



The Kingdom of Lesotho

The National Coordination Framework



National AIDS Commission
Office of the Prime Minister

30th June 2016

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ALAFA	Apparel Lesotho Alliance to Fight AIDS
ART	Antiretroviral Therapy
CBO	Community Based Organisation
CCAC	Community Councils AIDS Committee
CDC	Centre for Disease Control and Prevention
CHAL	Christian Health Association of Lesotho
CSO	Civil society organization
DAC	District AIDS Committee
DHMT	District Health Management Team
ESP	Essential Services Package
FAO	Food and Agriculture Organisation
FBO	Faith Based Organisation
GIZ	German Development Cooperation
HIV	HIV Immune Virus
HTC	HIV Testing and Counselling
ISIA	Independent Sector Institutional Assessment
LAPCA	Lesotho AIDS Program Coordination Authority
LBLC	Lesotho Business Labour Coalition on HIV
LCCM	Lesotho Country Coordination Mechanism
LCN	Lesotho Council of NGOs
LENASO	Lesotho Network of AIDS Service Organisations
LENEPHWA	Lesotho Network of People Living With HIV
LIRAC	Lesotho Inter- Religious AIDS Consortium
LNFOOD	Lesotho National Federation of Organisations of the Disabled
LSRC	Lesotho Sports and Recreation Commission
LYFE	Lesotho Youth Federation
M&E	Monitoring and Evaluation
MOET	Ministry of Education and Training
MOH	Ministry of Health
NAC	National AIDS Commission
NACP	National AIDS Control Programme
NCF	National Coordination Framework
NOCC	National OVC Coordination Committee

NSP	National (HIV and AIDS) Strategic Plan
OPM	Office of the Prime Minister
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider Initiated Testing and Counselling
PMTCT	Prevention of Mother To Child Transmission
SBCC	Social and Behaviour Change Communication
TA	Technical Assistance
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VHC	Village Health Committee
VHW	Village Health Workers
WFP	World Food Programme
WHO	World Health Organisation

Section 1: introduction

1.1 Background information

The Kingdom of Lesotho has adopted a multisectoral and decentralised approach for the implementation of the HIV and AIDS response. As the epidemic unfolded, many and diverse stakeholders have emerged involved in different aspects of the response such as planning and management, implementation, monitoring and evaluation, research and funding among others. .

The expansion of the response management has had its own unique challenges ranging from increased number of partnerships and service providers, to lack of clarity of roles and responsibilities resulting to the complexity in coordination. At a programmatic level, inadequate harmonisation and alignment of strategic and operational plans also compounds the challenge of managing the national response.

To address this challenges, *Lesotho adopted the 3-Ones Principle of having one national coordinating authority, one national strategic framework and one national monitoring and evaluation plan.* It is within this framework that Lesotho established the National AIDS Commission in 2005, developed the National Multisectoral HIV and AIDS Strategic Plan, and a national monitoring and evaluation plan. It was anticipated that, with these developments the coordination and management of the response would be less complex, efficient and effective, and would facilitate narrowing of the gap between supply and demand of HIV and AIDS services, harmonisation and alignment of stakeholder programmes with national priorities, reduction of duplication of efforts, rationalising the use of financial resources, ensuring smart investments, targeting population groups most at risk, and equitable distribution of services.

Coordination and management systems that are effective and efficient are characterised by clearly defined mandates, roles and responsibilities, a functional participatory and joint planning and programme development processes and efficient and functional monitoring and evaluation system. Equally such systems are decentralised and take cognisance of the strategic role and comparative advantage of different stakeholders including communities themselves.

National AIDS Commission (NAC) has the overall legal mandate to coordinate and facilitate management of the national multi-sectoral response. That mandate is implemented in partnership with other stakeholders including Ministry of Health and Ministry of Local Government. The Ministry of Health has the mandate to coordinate and manage the health sector response to HIV and AIDS, as part of the national multisectoral response. Ministry of Local Government and Chieftainship is responsible for coordinating district level activities including facilitating the implementation of community-based HIV and AIDS interventions through the Gateway approach. NAC has the mandate of coordinating and facilitating the National HIV and AIDS Forum. The Forum was established by the NAC Act (2005) to provide a platform for stakeholders' coordination and networking.

Coordination also takes place at sectoral level. Public sector institutions (government ministries and agencies) have appointed HIV and AIDS Coordinators or focal point persons, who facilitates HIV and AIDS workplace programmes. An Inter-Ministerial Committee on HIV and AIDS was established, under the auspices of the Ministry of Public Service to support inter-ministerial coordination and networking.

At district level coordination is facilitated by the District AIDS Committees (DACs), under the auspices of the District Administrators within Local Government. At community level coordination is facilitated by, Community Councils AIDS Committees (CCAC).

The District Health Management Teams (DHMT) under the Ministry of Health are responsible for coordinating the decentralised health sector response. However, they work in collaboration with District and Community Councils that ensure the implementation of the Gateway approach.

Civil society organisations and the private sector are coordinated through umbrella organisations. Coordination between umbrella organisations remains fragmented.

Development partners are coordinated through various Forums including the Development Partners Coordination Forum (DPCF), National HIV and AIDS Forum, The Health Partnership Forum and the Joint UN Team on AIDS among others.

