LESOTHO HEALTH SECTOR: A RAPID DONOR SURVEY

FINAL REPORT
JANUARY 12, 2006*

Funded by:
The International Finance Corporation

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* Please note that the contents of this survey have not been updated. The organizations contained within this report and those organizations that feel they should be contained within this report are encouraged to contact the International Finance Corporation with updated organization profiles and contact information.
ABBREVIATIONS

ADB   African Development Bank
AED   Academy for Educational Development
AIDS  Acquired Immune Deficiency Syndrome
ANERELA African Network of Religious Leaders Living with or Affected by HIV/AIDS
APCA  African Palliative Care Association
ART   Antiretroviral Therapy
ARV   Antiretroviral
BCM   Baylor College of Medicine
BMS   Bristol-Myers Squibb
BU    Boston University
CBO   Community Based Organization
CCM   Country Coordinating Mechanism
CDC   Centers for Disease Control
CHAL  Christian Health Association of Lesotho
COE   Center of Excellence
CRS   Catholic Relief Services
DCI   Development Cooperation Ireland
DED   Deutscher Entwicklungsdienst
DFID  Department for International Development
DMA   Disaster Management Authority
DRWS  Department of Rural Water Supply
EGPAF Elizabeth Glazer Pediatric AIDS Foundation
EU    European Union
FHI   Family Health International
FPD   Foundation for Professional Development
GF    Global Fund to Fight AIDS, Tuberculosis and Malaria
GOL   Government of Lesotho
GTZ   Gesellschaft fur Technische Zusammenarbeit
HBC   Home-Based Care
HCDP  Human Capacity Development Project
HEART Help Expand Antiretroviral Treatment to Children and Families
HIV   Human Immunodeficiency Virus
HSA   Health Service Area
IBRD  International Bank for Reconstruction and Development
ICAP  International Center for AIDS Care and Treatment Programs
ICU   Intensive Care Unit
IDA   International Development Association
IDM   Institute of Development Management
IEC   Information, Education & Communication
IFC   International Finance Corporation
ILO   International Labor Office
IOM   International Organization for Migration
IPPF  International Planned Parenthood Federation
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>LCE</td>
<td>Lesotho College of Education</td>
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<tr>
<td>LIPAM</td>
<td>Lesotho Institute for Public Administration and Management</td>
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<td>LPPA</td>
<td>Lesotho Planned Parenthood Association</td>
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<td>LRAP</td>
<td>Livelihoods Recovery through Agriculture Program</td>
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<td>MCC</td>
<td>Millennium Challenge Corporation</td>
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<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<tr>
<td>NAC</td>
<td>National AIDS Commission</td>
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<td>NAS</td>
<td>National AIDS Secretariat</td>
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<td>NDSO</td>
<td>National Drug Supply Organization</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NHTC</td>
<td>National Health Training College</td>
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<td>NORAD</td>
<td>Norwegian Agency for Development Cooperation</td>
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<td>NUL</td>
<td>National University of Lesotho</td>
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<td>OI</td>
<td>Opportunistic Infection</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PHAL</td>
<td>Private Health Association of Lesotho</td>
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<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PPP</td>
<td>Private Public Partnership</td>
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<td>PSBH</td>
<td>Problem Solving for Better Health</td>
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<td>PSCAAL</td>
<td>Private Sector Coalition against HIV/AIDS in Lesotho</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>QAP</td>
<td>Quality Assurance Project</td>
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<td>QE II</td>
<td>Queen Elizabeth II Hospital</td>
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<td>RHAP</td>
<td>Regional HIV/AIDS Program</td>
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<td>RPM</td>
<td>Rational Pharmaceutical Management</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>SHARP!</td>
<td>Sexual Health and Rights Promotion Program</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>UA</td>
<td>Units of Accounting (with ADB)</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>URC</td>
<td>University Research Corporation</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USDOL</td>
<td>United States Department of Labor</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>WFP</td>
<td>World Food Program</td>
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<td>WHO</td>
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APPROACH

At the request of the International Finance Corporation (IFC), Boston University conducted a survey of the non-governmental organizations and donors active in the Lesotho health sector and serving Maseru and surrounding areas. Specifically:

“The consultant, Boston University School of Public Health (Lesotho Team), has been requested to undertake an initial survey of non-governmental organizations active in the health sector in the country of Lesotho, focused on the capital city of Maseru and specifically in the area of HIV/AIDS and related diseases.

