



GOVERNMENT OF LESOTHO

COORDINATION FRAMEWORK FOR THE NATIONAL RESPONSE TO HIV AND AIDS



NATIONAL AIDS COMMISSION
Powered to conquer HIV and AIDS

LIST OF ACROYNYS

AGSAA	Action Group in Sports Against AIDS
ALE	Association of Lesotho Employers
BS	Bureau of Statistics
CARE	CARE Lesotho
CCL	Christian Council of Lesotho
CCM	Country Coordinating Mechanism
CHAL	Christian Health Association of Lesotho
CHW	Community Health Workers
CRS	Catholic Relief Services
DAC	District AIDS Coordinators
DATF	District AIDS Task Force
FBO	Faith Based Organisation
GF	Global Fund
GPA	Global Programme on AIDS
IEC	Information Education Communication
LAPCA	Lesotho AIDS Programme Coordinating Authority
LCN	Lesotho Council of Non Government Organisations
LENASO	Lesotho Network of AIDS Service Organisations
LENEPWHA	Lesotho Network of People Living With HIV and AIDS
LCB	Lesotho Catholic Bishop's Conference
LIRAC	Lesotho Inter-Religious AIDS Consortium
LPPA	Lesotho Planned Parenthood Association
LRC	Lesotho Red Cross
LYF	Lesotho Youth Federation
MOFDP	Ministry of Finance and Development Planning
MOET	Ministry of Education and Training
MOHSW	Ministry of Health and Social Welfare
MOLG	Ministry of Local Government
MOU	Memorandums of Understanding
NAC	National AIDS Commission
NUL	National University of Lesotho
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
SANASO	Southern African Network of AIDS Service Organisations
SIPAA	Support for International Partnerships against AIDS in Africa
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV and AIDS
USG	US Government
UNTG	United Nations Theme Group
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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Executive Summary

Historical evolution of national management and coordination mechanisms in Lesotho started with the formation of the National AIDS Prevention and Control Programme housed under the Division of Disease Control in the Ministry of Health and Social Welfare (MOHSW) in 1987. In the late 1990s the Government realised that the AIDS epidemic was not only a health problem but also a development issue cutting across all sectors. Consequently, a multi-sectoral response was initiated and placed under the Lesotho AIDS Programme Coordinating Authority (LAPCA), established as an independent body to coordinate the multi-sectoral national response. In line with the multi-sectoral response the National HIV and AIDS Policy Framework and Strategic Plan 2001/02-2003/04 were developed and endorsed by the government.

LAPCA was not successful in carrying out its leadership and coordination role since it was a department under the Cabinet office and lacked independence, adequate human and financial resources to enable it to effectively discharge its mandate. In 2005, the Government abolished LAPCA and established the National AIDS Commission (NAC) by the NAC Act 2005 along the "Three Ones Principles". NAC is placed outside the Government structure and given more independence and authority to manage the national HIV and AIDS response in conjunction with stakeholders and the authority to mobilise resources outside the Government systems.

The establishment of NAC was also necessitated by the increased number of players in the national response, coupled with the substantial increase in the amount of financial support from international funding organisations. These factors in turn increased the potential for duplication of efforts, overlapping, conflict of responsibilities, inconsistencies between partners and competition for financial and human resources. It is therefore critical for NAC to develop a coordination framework with guidelines, principles and strategies to guide all partners in order to ensure synergy of action by maximising the comparative advantages of each player. This entails bringing together different policies, procedures, systems and cycles in line with national systems.

The strategy that NAC will utilise to coordinate the large number of stakeholders will focus on the objectives of achieving broad-based commitment to a single national strategy with buy-in and support of all implementing stakeholders; establishing and using a joint monitoring and accountability framework; identifying synergies and supporting efficient and effective implementation of the national strategy; support advocacy for, commitment and disbursement of financing for the national response; ensuring effective communication to and between stakeholders; ensuring inclusion and access of all relevant groups, especially hard-to-reach and under represented groups; and obtaining "value for money" coordination.

NAC, as the National Coordinating Authority will ensure that all partner programmes and activities are based on national priorities as articulated in the National Strategic Plan 2006-2011, which is the central reference point for national priorities for action and funding. This will ensure that interventions and activities are based on agreed strategies and directed at agreed national objectives. National Action Plan and annual operational plans will drive implementation and alignment, in which the roles of all partners, expected results, cost, and sources of resources are agreed and clearly documented. This will facilitate division of labour where each partner focuses according to their comparative advantage, and avoid duplication and competition among partners.

NAC, jointly with partners, will track the progress of the response and evaluate the results against agreed targets and using the agreed national M & E system. The results will inform reviews of the

National Strategic Plan and action plans. Ultimately NAC through appropriate organs of government will be accountable to affected communities and the nation at large for effective prevention, treatment, care and support, and impact mitigation.

Systems for regular interaction between stakeholders, and between policy and operational arms for communication and information sharing are critical for NAC to effectively coordinate the responses. Systems for such effective mechanisms and processes would include partnership and stakeholder forums and the theme groups. These forums and groups would facilitate regular interaction of leading actors involved in managing and supporting various HIV programmes in the country. They would also provide space for planning and review of annual programmes, responsibilities and lead implementing agencies, progress and resource allocations and modalities for accountability.

At the national level, NAC will support the clustering of stakeholders and establishment of partnership forums, thematic groups, and national self-coordinating entities with mandates to meet and share information, design strategic directions, determine modalities for resource allocation and delegate representations to the wider stakeholder forum. Monthly or quarterly reports, as determined by different entities, would be shared with NAC and the multi-sectoral forum. NAC would establish a system of reviewing the performance of all international partners against agreed responsibilities. This would be through a participatory process to develop tools to measure the partners' commitment to the "three ones" concept through harmonised and aligned support. Partnership forums would also serve as a means for partners to account for their performance and systematic sharing of information with NAC and other partners. The M&E plan will serve to provide clear provision for joint programme reviews with concerned partners.

At the district level the Gateway Approach will be the main coordination strategy, in line with the MOLG Guidelines whereby the Local Authorities are the gateways in the holistic response against epidemic within the district coordination mechanism. The goal of the gateway approach is to provide a platform for all stakeholders including NAC to successfully implement their strategies in the response against HIV and AIDS by involving the communities and their representatives right from the inception and thus to promote community HIV and AIDS initiatives and innovations. The approach aims to empower and make the local authorities and other local leaders HIV and AIDS competent and to promote a demand-driven support system at local, district and national levels.

It is through this demand-driven support system, together with robust coordination institutions, structures and systems that facilitate scaling up of prevention, care, treatment and support interventions that NAC will effectively advise the national government regarding conducive environments; systems and resources necessary for an effective response; for ensuring synergy and harmonisation of partner activities; for keeping track of the epidemic and response programmes through monitoring and evaluation; and for accounting regularly to the national community on the epidemic and the national response.

I BACKGROUND INFORMATION

1.1 Evolution of the Coordination In HIV and AIDS

The Government realised the need to create an enabling environment and establish structures to manage HIV and AIDS related activities and interventions in the country. The process involved the determination of appropriate structures, legislation and policy directives to ensure that stakeholders are facilitated to implement programmes and that the human rights of people infected with or affected by HIV and AIDS are protected. Attempts made to institute national bodies to oversee national efforts against HIV and AIDS were done without the benefit of the current knowledge of the epidemiology and impact of the disease and were based on a health programmatic approach.