1.2 The structure of the national multi-sectoral and Decentralised HIV and AIDS Response

Lesotho has a generalised HIV and AIDS epidemic with emerging pockets of concentrated epidemics. The national response has adopted a multi-sectoral and decentralised approach in its implementation. The revised National HIV and AIDS Strategic Plan have prioritised high impact interventions, based on the “Investment Framework” approach. The basic programmes include treatment, care and support, antiretroviral therapy (ART), prevention of mother to child transmission (PMTCT), TB/HIV co-infection, voluntary medical male circumcision (VMMC), condoms and HIV prevention among key population. HIV testing and counselling (HTC) and social and behaviour change communication (SBCC) are cross cutting interventions. Lesotho has adopted the “Test and Treat” strategy to ensure the achievement of the 90-90-90 targets. HIV prevention among adolescents is also prioritised.

The design and service delivery systems are anchored on a human rights approach, and have mainstreamed gender dimensions. Based on this approach duty bearers (service providers) have the primary obligation for delivering quality and comprehensive services while ensuring adequate and equitable access to services by all people, especially most at risk and vulnerable population groups. HIV and AIDS services are being provided by the Government of Lesotho, civil society organisations and the private sector, with varying degrees of support by development partners.

At community level, the Ministry of Local Government and Chieftainship facilitates the Gateway Approach service delivery for HIV and AIDS. The Gateway approach is designed to ensure efficient delivery of the Essential Services Package (ESP) for HIV and AIDS. The package is a community-based planning and implementation approach that relies on the Community Leaders (Chiefs and Councillors), Village Health Workers (VHWs) and community-based organisations (CBOs) for implementation. The development of Standard Operating Procedures for community operations and service delivery would enhance the efficiency and effectiveness of the Gateway Approach.

1.3 The Purpose of the NCF

The purpose of the National Coordination Framework is to articulate the institutional arrangement for an efficient and effective coordination of the national multisectoral response, define the roles and responsibilities of the different stakeholders and strengthen linkages between the different coordinating structures at national, district and community levels.

Effective implementation of the framework will contribute to the improvement of good governance, accountability, transparency and promote national ownership of the response.

Improved efficiency and effectiveness of the national response coordination is necessary in leveraging additional resources, technical assistance, facilitating skills transfer, exchange of experiences and best practices between partners, sectors and communities. These will also enhance equitable distribution of resources and services to all people, especially key populations and vulnerable groups

1.4 Rationale, for the National coordination framework

Lesotho has adopted a multi-sectoral and decentralised approach in the implementation of the national HIV and AIDS response, that have created opportunities for many and diverse stakeholders with different roles and responsibilities, reporting and accountability lines. Participation is based on organizational mandates and comparative advantage.

For coordination the Government has adopted the three-ones principle that calls for one national coordinating authority, one national strategic framework and one national monitoring and evaluation plan. Despite the adoption of the principle, coordination and management has increasingly become complex and vibrant. Coordination has also been compromised by lack of clarity of roles and responsibilities, inadequate harmonisation and alignment of interventions and programmes with national priorities and programmes. At organisational level governance structures, operating systems, planning and operational timeframes, reporting formats and channels are different. All these factors affect the efficiency and effectiveness of the national response.

Despite these challenges stakeholders are increasingly demanding for clarity of mandates, roles and responsibilities, the need for transparency, accountability and good governance, for a more participatory and enabling environment that promotes strategic partnerships and alliances. With the resuscitation of NAC stakeholders are reviewing their mandate and core functions in-order to understand their comparative advantage and inform their strategic niche in the multi-sectoral environment. The revised National coordination Framework addresses the challenges stated above. The framework will also improve and ensure strategic leadership, good governance, transparency, efficiency and accountability.

It is envisaged that having an effective coordination mechanism, Lesotho will be able to leverage strategic partnerships, resources, technical assistance, facilitate skills transfer, the exchange of experiences and best practices between partners, sectors and communities. At the operational level, effective coordination will ensure improved coverage, access and equitable distribution of resources and HIV and AIDS services. The framework will also ensure compliance with national and international quality and service standards, improve value for money, national and community ownership. The Framework is expected to contribute to a reduction in duplication of efforts, competition among stakeholders, and service beneficiaries' fatigue.

1.5 Stakeholder Analysis in the context of the response Coordination and Management

There are many and diverse stakeholders and partners involved in the national multi-sectoral and decentralised response. Currently stakeholders can be categorised into five clusters, public sector institutions, academia, media, private sector, organised labour, civil society, development partners and donors, and the communities themselves.

Government institutions include line ministries, parastatal organisations, and other semi-autonomous government agencies. This category also includes Cabinet, Parliament, and local authorities. Among the

key line ministries are Health, Social Development, Education and Local Government and Chieftainship. The Ministry of Local Government and Chieftainship plays a critical role in ensuring the implementation of the decentralised response and the engagement of traditional leaders (Chiefs) in the response. Both the DAC and CCAC operate under the jurisdiction of the Ministry of Local Government.

