phenomena than seen in other situations in OVC. Literacy interventions targeting herd boys provides this group the opportunity to access some education outside mainstream school systems.

Domestic work keeps young girls out of school as they are employed at very young ages to work in homes, when they should be attending school. LANFE targets these two groups and provides literacy programs to half the country. LDTC covers half of the country with literacy programs whilst LANFE covers the other half, and addition targets two key affected populations. LDTC is supported by GOL as a government institution, therefore Round 9 seeks support for LANFE to ensure coverage of the geographical area LANFE operates in.

Sub Activity 1.4.2 will provide support to LANFE to procure learning supplies, pa stipends for animators and will also support the supervision and quality control activities.

Objective 2. Increase capacity for OVC program monitoring and evaluation

SDA : Support for Orphans and Vulnerable Children

LEAD IMPLEMENTER/ TARGET POPULATIONS: MOHSW/DSW

INDICATORS:

Activity 2.1 Strengthen monitoring and evaluation systems for the OVC national response

2.1.1 Enhance the functioning of the National OVC M&E system at DSW

Under R7 three M&E Officers and an M&E Advisor from a World Bank grant were recruited to set up an M&E Unit in the DSW. The Unit developed M&E data collection tools which were piloted in February, 2009 in three districts: Maseru District, Berea and Mohale's Hoek. A draft M&E Plan was subsequently developed in consultation with other stakeholders and indicators agreed upon

Sub Sub Activity 2.1.1.1

Training in the tools began mid-May 2009 and the roll out to the rest of the districts planned for June/July 2009. However the capacity of the M&E Unit is relatively still weak and that of the implementing partners (other line ministries, civil society) is also weak. In Sub sub Activity 2.1.1.1 the national OVC M&E tools will reprinted and distributed to all implementers. UNICEF and the Round 7 grant are currently supporting the strengthening of the national M&E system therefore it is anticipated that the training of implementers in the tools will be undertaken by them and other partners supporting the M&E systems strengthening. It will also be covered under Round 7 and Round 8, which will provide comprehensive coverage.

Therefore Round 9 will strengthen this process by providing for the printing of the tools and distribution to all implementers. Round 9 will be printing 10.000 sets each year for 5 years for all implementers.

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Sub sub Activity 2.1.1.2 Train and retrain Child Welfare Officers in HIV and OVC

An assessment of the DSW was undertaken that led to the restructuring of the Dept, and the creation of 27 positions dedicated to Child Welfare. There are 10 Senior District Child Welfare Officers, previously Social Welfare Officers promoted to the new positions. This has created the need for the re-orientation of this cadre to Child Protection issues. There is a need therefore for all DSW Child Welfare Unit staff to have key competencies in HIV and AID, OVC, and M&E in order to perform the coordination tasks. Round 9 therefore is providing training in HIV and AIDS, OVC and M&E to all the child welfare officers.

This is being complimented by other partners such as UNICEF, who Under the EU grant, has an allocation for building the capacity of the DSW for coordination until 2012.

Two trainings will be provided each year for the 27 staff of the Unit to ensure that they build the requisite expertise and remain up to date in the changing issues in HIV and AIDS. The implementation of OVC programs occurs at district level therefore this cadre is critical to the coordination and enhancement of the implementation of programs.

Sub sub Activity 2.1.1.3 Provide data quality management support at district level for DSWs and implementing partners /Sub Sub Activity 2.1.1.4 conduct data validation exercises/Sub Sub Activity 2.1.1.5 Procure monitoring and evaluation equipment for information sharing and trainings.

The DSW will also provide data quality management support at district level to its staff and implementing partners through coaching and mentoring. Activity 2.1.1.3 will support Data validation exercises of data from the districts. The M&E unit has recently been established and needs to develop further in order to provide the national level service. The monitoring and evaluation information sharing and trainings to capacitate the district level implementers will require additional equipment for those purposes.

In order to ensure data quality direct support to the structure implementing the activities is required, therefore Round 9 is supporting the data quality management support to ensure the district level is

The M&E Unit is newly established and in order to carry out the task of training users in the newly developed M&E tools and undertake various other capacity building activities of implementers, the Unit requires training equipment. One scanner and four laptops, which will be purchased for the Unit in order to support their activities in the districts.

Other partners have supported the Unit as well as the district level with equipment and vehicles therefore Round 9 requests equipment to support central staff in the training at district level.

Sub Activity 2.1.2 Develop and implement a pilot database to support the SWRIS at national level

Sub Activity 2.1.2.1 Engage a database design consultant

The DSW has developed a data collection system called the Social Welfare Routine Information System (SWRIS) which they need to operationalise and require full time support (**Annex 4.3D**). The database design consultant will develop the database program for the SWRIS. The consultant will be required for 50 days to develop the database program, configure the database according the SWRIS concept, validate it according to the user needs and provide training to the administrator and the staff so they can populate and use the database.

Sub activity 2.1.2.2 & 2.1.2.3 Purchase and install server and accessories/Recruit database administrator

A server and accessories will be purchased and installed, to operate the database. The database management will be assigned to a database administrator that will be recruited for the period of the grant. The database administrator will manage the data entry process and be responsible for data management and data quality.

Sub Activity 2.1.2.4 Purchase and configure database program / 2.1.2.5 Provide training to users at DSW

The database program will be purchase and configured and users at DSW trained in the use of the database program by the database design consultant.

Sub Activity 2.1.2.6 Conduct feasibility analysis for SWRIS roll-out at district and local level

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In this activity a feasibility analysis for the rolling out of SWRIS at the district and local level to all implementers outside of the DSW staff, who will receive training in SWRIS under Activity 2.1.2.1. The feasibility analysis will establish whether the SWRIS system links all the systems used by implementers for collecting information, and resolves the issues of fragmentation and lack of collaboration and different information requirements by stakeholders.

Activity 2.2 Enhance knowledge base for OVC programs through operations research

Sub Activity 2.2.1 Appoint research sub-committee (through NOCC),,

One of the main challenges to implementing OVC programs in Lesotho, as mentioned in Section 4.3.2 of this proposal, is the difficulty of obtaining comprehensive and up to date and accurate data on the OVC situation and response. Whilst this proposal acknowledges that fact, Round 7 will support the undertaking of Situational Analysis and an update on it.

In Round 9 Phase 2 therefore the DSW and other stakeholders plan to undertake in depth research into issues arising from the comprehensive analysis under Round 7. This activity will be undertaken as part of Operations research to provide in-depth insights and information on areas of OVC such as herd boys and AIDS and education, and the basis for declining male enrollment in schools for boys; areas which have impeded evidence-based responses addressing the gender dimensions of OVC in Lesotho.

The NOCC will convene a Research Committee Sub-Committee to lead the research processes and assist in defining the research priorities and oversee the undertaking of research activities. .

Sub Activity 2.2.2 Engage consultants and conduct projects

The recruitment of the consultants that will undertake the operations research will be done by the MOHSW under the guidance of DSW and NOCC. The consultants will report on their research activities to the NOCC Research Committee and present to them their findings and final reports.

The proposal allocates funds in Phase 2 of the Grant to undertake the three projects: one project per year, money to engage stakeholders in the planning and implementation of the project and money to publish reports – at least two reports per year

Sub Activity 2.2.3 Conduct consultations with stakeholders

The research projects will be planned and conducted using a collaborative process to engage all stakeholders.

Sub Activity 2.2.4 Print and distribute final reports

The findings from the research will be distributed to all stakeholders, two reports per year at 500 copies each to ensure they findings are accessible.

OUTPUT 3.0 To strengthen the OVC legislative and policy environment

Objective 3.1 Develop and implement public awareness program on the Child Protection and Welfare Bill of 2009 (once enacted)

SDA 2 : Supportive Environment-National Policy frameworks

LEAD IMPLEMENTER/ TARGET OPULATIONS: MOHSW/DSW, Ministry of Justice, Human Rights & Constitutional Affairs, national stakeholders

INDICATORS:

Sub Activity 3.1.1 Develop user friendly summary

The purpose for this activity and the following activities around publicizing the CPWB is because laws supporting children are sometimes enacted but not fully implemented due to the lack of awareness of their existence and contents by users and beneficiaries. Developing a user friendly summary is one tool for mobilizing public awareness and was done in relation to promoting the human rights for people living with HIV and AIDS, the enactment of Sexual Offences Act and the enactment of the Legal Equality of Married Persons Act. These activities were supported under Round 2 and will be continued under Round 8.

The CPWB is intended to provide comprehensive protection to children in Lesotho with numerous users in different sectors; education, health, agriculture, local government, children's organizations supporting the enforcement of this protection through child focused activities.

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Sub Activity 3.1.2 Translate to Sesotho; Sub Activity 3.1.3 Print and distribute Summary; Sub Activity 3.1.4 Promote summary through media

The summary will be translated into Sesotho to ensure broader access and understanding by all implementing partners, particular those at the local level. The summary will be printed and distributed to all stakeholders and users. The proposal will pay for 2,000 copies in Yr 1 and 1,000 copies each year for the remaining years. The promotion of the availability of the summary will be done through media and NGO.

Sub Activity 3.1.5 Support NGOC and FIDA to sensitize non-governmental partners and community;

Two non-governmental players, the Non-Governmental Organizations Coalition on the Rights of the Child (NGOC) and the Federation of Women Lawyers (FIDA) are highly experienced and effective in awareness campaigns such as these and have been successful in the past in creating public awareness in areas like this in Lesotho. These two organizations will receive ongoing program support over five years to undertake the activities at the community level.

Sub Activity 3.1.6 Conduct national stakeholder sensitization session

This activity will be a kick off to the sensitization campaigns to engage stakeholders, sensitize them to the CPWB to ensure compliance to the Act when the Bill is passed. The two organizations will collaborate in the implementation of the national kick-off meeting.

Activity 3.2 Strengthen the policy and regulatory framework for the implementation of the Children's Protection and Welfare Bill (once enacted) Develop policy guidelines, regulations to support implementation of Child Protection and Welfare Bill

Activity 3.2.1 Engage child welfare, legal and policy experts

Once the Act is in place its implementation will require a well structured policy and regulatory framework to guide its implementation. There are existing policies and frameworks that support the outdated Child Welfare Act of 1980; but like the Act itself some of these regulations are not current with developments in children's welfare and the situation of children in Lesotho.

Sub Activity 3.2.2 Review and strengthen existing policies, procedures and guidelines

A child welfare (OVC) specialist, a legal expert and a policy specialist will be engaged to review and strengthen the existing policies procedures and guidelines, to provide better support to the children's protection.

Sub Activity 3.2.3 Convene stakeholder consultation meetings

During the process of developing the various policies to support the legislation, various stakeholder consultations will be conducted to provide input and feedback to the policy development team.

Sub Activity 3.2.4 Produce and distribute final versions to all stakeholders

The final drafts of the policies will be produced and distributed to all stakeholders to ensure compliance with legislation and regulation regarding programs for children, and the protection of children in Lesotho.

4.5.2. Re-submission of Round 8 (or Round 7) proposal not recommended by the TRP

If relevant, describe adjustments made to the implementation plans and activities to take into account each of the 'weaknesses' identified in the 'TRP Review Form' in Round 8 (or, Round 7, if that was the last application applied for and not recommended for funding).

NOT APPLICABLE

4.5.3. Lessons learned from implementation experience

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How do the implementation plans and activities described in 4.5.1 above draw on lessons learned from program implementation (whether Global Fund grants or otherwise)?

The activities describe in section 4.5.1 above have been developed in response to the following lessons learned and ongoing challenges within the national OVC response. The Global Fund has been a partner in this response since Round 2. A rich body of experience is now available on which to draw in formulating the Round 9 proposal.

Inefficient and underdeveloped data collection and management systems to support program management.

Under the Round 7 grant, support was provided for the OVC registration system as a key tool in the development and delivery of appropriate services. As the demand for bursaries for OVCs and other eligible groups has steadily increased, the management and control systems within the Bursary Office have become overwhelmed. Accurate and timely data on bursary recipients, utilization of bursary funds within schools, and the changing characteristics of the recipient population is extremely difficult to obtain. Recognizing that the Round 2 & Round 7 grants have contributed to the increase in the number of bursary recipients, this proposal includes support for the Bursary Office to fully automate its data collection and management system, and to tailor its outputs to meet the operational and strategic needs of the bursary program and the various stakeholders that support it.

Lack of institutional awareness and support for key OVC initiatives

Program managers, service providers, community leaders and other individuals engaged in supporting OVCs remain unaware of the comprehensive range of services that are available. In addition, these individuals may not be fully apprised of policies and procedures, particularly as they are translated into operational practices from the national to the local level. As result, children that are in need do not receive all of the assistance that is available to them, including school bursaries. Both Round 7 and this Round 9 proposal contain initiatives to sensitize a full range of national, district and local level stakeholders on programs and services addressing OVCs. This proposal also includes HIV & AIDS and OVC training for key service providers within the MOET and the DSW.