Establishment of management and coordination structures to oversee HIV and AIDS control Programmes consisted of a number of short, medium and long term strategic imperatives that saw the evolution of the Programme from primarily health interventions to the facilitation of multi-sectoral involvement and coordination. Historical evolution of national management and coordination mechanisms started with the formation of the National AIDS Prevention and Control Programme housed under the Division of Disease Control in the Ministry of Health and Social Welfare (MOHSW) in 1987. It was intended to lead and oversee national efforts that were aimed at preventing the spread of the disease at the time when no treatment or cure were available, as part of the short and medium term plan arrangements. Its basic structure consisted of four units comprising of Administration, Epidemiology, Counselling and Information, Education and Communication (IEC). Staff for the four units consisted of personnel seconded from the Global Programme on AIDS (GPA) and complementary local counterpart staff to the Programme Manager, Counsellor, IEC and Epidemiologist. Initial financial and technical support to the Programme was from the World Health Organisation (WHO) through its Global Programme on AIDS.

1.2 Organisation of the National Response

1.2.1 Lesotho AIDS Programme Coordinating Authority (LAPCA)

In the late 1990s the Government realised that HIV and AIDS is not only a health problem but also an issue that cuts across several sectors and by 2000 the epidemic was declared a national disaster. This development provided the impetus for the establishment of LAPCA and the adoption of a multi-sectoral approach as an appropriate response. To carry out the multi-sectoral response, a Policy Framework on HIV/AIDS Prevention, Control and Management as well as a National AIDS Strategic Plan for 2001/02-2003/04 were developed and endorsed by the Government in September 2000. The inception of LAPCA in 2001 was envisaged as an independent body tasked to carry out the responsibility of coordinating the national HIV and AIDS response as defined in the Policy Framework Strategic Plan documents. On assumption of office, LAPCA reviewed the reference period for the National Strategic Plan to cover 2002/03 to 2004/05.

The establishment of LAPCA did not achieve the desired results, as the expected improvements in the planning, coordination, leadership, implementation and supervision and monitoring of a much-strengthened health sector response to HIV and AIDS were not realised. A number of structural and administrative constraints impinged on the operational effectiveness of the new institution. The main constraints were that LAPCA was a department under the Cabinet office and it lacked independence and clout to coordinate national level activities. It also did not have adequate human and financial resources to enable it to effectively discharge its mandate.

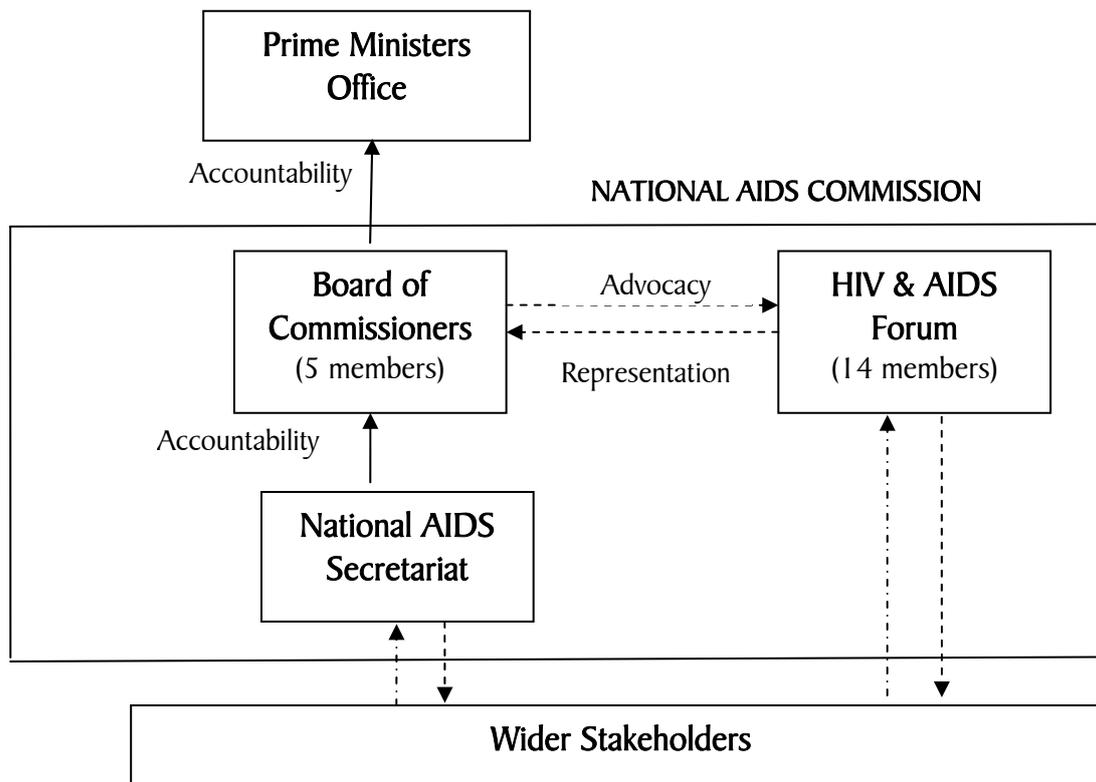
1.2.2 National AIDS Commission (NAC)

In 2005, the Government abolished LAPCA and instituted NAC as a new institution placed outside the Government structure and given more independence and authority to manage the national HIV and AIDS response in conjunction with stakeholders and the authority to mobilise resources outside the Government systems. NAC is a corporate body established by the NAC Act 2005 with the overall mandate to coordinate the national response towards HIV and AIDS in Lesotho. NAC was established along the “Three Ones Principles” of One National Coordinating Body, One National Plan, and One Monitoring and Evaluation Framework. The main functions of the NAC are:

- To develop and establish policies, strategies and priorities for the national response to HIV and AIDS
- To facilitate development and implementation of communication strategies to support national response and behavioural change
- To spearhead HIV and AIDS advocacy and create an enabling environment for all stakeholders
- To coordinate, monitor and supervise the implementation of the National AIDS Strategic Plan and strategies for scaling up the fight against HIV and AIDS
- To determine research priorities, facilitate research work and use findings to inform policy reform and new developments
- To mobilise financial and technical resources from all stakeholders and solicit their support in implementation, monitoring and evaluation processes

As depicted in figure 1 below, the NAC is directly accountable to the office of the Prime Minister through a Board of Commissioners. The Commission comprises of the Board, the Secretariat and the HIV & AIDS Forum.

Figure 1: Structure of the National AIDS Commission



2 TRANSITION OF THE COORDINATION ARRANGEMENTS

2.1 LAPCA Dispensation

During the LAPCA dispensation coordination arrangements were established at central, district and community levels, although more coordination structures further emerged as a result of weakened stewardship during the transitional face between the abolishment of LAPCA and the establishment of NAC.

At central level, we had a three tier system: the multi-sectoral structure that coordinated the comprehensive response, the self coordinating bodies that coordinated the response by areas of work, and the technical advisory thematic teams. The Multi-Sectoral Coordination Structures included the Principal Secretaries Committee, Coordination Units in Line Ministries, Parliamentary Committee, Country Coordinating Mechanism (CCM), The Expanded United Nations Theme Group, Cabinet Sub Committee on HIV and AIDS. Self-Coordinated Structures included Lesotho Council of Non Governmental Organisations (LCN), Lesotho Network of AIDS Service Organisations (LENASO), Association of Lesotho employers (ALE), and Support Groups of People living with HIV.