Ministry of Education facilitates HIV and AIDS mainstreaming in learning institutions. The Ministry of Health is responsible for coordinating the health sector response. Most of the prioritised high impact HIV and AIDS interventions are biomedical and within the preview of the Ministry of Health. The Ministry of Social Development coordinates interventions that contribute to alleviating social and economic impacts of HIV and AIDS for people living with HIV and those affected such as orphans and vulnerable children (OVC). HIV and AIDS sector coordinators are responsible for coordination of the sector responses...

Civil society is the most complex and diverse of the stakeholders. They constitute NGOs, Faith based organisations (FBOs), Organisations of people living with HIV and AIDS (including support groups), and community based organisations (CBOs). Civil society response is coordinated through umbrella organisations. Many of the umbrella organisations operate at national level where formal structures exist. Similar structures don't exist at district or community level.

The private sector comprises of the business community that includes large, medium and small enterprises and informal traders. Coordination is through umbrella organisations such as the Lesotho Business and Labour Coalition (LBLC) or Lesotho Chamber of Commerce and Industry (LCCI) among others. Coordination between these structures remains fragmented.

Similarly development partners include bilateral, multilateral and private donors. A large number of partners are United Nations Agencies that include UNDP, UNICEF, UNFPA, FAO, WFP, WHO, UNESCO, UNAIDS and World Bank. Other key players are the Lesotho Country Coordinating Mechanism (Global Fund), United States Government (USG) with its affiliates - PEPFAR, USAID and CDC), Clinton HIV and AIDS Initiative, European Union and GIZ among others. All these partners facilitates technical assistance (TA), resource mobilisation, transfer of skills and knowledge. Currently UN is delivering as one in Lesotho. PEPFAR and Global Fund are the major partners supporting the national response in Lesotho.

Section 2: The National Coordination Framework

The development of the National Coordination Framework is informed by the provisions of the National HIV and AIDS policy (2007), National AIDS Commission Act (2005), the National Decentralisation Policy (2014) and the Lesotho Partnership Policy (2013). The Coordination Framework also takes cognisance of the institutional arrangements for coordination at sector, district and community levels.

1.1 Defining Coordination and Management of the National Response

In the context of this coordination framework, coordination has been defined as “*a process of bringing different organisations together into an efficient and effective relationship with the aim of harmonising, aligning and creating synergy between programmes and service delivery, and rationalising the use of resources to achieve common goals and priorities, and to promote national accountability and ownership*”

1.2 Levels of Coordination – National, District and Community, and Sector levels

Coordination of the multi-sectoral and decentralised response will take place at national, district, community and sector levels as elaborated below.

National Level Coordination

At national level coordination is more complex and dynamic involving government, civil society, private sector and development partners. At this level coordination revolves around issues of policy, joint planning and programming, resource mobilisation, technical assistance, monitoring and evaluation. Coordination also addresses issues of harmonisation and alignment of development partner programmes with national policy frameworks and programmes. The complexity in coordination is associated with the different stakeholders’ mandates, roles and responsibilities, reporting lines and accountability channels.

The National AIDS Commission (NAC) is responsible for coordinating the multi-sectoral response while the Ministry of Health (MOH) is responsible for the health sector-based response. The decentralised response is coordinated through the Ministry of Local Government and Chieftainship.

District and Community Coordination

Coordination at district level is the responsibility of the District AIDS Committees (DAC) while at Community level coordination is facilitated by the Community Councils AIDS Committees (CCAC). The membership of these committees is multisectoral with representation from government, civil society, and private sector, and communities.

Sector level Coordination

Sectors comprises of three clusters i.e. public, private and civil society sectors. Each sector comprises of many and diverse stakeholders operating at different levels. Coordination is facilitated through umbrella organisations, inter-sector committees or forums.

- **Public Sector**

The public sector includes all government ministries, agencies and parastatals. The Government of Lesotho has established an Inter-Ministerial Committee for HIV and AIDS, to coordinate the public sector response. At individual sector level, sectors have appointed a HIV and AIDS Coordinator or a focal point person.

- **Private Sector**

The private sector comprises large, medium and small enterprises including informal and cross border traders. Coordination of the private sector response is coordinated through umbrella coalitions such as the Lesotho Business and Labour Coalition or the Lesotho Chamber of Commerce and Industry.

- **Civil Society Organisations**

Coordination within the civil society is facilitated through CSO coalitions or umbrella organisations. By 2010, around 7 coalitions (LENEPWHA, LIRAC, LCN, LNFOD, LENASO, LLBE, and LYFE) had been established. The coalitions play important roles in the national response ranging from advocacy, community mobilisation, capacity building to actual service delivery. While at the coalition level, coordination seems to work, inter-coalition coordination remains a challenge. There are also overlaps of mandates and memberships between coalitions, creating duplication of efforts.