Ongoing challenges to integrating HIV & AIDS-related information within educational programs

Effective life-skills programs for learners in schools require discussion in the classroom setting of topics that have never before been addressed there. Cultural norms guiding relationships between teachers and students, children and parents, and younger and older members in society limit what can and cannot be openly discussed regarding sexual relations, human sexuality, and sexual and reproductive health. The extent of this influence has been underestimated in the MOET's attempts to introduce and institutionalize life-skills education programs. The efforts needed to sensitize relevant actors within the education sector have not been correctly assessed. So have the training needs of educators who must now introduce and lead discussion on sensitive topics. This proposal expands the sensitization and training initiatives included under Rounds 2 & 7 to address this challenge and to remove the remaining barriers to full national implementation of the school-based lifeskills program.

Lack of strategic information to guide the national OVC response at all levels

A comprehensive and current situational analysis of the OVC challenge in Lesotho is not available. Monitoring and evaluation systems are still not fully developed and not comprehensive enough to capture data from all interventions targeting OVCs. As a result, at all levels of the response, it is extremely difficult to fully map the OVC situation and, consequently, to develop effective mitigation and support strategies. The Round 7 proposal used the best available evidence to estimate the unmet need for bursaries, for example. However, as implementation has begun, critical gaps in information have emerged and this has led to a significant underestimation of the need for the bursaries program. The Round 7 analysis of OVCs with special needs was incomplete leaving out herd boys and young girls in domestic work, for example, and not addressing the importance of strengthening literacy programs to reduce their vulnerability. This proposal begins to address these challenges by supporting ongoing efforts to gather and analyze strategic information in order to continually review and modify the national response to OVCs. This includes strengthening M&E systems in addition to what the Round 7 grant supports. It also includes increasing funds for targeted operational and situational research to assess the impact of the OVC response as it unfolds.

Ongoing fragmentation of stakeholder response

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Currently, the OVC coordination framework is not fully developed and the effectiveness of the multi-sectoral response is limited by ongoing fragmentation. Round 9 seeks to address this through building the capacity of the DSW in leadership and coordination. UNICEF, through the EU grant is already addressing some issue of coordination and networking by providing funds to the DSW to undertake networking activities and to strengthen its function as the secretariat for the NOCC. This support ends in 2012. Round 9 will extend this critical support throughout the life of the proposed grant.

Ongoing implementation of decentralized health and social services

Decentralization of health and social services is still not complete across Lesotho. As district and local level responses have expanded across the country, the resultant strain on the existing coordination structures has led to limited coordination and ongoing ambiguity around roles and responsibilities between the different levels of service delivery. Some local level structures, particularly local councils, are relatively new and not yet fully equipped for their roles in leading and directing local responses to development challenges. District Child Protection Teams and the District Child Welfare Officers that are the district level service providers for the DSW are not fully engaged in the OVC response. These challenges have impeded the effective implementation of the Round 7 grant. Round 9 addresses this through support for the DSW to better align its overall role in the OVC response with the decentralized structures. It also provides for ongoing sensitization and training programs for national, district and local level staff on HIV & AIDS and the needs of OVCs.

Lack of enabling laws and policies

When the Round 7 proposal was developed it was anticipated that the draft Child Welfare and Protection Bill would imminently be passed and that the process of developing regulations and policies to enact the bill would begin. The bill is not yet passed although it has made progress through the parliamentary process. The provisions of the bill once enacted will provide a more enabling environment for effective responses and solutions to the OVC situation in Lesotho. Round 9 includes support for multi-sectoral engagement in the legislative and policy development process to ensure swift translation of the bill into operational regulations and policies once it is passed.

Ongoing gaps within the national HIV & AIDS response

The OVC situation in Lesotho is the result of a complex interplay of factors. These include the lack of comprehensive and effective prevention programs for youth, the limited reach of ART treatment programs, and the slow pace of general societal change to fully embrace and support efforts to end the HIV epidemic in Lesotho. While this situation remains, children will continue to be orphaned or become vulnerable through the loss of their parents and guardians and the disruption of family-centred and community-oriented traditions to protect and care for children. It is anticipated that the extensive prevention programs and increased support for ART scale-up within the Round 8 grant will have a positive impact on these challenges. Within the Round 9 grant, the increased support for life skills education funded through Round 7 will make an important contribution to HIV prevention amongst youth.

Lack of alignment between strategic and operational plans

The leadership and coordination structures guiding the implementation for the National HIV&AIDS Strategic Plan and the counterpart structures supporting the implementation the National OVC Strategic Plan are not yet fully aligned. This has led to duplicate data collection on programs, for example, and confusion amongst some implementers with regard to the roles and responsibilities of the two structures. Round 9 addresses this through strengthening support to NOCC in order to clarify its share of this challenge. It also provides support to the DSW to clarify and strengthen its leadership role. This will complement support that is anticipated through the World Bank to address the overall monitoring and coordination challenges that have limited the effectiveness of NAC.

4.5.4. Enhancing social and gender equality

Explain how the overall strategy of this proposal will contribute to achieving equality in your country in

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respect of the provision of access to high quality, affordable and locally available HIV prevention, treatment and/or care and support services.

(If certain population groups face barriers to access, such as women and girls, adolescents, sexual minorities and other key affected populations, ensure that your explanation disaggregates the response between these key population groups).

The anticipated impact of this proposal on issues of social and gender inequality is closely linked to both the Round 7 and Round 8 grants. While this proposal includes some additional strategies to address inequity, most of what it will achieve involves an enhancement of the impact of these two other grants on the social and cultural fabric of Lesotho.

*During the last 5 years, the GOL has begun to put in place the institutional, legal and policy frameworks to address gender equity across Basotho society. Within these larger efforts, initiatives have also been started to provide an equitable and gender-sensitive response to the HIV and AIDS and the many impacts it has, including significant the increase in the numbers of orphaned and vulnerable children. The political will is there to embrace gender equality and close the gaps that exist between men and women; however, this has not been adequately reflected in the NSP and other strategic frameworks governing the implementation of the national response. As a result, in 2007, the Ministry of Youth, Gender, Sports and Recreation (MOYGSR) issued its National Action Plan on Women and Girls, HIV and AIDS, 2007-2011 (**Annex 4.3A**). The plan identified the following gaps and challenges that are relevant to this proposal and that have also been incorporated within the Round 7 & 8 grants.*

Gender inequality. *In 2006, Lesotho passed the Legal Capacity of Married Person's Act that provided equal status to married women, who had previously been considered minors under customary law. This has affected women's equality rights within marriage; and, it has clarified such issues as inheritance and the custody of children once one or both spouses die. Issues of inheritance also affect OVCs. Although the law has been clarified in this respect, many OVCs see their inheritance taken away from them, sometimes by other family members. Despite the efforts of the MOYGSR and FIDA, for example, to sensitize women and girls in communities to their legal rights and entitlements (these activities were supported in Round 2 and will be continued in Round 8), knowledge and respect for new legal frameworks, particularly in rural areas of the country where cultural norms remain strong, is not yet at an adequate level.*

Lack of an en-gendered response to the HIV epidemic. *Despite the strong policy environment for HIV and AIDS and the measures taken to strengthen the capacity of the GOL to address gender imbalances, the national response to the epidemic does not sufficiently address HIV equity issues. The epidemic continues to disproportionately affect women and girls. According to the recently released Modes of Transmission Analysis, for example, within the estimated national HIV+ population, 57% are women and 43% are male (the gender balance within the overall population is 49.5% male and 50.5% female). HIV prevalence rates are significantly higher for women ages 15-30 than for men in this age group (21.4% vs 10.1%) and for single women overall (24.2% vs 11.4%). These figures demonstrate the disproportionate risk women bear within the HIV epidemic in Lesotho. As noted in the study, "There is evidence that the food crisis and basic need as well as the availability of modern consumer goods affect risk taking by women." For men, risk taking is associated with multiple and concurrent sexual relationships that, "verify a man's wealth, status and manhood." This underscores the critical need to develop HIV intervention strategies that take into account more specifically issues of gender and gender inequality.*

Girls' and boys' education. *There is a high drop-out rate of young people, especially boys, from secondary school (the overall completion rate for all secondary school learners is less than 30%). The stigmatization of teenage pregnancy is one of the causes for girls; another is that of orphanage from both parents dying of AIDS, thus forcing youngsters – mostly girls – to leave school to look after younger siblings. Also, violence against girls in schools is very common in Lesotho and is compounded by insufficient reporting mechanisms at school and limited information on Gender Based Violence (GBV) for girls, boys and their teachers and parents. One of the likely causes for the higher drop out rate of boys in comparison to girls is the high number of boys hired to look after livestock as herd boys in the rural and poorer areas of the country.*

Gender-based violence. *In 2003, the Sexual Offences Act was passed; nonetheless, there is generally limited knowledge about this Act and, in spite of its existence, women are generally reluctant to report*

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violence. The act is relatively new and entrenched male attitudes and practices towards women in relationships are changing slowly. Women and girls are discouraged from seeking help when they are faced with domestic and sexual violence. The creation of Child and Gender Protection Units (CGPU) within the LMPS is improving this but more progress is needed. In addition, more community level sensitization and awareness is needed particularly in rural and remote areas (these activities were funded in Round 2 and will be continued in Round 8).

Multiple vulnerabilities. Women and girls' inequity for certain groups is compounded by multiple vulnerabilities. Young girls who leave school to work as domestics, for example, are deprived of education and are vulnerable to abuse, both economically and sexually. Similarly, young girls and women who lead child-headed families suffer stigma and discrimination and are forced to place themselves in highly exploitive situations socially and sexually in order to provide for the siblings in their care.

How Round 9 will contribute to response to gender and social equality:

This proposal supports the following specific initiatives that address gender and inequality:

Expansion of bursary program. The expansion of the bursary program will provide more OVCs, including girls and young women, with opportunities to stay in school. Access to education is empowering for this group and makes a significant contribution to reducing vulnerability to promoting gender equality.

Enhancement of literacy programs. The LDTC, in partnership with LANFE, provides targeted literacy programs to herd boys and girls and young women working as domestics. While enduring social, economic, and cultural barriers may continue to deprive these vulnerable groups of access to regular schooling, in the interim access to basic literacy skills, including HIV & AIDS information, contributes to reducing the more extreme forms of vulnerability and exploitation these group may otherwise encounter.

Institutionalization of life-skills programs in all schools at all levels. Effective life-skills programs assists all learners to reflect on the personal situations and their environments. One of the main aims of these programs is to empower young people to make appropriate choices for themselves. This includes girls and young women. With full implementation of life-skills programs in all schools at all levels, and an institutionalization of this program within the essential national school curriculum, learners at all levels will have repeated opportunities to strengthen their awareness of risks to their health and well-being and to develop appropriate skills and attitudes to reduce their risks to HIV & AIDS and other social, economic and cultural factors that may negatively influence their development.

Strengthening the protective environment. The objective of the Child Welfare and Protection Bill, once enacted, will strengthen the protective environment for all children, including OVCs of both sexes. This impact will only be realized, however, if the newly enacted bill is swiftly translated in the operational policies and regulations. In addition, undertaking awareness and sensitization activities at all levels of Basotho society, a strong and support climate will be created for the full protection and support of all children, orphaned or otherwise.

Strengthening and expanding analysis tools. It has been noted time and again that initiatives planned to address vulnerability and inequity lack an appropriate evidence-base to ensure that they are relevant and effective. Efforts to improve data collection and data analysis in this proposal will include specific measures to more fully capture and understand gender differences within the OVC situation. These in turn will lead to the development and implementation of more gender-appropriate and more effective OVC initiatives.

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4.5.5 Strategy to mitigate initial unintended consequences

If this proposal (in s.4.5.1.) includes activities that provide a disease-specific response to health system weaknesses that have an impact on outcomes for the disease, explain:

- the factors considered when deciding to proceed with the request on a disease specific basis; and
- the country's proposed strategy for mitigating any potentially disruptive consequences from a disease-specific approach.

No HSS actions are proposed.

4.6 Links to other interventions and programs

4.6.1. Other Global Fund grant(s)

Describe any link between the focus of this proposal and the activities under any existing Global Fund grant. (e.g., this proposal requests support for a scale up of ARV treatment and an existing grant provides support for service delivery initiatives to ensure that the treatment can be delivered).

Proposals should clearly explain if this proposal requests support for the same interventions that are already planned under an existing grant or approved Round 7 or Round 8 proposal, and how there is no duplication. Also, it is important to comment on the reason for implementation delays in existing Global Fund grants, and what is being done to resolve these issues so that they do not also affect implementation of this proposal.