Under the Multi-sectoral Task Force four thematic teams on HIV & AIDS were established to advice on technical issues and oversee interventions in each thematic area. These groups included Governance, Prevention; Treatment, Care and Support; and Impact mitigation. In the absence of a unified Monitoring & Evaluation framework on HIV and AIDS issues, all local expertise were brought together to form a technical working group that advised on related issues.

At district level, District AIDS Coordinators (DACs) were technically responsible to LAPCA and administratively accountable to the District Secretaries. Their mandate was to serve as focal points for coordination of HIV and AIDS issues at district level. District AIDS Task Forces (DATFs) were to bring together all relevant stakeholders to address HIV and AIDS in a holistic approach. Through the coordination of DATFs support groups were established at community level with the assistance of different stakeholders including Lesotho Red Cross, Office of the First Lady, the Lesotho Planned Parenthood Association (LPPA) etc.

2.2 Transition phase

The transition between facing out of LAPCA and the establishment of NAC in 2005 saw to a number of coordination structures emerging. Although this was for a good course their establishment was not properly guided. Some of the structures established at central level will in the long run play a dual role in the proposed structures under NAC. It is envisaged that the coordination framework would therefore seek to optimise on the structures that have been put in place and not abolish them.

To ensure a smooth transition, an analysis of stakeholder activities was carried out to facilitate and ensure an effective national response thereof. The focus was on resource providers, the public sector, civil society and the private sector. The following key results were obtained:

Table 1: SWOT Analysis for Coordination of the National Response

#	IDENTIFIED ISSUES	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
NATIONAL LEVEL					
1	Development Partners				
1.1	The Development Partners already have a monthly forum for discussing HIV and AIDS issues although the forum extends beyond the Development Partners spectrum i.e. UN Expanded Theme Group	√			
1.2	No communication between the different forums that discuss HIV and AIDS issues e.g. UN Expanded Theme Group, Country Coordinating Mechanism, KYS Steering Committee leading to duplication				√
1.3	All the forums are chaired by different organisations hence coordination becomes a challenge				√
1.4	The national policy and strategic plan for HIV and AIDS have been approved and will be the gateway for all financial and technical support from the Development Partners	√			
1.5	NAC has been established as a Corporate Body outside the Government, this enables it to mobilise resources out side the GOL systems and bureaucracy.	√			
1.6	A high proportion of the Development Partners are ready to provide all the requisite support to NAC to be fully effect its coordination mandate			√	

#	IDENTIFIED ISSUES	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
1.7	There is non-compliance of some Partners to get guidance from NAC in directing the national response instead already dictate their areas of intervention				√
2	Public Sector				
2.1	The GOL currently does not have an operational structure for coordination of HIV and AIDS activities in the public sector				√
2.2	There is scope to fully engage the P.S.' Committee under the leadership of the GS to discharge the coordination mandate in the Public Sector			√	
2.3	There is still lack of clarity on the roles and responsibilities between NAC and MOHSW				√
3	Civil Society				
3.1	3 coordinating structures are already in existence in this sector: The Lesotho National AIDS Service Organisation (LENASO), the Lesotho Network of People Living with HIV and AIDS (LENEPWHA) and the Lesotho Inter-Religious AIDS Consortium (LIRAC).			√	
3.2	There is need to build the capacity of the above mentioned coordination structures to effectively coordinate the responses of their constituents.				√
3.3	Absence of establish coordination structures in other networks e.g. sporting organisations, teachers associations, women's organisations etc.				√
4	Private Sector				
4.1	There are a number of structures coordinating some constituencies within the private sector: the Association of Lesotho Employers (ALE), National Advisory Committee on Occupational Safety and Health (NACOSH), Apparel Lesotho Alliance for AIDS (ALAFA).			√	
4.2	There is inadequate collaboration between these entities				√
4.3	The relationship between NAC and this entities is only mushrooming and needs intensified strengthening			√	
4	DISTRICT LEVEL				
4.1	The transformation of the District AIDS Coordinators engaged under the LAPCA era to being M&E Officers under the District Administrator's office left a gap in coordinating implementation at the District Council Secretary level				√
4.2	The presence of NAC at district level through deployment of Technical Support Officers to support the local government structures	√			

#	IDENTIFIED ISSUES	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
5	COMMUNITY LEVEL				
5.1	There is confusion to some degree on the work of the support groups vis a vi the Community Health Workers, while CHWs have always remained volunteers some support now get incentives				√
5.2	Support groups are also affiliated with the organisations that established them hence get incentives which are not standards across the board				√

3 SCOPE, RATIONALE AND GUIDING PRINCIPLES OF THE COORDINATION FRAMEWORK

3.1 Scope

The broad scope of the NAC Coordination Framework incorporates the “three ones” concept as shown in Figure 2. Various partners, national, and international, come on the response scene with own individual operational modalities, including policies, procedures, systems, cycles and approaches that may radically differ from each other. On the other hand, the increased number of players in the national response to HIV and AIDS has in turn increased the potential for duplication of efforts, conflicting interests, conflict of responsibilities, inconsistencies between partners and competition for financial and human resources. These developments, together with the substantial increase in the amount of financial support from international funding organisations, have created a need for stronger coordination of the national response.

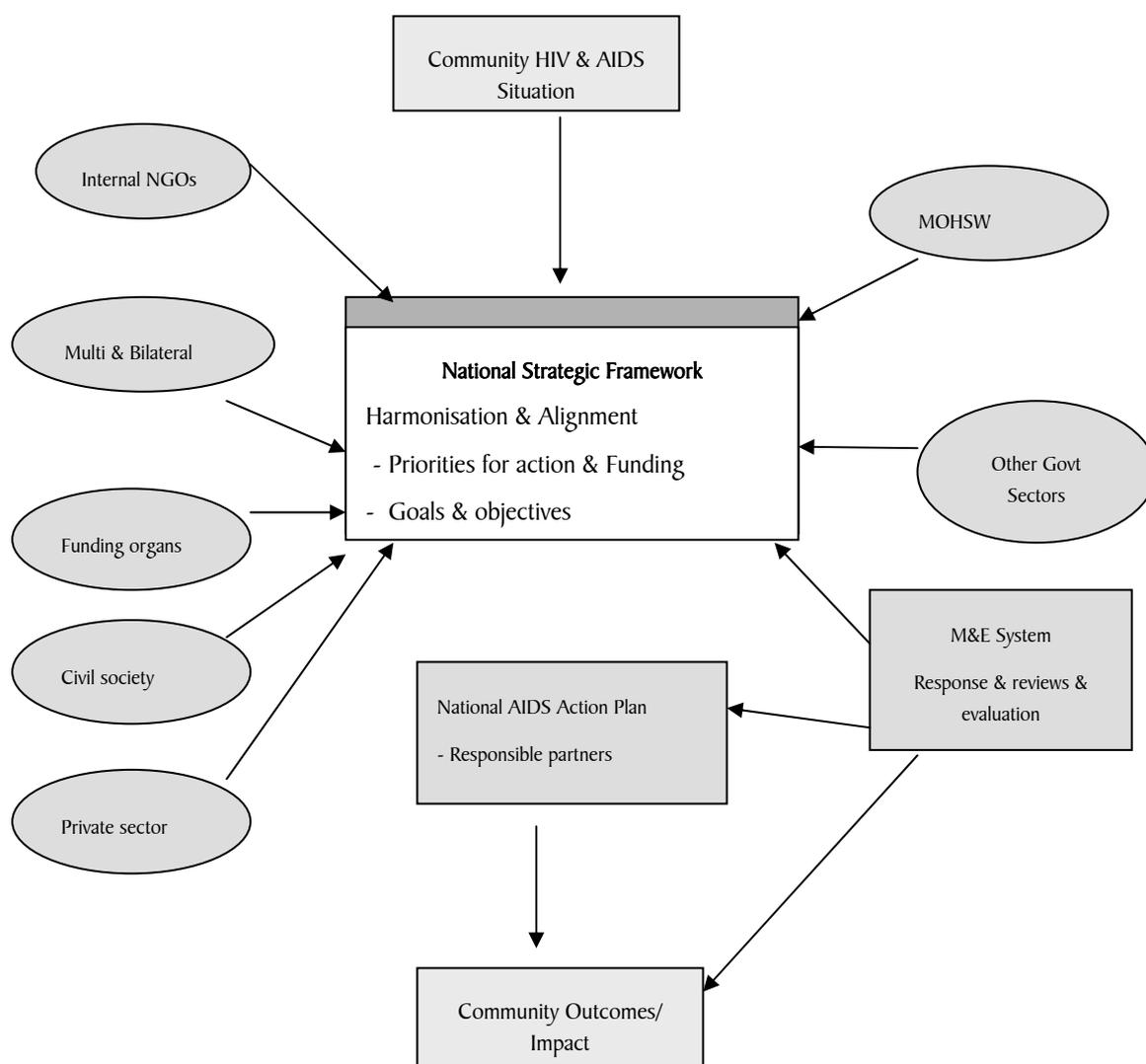
In terms of the “three ones” principle, the One agreed AIDS action framework provides the basis for coordinating the work of all partners. The National HIV and AIDS Strategic Plan for 2006-2011 has already been developed and the challenge is to agree on the operational plan with all stakeholders.