- **Academia**

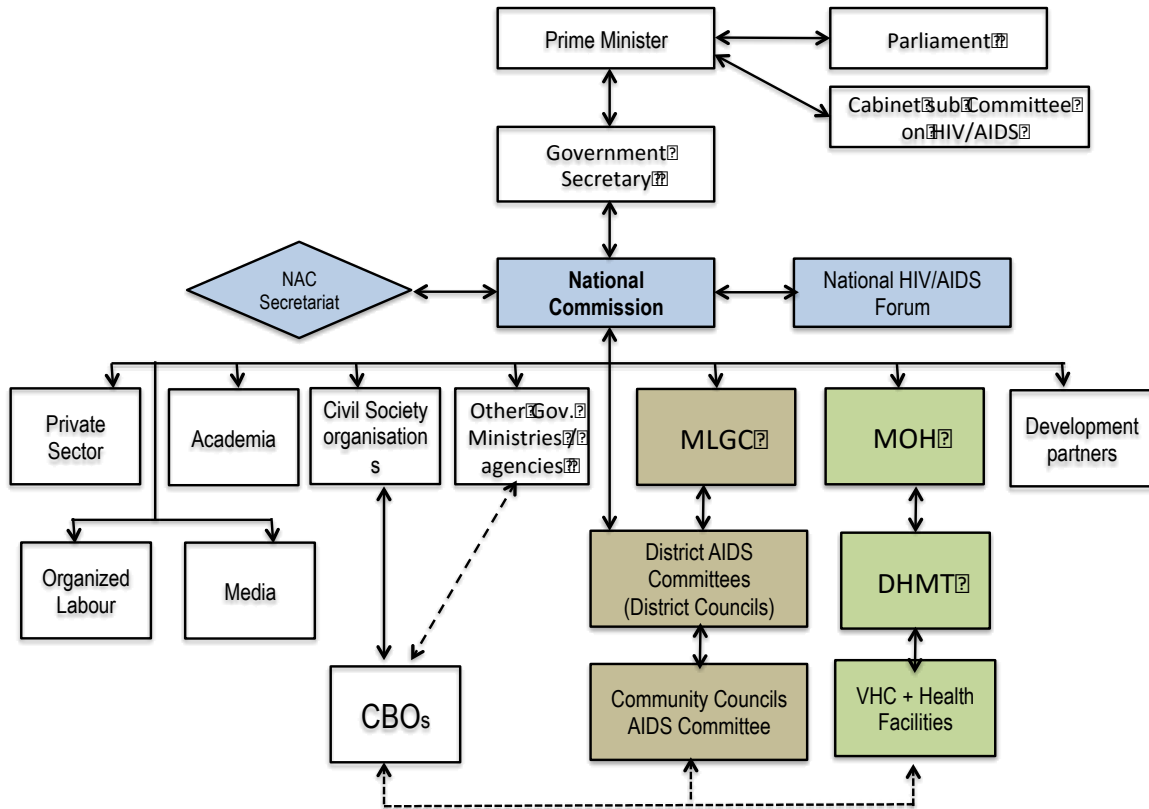
The coordination of Academia is as complex as its composition. The sector includes formal and non-formal, government and private sector education institutions, and research organisations. The Council on Tertiary Education has assumed the responsibility of coordinating the Academia sector. Its efforts are complemented by other structures within the sector such as trade unions, parent-teachers associations, and students association.

- **Development Partners**

For purposes of this Framework, development partners constitute both bilateral and multilateral agencies and private donors. There are different coordinating structures with the sector.

The diagram below illustrates the coordination framework and the relationship between the different coordinating structures.

Figure 1: The Coordination Framework



Section 3: Mandates, roles and responsibilities of the coordinating structures

The following section describes the mandates, roles and responsibilities of the various coordinating structures. In doing so, consideration has been given to the strategic comparative advantage of individual structure

3.1 The Office of the Prime Minister

The mandate of the Office of the Prime Minister is to provide political leadership and good governance in the context of the national multi-sectoral HIV and AIDS response. OPM has the responsibility of advocating for improved political commitment, sustainability of the response through adequate sustainable financing, national and community ownership. This is in addition to ensuring an enabling social, policy and legal environment for the response.

3.2 The Cabinet Sub-Committee on HIV and AIDS

The Cabinet Sub-Committee on HIV and AIDS is chaired by the Deputy Prime Minister and comprises of Ministers of Health, Finance, Social Development, Gender, Education, and Local Government. The Committee has four core roles and responsibilities -

- i. Review programmatic and management policy documents and, proposals by NAC, and advice the Prime Minister accordingly.
- ii. Advocate for and maintain HIV and AIDS response on the national social, economic and political agenda.
- iii. Have oversight on the National AIDS Commission and in particular compliance with the National Strategic Framework for HIV and AIDS, the NAC Act of 2015, The National HIV and AIDS Policy, and any other relevant national policies and laws.
- iv. Advocate for sustainable financing of the national multi-sectoral response with Government and Development partners