The focus of this proposal is to address strategic gaps in the Round 7 grant. This includes expanding the school bursary program for OVCs, enhancing access to basic literacy, expanding and institutionalizing life-skills education for all learners in all schools, strengthening M&E systems, and, finally, improving the policy and regulatory environment of child welfare and child protection.

The Round 9 proposal has strong links with previously approved Global Fund grants in Lesotho, in particular Round 2, Round 7 and Round 8. These links are explained in more detail below.

Support for School Bursaries

Both Round 2 and Round 7 provided support for school bursaries for OVCs in collaboration with the GOL and other donors. Round 2 support comes to a close at the end of June 2009. Unused Phase II funds have been reallocated in the final period of the grant to enhance school bursary support during the 2009 school year. Round 7 is in the 3rd quarter of its first year of implementation. The grant contains school bursary support in each of the five years. However, overall need for bursaries, and specific unit costs, were underestimated. The Round 9 proposal addresses these deficiencies by providing addition funds to adjust the unit cost to more closely reflect current experience. The Round 9 proposal also increases the number of school bursaries available to align with more recent projections of total number of OVCs in Lesotho and total number within this group who will require bursary support. Finally, the increased volume of bursaries has put significant strain on the implementation arrangements within the MOET both at the national and district level. The Round 9 proposal includes support the MOET to strengthen its data base and to improve the data quality. This information is critical to the ongoing assessment and evaluation of the bursary support. The Round 9 proposal also adds additional staff and equipment to the Bursary Unit to address increases in workload and to improve its supervisory and internal audit functions.

Expansion & Institutionalization of Life-Skills Program

Round 2 supported the creation of a life-skills curriculum for learners in Levels 4 through 7 and Standards A through C. This support was augmented in Round 7. The Round 2 support comes to a close in June 2009. The Round 7 support is in the early stages of implementation and will begin the expansion of the

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curriculum to Levels 1 through 3 and Standards D & E. An effective life-skills program within schools is a critical tool in the prevention of HIV transmission and HIV-related vulnerability amongst youth. Life-skills education is also critical to the well-being and empowerment of OVCs. In Phase II of the Round 9 proposal, support is requested for a review of the life-skills curriculum and the implementation of the revised program. Over the period that the curriculum has been developed, the MOET has been undertaking more and more of the development and support activities. It is anticipated that the MOET share of institutionalizing the curriculum in all schools across all levels will continue to grow.

Enhancing Access to Basic Literacy for Youth at Risk

Round 7 identified the needs to support specific, at-risk youth populations. These included youth out-of-school and youth with disabilities. Round 7 sought to increase access for these populations to basic education and vocational training. Round 8 enhances these activities within increased support for addressing youth out-of-school, people with disabilities and herd boys. Access to basic literacy is one strategy to reduce the vulnerability of at-risk population unable to access basic education in regular schools. In order to fill a gap within these other efforts to address vulnerable groups, Round 9 requests support to enhance basic literacy programs targeting herd boys and young girls and women employed in domestic work.

Strengthening M&E Systems

The number of implementers and stakeholders address the needs of OVCs has grown very quickly in Lesotho. This is due in part to support from Round 2 and Round 7 for community-based programs addressing OVC needs and for inclusion of OVC initiatives within the Essential Services Package. Although Round 2, Round 5, Round 7 and Round 8 address a range of needs in terms of strengthening and expanding M&E systems and processes within the national response to HIV & AIDS, these are not necessarily tailored to the specific features of OVC implementations and the critical need to capture routine information on beneficiaries and program effectiveness. Round 7 supported some initial rounds of M&E training for implementing partners. It also supported strengthening of M&E capacity within the DSW. Round 8, through its Community Systems Strengthening component, will provide a number of different opportunities for M&E strengthening within the non-governmental sector. In the Round 9 proposal, further support is requested for the M&E unit to improve its supervisory and leadership role, particularly given the rapid expansion of OVC programs. It also requests additional support targeted at OVC implementing partners to strengthen their ability to use the OVC reporting tools and to improve data collection coverage and data quality within the national OVC M&E framework.

Improving the policy and regulatory environment

Round 7 contains a comprehensive range of initiatives to improve child welfare systems and child protection systems particularly as these involve OVCs. When the Round 7 proposal was approved, it was anticipated that the draft Child Welfare and Protection Bill would be imminently enacted and provide a broad, supportive environment for successful implementation of the Round 7 activities. The bill is not yet enacted although it will be within the 2009 parliamentary schedule. In order for this new legislation to have a swift and effective impact on child welfare and child protection, it needs to be operationalized through revised regulations and policies. It also needs to be translated into accessible terms so the broad awareness, support and compliance with its provisions can be achieved. Round 9 requests support for these activities in order to provide a more conducive environment for success and to achieve greater impact of both the Round 7 and Round 9 activities.

4.6.2. Links to non-Global Fund sourced support

Describe any link between this proposal and the activities that are supported through non-Global Fund sources (summarizing the main achievements planned from that funding over the same term as this proposal).

Proposals should clearly explain if this proposal requests support for interventions that are new and/or complement existing interventions already planned through other funding sources.

The Round 9 proposal is linked to the following partners who also contribute to OVC programs in Lesotho

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European Union: In 2007, the EU initiated a five-year program targeting OVCs. The value of the program is €12 million. The main objective of the program is the development and implementation of a cash transfer system to provide OVCs and communities with resources to address their local needs. In addition to this main objective, the program will also support capacity building for care giver groups, strengthening coordination through DSW and NOCC, strengthening monitoring and evaluation, improving food security and providing additional support for OVC essential needs. The program will not contribute to school bursaries. Early indications are that the EU will renew and expand its program in the new EDF commencing in 2011. However, priorities for this new framework are not yet defined. A representative from the EU sits on the CCM as an observer to inform it of EU plans and strategies and to ensure appropriate linkages between EU initiatives and the Round 9 proposal.

UNICEF: UNICEF is the main partner in the EU initiative described above. UNICEF works with the DSW to carry the EU-funded workplan. In addition, UNICEF itself is undertaking a comprehensive range of initiatives address the OVC situation in Lesotho. It has assisted the MOET to complete the development of the Bursaries Operations Manual. It is anticipated that the manual will be printed and distributed in 2009 and that training and sensitization activities will be undertaken between 2009 & 2010. UNICEF will also support a review of the LDTC curriculum in 2009 and the creation of more gender specific materials address HIV & AIDS. The Round 9 proposal enhances and extends this comment by support reprinting of the bursary manual and a more extended training and sensitization program to ensure that all stakeholders in OVCs and education are aware of the bursaries program and can identify appropriate beneficiaries. Round 9 will also enhance the revision of LDTC materials by supporting reprinting of materials in Phase 2 of the grant.

UNICEF will continue its efforts to strengthen the child protection system, to increase capacity across Lesotho to provide psycho-social support to OVCs, and increase the number of community-based implementing partners support OVCs initiatives. UNICEF is also assisting the DSW to strengthen its capacity in leadership and coordination of the OVC response. This includes technical assistance within the department itself and a comprehensive evaluation and action plan to strengthen the NOCC. In addition, UNICEF will support the review and revision of the National OVC Strategic Plan.

Finally, UNICEF will compliment support from Round 7 to strengthen the national M&E system for OVC, including training of implementing partners at district and community level. UNICEF will continue its support to the Ministry of Local Government to implement an OVC register within the larger, national vital statics data collection process. It will also support a multi-sector engagement plan to ensure the imminent passage of the Child Welfare Protection Bill.

UNICEF is a member of the CCM and in this respect, duplication of UNICEF initiatives is avoided in the Round 9 proposal. Similarly, links between the UNICEF workplan and the Round 9 initiatives can be fully addressed and strengthened

PEPFAR: PEPFAR is currently developing a new five-year compact with Lesotho valued at \$US27 million per year. The compact will be finalized and signed in July with a planned implementation start of November 2009y. Through a broad, consultative process, PEPFAR has identified the need to contribute to the national OVC response. It has pledged a minimum of \$US2 million per year over the life of the compact to address system strengthening issues within the DSW and to support non-governmental implementers at local, district and national levels. Representatives from the CCM participated in the PEPFAR planning process. So has the MOFDP through the GFCU. In addition, the PEPFAR country coordinator represents the USG partners on the CCM. She has been an active participant in the proposal development process to avoid duplication and to leverage joint commitments within the national OVC response.

Irish Aid: Irish Aid has not yet released its new country strategy paper. Early information is that the strategy will not include targeted support for OVC. Irish Aid represented on the CCM and has participated in the proposal development process.

World Bank: World Bank support for the education sector ended in 2007. A portion of this project supported school bursaries. Largely, funds were directed towards construction of schools in alignment with the implementation of free primary education. In addition, the World Bank has supported an HIV Capacity-Building and Technical Assistance program. Phase I ended in December 2008. Phase II is currently under negotiation. The project concept includes capacity-building support for M&E within the MOHSW. It includes system strengthening and training initiatives for the OVC response within the DSW and at the local level

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Auxiliary Child Welfare Officers. It includes support for training in M&E for community level implementers within the national HIV response. Finally, it includes support for technical assistance to improve multi-sectoral coordination through NAC.

FAO and WFP are collaborating on a feeding program in targeted districts in Lesotho. Some of this aid is directed at OVCs. Within the UN family, **UNAIDS, UNFPA & UNDP** undertake a range of programs within the national HIV response that indirectly support OVC initiatives. This includes the provision of technical support and the commissioning of targeted studies on specific at-risk populations including herd boys and commercial sex workers.

Catholic Relief Services, World Vision, Action Aid, Skillshare International, Lesotho Red Cross, Lesotho Save the Children, Lesotho Association for Non-formal Education, LENEPWA, LIRAC, LENASO, Lesotho Association of Organizations for the Disabled are among the many **non-governmental agencies** implementing OVC initiatives at community level. Many of these agencies receive support from international donors to support their efforts.

4.6.3. Partnerships with the private sector

- (a) The private sector may be co-investing in the activities in this proposal, or participating in a way that contributes to outcomes (even if not a specific activity), if so, summarize the main contributions anticipated over the proposal term, and how these contributions are important to the achievement of the planned outcomes and outputs.

*(Refer to the [Round 9 Guidelines](#) for a **definition of Private Sector** and some examples of the types of financial and non-financial contributions from the Private Sector in the framework of a co-investment partnership.)*

The private sector in Lesotho contributes to the national OVC response in the same way that it addresses other health and social development challenges. Large companies provide periodic donations to orphanages and schools to address the practical needs of OVCs. Support is given in the form of blankets, clothing, school supplies, bursaries and support for feeding programs. These include Standard Lesotho Bank, Vodacom Lesotho and Metropolitan. Many other small enterprises contribute in a similar way. A comprehensive analysis has yet to be completed on the extent of these activities and the value of the contributions that are made.

In some cases, employee medical schemes extend to family members, and this may include orphaned children that a particular family may have adopted. This is the case with ALAFA, for example, which provides health care to garment sector employees and now intends to extend that assistance to employee families and dependents, some of whom will be OVCs. Finally, amongst those engaged in the private sector, almost everyone provides funds and practical support to members of their extended family and needy individuals within their community. Many of these are youth who have lost their own family structure and become entirely dependent on the assistance of others.

In the Round 8 proposal, the lack of strong private sector engagement on HIV and AIDS was noted. In response, the proposal will support the creation leadership structure across the business and labor sectors to guide and strengthen their engagement on HIV and AIDS. The new entity will be called the Business and Labor Coalition on HIV and AIDS. It is likely that one of the issues this new structure will address on behalf of its members is the need to become involved in the national OVC response as one component of HIV-related workplace programs.

Given the lack of substantive data on the monetary value of private sector involvement in the national OVC response, the amount co-investment relative to this proposal cannot be calculated. More incentives for the private sector to invest in the national OVC response are needed. Full engagement of the private sector will significantly extend the range of services and supports available to OVCs.

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(b) Identify in the table below the annual amount of the anticipated contribution from this private sector partnership. *(For non-financial contributions, please attempt to provide a monetary value if possible, and at a minimum, a description of that contribution.)*

Population relevant to Private Sector co-investment
(All or part, and which part, of proposal's targeted population group(s)? →

Contribution Value (in USD or EURO)
Refer to the [Round 9 Guidelines](#) for examples

Organization Name	Contribution Description <i>(in words)</i>	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<i>[use "Tab" key to add extra rows if needed]</i>							

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4.7 Program Sustainability

4.7.1. Strengthening capacity and processes to achieve improved HIV outcomes

The Global Fund recognizes that the relative capacity of government and non-government sector organizations (including community-based organizations), can be a significant constraint on the ability to reach and provide services to people (e.g., home-based care, outreach prevention, orphan care, etc.).

Describe how this proposal contributes to overall strengthening and/or further development of public, private and community institutions and systems to ensure improved HIV service delivery and outcomes.