The One national AIDS authority with a broad-based multi-sectoral mandate is vested in the National AIDS Commission. NAC has the mandate and the legal authority to coordinate the national response to HIV and AIDS.

The One agreed country-level monitoring and evaluation system is embodied in the National M&E Plan for 2006-2011. This implies that all programme activities have to be coordinated and captured in the M&E system.

It is therefore critical to develop a coordination framework with guidelines and principles to guide coordination functions of NAC.

Figure 2: Scope of HIV and AIDS Response Coordination



3.2 Rationale

Through the Coordination Framework, NAC will manage the response environment and processes, and guide all partners in order to ensure synergy of action by maximising the comparative advantages of each player. The coordination will also entail ensuring compliance with the provisions and priorities of the National Strategic Plan. Development partners' coordination will largely entail streamlining and coordinating approaches of various partners to be in line with the national approach. It also entails harmonisation of different policies, procedures, systems and cycles in line with the national priorities. The ultimate aim will be to enhance the national response and facilitate scaling up.

3.3 Guiding Principles

The coordination framework aims to provide an enabling environment with guiding principles that recognises the diversity of partners in terms of government leadership, integrated planning, responsibility for service provision, equity in resource allocation, transparency and accountability:

Government leadership: Government to have the overall responsibility for HIV and AIDS policy formulation through a consultative process with all stakeholders. Effective representation of stakeholders in appropriate fora at different levels will help ensure consensus building and ownership.

Integrated planning: The national strategic plan based on a national policy is to be the guiding document for the overall response towards HIV and AIDS in Lesotho. All operational plans at different levels of implementation would have to be aligned to the response as set out in the national strategic plan.

Responsibility for service provision: Responsibility for service provision in the country is guided by the National HIV and AIDS policy, and the decentralisation strategy adopted by the Government. In negotiating and making agreements for service provision NAC and all stakeholders will rationalise the comparative advantage of different stakeholders, and harness synergies between stakeholders in order to reduce any duplication and overlaps.

Equity in resource allocation: NAC will ensure that allocation of resources for HIV and AIDS activities is in accordance with evidence based national priorities, and reduces economic barriers that prevent access to services. Intervention gaps will be identified and resources targeted where they are most needed to make significant impact.

Transparency: Resource allocation for HIV and AIDS would be jointly determined through transparency in planning operations and programme reviews, and sharing information. Inputs available to Implementing Partners as well as their capacity to mobilise additional resource would be mutually disclosed.

Accountability: All partners in the response are ultimately accountable to the communities served, in accordance with their mandates. Tracking of the responses will be through an agreed M&E system, and official accounting to various constituencies on progress would be an integral part of the response. NAC will ensure accountability for inputs, outputs, and outcomes by all Partners at different levels through a national monitoring and evaluation framework.

3.4 The Goal & Objectives for the Coordination Framework

3.4.1 Goal

All HIV and AIDS programmes aligned to the national strategic plan and coordinated through the NAC, and reports systems aligned to one M&E framework, to avoid duplication and overlaps, inappropriate strategies and resource allocations.

3.4.2 Objectives

The coordination framework aims at achieving the following objectives:

- To identify focal areas for coordination with clear mandate at all levels;
- To strengthen capacities of the coordinating structures;
- To establish stronger partnerships and synergies with relevant stakeholders;

- To facilitate and promote ownership and support to the national response by all stakeholders

4 PROPOSED STRATEGIES FOR COORDINATION

The principal tool for the coordination of the national response is the “three ones” principle. This incorporates the three pillars of coordination, namely one National Coordinating Authority, one National Strategic Plan (NSP) and one National Monitoring and Evaluation (M&E) System. The following proposed coordination structures are depicted in Figure 3 below, and are discussed in depth in sections 4.1.