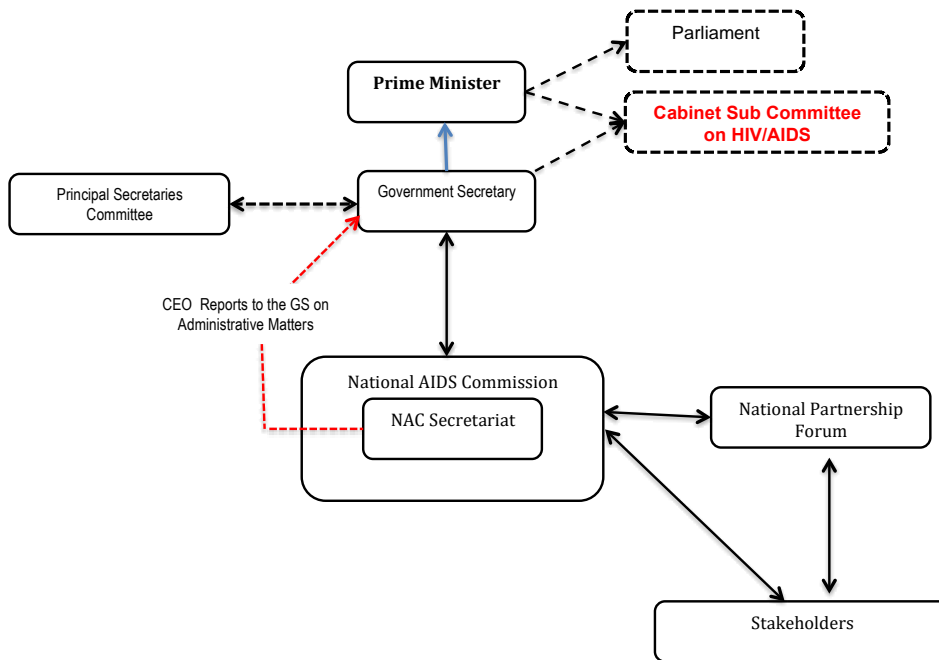
3.3 National AIDS Commission

The mandate of the National AIDS Commission is to provide strategic policy, and programmatic leadership of the national multi-sectoral response and in particular facilitating the establishment of national priorities. A key role of the Commission is to ensure that stakeholders harmonise and align their interventions with national priorities.

NAC facilitates joint planning and development of the national strategic framework and the national framework for monitoring and evaluating the performance of the multi-sectoral response. The Commission has oversight responsibility for ensuring effective implementation of HIV and AIDS programmes, the Lesotho Investment Case and the work of its secretariat. It is anticipated that the mandate of NAC will translate into good governance, transparency, effectiveness and efficiency in the coordination and implementation mechanisms.

The following diagram illustrates the coordination framework of the Commission and articulates the lines of reporting and accountability.

Figure 2: The NAC Governance and reporting lines



In executing its coordination functions NAC will liaise and work in partnership with other existing coordinating structures indicated in figure 1.

The Commission reports to the Prime Minister through the Government Secretary, The Chief Executive Officer (CEO) reports to the Board of Commissioners and to the Government Secretary on issues that require the decision of the Government Secretary. Once in a year the Commission reports to the stakeholders through the National HIV AND AIDS Forum. It is through the forum that the Commission will enhance sector and decentralised coordination.

Roles and Responsibilities for the National AIDS Commission

The National AIDS Commission will be responsible for the following roles and responsibilities -

- i. Provide strategic leadership and governance of the national response, including facilitating the setting of national priorities and targets.
- ii. Advise government on HIV and AIDS matters including policy, legislation, national priorities, and investments...
- iii. Facilitate the National HIV and AIDS Forum
- iv. Track the utilisation of HIV and AIDS resources i.e. finances, human resources, strategic data and information, and technology at all levels and across sectors.
- v. Coordinate and manage the national multi-sectoral HIV and AIDS response.

- vi. Facilitate development and oversee the implementation of the national strategic Framework and the Monitoring and Evaluation (M&E) framework. Lesotho will adopt a joint strategic planning process, characterised by meaningful participation and engagement of all stakeholders. Planning and prioritisation of interventions will be evidence-based.
- vii. Advocate for sustainable financing including increased commitment in domestic and international funding.
- viii. Ensure mainstreaming and institutionalisation of the three-ones principle at all levels of the decentralised response.
- ix. Facilitate effective monitoring and evaluation systems for the response and the use of strategic information and data, in planning, policy formulation and resource allocation.
- x. Coordinate the development and implementation of HIV research agenda.
- xi. Compile and disseminate quarterly and annual reports to stakeholders.
- xii. Ensure timely reporting on Lesotho's regional and global commitments

The NAC Secretariat

The following are the roles and responsibilities of the NAC secretariat -

- i. Serve as the secretariat to the Commission.
- ii. Coordinate the follow up and implementation of the Commission's decisions.
- iii. Undertake day-to-day response coordination and management of the multi-sectoral response.
- iv. Facilitate networking and information sharing among and between stakeholders
- v. Advocate for HIV mainstreaming / institutionalisation of the Three One principle
- vi. Coordinate development and subsequent reviews of the National HIV and AIDS policy, The National Strategic Plan and the M&E plan.
- vii. Develop innovative sustainable financing strategies for the national response.
- viii. Support the sectors in the development and implementation of their HIV and AIDS mainstreaming programmes
- ix. Compile, publish and disseminate annual and quarterly reports

3.4 District level coordination – The District AIDS Committee (DAC) and the District Health Management Teams (DHMT)

The DAC are responsible for coordinating and facilitating district level HIV and AIDS planning and programme development, and monitoring and evaluation. The Committees have oversight responsibility to ensure effective and coordinated implementation of the response by the different district-based stakeholders. The Committee also serves as a district level platform for facilitating networking, and sharing of information and experiences.