→ [Refer to country evaluation reviews, if available.](#)

District and local level strengthening

The Round 9 proposal will contribute to strengthening the capacity of all levels of the national OVC response in the public and non-public sectors. Through Objective 1, the capacity of the district level structures in identification and documentation of OVC will be developed through the orientation workshops to the OVC bursary program in Sub Sub Activity 1.1.1.2 . It will contribute directly to the capacity of the district level to manage the provision of services to OVC through the systems that will be developed at that s level and raise knowledge levels and competencies on the Bursary Manual and the mechanisms and operations of the Bursary program. .

The district level structures will also receive training in basic monitoring and evaluation (Objective 2 Activity 2.1.1) from the DSW, in order to manage basic but quality data collection on implementation of OVC interventions at the local level. This activity will assist the ancillary staff develop or improve on data collection systems, and train them in the use of the data collection tools that were developed by the DSW M&E Unit under R7. Data collected will flow through the information flow structure described in 4.8.1 of this proposal to the District level of DSW, national levels to MOHSW and NAC and Bureau of Statistics; thereby improving the national M&E system.

Most of the capacity building interventions of this Round 9 proposal are focused on building the district level and local level capacity. Although direct service delivery and implementation of interventions occurs mostly at the district and local level, both levels are comparatively weaker than the national level in terms of organizational systems and structures. In Objectives 1, 2 and 3 of the proposal contains activities targeted at building the capacity of the district level. The identification and selection processes of school bursaries will occur at District level (Activity 1.2 and 1.3); thus the engagement of a technical advisor to provide capacity building in the management of the bursaries program from Yr 1 to Yr3 (Objective 1 Activity 1.1.2); and training of district and national Bursary Unit staff in HIV and AIDS and OVC.

DSW and National level strengthening and capacity dev

MOHSW created the Child Welfare Unit (CWU) in 2008 as one of three units in the Department of Social Welfare in order to streamline the operations of the department and provide more focus on child issues. (Annex 4.3B). A Capacity Building Plan for the CWU was developed prior to the Units establishment which outlined the need for orientation of recruited staff to the organizational structure, strategy and functions of the unit (Annex 4.7A).

The justification for the capacity building plan for CWU was based on the concern arising from the inability of Lesotho to absorb the increased funding from development partners to implement OVC programs at national and sub-national level for OVC which resulted from the development of the National OVC Policy and Strategic Plan. As the lead institution for the coordination of the national OVC response therefore, the GOL prioritized and accelerated the establishment of a CWU to provide the lead on OVC program implementation. The process of building the capacity of the CWU is ongoing, and following the re-allocation of social welfare officers to the CWU as Senior Child Welfare Officers, the need to build their skills base in HIV and AIDS and OVC is a critical priority; Objective 3. will strengthen the human resource capacity of the DSW through the training of all Child Welfare Officers in HIV and AIDS and OVC at national and sub-national level (Activity 3.1) and the leadership and coordination capacity of the DSW by supporting the development of standards and guidelines for OVC implementing partners and facilitation of coordination activities.

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The strengthening of the DSW M&E system (Objective 2.1) for the OVC national response will under R9 support the department in undertaking monitoring activities and training DSW staff and other staff in line ministries working in OVC like the Ministry of Justice, Ministry of Local Government and Ministry of Education, in the OVC monitoring tools and use of the OVC data capturing software.

An effective M&E system for OVC will contribute to a more effective monitoring of the national HIV and AIDS program with information available from DSW on the OVC response and data available for planning programs. The update of the OVC Situational Analysis planned using R7 funding for operations research will provide updated data on OVC and a better response.

The Ministry of Education will have its capacity enhanced at the national level with the recruitment of additional staff, two technical OVC officers and four data capturing officers. The staff will with the TA provided by the Technical Advisor undergo a serious of skills development training in the management of the bursaries program (Objective 1 Sub Activity 1.1.2).

Objective 3 Activity 3.2 will strengthen the DSW to deliver on its mandate to develop review and monitor child welfare policies and programs, by reviewing existing policies and developing others where identified, in order to implement the Child Protection and Welfare Act, once it has been passed into law.

4.7.2. Alignment with broader developmental frameworks

Describe how this proposal's strategy integrates within broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) initiative, the Millennium Development Goals, an existing national health sector development plan, and other important initiatives, such as the 'Global Plan to Stop Tuberculosis 2006-2015' for HIV/TB collaborative activities.

Round 9 focuses on increasing access to education for OVC through the provision of school bursaries as a strategy to prevent and mitigate the impact of HIV and AIDS. GOL's Education Sector Policy and Education Sector Strategic Plan 2005-2015 have been broadly informed by two international development frameworks: a) the Education for All (EFA) global initiative goals agreed upon at the Dakar 2000 forum⁷ b) the Millennium Development Goals targets of achieving universal Primary Education and combating HIV and AIDS.

The following EFA goals and targets were agreed upon at the World Education forum in Dakar in 2000, resulting in the Dakar Framework for Action 2000:⁸

- i. *Expansion and improvement of comprehensive Early Childhood Care and Education, especially for OVC and disadvantaged children,*
- ii. *Ensuring access to all children, particularly girls and children in difficult circumstances, to free and compulsory quality primary education*
- iii. *Ensuring the meeting of learning needs of all young people and adults through life skills program,*
- iv. *Achieving 50% literacy by 2015, especially for women and equitable access to basic and continuing education,*
- v. *Eliminating gender disparities in primary and secondary education by 2005, gender equality in education by 2015,*
- vi. *Ensuring quality education and measurable learning outcomes in literacy, numeracy and essential life skills.*

The Strategic Goals and Objectives for the Education Sector in the 2005-2015 draw from the EFA Strategic Framework and the objectives and activities in this proposal in Output 1-Bursaries, is aligned to the objectives and goals in the Lesotho Education Sector Strategic Plan: In this proposal Objective 1. 'Increase access to quality education and training for OVC in and out school', is aligned in the Education

⁷ Dakar Framework for Action 2000

⁸ 2005, MOET, Lesotho Education Sector Strategic Plan: 2005-2011, p20

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Sector Strategic Plan to Objective 1. 'To improve access, efficiency and equity of education and training at all levels'.⁹

The activities and sub activities under this Objective also speak to the goals and objectives of the Lesotho Education Sector Strategic Plan and the EFA Framework: 'promoting access to quality and free education through the provision of fees (Activity 1.2 – Round 9), life skills training (Activity 1.3 – Round 9) and the expansion of basic literacy training (Activity 1.4- Round 9) are all aligned to the goals on access to education, provision of life skills and literacy training and quality education as outlined in the EFA framework above.

Activity 1.4.2 (Round 9) targets key affected populations (herd boys and domestic workers, and responds to the national strategic objective to provide equity in the access to education to all OVC, through provision of literacy education.

Round 9 proposal also integrates Goal 6 (Combat HIV/AIDS, Malaria and Other Diseases), Target 1 (Have halted by 2015 and started to reverse the spread of HIV/AIDS) of the Millennium Development Goals,¹⁰ using education as an entry point to preventing and mitigating HIV and AIDS (Proposal Goal: To prevent and Mitigate the impact of HIV and AIDS). The GOL of Lesotho has integrated HIV and AIDS in the education sector, and this proposal is part of the education sector's response to the epidemic and the impact on children. The target for the proposal is orphans and vulnerable children.

The most evident benefit of education is the economic benefit. Numerous studies have shown the direct correlation between education and economic prosperity. In Lesotho nearly 80% of diploma holders are able to get into gainful employment. The likelihood of engaging in economic activity and increased earnings increases with increased education, tripling after completion of secondary education.

This proposal integrates Lesotho's Poverty Reduction Strategy, which outlines the increase of access to education as a strategy to reduce poverty in the country¹¹. The GOL of Lesotho introduced Free Primary Education in 2000, incrementally rolling it out grade by grade. The goal is to provide free education from primary to secondary school. This proposal is support to GOL to achieve free education for all.

4.8 Measuring impact

4.8.1. Impact Measurement Systems

Describe the strengths and weaknesses of in-country systems used to track or monitor achievements towards national HIV outcomes and measuring impact.

Where one exists, refer to a recent national or external evaluation of the IMS in your description.

The National OVC Strategic Plan and the National OVC Action Plan were developed independently of a specific M&E framework to guide the multi-sectoral response. At this time, information on OVC activities was incorporated within the National M&E Framework for the National AIDS Strategic Plan. Through this framework, data on OVC activities was captured under the Impact Mitigation component. This data was largely gathered from implementing partners at the district level by NAC Technical Officers.

With the establishment of the NOCC and the positioning of the DSW in the leadership role in terms of the national OVC response, DSW also increase its role in M&E activities. Some data was captured at district level through the District Social Welfare Officers and other partners in the decentralized social welfare and social protection structure. In addition to this, some information on OVCs was captured through the Bursaries Unit within the MOET. Finally, with the inauguration of the OVC registration system within the

⁹ 2005, MOET, Lesotho Education Sector Strategic Plan: 2005-2011, p27

¹⁰ Millennium Development Goals Report, 2008. p30

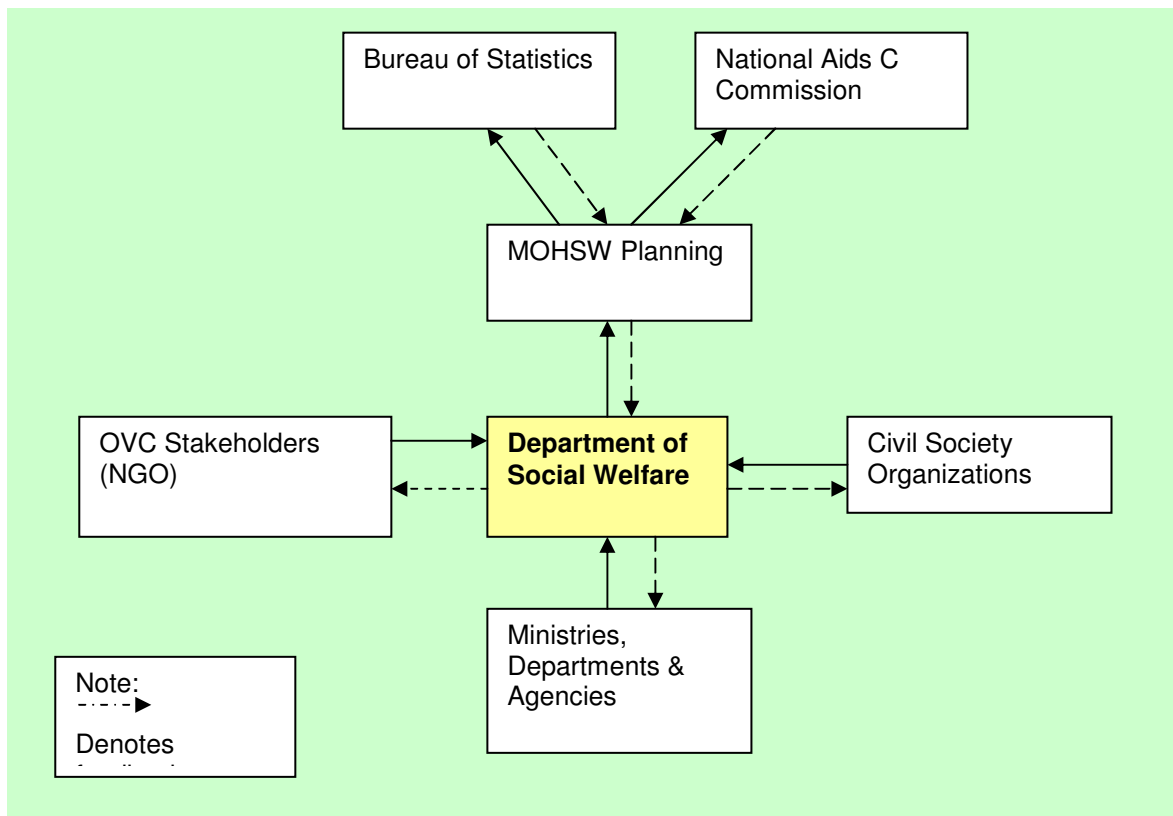
¹¹ Kingdom of Lesotho, Poverty Reduction Strategy, 2004/2005 – 2006/2007. p11

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Vital Statistics Unit of the MOLGC, data collection began at district and local level also on OVCs.

In 2008, with support from Round 7, UNICEF and other partners, a National OVC M&E Framework was developed. The framework covers a comprehensive range policy areas address OVCs, including food security, care and support, education, health and nutrition, as well as core information about the characteristics of OVCs. Aligned to the M&E framework, a concept Social Welfare Routine Information System was created. The concept included standardized reporting forms and a core indicator set to guide all M&E activities related to the OVC response. The reporting forms have been successfully piloted and endorsed by all stakeholders with support from Round 7 & UNICEF. What remains is a full-roll out to district and local levels. In addition, in order to be comprehensive and meaningful, a computerized data management tool needs to be identified, developed and implemented at all levels of the national OVC response.