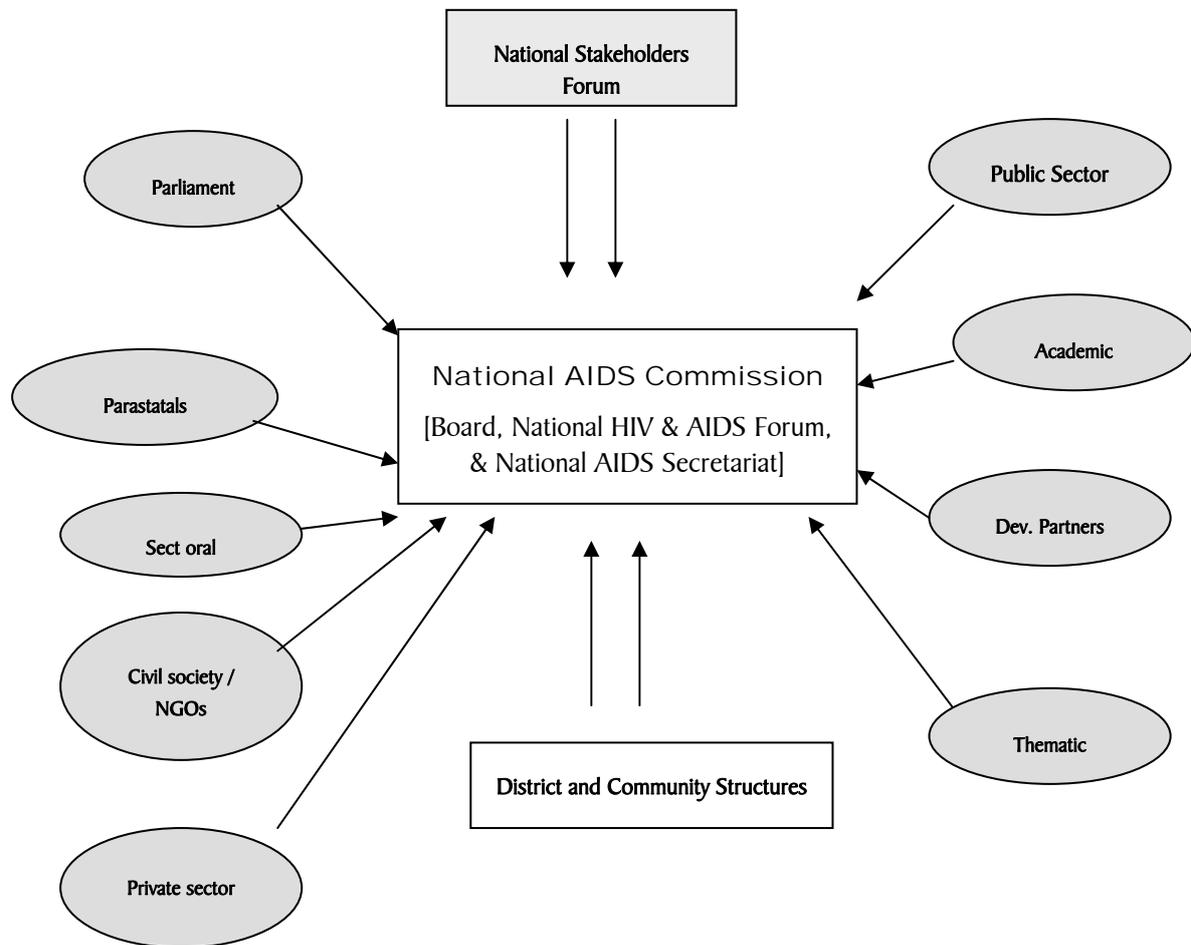
- National AIDS Commission: Focal point for coordination of the entire response. It includes the Board, HIV and AIDS forum and NAC
- Public Sector: This covers Line Ministries and include Cabinet Sub-committee on HIV and AIDS, Principal Secretaries Committee and HIV and AIDS Focal Persons
- Parliament: This include the Parliamentary Sub-committee on HIV and AIDS
- Parastatals
- Educational and Academic Institutions such as NUL
- Financing institutions and development partners including their self-coordinating structures such as Partners Forum, UN Theme Group and United Nations Technical AIDS Team/Group
- Specific Sector, donor or project coordinating mechanisms such as OVC Coordinating Committee, Country Coordinating Mechanism, KYS Coordination Structures etc
- Private Sector including their self-coordinating structures as the Lesotho Chamber of Commerce, Mohloli Chamber of Commerce, Association of Lesotho Employer,s etc
- Civil Society/NGOs including LENEPHWA, LCN, Faith Based Organisations, LENASO, etc
- Technical and Thematic Working Groups covering Prevention, Treatment, Care & Support, Impact Mitigation and Governance including resource mobilisation and M&E
- District and Local Structures
- National Stakeholders Forum

4.1 Identification of Focal Areas for Coordination

4.1.1 National Level

NAC will guide and facilitate the definition of the coordination framework and shall ensure stakeholder participation through a consultative process. This will be done through workshops where all stakeholders will be represented both at central and district level.

Figure 3: Proposed Coordination Structures



4.1.1.1 Responsibility of NAC

The National AIDS Commission as the National Coordinating Authority will ensure that all partner activities are based on national priorities as articulated in the NSP, which is the central reference point for national response priorities for action and funding. This will ensure that interventions and activities are based on agreed strategies and directed at agreed national objectives. National Action Plan and annual operational plans will drive implementation and alignment, in which the roles of all partners, expected results, cost, and sources of resources are agreed and clearly documented. Such plans will be based on the NSF and developed in a participatory manner involving all partners in the response. This will facilitate division of labour where each partner focuses according to their comparative advantage, and avoid duplication and competition among partners.

NAC, jointly with partners, will track the progress of the response and evaluate the results against agreed targets and using the agreed national M & E system. The results will inform reviews of the NSP and action plans. Ultimately NAC through appropriate organs of government will be accountable to affected communities and the nation at large for effective prevention, treatment, care and support.

The Commission has an advisory function through its **HIV and AIDS Forum** which comprises 14 members designated by the NAC Act 2005. Its membership include representation from PLWHAs,

Women and Youth organisations, Business Sector, FBOs, LCN, MOHSW, MOFDP and MOLG, MOA, Member of Senate, National Assembly and Sporting Bodies.

Key functions of the forum are to:

- Provide a formal and representative coordination platform for discussion, consensus building, joint and mutual support for constituencies in the national response to HIV and AIDS
- Encourage stakeholders and constituencies to harmonise the national response.
- Provide communication channel for more effective information sharing within the various constituencies in the society
- Recommend the commission, the emerging policy and programme issues and challenges
- Advise the commission on the implementation of the national strategy
- Advocate demystification of HIV and AIDS, and the removal of stigma and discrimination associated with HIV and AIDS; and for the protection of rights of orphans and other vulnerable groups
- Encourage constituencies to submit annual action plans and indicators in relation to the implementation of the national response to HIV and AIDS.

To achieve its role as the national body responsible for coordination of the HIV and AIDS response, NAC is mandated to guide and direct establishment of structures for effective coordination of the multi-sectoral response. The pillar of such an effective structure would be the formation of a **National Stakeholders Forum** with membership from Government institutions, Non-governmental Organisations, Civil Society Organisations, Private Sector, Youth Groups, Professional Associations, Religious Institutions and Organisations of People Living with HIV and AIDS (PLWHAs). This forum will facilitate regular interaction of leading actors involved in managing and supporting various HIV programmes in the country. It would also provide a platform for planning and review of annual programmes, responsibilities and lead implementing agencies, progress and resource allocations and modalities for accountability.

NAC will support partnerships among stakeholders led by national **Self Coordinating Entities** with the mandate to share information, design strategic directions, determine modalities for resource allocation and delegate representations to the wider stakeholder forum. Monthly or quarterly reports, as determined by different entities, would be shared with NAC and the multi-sectoral forum. These will include coordination structures with the Public Sector, Civil Society organisations, Private Sector and Development Community.

From time to time the NAC will be better positioned to **coordinate national initiatives** on HIV and AIDS e.g. the Know Your Status Campaign Steering Committee, the World AIDS Day preparations etc.

The NAC is responsible for **establishment/reviving the four Thematic Teams** on HIV and AIDS. The expert teams play an advisory role and oversee interventions in each thematic area. These teams include Prevention; Treatment, Care and Support; Impact mitigation; Management & Coordination.

Prevention Thematic Team: The prevention thematic team will advise on issues related to policies, strategies and activities for promoting safe behaviour change including Information, Education, Communication (IEC) and advocacy, condom promotion and availability, blood safety, PMTCT, VCT,

prevention and management of STIs, post exposure prophylaxis and infection control (e.g. health facilities, traditional/cultural practices etc).

Treatment, Care and Support Thematic Team: Key areas of this thematic team include policies, advocacy, strategies and activities related to clinical case management including diagnostic facilities, human and institutional capacity, accessibility and availability of drugs for opportunistic infections and ARVs, home based care, palliative care, counselling, rehabilitation and other related issues such as nutrition.

Impact Mitigation Thematic Team: Advisory roles of the impact mitigation thematic team will focus on policies, strategies and activities on mitigation of the HIV & AIDS impact with special emphasis on orphans and vulnerable children, people living with HIV and AIDS, women and girls, impact on the various public and private sectors and advocacy for mitigation interventions. In addition this team will advise on issues related to the prevailing economic context especially in regard to the level of poverty, unemployment and food insecurity and how they impact on impact mitigation interventions.