The purpose of the initial study is to identify the nature, scope and commitment of these health services so as to avoid duplication and/or identify synergies with the services and operation of the new hospital planned under Public Private Partnership (PPP) agreement for the replacement of Queen Elizabeth II Hospital in Maseru.”

This report was carried out within the context of Boston University’s long-standing experience working in the health sector in Lesotho and specifically draws on the detailed Boston University report of 2002 jointly funded by Development Cooperation Ireland (then Irish Aid) and the World Bank.¹ The 2002 report was specifically intended to suggest a feasible, affordable and sustainable way forward for a new QE II and the entire health sector.

This report puts forth suggestions for effectively planning the new QE II, describes the activities and commitments of organizations relevant to the replacement of Queen Elizabeth II Hospital and offers recommendations for effective coordination of the new hospital services with those of the other organizations serving the Maseru area.

Field work and interviews for this report were carried out in Lesotho between October 3 and October 27 with further telephone and email follow-up intermittently until December 2, 2005. A complete list of persons interviewed and organizations contacted is shown in Appendix II.

The following organizations were surveyed: the African Development Bank (ADB), Baylor College of Medicine (BCM), Blue Cross Lesotho, Boston University (BU), CARE Lesotho-South Africa, Carewell Clinic, Catholic Relief Services (CRS), the Christian Health Association of Lesotho (CHAL), Columbia University, Deutscher Entwicklungsdienst (DED), Development Cooperation Ireland (DCI), the European Union (EU), the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, the Institute of Development Management (IDM), International Labor Office/U.S. Department of Labor HIV/AIDS Workplace Education Program (ILO), Lesotho

¹ Boston University (BU) report “Economic Study of Referral Health Services in Lesotho: The Future of Queen Elizabeth II Hospital”, Volumes 1 and 2, 2002 by Bicknell, Feeley, Beggs, Bowman, Pule, Moji, Puglisi and M. Ramatlapeng. Funded by Irish AID and the World Bank. Available on request on CD-ROM. This report with all appendices is available on request and will be provided at no charge on CD-ROM. Electronic copies have recently been provided to the IFC and World Bank. When the report was completed copies were distributed to many organizations including the Ministries of Finance and Development Planning and the Ministry of Health & Social Welfare, the Christian Health Association of Lesotho, Irish AID and the World Bank.
Planned Parenthood Association (LPPA), Maseru Private Hospital, Management Sciences for Health (MSH), the Millennium Challenge Corporation (MCC), Population Services International (PSI), Lesotho Red Cross, Paballong, Senkatana Center, University Research Corporation (URC), USAID Regional HIV/AIDS Program (RHAP), the William J. Clinton Foundation, the W.K. Kellogg Foundation, the World Bank, and World Vision. Some organizations are less relevant to the work of the IFC and are therefore not included in this report. However, names and contact information for these organizations are provided in Appendix II.

**FINDINGS IN DETAIL**

This report is intended to contribute to effective planning for a new, affordable, sustainable and relevant QE II. The results of this survey and derivative recommendations need to be placed within the larger context of what is needed for the Lesotho health sector to function reasonably well, be sustainable without recourse to donor funds for operating costs, survive the HIV/AIDS epidemic and be in a condition to satisfactorily meet the health care needs of most of the population, most of the time, particularly at the primary and secondary care levels for the next 3 to 5 decades. The new QE II is a central and essential part of this context.

It is important to remember that QE II is probably the single largest and most complex organization, public or private, in Lesotho. Thus, it requires special consideration as to management and organization and how it relates to government. However, it is not only an integral part of the health system; it is absolutely central to the effective function of every aspect of the health system. If the new QE II works well, over time, all health services have the potential to improve. If it works poorly, all health services, particularly primary care and district hospital services, can be expected to stagnate and slowly decay.

**BOTSABELO SITE**

Botsabelo is home to the Senkatana HIV/AIDS Clinic, the Baylor Pediatric Center of Excellence, the National Health Training College (NHTC), the Leprosarium (Botsabelo Hospital), Mohlomi Mental Hospital and, on adjacent property, just behind the Mental Hospital, the Military Hospital. Botsabelo is also the preferred site for the new QE II.