The information flows for the National OVC M&E Framework are shown below:



This diagram represents a full implemented national M&E system for the OVC response. Although the DSW and its partners and stakeholders are making progress, significant challenges remain. These are elaborated below:

The strengths and weaknesses of the Impact and Outcome Monitoring Systems in Lesotho

System	Strengths	Weakness
<ul style="list-style-type: none"> NAC M&E Framework 	<ul style="list-style-type: none"> has been implemented at national & district level reporting frequency and data quality is improving has adequate human resource to enable the 	<ul style="list-style-type: none"> not all implementers and partners, including line ministries, participate capacity issues, particularly at local level, persist

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	<ul style="list-style-type: none"> system to function linked to the National AIDS Strategic Plan framework is endorsed by all HIV/AIDS stakeholders the NSP and the M&E framework have recently been reviewed and revised to reflect implementation experience to-date 	<ul style="list-style-type: none"> not all partners and stakeholders understand and support the importance of data collection for M&E information on OVC interventions is difficult to disaggregate from other data indicators do not cover the comprehensive range of aspects involved in the OVC response system is not tailored to Social Welfare needs
OVC M&E framework	<ul style="list-style-type: none"> a framework is now in place that is accepted by all stakeholders implementation has begun a core indicator set has been defined that reflects the needs of those involved in the national OVC response data collection tools have been piloted and accepted by all stakeholders the indicator set and reporting tools have been incorporated within the design for a Social Welfare Routine Information System 	<ul style="list-style-type: none"> limited resources to fully develop and implement systems limited resource for DSW M&E staff to improve data quality and conduct data validation initiatives challenges of linking different sources of information and different data collection procedures (orphan registration system, for example) different mandates for different partners in the OVC response (DSW and MOLGC, for example) capacity of implementers, particularly at local level, to understand and participate in M&E activities fragmentation lack of acceptance of leadership role of DSW amongst some partners confusion of roles and responsibilities (NAC and DSW, for example) within the national OVC response
Orphan Registration System	<ul style="list-style-type: none"> the system is being implemented at district level through the MOLGC district level staff are training and able to use data collection tools processes in place to gather data at district level and collate it nationally 	<ul style="list-style-type: none"> the system is paper-based at district level not all stakeholders are aware of the system and orphans are not identified and registered information on orphan registration is not routinely shared with other stakeholders at

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	<ul style="list-style-type: none"> • a national database is gradually being implemented 	<ul style="list-style-type: none"> • district or national levels • local of collaboration and coordination amongst stakeholders to support the system and strengthen its value
DSW data collection at district level	<ul style="list-style-type: none"> • commitment at district level of to play a role in data collection and data management regarding OVC • systems and processes have been designed, if not yet implemented 	<ul style="list-style-type: none"> • lack of capacity at district level to support data collection and data coordination • lack of M&E skills at district level to guide M&E initiatives • lack of tools to enable data collection and data analysis • confusion regarding roles and responsibilities resulting in lack of collaboration (DSW & NAC, for example)

4.8.2. Avoiding parallel reporting

To what extent do the monitoring and evaluation ('M&E') arrangements in this proposal (at the PR, Sub-Recipient, and community implementation levels) use existing reporting frameworks and systems (including reporting channels and cycles, and/or indicator selection)?

In the proposal, the M&E framework to be utilized will be the national OVC M&E framework lead by the DSW and supported through the SWRIS (Annex 4.3D). The role for DSW in M&E for the national OVC response has been clarified and links between this framework and the National M&E Framework for HIV and AIDS have also been agreed on. There is better alignment between the DSW and NAC as a result of this. However, as the previous section describes, there is still no final agreement between all stakeholders on how to collaborate on an overall data collection and data management framework for the OVC response. The support requested in this proposal will enhance M&E activities and further the implementation of the National OVC M&E Plan. Strengthening M&E is a component of Round 7 that is not yet fully implemented. Strengthening the national M&E system and improving the links between the different data gathering activities on OVC is also a priority for UNICEF, particularly with respect to the implementation of the EU—funded cash grants program. All stakeholders recognize the need to collaborate more closely on M&E activities and sources and uses of data on the OVC response. It is anticipated that by the time the Round 9 grant begins implementation, a number of the challenges mentioned above will have been resolved.

4.8.3. Strengthening monitoring and evaluation systems

What improvements to the M&E systems in the country (including those of the Principal Recipients and Sub-Recipients) are included in this proposal to overcome gaps and/or strengthen reporting into the national impact measurement systems framework?

→ *The Global Fund recommends that 5% to 10% of a proposal's total budget is allocated to M&E activities, in order to strengthen existing M&E systems.*

It is proposed in this document that the national OVC M & E system be supported in order to make it more functional. This is a government system to which all stakeholder sub-systems will feed into. Accordingly, the national system will provide data for the PR M & E system.

The national OVC M & E system will play a co-ordination role of the government and stakeholder M & E sub-systems. The main underlying strategy is to strengthen the sub-national level where data will be utilized to support decision-making at that level and then reported to the national level for more strategic

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decisions. Once at national level in the DSW, data will feed into the Principal Recipient system and the National Aids Commission.

At a later stage in the course of implementation, there will be computerization of the reporting system when the manual system is well functional and producers appreciate the value of information by demonstrating utilization thereof in decision-making.

Therefore, improvements in the functioning of the national OVC M & E will largely focus on strengthening the DSW to realize its mandate of co-ordination and providing support to stakeholders in order to strengthen the national system. The national OVC M & E Plan, data tools, indicator and data procedure manuals have been developed and pilot-tested. Finalization thereof is being undertaken. The next steps hence will be to roll out this system countrywide. This means that improvements of the systems will be done through training and support supervision and mentoring of data producers at data collection points.

4.9 Implementation capacity

4.9.1 Principal Recipient(s)

Describe the respective technical, managerial and financial capacities of each Principal Recipient to manage and oversee implementation of the program (or their proportion, as relevant).

In the description, discuss any anticipated barriers to strong performance, referring to any pre-existing assessments of the Principal Recipient(s) other than 'Global Fund Grant Performance Reports'. Plans to address capacity needs should be described in s.4.9.6 below, and included (as relevant) in the work plan and budget.

PR 1	Ministry of Finance and Development Planning
Address	Global Fund Coordination Unit Ministry of Finance and Development Planning 1 st Floor, Mafike House P.O. Box 395 Maseru 100 Lesotho
<p><i>The MOFDP is the government department that functions as the treasury for all government entities and is tasked with acquiring funds from both domestic and international sources and then disbursing and monitoring the use of such funds. Currently the MOFDP manages the budgets of all 18 key government departments as well as several large projects from different donors (e.g. African Development Bank), European Commission, Global Fund, Millennium Challenge Corporation and the World Bank).</i></p> <p><i>In 2003 the MOFDP was chosen by the CCM to be the PR for a Global Fund Round 2 grant. This initial grant was in the amount of USD \$34,312,000 and covered a period of five years beginning in 2004. Originally secured for only two years (Phase I), the grant was renewed and extended on a no-cost basis for the period covering 2006-2009. To ensure coordination and oversight of all Global Fund grant monies, the MOFDP established the Global Fund Coordinating Unit (GFCU) in 2004. While the MOFDP initially faced challenges associated with implementing a performance-based grant, since the start of Phase II of the Round 2 grant, its performance rating now sits securely within the A to B range. The GFCU has proved itself to be a stable and competent PR.</i></p> <p><i>Since it was first as a PR, the MOFDP has been called upon to remain in this for each additional Global Fund grant approved for Lesotho. This includes Round 5 (USD40,346,059; 2006-2010), Round 6 (USD6,630,995; 2007-2011), Round 7 (USD33,264,080; 2008-2012) and most recently Round 8 (USD????, 2009-2013, the grant is still subject to negotiation). During the pre-implementation phase, the MOFDP has undergone in-depth capacity assessments. Capacity within the GFCU has also been increased as the number of grants under its supervision continues to grow.</i></p> <p><i>The specific capacities of the MOFDP are described below:</i></p>	

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- **Financial Management**

Specifically to support the financial management needs of Global Fund grants, the MOFPD established a Project Accounting Unit (PAU) within the MOHSW. The PAU records all transactions and balances, accurately and transparently disburses funds to sub-recipients, and prepares regular financial statements. As the total amount of funds has increased, the PAU has equipped itself with additional staff. On behalf of the MOFPD, the PAU safeguards all PR assets and is subject to auditing arrangements of an international standard. Local Funding Agent (LFA) assessments have noted the presence of appropriate written policies, procedures and systems. In addition to the PAU, the GFCU has established its own Finance Section. This section works closely with all the SRs. LFA assessments have noted that all disbursements take place in a timely, transparent and accountable manner.

- **Programme Implementation and Oversight**

As previously mentioned, the GFCU is the main implementation and oversight body for Global Fund grants. The staff of GFCU was reorganised and expanded as a result of increasing responsibilities associated with Round 7 and anticipated new demands associated with Round 8. In 2005, significant deficiencies were noted within the implementation and oversight function of GFCU. These were successfully addressed in a remedial action plan. As part of the implementation of the plan, WB-funded technical assistance was provided in the form of technical advisors in finance and administration, monitoring and evaluation, grants management, and civil society support. The current strong performance rating is a reflection of the significant improvement in GFCU capabilities since 2006.

- **Monitoring and evaluation**

The GFCU has dedicated a significant part of its work to M&E activities. There are currently three positions: an M&E Manager, an M&E Officer and a Data Officer. These personnel rely on the support from M&E counterparts within the MOHSW, NAC and other sub-recipients and implementing partners. As noted above, a WB-funded technical advisor has assisted in the development of robust, comprehensive M&E capacity within the GFCU. Successive trainings within government and within the civil society sector have also contributed to strengthening the timeliness and accuracy of the data used by GFCU to fulfil its management and oversight role and its obligations under the performance-funding approach.

- **Procurement systems**

Procurement and supply management functions are provided through the Procurement Unit (PU) of the MOHSW. The Unit has received technical support from a number of different partners, including the WB. Additional capacity development and support was been included within the HSS component of the Round 8 grant. The Unit follows procurement and tendering procedures that are aligned with both GOL and Global Fund standards.

4.9.2 Sub-Recipients

(a) Will sub-recipients be involved in program implementation?	<input checked="" type="checkbox"/> X Yes
	<input type="checkbox"/> No
(b) If no , why not?	
NOT APPLICABLE	
(c) If yes , how many sub-recipients will be involved?	x 1 – 6
	<input type="checkbox"/> 7 – 20

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	<input type="checkbox"/> 21 – 50
	<input type="checkbox"/> more than 50
(c) Are the sub-recipients already identified? [They are listed in section (e) below.]	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No
(e) If yes , comment on the relative proportion of work to be undertaken by the various sub-recipients. If the private sector and/or civil society are not involved, or substantially involved, in program delivery at the sub-recipient level, please explain why.	
<p><i>The implementation arrangements for the Round 9 grant will to the greatest extent possible remain the same as those currently being used for the Round 7 grant.</i></p> <p><i>Two government ministries have therefore been selected as proposed sub-recipient under Round 9. They are the Ministry of Health and Social Welfare and the Ministry of Education and Training. The distribution of responsibilities between the two sub-recipients is anticipated to be as follows:</i></p> <p>MOHSW</p> <ul style="list-style-type: none"> - <i>supporting improvements to the evidence-base for OVC policy and program development</i> - <i>contributing to leadership and coordination to the multi-sectoral partners engage in OVC programs</i> - <i>participating in multi-sector efforts create laws, regulations, and policies aimed at creating a more enabling environment for addressing OVC challenges.</i> - <i>acting as the secretariat for the NOCC</i> - <i>improving monitoring evaluation systems</i> - <i>strengthening supervisory and coordination structures between national and district level government & non-government partners</i> <p>MOET</p> <ul style="list-style-type: none"> - <i>administration of bursary payments to OVCs in schools</i> - <i>strengthening data management and data quality systems within the bursaries program</i> - <i>expanding life-skills training for children in schools</i> - <i>expanding literacy training for vulnerable children not in schools</i> - <i>procuring and distributing uniforms and hygiene kits</i> - <i>improving supervisory and internal audit functions between national and district level</i> - <i>enhancing life-skills education in schools</i> - <i>expanding literacy programs for OVCs out of school</i> <p><i>Non-governmental partners will be engaged as sub-sub-recipient in the follow areas of the grant:</i></p> <ul style="list-style-type: none"> - <i>provision of literacy training to children working as herd-boys or domestics (LNFE in partnership with the Lesotho Distance Teaching Centre, MOET)</i> - <i>participating in multi-sector consultation and planning sessions aimed at supporting the development of enabling laws and policies</i> - <i>participating in and/or leading public awareness efforts of child protection laws and OVC rights and entitlements (FIDA & NGOC)</i> - <i>assisting in the identification of OVCs for bursaries and other programs</i> - <i>participating in monitoring and evaluation activities</i> 	

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4.9.3. Pre-identified sub-recipients

Describe the past **implementation experience** of key sub-recipients. Also identify any challenges for sub-recipients that could affect performance, and what is planned to mitigate these challenges.