Management & Coordination/Governance Thematic Team: This team would advise on issues related to: management, coordination and institutional arrangements that is necessary to have an effective, well coordinated and managed multi-sectoral response at all levels, resource mobilisation, funding flows and mechanisms, adequacy, access by stakeholders at all levels and utilisation of funds in the national response; and forecast resources for scaling up the national response; financial resource tracking procedures; and issues on financial planning and budgeting, and on programme monitoring and evaluation.

4.1.1.2 Responsibility of the Public Sector

The advent of the multi-sectoral approach necessitated other government ministries, in addition to the MOHSW, and the public sector to have been called upon to mainstream HIV and AIDS into their planning and activities. Effective coordination of the activities of these entities is crucial for a successful response. Since the adoption of the multi-sectoral approach, coordination has shifted from the Ministries of Health to NACs, which have multi-sectoral mandates. Clear definitions of roles of the Ministries of Health and the NAC response will need to be established to avoid misunderstanding and conflict. This is crucial because to a large extent the epidemic is a public health and medical problem and most of the key prevention strategies as well as treatment and care are based on health related interventions. This makes the health sector, led by the MOHSW, by far the most involved sector in the response and hence the leading role of the Ministries of Health among public sector ministries.

The main responsibilities and broad functions of the MOHSW include coordination of the health sector; development of health sector HIV and AIDS policy; implementation of medical thematic interventions such as blood safety, VCT, PMCT, STI, TB, ARV treatment and others; HIV and AIDS surveillance, including infection and disease reporting and sero-prevalence surveys.

Key response issues for consideration by all ministries include the role of the ministry/sector in behaviour communication for prevention of HIV transmission and opportunities in the sector for minimising the risk of infection, and sector policies and the prevention of workers and public vulnerability, and role of the sector in impact mitigation on its operations and nationally.

Focal Points in Line Ministries: The Government of Lesotho adopted a multi-sectoral approach to responding to HIV and AIDS. All government ministries were to establish HIV and AIDS focal persons. This would allow the different sectors the opportunity to address HIV and AIDS, both in work places and in the target groups entrusted to the respective sectors. This approach was however

limited in that positions were not established for the appointed focal points but staff was rather assigned additional responsibility. Furthermore, there were no clear guidelines on how the staff was supposed to operate. It is envisaged that in the NAC coordination dispensation formal positions for focal points would be established and operational guidelines developed.

The government moved to core stream HIV and AIDS activities in all its line Ministries and adopted a policy where each Ministry was instructed to spend 2% of its budget on HIV and AIDS related activities. The lack of guidelines provided a major challenge in the utilisation of the 2% on HIV and AIDS.

Committee of Principal Secretaries: In the era of LAPCA a committee of Principal Secretaries was established to steward the implementation of the response at sectoral level. Through this Committee focal points for HIV and AIDS issues were appointed in each Ministry and it was through this mechanism that LAPCA penetrated the different line ministries. The formalisation of the position of the focal points would facilitate coordination work in the line ministries.

Parliamentary Sub Committee on HIV and AIDS: Still in the life time of LAPCA a Parliamentary Committee was established to strengthen coordination and advocacy on HIV and AIDS issues at the highest level of governance. This also ensured that the Parliamentarians advocated for HIV and AIDS issues in their constituencies country wide.

Cabinet Sub-Committee on HIV and AIDS: The committee is a decision making body on policy issues related to HIV and AIDS in the country. It comprises seven Ministries; Health & Social Welfare, Finance & Development Planning, Gender Youth & Sports, Local Government, Home Affairs, Communication and their Principal Secretaries as well as the P.S. Cabinet. The chair of this committee is the Deputy Prime Minister. The committee was established during the transitional period between LAPCA and NAC. Its core mandate was to see to the establishment of a coordinating body on HIV and AIDS issues in Lesotho. This committee therefore expedited the establishment of NAC.

4.1.1.3 Responsibility of the Civil Society Organisations

Civil Society organisations (CSOs) present unique advantages, such as responsiveness to community and grassroots needs, committed and motivated human resources, ability to work within marginalised populations, flexibility and minimal bureaucracy and hence speed of action, and are able to take risks. On the other hand, the proliferations of CSOs sometimes take place in expense of quality and accountability, or inappropriate projects absorbing scarce resources. In that regard specific coordination mechanisms are critical to ensure effective responses. Consequently coordination strategies to be considered by NAC include:

- Establishment of networks of similar societies such as networks of NGOs, FBOs, CBOs that would help in collapsing the large numbers of organisations involved.
- Development and review of a coordinating plan that takes into account the peculiarities of civil society groups or organisations.
- Facilitation of the development of CSOs strategic plans based on the national HIV and AIDS strategic framework, and alignment of sector activities to the NSF.
- Definition of specific roles of CSOs in the national AIDS action plan.
- Establishment of mechanisms to ensure equity in the community and geographical distribution of HIV and AIDS services provided by CSOs.

- Mechanisms for regular meetings for sharing information and feedback within the sector, and interacting with other players and NAC.
- Establishment of clear policy regarding NAC involvement in capacity development among CSOs.

NAC shall strengthen existing civil society partnerships and encourage various partners to form network forums to share information and experiences, report on progress and analyze and resolve operational problems. Examples are the faith based constituency where we already have the Lesotho Inter-religious AIDS Consortium (**LIRAC**), People living with HIV under the auspices of the Lesotho Network of Persons Living with HIV and AIDS (**LENEPWHA**), and national network of other AIDS organisations under the Lesotho Network AIDS Service Organisations (**LENASO**), and the Non Governmental Organisations under the Lesotho Council of NGOs (**LCN**). These forums serve the additional and important function of internal coordination within specific constituencies. Problems of standards, duplications and others can be resolved in such forums.

4.1.1.4 Responsibility of the Private Sector

The strength of the private sector in the response to HIV and AIDS lies in the financial resources and at times human resources that can be tapped, as well as communication skills, professional business-like approaches and a culture of efficiency, and cost-effectiveness and accountability. Given the diverse interests represented in the business sector, coordination and ensuring optimum utilisation of available resources and skills is essential. Coordination strategies specific to the private sector include:

- Facilitation of a national business coalition on HIV and AIDS, made up of as many business enterprises as possible.
- Development of a private sector strategic plan based on national HIV and AIDS strategic framework; and a specific role of the sector clearly defined in the national AIDS action plan.
- Development of business sector coordination plan that is agreed upon by the coalition and reviewed regularly.
- Regular meetings and feedback within the sector for purposes of sharing information and reviewing the sector's progress in the response.
- Membership of a partnership forum which provides opportunity for interaction with other partners and NAC

In the same respect the NAC shall strengthen the existing private sector networks and partnerships in order to promote a directed and strategic response from this constituency. This implies support of the self coordinating entities such as the Associations of Lesotho Employers (**ALE**) bringing together some actors in the Business Sector, the textile industries under the auspices of the Apparel Lesotho Alliance to Fight AIDS (**ALFA**), the National Advisory Committee on Occupational Health and Safety (**NACOSH**), etc.