The mandate of the DMHT is to facilitate the implementation of the health sector response through community based health facilities, the Village Health Workers and other extension staff.

The roles and responsibilities of district AIDS Committees and the DHMTs

- i. Facilitate joint and participatory district level planning for HIV and AIDS.
- ii. Oversee and coordinate the implementation of the district HIV and AIDS annual plans.
- iii. Ensure equitable distribution and coverage of services at district level.
- iv. Coordinate monitoring and reporting of district performance based on agreed targets and performance results.
- v. Advocate for accountability and good governance by the implementing partners.

- vi. Facilitate technical, financial and material support to CCACs.
- vii. Identify capacity needs of communities and facilitate capacity development.

3.5 Community Level Coordination – Community Councils AIDS Committee (CCAC)

The CCAC are responsible for coordinating and facilitating community level HIV and AIDS planning implementation of agreed interventions in consultation with relevant authorities especially the DHMTs. The Committees have oversight responsibility to mobilise communities, strengthen community engagement and involvement in the response, and in particular undertake community advocacy to create demand and utilisation of services.

Roles and responsibilities of CCAC

- i. Mobilise communities to participate in community-based HIV and AIDS interventions.
- ii. Facilitate community surveys to identify the drivers of the epidemic in their respective communities and find community solutions.
- iii. Facilitate community-based planning for HIV and AIDS.
- iv. Identify and coordinate capacity development for community-based organisations in collaboration with other stakeholders – Government, CSO, development partners and private sector.
- v. Monitor and report on community performance.
- vi. Facilitate partnership building with other stakeholders, including government agencies, traditional leader's structures, CSOs and development partners.
- vii. Mobilise local resources to support community-based initiatives.

3.6 Public Sector coordination

The Government of Lesotho has established an Inter-Ministerial Committee for Coordinating HIV and AIDS response in the public sector. The core mandate of the Committee is to promote and support and facilitate internal and external HIV and AIDS mainstreaming at sector level. Mainstreaming can take place in sector functions ranging from finance, human resources, policies and development programmes.

Inter-sectoral coordination will facilitate the identification and mapping of resources and capacities that can be shared between and among public sectors. Inter-sectoral inter-actions will take place at three levels. First, sector coordinators will meet on a regular basis to review their programmes and identify areas of complementarity. Second sectors will organise joint events that brings them together. Such events could include sector campaigns on HIV counselling and testing, male circumcision, or gender-based violence. Third, sectors will organise a sector symposium / conference every two years to share information and experiences

It is evident that not all sectors are at the same level of growth and development. Neither do they have standardised HIV and AIDS interventions. Sector capacities for coordination or implementation of selected interventions also vary between sectors. However all sectors will require capacity strengthening in coordination and management of the sector programmes including monitoring and evaluation, resource mobilisation, and research or assessment of the status of HIV and AIDS in the sector.

A key role of Public Sector HIV Coordination is to facilitate the implementation of an effective HIV and AIDS workplace programme, support networking, information dissemination and advocacy,

The Ministry of Public Service will serve as the secretariat of the Inter-ministerial HIV and AIDS Committee and will provide logistical support to the committee.

Roles and Responsibilities of the Interministerial HIV AND AIDS Committee

- i. Facilitate individual sector and inter-sectoral coordination and networking on HIV and AIDS. The committee and through the Focal point persons are expected to coordinate and facilitate the dissemination of strategic information as part of networking at sector level.
- ii. Facilitate sector's HIV and AIDS mainstreaming to address internal and external impacts of the epidemic.
- iii. Facilitate advocacy at sector level to create an enabling social, policy and legal HIV and AIDS response environment.
- iv. Intensify advocacy for sustainable financing of sector HIV and AIDS interventions.
- v. Coordinate sector mobilisation to create demand for and utilisation of HIV and AIDS services.
- vi. Facilitate periodical surveys, assessment and research on HIV and AIDS at sector level.
- vii. Monitor and report on the sector response to HIV and AIDS.
- viii. Identify sector's capacity needs and facilitate capacity development initiatives.

3.7 Ministry of Health

The design and development of the health sector based programmes remains the responsibility of the Ministry of Health. The Ministry will collaborate and work closely with other key partners providing and supporting such services. The ministry will in particular be responsible for –

- i. Facilitate the development, coordination and management of the implementation of health sector-based response to HIV and AIDS that is integrated in the broader health care services.
- ii. Coordinate health sector and health facility and community based integrated HIV and AIDS response
- iii. Provide policy guidelines and technical advice on HIV and AIDS biomedical responses,
- iv. Develop appropriate policies, protocols and technical guidelines for the health sector
- v. Facilitate sector capacity development.
- vi. Develop the infrastructure necessary to support programme implementation.
- vii. Undertake resource mobilisation both from government and development partners.
- viii. Ensure scaling up of programmes both in terms of geographical and client coverage.
- ix. Facilitate documentation, information sharing, and knowledge management on broader health issues including HIV and AIDS disease and related services
- x. Set and monitor standards for health sector interventions on HIV and AIDS within the Quality Assurance system
- xi. Ensure equitable distribution and access to health care that integrate HIV and AIDS services
- xii. Coordinate monitoring and evaluation of health sector response to HIV and AIDS
- xiii. Mobilize resource for health sector initiatives
- xiv. Develop and facilitate the implementation of programme specific sustainability strategies
- xv. Develop strategic partnerships and alliances for health
- xvi. Coordinate health research / including facilitating the Ethics and Research Committee.
- xvii. Develop capacity (human resources, infrastructure, commodities) for health sector