The Ministry of Health and Social Welfare and the Ministry of Education and Training are the two pre-identified sub-recipient for the implementation of the Round 9 grant.

Ministry of Health & Social Welfare

The MOHSW has been an SR in Round 2, 5, 6 and 7. The MOHSW will also be an SR under Round 8. There is strong institutional knowledge of Global Fund processes and requirements. Implementation steering committees have been established between MOHSW and the PR to ensure timely execution of GF-funded initiatives and full compliance with reporting requirements.

*Under Round 7, a significant portion of the grant is coordinated by the Department of Social Work (DSW). The DSW has recently undergone a capacity assessment performed by external consultant to the MOHSW. This led to the development of a comprehensive action plan (**Annex 4.3B**). The assessment identified that rapid scale-up of OVC programs funded by significant contributions from donor partners had stretched the capacity of DSW. The report proposed a detailed capacity-building strategy. Round 7 addressed some of the challenges in staffing, particularly in the area of M&E. Since the Round 7 proposal was prepared additional requirements have come to light. This included the need to strengthen management and oversight structures and the need to provide ongoing training to staff on OVC programming and HIV/AIDS. In addition, a performance management system was recommended. The attached action plan indicates the progress achieved to-date in addressing capacity issues.*

Although it is only in the early stages of implementation, the DSW performance in the Round 7 grant has has some challenges. As a result, the Lesotho Red Cross was selected as a sub-sub recipient to carry out the activities originally intended for the DSW. Where this proposal enlarges Round 7 initiatives managed by the DSW, additional technical and programmatic support has been requested. This includes technical assistance at the management and leadership level, additional training for staff, additional support for supervisory functions, additional support for coordination functions and, finally, additional support for monitoring and evaluation processes.

It must also be noted that the DSW will rely on the Project Accounting Unit and the Procurement Unit within the MOHSW. These two units have extensive experience in administering Global Fund grants.

Ministry of Education and Training

The Ministry of Education and Training has been Sub-Recipient under Round 2 and 7. The MOET has been responsible for the provision of bursaries, for the development and implementation of life-skills programs in schools, and for the provision of vocational training and other opportunities for OVCs out-of-school. The MOET has experience some challenges in the SR, particularly in relation to financial management systems. For this reason, this aspect of the SR role is retained by the PR with regard to the MOET.

The MOET involvement in the Round 9 proposal principally concerns the Bursary Office. The responsibilities of this office in this grant are practically identical to their responsibilities under Round 7. The implementation experience of Round 7 has identified the capacity-building needs of the Bursary Office. The issues raised to-date include the need to strengthen data management and data quality systems, the need for additional staff, the need for an internal audit function, and the need for additional supervisory capacity between national and district level. These needs are addressed in this grant.

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4.9.4. Sub-recipients to be identified

Explain why some or all of the sub-recipients are not already identified. Also explain the transparent, time-bound process that the Principal Recipient(s) will use to select sub-recipients so as not to delay program performance.

NOT APPLICABLE

4.9.5. Coordination between implementers

Describe how coordination will occur between multiple Principal Recipients, and then between the Principal Recipient(s) and key sub-recipients to ensure timely and transparent program performance.

Comment on factors such as:

- **How Principal Recipients will interact where their work is linked** (e.g., a government Principal Recipient is responsible for procurement of pharmaceutical and/or health products, and a non-government Principal Recipient is responsible for service delivery to, for example, hard to reach groups through non-public systems); and
- **The extent to which partners will support program implementation** (e.g., by providing management or technical assistance in addition to any assistance requested to be funded through this proposal, if relevant).

The implementation of this grant proposal will rely on the coordination mechanisms that have been established for previous Global Fund grants. The Round 8 grant will bring new implementation arrangements that are a result of the dual-tracking financing approach (multiple principal recipients). However, these changes will not affect the coordination and implementation of Round 9.

CCM

With the implementation of dual-track financing under the Round 8 grant, the CCM will position itself as an independent entity with a separate secretariat (previously, the secretariat resided in the GFCU and the National Coordinator acted as CCM secretary). In anticipation of this change, revisions have been made to the CCM By-law and a comprehensive training plan for CCM members has been established. The training plan addresses strengthening the CCM's monitoring and over-sight role, with particular attention to managing multiple Principal Recipients. The CCM will align the monitoring of the Round 9 grant within these new arrangements. The CCM will continue to meet on a monthly basis or at the call of the Chair should more frequent meetings be required.

National OVC Coordinating Committee

The CCM will provide routine updates to the National OVC Coordinating Committee. The NOCC was established in 2006 as a multi-sectoral forum for monitoring and coordinating a national response to the OVC crisis in Lesotho. Several members of the NOCC are also members of the CCM and this provide another means for information sharing and close collaboration between the two entities. The early implementation experience of the NOCC has identified capacity gaps with respect to monitoring and oversight. These gaps have been addressed in this proposal.

Interdepartmental Coordinating Committee

Under previous grants, the GFCU has create a joint Steering Committee with the MOHSW to ensure proper coordination and timely information sharing on grant implementation, particularly issues and challenges. Given the coordination and duplication challenges with respect to OVC initiatives identified both in Round7 and in this proposal, the DSW and the MOET are considering establishing a joint coordination committee along with the GFCU to ensure timely and effective implementation of OVC initiatives within government that are supported by Global Fund and other donor partners.

National AIDS Commission—Thematic Group & Partnership Forums

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Within the National Coordination Framework, NAC convenes four thematic groups. Stakeholders active in OVC initiatives participate in the Impact Mitigation Theme Group. Within this forum, progress is monitored with respect to the components of the National HIV/AIDS Strategic Plan addressing impact mitigation. The forum also facilitates information exchange and, when required, provides technical advice to multi-sectoral partners on the development and implementation of impact mitigation initiatives, including those addressing OVC.

4.9.6. Strengthening implementation capacity

The Global Fund encourages in-country efforts to strengthen government, non-government and community-based implementation capacity.

If this proposal is requesting funding for management and/ or technical assistance to ensure strong program performance, summarize:

- (a) the assistance that is planned;**
- (b) the process used to identify needs within the various sectors;
- (c) how the assistance will be obtained on competitive, transparent terms; and
- (d) the process that will be used to evaluate the effectiveness of that assistance, and make adjustments to maintain a high standard of support.

*** (e.g., where the applicant has nominated a second Principal Recipient which requires capacity development to fulfill its role; or where community systems strengthening is identified as a "gap" in achieving national targets, and organizational/management assistance is required to support increased service delivery.)*

The capacity strengthening initiatives included in this proposal address critical needs that have risen during the early implementation phase of Round 7 and as a result of significant increase in need and demand caused by continue growth of the OVC population.

Technical assistance within the Bursary Office of the MOET

Two types of technical assistance for the MOET are requested within this proposal.

- *A fully automated system for tracking the disbursement of school bursaries within the Bursary Office of the MOET is not yet in place. Different systems and different techniques for recording, storing and retrieving information on recipient are being used. These systems have been overwhelmed by the sharp increase in demand for bursary support, included the proportion of such support funding under Round 2 and Round 7. Technical assistance is required to accurately determine end-user needs and to design a suitable, robust system for data management and control of the bursary program.*
- *In addition to challenges with data management, the Bursary Office is also experiencing significant pressures on its management and coordination structures. Originally designed to support a much smaller number of bursary recipients, the office has quickly become overwhelmed by the growing OVC needs in Lesotho. A restructuring and expansion plan is under discussion is not yet finalized or implemented. Additional positions have urgently requested but not yet approved. This grant provides for some interim relief to address capacity pressures. However, in addition to more staff, the Bursary office requires assistance to review and stream-line its business processes in relation to high volume demand; to strengthen management and coordination structures between national and district level; and, finally, to design and institutionalize ongoing training and development programs for national and district staff on HIV/AIDS and the changing needs of OVCs.*

Technical Assistance within the DSW

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The DSW has been experiencing significant operational pressures since the implementation of Round 7 began. Providing stewardship to the decentralized DSW structure and leadership within the national, multi-sectoral response are two areas where challenges are the greatest. At the time of Round 7 approval, for example, the NOCC was relatively new and the full extent of its requirements not adequately known. The implementation of decentralization as it has proceeded since the Round 7 start has revealed significant gaps at both levels in terms of staff competencies in HIV/AIDS and OVC support, program planning and implementation coordination between the two levels, monitoring and supervision of all implementers from national to district to local levels; and, finally critical gaps in M&E competencies and data managements systems that were not adequately identified when the Round 7 request was prepared. During the proposal development process, it was determined that UNICEF, PEPFAR and the World Bank would provide support for technical assistance within the DSW to address current challenges. This will include the review of position descriptions and relationships within the DSW to more closely align its function with the priorities on the national OVC response; a review and strengthening of management and coordination systems, particularly between the OVC program and other programs operated by the DSW at national and district levels; development and institutionalization of ongoing training and support programs for district and national staff on HIV/AIDS competency and the changing needs of OVCs; and, finally, the development of more effective collaboration and coordination mechanisms to strengthen the DSW's leadership role within the national response to OVCs.

Within this proposal support is only requested to assist the DSW to build and pilot a database program to support the Social Welfare Routine Information System. This will include a feasibility assessment of rolling-out the database program to district and local. Appropriate links between this program and other data collections systems within the OVC response will also be explored in the study.

Identification of Technical Assistance Requirements

The technical assistance needs to support implementation for Round 9 have been identified through previous experience with Global Fund implementation for both the DSW and the MOET. Strengthening the DSW is priority within the MOHSW and its restructuring and decentralization plan. Capacity assessments performed by the LFA and other donors and partners in the OVC response have highlighted the need to support the DSW and the MOET to fulfill their essential roles within the national OVC response. UNICEF and the EU have also raised capacity issues particularly within the DSW to support its leadership role within the social welfare and social protection system for OVCs. Finally, the GFCU as a PR has held consultative meetings with the senior leadership of both the MOHSW and the MOET to discuss capacity challenges and to agree on effective strategies to address these.

Processes to Source Technical Support

All consultants and technical assistance providers will be sourced through routine procurement processes within the MOHSW and the MOET. The Procurement Unit of the MOHSW has primary responsibility for all procurement requirements associated with Global Fund implementation. Those entities that require support will be invited to develop detailed terms of reference outlining their capacity building needs. These will then form the basis of a competitive bidding process for appropriately qualified providers. A selection process will then take place involving relevant stakeholders to do the final selection.

Procedures to Determine Effectiveness

Technical assistance required for the implementation of the Round 9 proposal has a direct relationship to the performance framework and the responsibilities of sub-recipients and other implementing partners within it. The effectiveness of technical assistance will be assessed in the first instance by the implementation experience of the sub-recipients and the performance related to agreed upon targets. This performance will in turn be monitored by the PR and ultimately the CCM. Both the CCM and the PR have the ability to identify and recommended changes to implementation arrangements. This may also involve decisions on whether or not the requested technical assistance is effective and what changes should be made.

In addition to this, technical assistance contracts are also monitored through the Procurement Unit according to the performance measures contained within these agreements.

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4.10 Management of pharmaceutical and health products [NOT APPLICABLE]

4.10.1. Scope of Round 9 proposal

Does this proposal seek funding for any pharmaceutical and/or health products?	<input type="checkbox"/> X No → Go to s.4B if relevant, or direct to s.5.
	<input type="checkbox"/> Yes → Continue on to answer s.4.10.2.

4.10.2. Table of roles and responsibilities

Provide as complete details as possible. (e.g., the Ministry of Health may be the organization responsible for the 'Coordination' activity, and their 'role' is Principal Recipient in this proposal). If a function will be outsourced, identify this in the second column and provide the name of the planned outsourced provider.

Activity	Which organizations and/or departments are responsible for this function? <i>(Identify if Ministry of Health, or Department of Disease Control, or Ministry of Finance, or non-governmental partner, or technical partner.)</i>	In this proposal what is the role of the organization responsible for this function? <i>(Identify if Principal Recipient, sub-recipient, Procurement Agent, Storage Agent, Supply Management Agent, etc.)</i>	Does this proposal request funding for additional staff or technical assistance
Procurement policies & systems			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intellectual property rights			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Quality assurance and quality control			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Management and coordination <i>More details required in s.4.10.3.</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Product selection			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Management Information Systems (MIS)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Forecasting			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procurement and planning			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Storage and inventory management <i>More details required in s.4.10.4</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Distribution to other stores and end-users <i>More details required in s.4.10.4</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensuring rational use and patient safety (pharmacovigilance)			<input type="checkbox"/> Yes <input type="checkbox"/> No

4.10.3. Past management experience [NOT APPLICABLE]

What is the past experience of each organization that will manage the process of procuring, storing and overseeing distribution of pharmaceutical and health products?