4.1.1.5 Responsibility of the Financing Institutions

Effective coordination partners including NGOs needs to be optimised as they are significant source of financial, technical and other resources in the national responses. Partners in the category of multi-sectoral institutions and international funding involved in the provision of support include multilateral organisations such as the UN, the Global Fund, the World Bank, and others; Bilateral agencies of

governments; Foundations; International NGOs; Private sector companies; and Academic institutions. Inasmuch as the effective coordination of the efforts of the funding partners is crucial for cost effective use of the support provided, considerations of differences in the systems and operational modalities, and reporting requirements of different donors vis-à-vis national systems must be taken into account.

The main aim of coordinating Development Partners is to simplify, streamline and harmonise procedures and practices with a view to improving the effectiveness of country-led responses and reducing the burden placed on the managerial and technical national capacity by the requirement to transact separately with individual donors. In that regard NAC will provide the relevant strategies to facilitate effective coordination of international partners. These will include:

- **Harmonisation and alignment:** NAC would have to engage international partners in a dialogue to work out modalities for harmonising the latter's approaches to that of NAC. In particular any support provided should be aligned to the NSF and national priorities, policies, systems, cycles and AIDS action plans.
- **Funding modalities:** NAC would have to work towards administering a pool account, bearing in mind the separate funding systems of different Development Partners.
- **Partner accountability mechanisms:** NAC would establish a system of reviewing the performance of all international partners against agreed responsibilities. This would be through a participatory process to develop tools to measure the partners' commitment to the "three ones" concept through harmonised and aligned support. Partnership forums would also serve as a means for partners to account for their performance and systematic sharing of information with NAC and other partners. The M&E plan will serve to provide clear provision for joint programme reviews with concerned partners.

The Joint Coordination of the UN programmes on HIV would be through the **Joint UN Team on AIDS** established in the course of 2006. This Team, facilitated by UNAIDS under the direction of the UN Resident Coordinator, will serve as the mechanism for programming and coordination of HIV-related efforts within the UN system to promote a coherent and effective action in support to the national response. The UN Country team would serve as the overall body that approves the joint programme of support and monitor the functioning of the Joint UN Team on AIDS and the implementation of its work plan. **The UN Expanded Theme Group** will serve as the mechanism for broader sharing of information and coordination of key stakeholders in the country. Currently the expanded UN Theme Group on HIV serves as the national partnership forum, with unrestricted membership. It is anticipated that when the National Stakeholders Forum is institutionalised there will be a need to revisit the membership of this forum and may consider its transformation into a Development Partners' Forum on HIV and AIDS. The coordination of the group will be within the mechanism and structure of the NAC Coordination Framework.

The **Country Coordination Mechanism** for the Global Fund for AIDS, TB and Malaria grants (CCM) was established as a requirement to ensure coordination of the Global Fund programme, and to oversee the utilisation of the fund according to plan. The CCM comprises 25 members, 18 of which are from the Non Governmental Organisation fraternity and 7 GOL line ministries.

4.1.2 District Level

In line with the MOLG Guidelines for scaling up the AIDS response the Gateway Approach will be the main coordination strategy at the district level. The Local Authorities are the Gateways in the holistic response against epidemic within the district coordination mechanism. They are responsible

for the development of HIV and AIDS action plans based on the priorities of their communities and monitor their implementation through the service providers.

The goal of the gateway approach is to provide a platform for all stakeholders including NAC to successfully implement their strategies in the response against HIV and AIDS by involving the communities and their representatives right from the inception and thus to promote community HIV and AIDS initiatives and innovations. The approach aims to empower and make the local authorities and other local leaders HIV and AIDS competent and to promote a demand-driven support system at local, district and national levels.

Using the Local Authorities as the gateway in Lesotho, the District Councils are assisted by District AIDS Committees that are responsible for all HIV and AIDS issues at district level. In same manner the Community Councils also have Community Council AIDS Committees, and smaller committees are also established at constituency level. Figure 4 below provides an illustration of the structures at district and community levels.

District Councils: The Councils is responsible for approving the District HIV and AIDS action plans and also overseeing the response at district level, through reports submitted by the Community Councils. The Councils are also responsible for establishing and managing a District HIV and AIDS Information Centre.

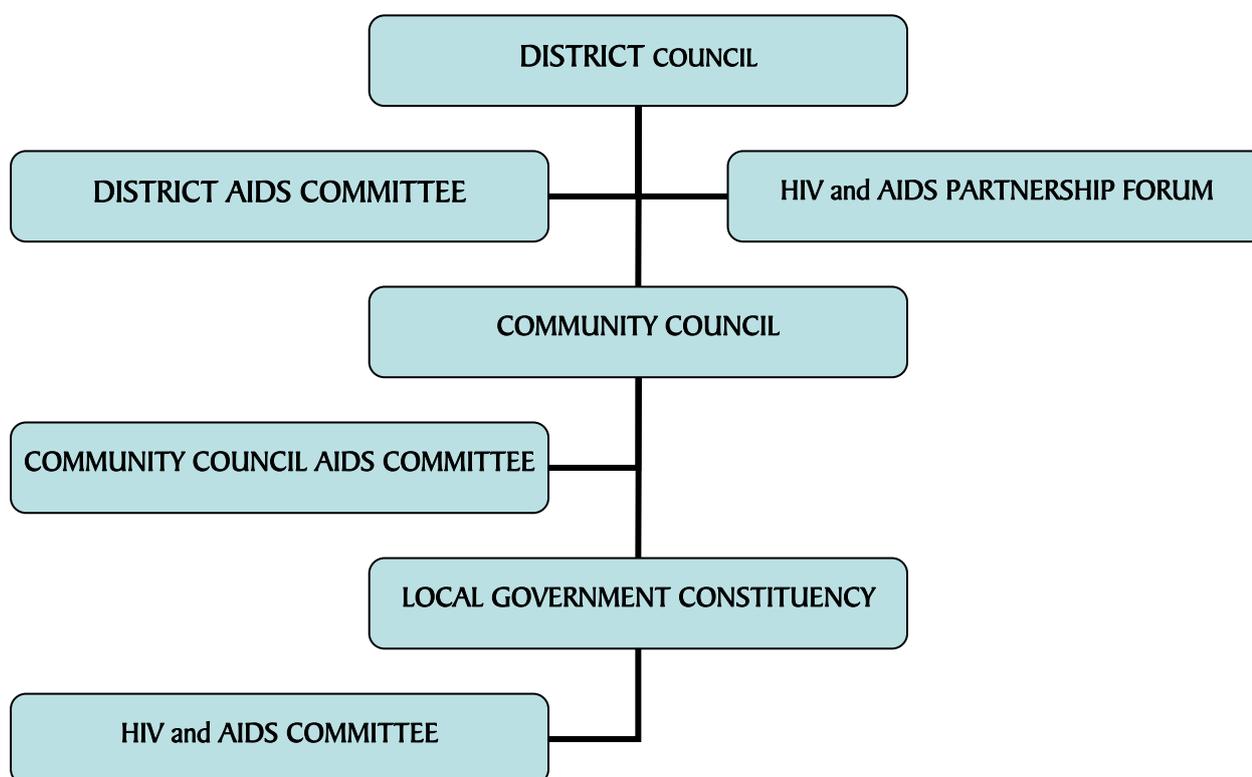
District HIV and AIDS Committees: The Committee comprises: professional staff at the district level; Social Service and Planning & Finance Committees of the Council; representation of NGOs, FBOs, CBOs, Business Community and PLWHIV. The District M&E officer and the Human Resource Manager are ex-officio members to ensure reporting to the District Administrator and District Council Secretary, respectively. The mandate of the committee is to:

- Consolidate the district HIV and AIDS Plan for submission to the District Council
- Consolidate inventory of all respective implementers involved in HIV and AIDS activities
- Appraise and authorise proposals for funding from respective implementers
- Ensure coordination of HIV and AIDS activities at all Community Councils
- Develop M&E Plan aligned to the district action plan
- Monitor the District Information Centres
- Consolidate quantitative and qualitative reports from the implementers for submission to the Community Councils, Central Government and the NAC

District HIV and AIDS Partnership Forum: The forum will be constituted of all sectoral representatives and interested groups in the HIV and AIDS respons. It will provide a platform for information sharing and making recommendations to the District HIV and AIDS Committee.