3.8 Coordinating Structures for Civil Society Organisations

In Lesotho civil society organisations are organised around coalitions. By 2015, seven (7) were in existence that included LENEPWHA, LIRAC, LCN, LNFOD, LENASO, LSRC and LYFE. Apart from coordination, the coalitions also undertake advocacy, community mobilisation, capacity building and in some cases they are involved in actual service delivery. While at the coalition level, coordination seems to work, inter-coalition coordination remains a challenge. There are also overlaps between coalitions, creating duplication of efforts.

The key role of the different CSO coordinating structures is to facilitate community outreach, mobilisation and engagement aimed at improving services coverage, uptake and utilisation. This is in addition to, coordinating advocacy work, and support their constituencies to harmonise their interventions with national priorities. CSO umbrella organisations also have a critical role of facilitating dissemination of strategic information...

The role and responsibilities for the CSO coordinating structures

- i. Facilitate coordination of their respective sub-sectors / constituencies
- ii. Mobilise civil society organisations participation in the response
- iii. Carry out advocacy to strengthen the social, policy and legal environment for the response and in particular to ensure access and utilisation of services by key populations.
- iv. Facilitate harmonisation and alignment of constituency interventions with national priorities and programmes
- v. Facilitate and support dissemination of strategic information, including providing feedback to constituency members on emerging issues and development in the HIV and AIDS response national and globally.
- vi. Intensify advocacy for increased and sustainable financing and partnerships with government, private sector and development partners.
- vii. Facilitate community-based planning for HIV and AIDS.
- viii. Monitor and report on CSO performance in the HIV and AIDS response.

3.9 Private sector

Private sector institutions have increasingly become strategic partners in the national response in a number of ways. First, their involvement in the national response have expanded the scope of service delivery especially through HIV and AIDS workplace programmes for the business community, and through direct service provision by the private health practitioners..

The private sector response coordination is currently being facilitated by, the Lesotho Business and Labour Coalition, and the Lesotho Chamber of Commerce and Industry. Not all private sector institutions are members of these umbrella organisations. There is need to mobilise the private sector and ensure a wider scope of engagement and participation.

Roles and Responsibilities of the private sector coordinating structures

- i. Facilitate mainstreaming of HIV and AIDS in all corporate functions of private sector institutions.
- ii. Advocate for the establishment of functional HIV and AIDS workplace programmes
- iii. Advocate for the mainstreaming of HIV and AIDS in capital development projects as part of the private sector external response to HIV and AIDS.
- iv. Facilitate advocacy to strengthen enabling social, policy and legal HIV and AIDS response environment.
- v. Intensify advocacy for sustainable financing of HIV and AIDS interventions.

- vi. Coordinate private sector services demand creation and utilisation.
- vii. Facilitate periodical surveys, assessment and research on HIV and AIDS in the private sector.
- viii. Monitor and report on the private sector performance.
- ix. Identify sector's capacity needs and facilitate capacity development initiatives.
- x. Coordinate service delivery within the sub-sector and promote partnerships between different sub-sectors.

3.10 Academia

The Academia sector includes all institutions of formal and non-formal learning, and some research institutions. The sector's mandate is twofold. First to ensure that academic and learning institutions establish functional HIV and AIDS Workplace programme, and secondly, to advance HIV and AIDS knowledge through research and other special studies. The sector has a key role in implementing strategies necessary to reduce new HIV infections among adolescent learners and young adults in schools.

HIV and AIDS interventions in academic institutions should not only target learners, but also service providers within the school environment. The sector should endeavour to mainstream HIV and AIDS in all aspects of its functions including training curriculums.

Coordination in the sector is complemented through other structures such as the teachers associations and unions, Parent-Teachers Associations (PTAs), and organised students associations. The Council on Tertiary Education has the responsibility of coordinating the Academia sector.

Roles and Responsibilities of the Academia

- i. Facilitate mainstreaming of HIV and AIDS in all structures of formal and non-formal education systems and in particular school curriculums.
- ii. Advance knowledge of HIV and AIDS through research, surveys, and other studies
- iii. Strengthen a social, policy and legal environment, necessary for HIV and AIDS services delivery, and in particular interventions related to stigma and discrimination among learners.
- iv. Establishment of functional HIV and AIDS workplace programmes that incorporates wellness for both learners and employees.
- v. Ensure that learners are retained in schools at all levels of learning, especially in primary and secondary schools. .
- vi. Create demand for strategic services such as HIV testing and counselling, social and behaviour change communication, and medical male circumcision among others.
- vii. Facilitate periodical surveys, assessment and research on HIV and AIDS in the education sector.
- viii. Report on progress being made within the sector to address the epidemic.
- ix. Identify the sector's capacity needs for an efficient response.
- x. Coordinate intra and inter-sectoral collaboration and service delivery.