Organization Name	PR, sub-recipient, or agent?	Total value procured during last financial year <i>(Same currency as on cover of proposal)</i>
<i>[Use the "Tab" key to add extra rows if more than four organizations will be involved in the management of this work]</i>		

4.10.4. Alignment with existing systems [NOT APPLICABLE]

Describe the extent to which this proposal uses existing country systems for the management of the additional pharmaceutical and health product activities that are planned, including pharmacovigilance systems. If existing systems are not used, explain why.

ONE PAGE MAXIMUM

4.10.5. Storage and distribution systems [NOT APPLICABLE]

(a) Which organization(s) have primary responsibility to provide storage and distribution services under this proposal?	<input type="checkbox"/> National medical stores or equivalent
	<input type="checkbox"/> Sub-contracted national organization(s) <i>(specify)</i>
	<input type="checkbox"/> Sub-contracted international organization(s) <i>(specify)</i>
	<input type="checkbox"/> Other: <i>(specify)</i>

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(b)	For storage partners, what is each organization's current storage capacity for pharmaceutical and health products? If this proposal represents a significant change in the volume of products to be stored, estimate the relative change in percent, and explain what plans are in place to ensure increased capacity.
(c)	For distribution partners, what is each organization's current distribution capacity for pharmaceutical and health products? If this proposal represents a significant change in the volume of products to be distributed or the area(s) where distribution will occur, estimate the relative change in percent, and explain what plans are in place to ensure increased capacity.

4.10.6. Pharmaceutical and health products for initial two years [NOT APPLICABLE]

Complete 'Attachment B-HIV' to this Proposal Form, to list all of the pharmaceutical and health products that are requested to be funded through this proposal.

Also include the expected costs per unit, and information on the existing 'Standard Treatment Guidelines ('STGs'). **However**, if the pharmaceutical products included in 'Attachment B-HIV' are not included in the current national, institutional or World Health Organization STGs, or Essential Medicines Lists ('EMLs'), describe below the STGs that are planned to be utilized, and the rationale for their use.

4.10.7. Multi-drug-resistant tuberculosis [NOT APPLICABLE]

<p>Is the provision of treatment of multi-drug-resistant tuberculosis included in this HIV proposal as part of HIV/TB collaborative activities?</p>	<input type="checkbox"/> Yes <i>In the budget, include USD 50,000 per year over the full proposal term to contribute to the costs of Green Light Committee Secretariat support services.</i>
	<input type="checkbox"/> No <i>Do not include these costs</i>

ROUND 9 – HIV

4B. PROGRAM DESCRIPTION – HSS CROSS-CUTTING INTERVENTIONS [NOT APPLICABLE]

Optional section for applicants

SECTION 4B CAN ONLY BE INCLUDED IN ONE DISEASE IN ROUND 9 and only if:

- The applicant has identified gaps and constraints in the health system that have an impact on HIV, tuberculosis and malaria outcomes;
- The interventions required to respond to these gaps and constraints are 'cross-cutting' and benefit more than one of the three diseases (and perhaps also benefit other health outcomes); and
- Section 4B is not also included in the tuberculosis or malaria proposal

Read the [Round 9 Guidelines](#) to consider including HSS cross-cutting interventions.

'Section 4B' can be downloaded from the Global Fund's website [here](#) if the applicant intends to apply for 'Health systems strengthening cross-cutting interventions' ('HSS cross-cutting interventions').

ROUND 9 – HIV

5 FUNDING REQUEST

5.1 Financial gap analysis - HIV

Financial gap analysis (same currency as identified on proposal coversheet)								
Note → Adjust headings (as necessary) in tables from calendar years to financial years (e.g., FY ending 2008 etc.) to align with national planning and fiscal periods								
	Actual		Planned		Estimated			
	2007	2008	2009	2010	2011	2012	2013	2014
HIV program funding needs to deliver comprehensive prevention, treatment and care and support services to target populations								
Line A → Provide annual amounts	46,508,571	83,638,059	91,978,790	99,080,238	106,015,854	113,436,963	121,319,671	129,274,892
Line A.1 → Total need over length of Round 9 Funding Request						<i>(combined total need over Round 9 proposal term)</i>		791,253,038
Current and future resources to meet financial need								
Domestic source B1 : Loans and debt relief (<i>provide name of source</i>)	0	0	0	0	0	0	0	0
Domestic source B2 National funding resources	5,859,782	5,925,837	5,925,837	5,925,837	6,997,265	6,997,265	7,290,604	7,290,604
Domestic source B3 Private Sector contributions (national)				56,935	56,935	56,935	56,935	56,935
Total of Line B entries → Total current & planned DOMESTIC (including debt relief) resources:	5,859,782	5,925,837	5,925,837	5,982,772	7,054,200	7,054,200	7,347,539	7,347,539
External source C 1 MCC	0	12,271,429	21,000,000	24,000,000	20,000,000	14,000,000	0	0
External source C2 GTZ	34,0397	118,429	150,780	249,342	130,005	215,750	0	0

ROUND 9 – HIV

External source C3 European Commission	671,978	3,428,571	3,428,571	4,357,991	4,440,585	4,315,299	4,315,299	4,315,299
External source C 4 USG (PEPFAR)	484,103	12,271,429	5,000,031	5,250,000	5,250,000	5,250,000	5,250,000	5,250,000
External source C 5 Irish AID	4,865,223	8,071,429	7,142,857	7,857,143	8,642,857	9,507,143	10,457,857	10,457,857
External source C 6 UNICEF	0	0	2,905,020	2,905,020	2,905,020	2,905,020	2,905,020	2,905,020
External source C 7 World Bank (IDA)	500,000	2,000,000	2,500,000	12,00000	12,00000	12,00000	12,00000	12,00000
External source 8 WHO	433,000	480,000	500,000	500,000	500,000	500,000	500,000	500,000
External source C12 Private Sector contributions (International)				0	0	0	0	0
Total of Line C entries → Total current & planned EXTERNAL (non- Global Fund grant) resources:	7,294,701	38,641,287	42,627,259	46,319,496	43,068,467	37,893,212	24,628,176	24,628,176
In line D below, insert additional separate lines for each separate Global Fund grant. This will ensure that you show information on different Global Fund grants.								
Line D: Annual value of all existing Global Fund grants for same disease: Round 2	10,787,019	16,100,351	40,107,888	35,986,738	40,438,062	27,051,891	23,287,702	0
Global Fund D1 Round 2	6,353,865	6,353,865	6,353,865	0	0	0	0	0
Global Fund D2 Round 5	4,433,154	4,433,154	10,628,116	10,628,116	10,628,116	0	0	0
Global Fund D3 Round 7	0	5,313,332	5,313,332	7,546,047	7,546,047	7,546,047	0	0
Global Fund D4 Round 8	0	0	17,812,575	17,812,575	22,263,899	19,505,844	23,287,702	0

ROUND 9 – HIV

5.1.1. Explanation of financial needs – LINE A in table 5.1

Explain how the annual amounts were:

- developed (e.g., through costed national strategies, a Medium Term Expenditure Framework [MTEF], or other basis); and
- budgeted in a way that ensures that government, non-government and community needs were included to ensure fully implementation of country's HIV program strategies.

The annual amounts identified in this proposal were arrived at through the use of both the costed National HIV and AIDS Strategic Plan 2006 - 2011 and the Medium Term Expenditure Framework (MTEF) for the MOHSW. Spending on OVC programs is integrated within this estimates and cannot be accurately disaggregated. The NSP was costed using the resource need model which provides default unit cost values. The NSP was developed based on the outcomes of the evaluation of the 2000–2005 national HIV and AIDS strategic plan; during a broad-based consultation involving HIV and AIDS stakeholders from government, NGOs, private sector and communities. The total amount indicated annually represents the total financial requirement at both national and district level to effectively implement the program on annual basis, which is reflected in line A of table 5.1. Amounts for years 2010 to 2014 have been broadly estimated. More accurate projections are under development as part of the NSP mid-term review.

The NSP will be used to budget for the HIV and AIDS programme in the 2009 – 2011 (MTEF) led by the Ministry of Finance and Development Planning (MOFPD) in which the MOHSW and all its departments and divisions will take active part. In the current MTEF, the STI, HIV and AIDS Directorate has an established cost centre. This will ensure that HIV interventions are well described and costed in the Budget Framework Paper (BFP), thereby ensuring sustainability of funding.

5.1.2. Domestic funding – 'LINE B' entries in table 5.1

Explain the processes used in country to:

- prioritize domestic financial contributions to the national HIV program (including HIPC [Heavily Indebted Poor Country] and other debt relief, and grant or loan funds that are contributed through the national budget); and
- ensure that domestic resources are utilized efficiently, transparently and equitably, to help implement treatment, prevention, care and support strategies at the national, sub-national and community levels.

The profile of HIV and AIDS as a priority has risen since 2000 when HIV and AIDS was declared a national disaster. The GOL has therefore demonstrated commitment towards the attainment of the MDGs, universal access targets and UNGASS indicators. Since the Abuja Declaration on TB, HIV and Malaria in 2005 followed by the commitment to universal access to prevention, treatment, care and support, the funding has increased from 8% of the national annual budget allocation in FY 2005/06 to 11% in FY 2008/09.

The domestic sources of funding reflected in line B of table 5.1 represents the government budgetary allocations to the STI, HIV and AIDS Directorate. The GOL funding covers salaries of programme staff, supervision, procurement of ARVs, laboratory reagents and consumables, drugs for management of OIs and adverse effects, operating costs and programme management and running cost for laboratory services.

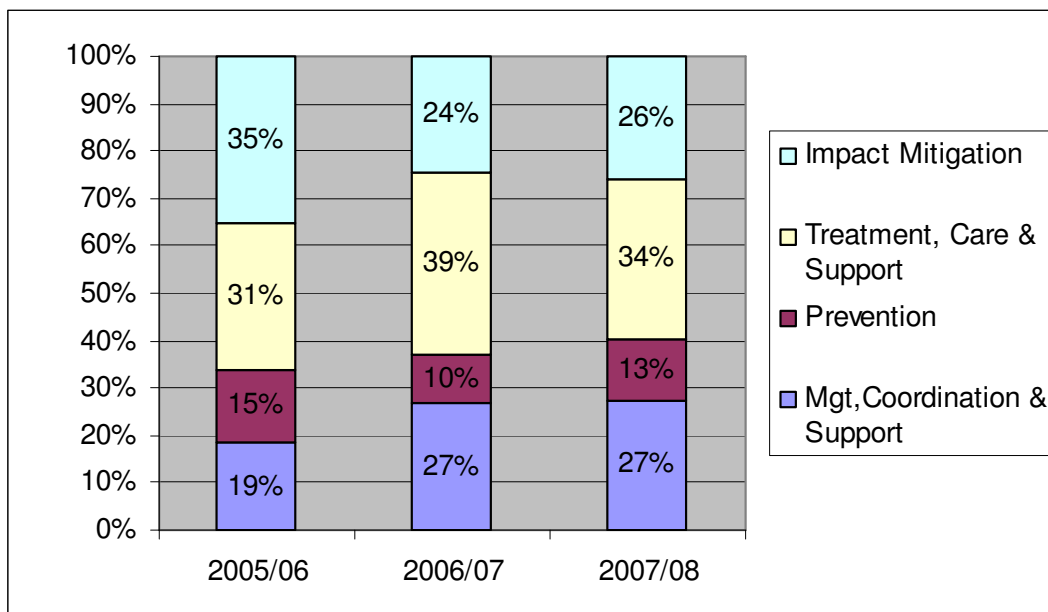
The MOFPD has developed a central electronic system for financial management within the public sector called Integrated Financial Management Information System (IFMIS). This system will be in use as of September 2008. This will facilitate tracking of domestic resources. MOFPD has decentralised central tender board to the districts and some line ministries to facilitate and to monitor that procurement processes at all levels are conducted in line with national financial regulations.

The Parliament has a national sub-committee called Public Accounts Committee which monitors and oversees that public funds are utilised efficiently, transparently and equitably, to help implement treatment, prevention, care and support strategies at the national, sub-national and community levels.

ROUND 9 – HIV

The accounting officers who are the ministries' principal secretaries are summoned to this committee whenever the committee feels that GOL financial resources are not managed according to the national financial regulations.