District M&E Officer: The position of the District AIDS Coordinator shall be transformed into an M&E officer. This officer is answerable to the District Administrator and will be responsible for the overall monitoring of policy level issues at the district.

Figure 4: District Level Coordination Structure



4.1.3 Local/Community Level 1

Community Councils: These councils are the entry point for all development issues at this level. Their responsibilities include establishment of the HIV and AIDS Committee, approval of consolidated HIV and AIDS action plans, coordinating the monitoring of HIV and AIDS activities implemented by various stakeholders, approval of registration of CBOs and promoting community HIV and AIDS initiatives and innovations.

Community Council AIDS Committees: These committees are multi-sectoral and comprise members from CSOs, locally based public officers and FBOs. They have the mandate to coordinate implementation of all HIV and AIDS activities, ensure stakeholder involvement in planning, compile reports and disseminate them to the District AIDS Committee, appraise proposals from locally based NGOs, CBOs and FBOs and registration of CBOs and recommend to Community Council.

Local Government Constituency AIDS Committee: This is the lowest level of the community where all plans should emanate from to ensure a bottom up approach in planning. Their responsibilities include advocating for sustained and expanded response at the local level, facilitating the planning processes in a participatory manner, developing situational analysis on the determinants and vulnerable groups, appraising community HIV and AIDS initiatives, coordinating implementation of HIV and AIDS action

¹ All functions are as stipulated in the MOLG Guidelines on Scaling Up the Fight Against HIV and AIDS Using Local Authorities as the Gateway in Lesotho

plans at local level, monitoring and documenting process and outcomes, compiling inventory of implementers and service providers and local HIV and AIDS statistics, collating constituency reports and evaluating progress of the local response.

Support Groups: The role of the support groups will continue in a standardised and streamlined manner. They shall be registered as CBOs in the Community Councils and this will be coordinated by the Community Council AIDS Committee. NAC and MOHSW will ensure clarification on the roles of the support groups vis-à-vis the CHWs.

4.2 Strengthening the Capacity of Coordinating Structures

Following the definition of the framework, NAC will work together with the identified multi-sectoral and self coordinating bodies to review their mandates and ensure their legal status is defined. NAC will assess the capacity needs of the coordinating structures and based on these it will facilitate capacity building of these structures to ensure that they can execute their revised mandate effectively. This will include while not limited to: human resource skills and numbers, financial management, presentation and report writing skills, organisational needs etc. It will also be necessary to look into the sustainability issues of these bodies. It is the mandate of NAC to ensure that the affiliated structures work in harmony with their coordinating body.

4.3 Institutionalising Stronger Partnerships and Synergies

NAC will strategise in institutionalising partnerships through formalisation of responsibilities and arrangements. Formalisation of the delegated responsibilities to the coordinating structures will ensure commitment and accountability and thus strengthen the partnership.

NAC will engage itself and its partners in employing the following tools in an attempt to strengthen the partnerships.

Code of Conduct: The Code of Conduct will facilitate a mechanism for NAC to play a leading role in defining the financing strategy that will facilitate a harmonised national response. The Code of Conduct specifically targeted towards the Development Partners and International/Local Organisations will aim at ensuring harmonisation, avoiding duplication, and identifying gaps in the financing of the national response. The Code of Conduct will encourage the entry point at central level to be NAC, while at district level the District Councils will be the entry point.

Memorandum of Understanding: NAC will ensure that Memorandums of Understanding (MOUs) are entered into with relevant stakeholders both at central and district levels. The MOUs will stipulate the intentions, policies and principles which will govern the collaboration. The MOU will ensure institutionalisation of the working arrangements, provide guidance for agreements between the sector specific bodies and their affiliates, stipulate the M&E requirements at each level, and ensure accountability and transparency.

Agreements and Contracts: NAC will mandate the identified coordinating structures to enter into agreements and contracts with their affiliates. The agreements will specify what each Implementing Agency is contributing towards agreed cluster specific objectives. The agreements will be aligned to the MOUs that the coordinating structures have entered into on behalf of the Implementing Agencies. This will ensure that the coordinating bodies can comply with the requirements of the MOUs.

Accreditation: NAC will mandate the coordinating structures to ensure that all service providers are accredited by relevant professional bodies in Lesotho for all services rendered.

Registration: In the same facet NAC will mandate the coordinating structures to ensure that all service providers are registered under the relevant professional bodies in Lesotho for all the services rendered.

4.4 Facilitation and Promotion of Ownership of, and Support to, the National Response by all Stakeholders

Strategic Planning: The National AIDS Policy and Strategic Plan will be the guiding documents for the coordinated response to HIV and AIDS in Lesotho. The NAC through assistance of the multi-sectoral coordinating structures will assist in ensuring that all the sector specific efforts are informed by the national strategy, and that all operational plans of the Implementers are integrated into the sector specific mandates and therefore the thematic areas. This therefore calls for joint participatory planning and budgeting sessions of stakeholders at different levels. NAC is mandated to facilitate the institutionalisation of this process into the routine of all stakeholders and a planning and budgeting cycle will be defined to guide the process. This will ensure that the comparative advantage of different stakeholders is maximised, overlaps are ironed out, and gaps identified and addressed. This will in the long run ensure comprehensive coverage for all segments of the population.

Financing: NAC is mandated to mobilise resources in order to finance the implementation of the national strategic plan. All resource mobilisation efforts for the coordinated response will be channelled through NAC. This will ensure that NAC is aware of the resource envelop and can therefore effectively manage the coordinated response. The ideal strategy, as defined by the policy, is to have pooled resources "basket funding". However, NAC with all stakeholders will jointly guide the utilisation of ear marked funding. Resources will be allocated based on a defined resource allocation criteria informed by available evidence. This will ensure that resources are targeted according to jointly set priorities and where they are mostly needed. NAC will ensure annual joint planning, budgeting and financing of the national response by all stakeholders in accordance with the HIV and AIDS FUND Grants policy.

Monitoring & Evaluation: The NAC agrees on an M&E framework to measure the performance of the national response as defined in the national strategy. Reporting requirements will be agreed upon and organisations will be capacitated to meet the reporting requirements. Joint reviews of Programmes will also be facilitated through the NAC.

5 CONCLUSION

Effective coordination of national HIV and AIDS response has become a priority in Lesotho in order to ensure focused action in the increasingly crowded multi sectoral response environment. To make the best use of the limited resources at our disposal it is imperative that we institute a strong (well-structured and resourced) coordination system. It is therefore prudent to strategically invest in coordination institutions, structures and systems that will facilitate scaling up of prevention, care, treatment and support interventions.

It is only through a robust coordination strategy that NAC will effectively advise the national government regarding conducive environments, systems and resources necessary for an effective response, for ensuring synergy and harmonisation of partner activities, for keeping track of the epidemic and response programmes through monitoring and evaluation, and for accounting regularly to the national community on the epidemic and the national response.



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