3.11 Organised Labour

Trade unions or organized labour emerge when workers in a particular enterprise or group of enterprises seek a collective voice to express their aspirations, frustrations and needs and to press for improvements

in their welfare. They are democratic, membership-based and membership directed organizations and have enormous potential for mobilizing workers and creating demand for HIV and AIDS services.

Roles and Responsibilities

- i. Advocate for workplace programmes that incorporate HIV/AIDS and wellness programmes,
- ii. Mobilise employees / workers and create broad-based awareness and knowledge of HIV and AIDS
- iii. Intensify demand creation for HIV and AIDS services
- iv. Intensify advocacy work targeting reduction of gender inequality, stigma and discrimination reduction among employees.

3.12 The Media Houses and Institutions

The target for the National Coordination Framework is, media houses and institutions that are government, privately or community owned. These institutions through mass communication inform, educate and entertain people. They influence public and political opinion on key social, economic and development issues, and more than often acts as the gatekeepers of public information including information on HIV and AIDS.

Media channels include Electronic (radio, TV, internet, phones etc.) print (newspapers, magazines photographs etc.), outdoor (Billboards) and community media. Print media reach wide audiences where literacy is high; and television reaches a narrower but often influential audience, especially in urban areas. Radio is often the main source of news and information, particularly in rural and mountainous areas.

The media sector has a critical role to play in presenting the facts about the epidemic in an accurate and objective manner, and in a non-discriminatory way. The divergent views and analyses presented by the mass media are important as they influence people's decision making on services uptake, retention, and reduction of stigma and discrimination.

Roles and Responsibilities of the Media

- i. Inform and educate people on HIV and AIDS
- ii. Influence and shape public and political opinion on the response.
- iii. Maintain HIV/AIDS agenda on social, economic and political agenda, through media-based advocacy.
- iv. Report accurately and objectively on all aspects of the national response to HIV and AIDS
- v. Publicise best practices, emerging technologies and approaches necessary for an effective national response
- vi. Act as an independent watchdog on national performance.
- vii. Establish HIV and AIDS work place programmes for their employees,

3.13 The United Nations Country Team (UNCT)

Coordination within the UN family is coordinated through the Joint UN Team on HIV and AIDS. The team is facilitated by UNAIDS. The Team aims at promoting coherence and effective support of an expanded national response to HIV and AIDS. It serves as a platform for coordination and joint planning for HIV and AIDS and promotes the concept of UN Delivering as one.

Support from the UN is defined in the UN Development Assistance Framework (UNDAF). The UNDAF is operationalised through the country programme agreements of individual UN agencies and through Joint UN programmes based on country priorities and gaps, agency mandates and the UNs comparative advantage. The engagement with individual UN agencies is premised on the UN agencies division of labour.

The Roles and Responsibilities.

- i. Support the planning, implementation, monitoring and coordination of the national HIV and AIDS response
- ii. Support the National AIDS Commission to implement its mandate...
- iii. Leverage technical assistance and resource mobilisation to support the national response.
- iv. Coordinate UN support for capacity development, implementation and monitor the national response.
- v. Support Lesotho in fulfilling its national, regional and international HIV and AIDS obligations.

3.14 Coordination of the United States Government Support (USG)

The United States Government (USG) through the President's Emergency Plan for AIDS Relief (PEPFAR) program, is the largest donor to the HIV and AIDS response in Lesotho. Implemented by five USG agencies: Health and Human Services / Centre for Disease Control and Prevention, Department of Defence, Department of State, Peace Corps and USAID, the program is coordinated by the inter-agency management team made up of the respective USG agency country directors and PEPFAR Coordination Office.

PEPFAR support to Lesotho is described in the annual Country Operational Plan (COP) and associated monitoring and reporting structures. The COPs is developed in consultation with the host government as well as civil society, and is based upon country priorities and PEPFAR global strategy and country specific guidance. USG agencies execute the plan through a wide spectrum of national and international as well as state and non-state implement partners.

Roles and Responsibilities of the USG / PEPFAR program

- i. Support and advocate for effective and efficient scale-up of core interventions to reach populations at greatest risk with evidence-based programs.
- ii. Provide technical assistance and resources to the planning, implementation and monitoring of the national response.
- iii. Support capacity building of national stakeholders, health systems and communities for a sustainable response to the HIV epidemic.
- iv. Support advocacy work with the government to leverage domestic resources and creation of an enabling environment that secures, protect and enables human rights.

3.15 Lesotho Country Coordinating Mechanism (LCCM)

The LCCM is a national mechanism for coordinating the Global Fund support to Lesotho. The membership is multisectoral with representation from all stakeholders. LCCM is the official link between the Global Fund and Lesotho. The Mechanism also serves as a platform for sharing information on the status of the response and in particular with regard to availability of financial resources.

Roles and Responsibilities of the LCCM

- i. Facilitate the development of proposals (concept note) to Global Fund for funding
- ii. Nomination of the Principal Recipients (PR). The PRs are responsible for managing Global Fund Grants once awarded.
- iii. Oversight management of the Principal Recipients and the Global Fund funded projects.