Figure 1: Spending Priorities based on NSP categories for 2005/06, 2006/07 and 2007/08



NASA 2006 -2007 (the updated figures for 2008/09 have not yet been released)

5.1.3. External funding *excluding Global Fund – 'LINE C' entries in table 5.1*

Explain any changes in contributions anticipated over the proposal term (and the reason for any identified reductions in external resources over time). Any current delays in accessing the external funding identified in table 5.1 should be explained (including the reason for the delay, and plans to resolve the issue(s)).

The Round 9 proposal has been prepared during a period of strategic change with respect to external investment. The new country strategy for Irish Aid has been delayed. One reason for this is the impact of global financial turbulence on national targets for development investment. In 2010, the EU will complete its current EDF and begin the implementation of a new EDF. The priorities for investment have not yet been determined. As mentioned earlier in this proposal, while the US government has committed to a substantial increase in PEPFAR contributions globally, as this proposal was being prepared, the final list of priorities for this increased investment in Lesotho had not yet been determined. PEPFAR has indicated an interest in prioritizing support for OVCs. This has been reflect in the estimate of future investment for this funder. Finally, while a project design for a Phase II of the World Bank's HIV Capacity Building and Technical Assistance project had been completed and agreed on by all stakeholders, the project had not yet been approved by the World Bank board and as a result the final allocations within the overall budget are not yet known.

5.2 Detailed Budget

Suggested steps in budget completion:

1. **Submit a detailed proposal budget in Microsoft Excel format as a clearly numbered annex.** Wherever possible, use the same numbering for budget line items as the program description.

ROUND 9 – HIV

- **FOR GUIDANCE ON THE LEVEL OF DETAIL REQUIRED** (or to use a template if there is no existing in-country detailed budgeting framework) **refer to the budget information available at the following link:** <http://www.theglobalfund.org/en/rounds/9/single/#budget>
2. Ensure the detailed budget is consistent with the detailed workplan of program activities.
 3. From that detailed budget, **prepare a 'Summary by Objective and Service Delivery Area'** (s.5.3.)
 4. From the same detailed budget, **prepare a 'Summary by Cost Category'** (s.5.4.)
 5. Do not include any CCM or Sub-CCM operating costs in Round 9. This support is now available through a separate application for funding made direct to the Global Fund (and not funded through grant funds). The application is available at: <http://www.theglobalfund.org/en/ccm/>

ROUND 9 – HIV

5.3 Summary of detailed budget by objective and service delivery area

Objective Number	Service delivery area <i>(Use the same numbering as in program description in s.4.5.1.)</i>	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1&2	Support for OVCs	5,417,537	4,311,461	5,761,965	6,131,986	6,503,070	28,125,919
3	Policy Development	334,752	292,462	169,607	126,185	126,244	1,049,250
NA	PR Support	0	0	0	750,565	870,559	1,621,124
Round 9 HIV funding request:		5,752,289	4,603,823	5,931,572	7,008,736	7,499,873	30,769,293

ROUND 9 – HIV

5.4 Summary of detailed budget by cost category (Summary information in this table should be further explained in sections 5.4.1 – 5.4.3 below.)

Avoid using the "other" category unless necessary – read the [Round 9 Guidelines](#).

	<i>(same currency as on cover sheet of Proposal Form)</i>					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Human resources	143,689	144,028	151,230	797,357	922,968	2,159,272
Technical and Management Assistance	233,089	109,038	42,858	0	0	384,985
Training	393,823	70,635	442,380	67,222	373,873	1,347,933
Health products and health equipment	0	0	0	0	0	0
Pharmaceutical products (medicines)	0	0	0	0	0	0
Procurement and supply management	0	0	0	0		0
Infrastructure and other equipment	138,244	0	0	0	0	138,244
Communication Materials	295,121	11,824	1,244,939	4,740	4,977	1,561,601
Monitoring & Evaluation	23,931	40,297	96,488	116,312	121,379	398,407
Living Support to Clients/Target Populations	4,302,980	4,047,809	3,748,572	5,774,885	5,827,895	23,702,141
Planning and administration	0	0	0	62,000	62,000	124,000
Overheads	0	0	0	0	0	0
Round 9 HIV funding request <i>(Should be the same annual totals as table 5.2)</i>	5,752,289	4,603,823	5,931,572	7,008,736	7,499,873	30,796,293

ROUND 9 – HIV

5.4.1. Overall budget context

Briefly explain any significant variations in cost categories by year, or significant five year totals for those categories.

The most significant expenditure item in this proposal is the provision of 26,000 school bursaries. The detailed justification of this is discussed in section 5.4.5 below. The budget for communications materials increases sharply in year 3. This is due to the printing of revised teaching materials for the life-skills program described in Activity 1.3. The training budget fluctuates in years 1, 3 & 5. Additional training activities are planned in these years for the different stakeholders at district level involved in the provision of school bursaries and the identification of OVCs in need.

5.4.2. Human resources

In cases where 'human resources' represents an important share of the budget, summarize: (i) the basis for the budget calculation over the initial two years; (ii) the method of calculating the anticipated costs over years three to five; and (iii) to what extent human resources spending will strengthen service delivery.

(Useful information to support the assumptions to be set out in the detailed budget includes: a list of the proposed positions that is consistent with assumptions on hours, salary etc included in the detailed budget; and the proportion (in percentage terms) of time that will be allocated to the work under this proposal.

→ *Attach supporting information as a clearly named and numbered annex*

The additional positions requested in this proposal are minimum. Within the Bursary Office of the MOET, support is requested for technical officers, data clerks and drivers. Costs for these positions have been determined based on the current GOL salary scales for similar positions. Starting salaries in Year 1 and Year 2 have been adjusted during the remaining years of the proposal using a year-over-year inflation factor of 5%. These additional positions are essential within the Bursary Office in order to support the increased demand for bursaries, to improve data collection and data management, and to improve supervisor and internal audit functions between national, district and local levels.

An additional position has been requested within the M&E Unit of the DSW. Round 7 is already supporting three M&E positions within this unit. The additional Database Administrator will support the automation of the national M&E system and will improve data management, data quality, and the range of end-user outputs for DSW monitoring and coordination role. This position as well has been costed based on similarly qualified positions with the GOL establishment list. Costs in Phase II have been calculated based on an inflation factor of 5%.

Finally, in Year 4 & Year 5 of this proposal, support is requested for the 13 positions within the GFCU. This unit is currently supported through Round 5 and Round 8. During the final years of the Round 9 proposal, this support will come to an end. At this time, the GFCU will be coordinating Rounds 7, 8 & 9. Salaries for these positions have been determined based on market rates. The Year 4 & Year 5 costs have been calculated using a yearly adjustment factor of 5% starting with current rates. For two positions, Communications Officer & Procurement Officer, funds for salary adjustments only are requested in Year 4 while support for the full salary is requested in Year 5. These positions are covered under the Round 8 grant until 2013.

5.4.3. Other large expenditure items

If other 'cost categories' represent important amounts in the summary in table 5.4, (i) explain the basis for the budget calculation of those amounts. Also explain how this contribution is important to implementation of the national HIV program.

→ *Attach supporting information as a clearly named and numbered annex*

*The provision of school bursaries, uniforms and hygiene kits for between 5,000 and 7,000 OVCs per year attending secondary school constitute the single largest expenditure item in this proposal. The detailed assumptions used in costing this item are explained in **Annex 5.4.3A**.*

ROUND 9 – HIV

5.5. Funding requests in the context of a common funding mechanism [NOT APPLICABLE]

In this section, **common funding mechanism** refers to situations where all funding is contributed into a common fund for distribution to implementing partners.

Do not complete this section if the country pools, for example, procurement efforts, but all other funding is managed separately.

5.5.1. Operational status of common funding mechanism [NOT APPLICABLE]

Briefly summarize the main features of the common funding mechanism, including the fund's name, objectives, governance structure and key partners.

→ *Attach, as clearly named and numbered annexes to your proposal, the memorandum of understanding, joint Monitoring and Evaluation procedures, the latest annual review, accountability procedures, list of key partners, etc.*

[NOT APPLICABLE]

5.5.2. Measuring performance

How often is program performance measured by the common funding mechanism? Explain whether program performance influences financial contributions to the common fund.

[NOT APPLICABLE]

5.5.3. Additionality of Global Fund request

Explain how the funding requested in this proposal (*if approved*) will contribute to the achievement of outputs and outcomes that would not otherwise have been supported by resources currently or planned to be available to the common funding mechanism.

If the focus of the common fund is broader than the HIV program, applicants must explain the process by which they will ensure that funds requested will contribute towards achieving impact on HIV outcomes during the proposal term.

[NOT APPLICABLE]

ROUND 9 – HIV

5B. FUNDING REQUEST – HSS CROSS-CUTTING INTERVENTIONS

Applying for funding for HSS cross-cutting interventions is optional in Round 9

SECTION 5B CAN ONLY BE INCLUDED IN **ONE DISEASE** IN ROUND 9 and only if this disease includes the applicant's programmatic description of HSS cross-cutting interventions in s.4B.

Read the [Round 9 Guidelines](#) to consider including HSS cross-cutting interventions

Download 'Section 5B' from the Global Fund website [here](#) if the applicant intends to apply for 'Health systems strengthening cross-cutting interventions' ('HSS cross-cutting interventions') **in Round 9 and has completed section 4B and included that section in the HIV proposal sections.**

Proposal checklist – Section 3 to 5 HIV

Section 3 and 4: Program Description		List Annex Name and Number
4.1	Supporting documentation for National Strategy	4.1F (R8 4.1D) 4.1E (R8 4.1C) 4.1D (R8 4.1B) 4.1I (R7 4F) 4.1J (R7 4E) 4.1K (R7 4D) 4.7B 4.3B 4.7C 4.3C 4.3D
4.2.1	Map if proposal targets specific region/population group	
4.3.2	Any recent report on health system weaknesses and gaps that impact outcomes for the three diseases (and beyond if it exists).	4.1F (R8 4.1F) 4.1G (R7 4G) 4.7A
4.4	Document(s) that explain basis for coverage targets	4.7C
4.5.1	A completed 'Performance Framework' by disease Refer to the M&E Toolkit for help in completing this table.	Attachment A
4.5.1	A detailed component Work Plan (quarterly information for the first two years and annual information for years 3, 4 and 5) by disease.	Work plan
4.5.2	A copy of the Technical Review Panel (TRP) Review Form for unapproved Round 7 or Round 8 proposals (only if relevant).	
4.8.1	A recent evaluation of the 'Impact Measurement Systems' as relevant to the proposal (if one exists)	
4.9.1	A recent assessment of the Principal Recipient capacities (other than Global Fund Grant Performance Report).	
4.9.1 <i>(for non-CCM applicants)</i>	Document describing the organization such as: official registration papers, summary of recent history of organization, management team information	
4.9.2	List of sub-recipients already identified (including name, sector they represent, and SDA(s) most relevant to their activities during the proposal term)	
4.10.6	A completed 'List of Pharmaceutical and Health Products' by disease (if applicable).	Attachment B

Proposal checklist – Section 3 to 5 HIV

Section 4B: HSS Cross-cutting (once only in whole country proposal)		List Annex Name and Number
4B.2	A completed separate HSS cross-cutting 'Performance Framework' (or add a separate "worksheet" to the disease 'Performance Framework' under which s. 4B is submitted) Refer to the M&E Toolkit for help in completing this table.	Attachment A
4B.2	A detailed separate HSS cross-cutting Work Plan (or add a separate "worksheet" to the disease Work Plan under which s. 4B is submitted) (quarterly information for the first two years and annual information for years 3, 4 and 5).	Work plan
Section 5: Financial Information		List Annex Name and Number
5.2	A 'detailed budget' (quarterly information for the first two years, and annual information for years 3, 4 and 5)	Detailed Budget
5.4.2	Information on basis for budget calculation and diagram and/or list of planned human resources funded by proposal (only if relevant)	
5.4.3	Information on basis of costing for 'large cost category' items	
5.5.1 <i>(if common funding mechanism)</i>	Documentation describing the functioning of the common funding mechanism	
5.5.2 <i>(if common funding mechanism)</i>	Most recent assessment of the performance of the common funding mechanism	
Section 5B: HSS Cross-cutting financial information		List Annex Name and Number
5B.1	A separate HSS cross-cutting 'detailed budget' (or add a separate "worksheet" to the disease 'detailed budget' under which s. 4B is submitted). Quarterly information for the first two years, and annual information for years 3, 4 and 5).	Detailed Budget
5B.4.2	Information on basis for budget calculation and diagram and/or list of planned human resources funded by proposal (only if relevant)	
5B.4.3	Information on basis of costing for 'large cost category' items	

Proposal checklist – Section 3 to 5 HIV

Other documents relevant to sections 3, 4 and 5 attached by Applicant:		List Annex Name and Number