Careful coordination of services at the Botsabelo site is crucial. The Military Hospital is likely to refer complicated cases to the new QE II. There is no need for inpatient psychiatric beds at the new QE II as the quite new (and being improved by the African Development Bank) Mental Hospital is no more than a few hundred yards away. The training and service relationships between the NHTC and QE II and other facilities are obvious. In addition, the Rehabilitation Center, which focuses on the needs of the disabled and handicapped is yet another government facility located at Botsabelo. Although we are loathe to call for the creation of a committee, there is a clear need to establish some type of working group that has responsibility for coordinated planning and cooperation between the various Botsabelo entities.

Senkatana Center and the new Baylor College of Medicine Children’s Center of Excellence are of special relevance. They are both on the Botsabelo site and are major ambulatory providers of HIV/AIDS services within easy walking distance of the most likely and certainly the most
desirable site for the new QE II. In planning HIV/AIDS services it is essential that Senkatana and the Baylor Center activities be considered as an integral part of ambulatory HIV/AIDS care for the nation and on the Botsabelo site. Planning for HIV/AIDS services, both ambulatory and in-patient, should be done in very close consultation with Senkatana and Baylor with the goal being minimum duplication of effort and maximum sharing and coordination of resources.

FUNDING

With the exception of a few donors, such as DCI, the World Bank and the African Development Bank, most donor activities are focused on HIV/AIDS and will decline either as the crisis recedes or as donor fatigue sets in. For planning purposes their programs and funds have only limited relevance to the new QE II. Further, a new QE II, however rapidly it is planned, is certainly three and probably five or more years away from opening its doors. Thus the HIV/AIDS donor supported activities we have chronicled in some detail will certainly be different. Organizations that are more indigenous to the country such as CHAL and its constituent hospitals, Lesotho Planned Parenthood Association and the Lesotho Red Cross are far more likely to be relevant to the long-term operations of a new QE II than donor supported organizations specifically engaged to respond to the HIV/AIDS crisis.

COMPLIMENTARY SERVICES

There is little risk that the new QE II will duplicate existing services available within Lesotho. However, where complimentary services do exist, it makes sense to use these services. For example, the Thaba-Bosiu Center, operated by Blue Cross Lesotho, has been providing drug and alcohol-related services since the early 1990's. It has received referrals from QE II in the past and it makes sense to continue using this resource in a similar way.

The Lesotho Planned Parenthood Association (LPPA) has been providing family planning services in Lesotho since 1968 and integrated sexual and reproductive health services since 1994. QE II has traditionally also had similar services. It may be possible for such services to be provided on site by LPPA at the new QE II. In any case, when planning for sexual and reproductive health services, the resources of LPPA should be carefully considered.

Population Services International (PSI) is in a different position as an external organization funded primarily by one bilateral donor (USAID). However, it could have a role for providing contracted voluntary counseling and testing services in association with the new QE II.

The Government of Lesotho currently contracts with an oncologist from Bloemfontein to provide monthly oncology services at Maseru Private Hospital. This highlights the importance of including all Maseru Private Hospital resources as part of the new QE II. Whether or not the building continues to be managed as a hospital or health care facility is not the primary concern. The key potential problem and one that could easily become a chronic, running sore is to have Maseru Private continue independently of QE II, attract some government funds and directly compete for resources and patients. This would be detrimental to both Maseru Private Hospital and the new QE II.
 Pediatrics is rapidly changing in Lesotho. There was one pediatrician in the country in mid-2005. Since the Baylor Pediatric Center of Excellence initiative, three have been added as of the end of 2005 and two of these are Basotho. Baylor is providing substantial direct staffing assistance to the current QE II HIV/AIDS clinic. It is likely that 4 to 6 more pediatricians from Baylor will be in Lesotho by the end of 2006 serving with the Baylor Pediatric AIDS Corps. In addition Boston University is likely to be rotating a substantial number of pediatricians through Maluti Adventist Hospital on a short term basis with the intent of providing one full-time equivalent pediatrician year round. The Baylor physicians will be based at the new Center of Excellence at Botsabelo but some will also be at district hospitals. The focus of the Baylor physicians will be HIV/AIDS, but they are bound to have some effect on pediatrics in general. For certain, the expectations of the population with regard to pediatrics are going to change. Further, as the Baylor Center does not have any in-patient beds and none are planned, there will be a need for caring for pediatric complications of HIV/AIDS at QE II.

**Human Resources Development**

As the HIV/AIDS crisis recedes and to the extent human capacity, particularly in the nursing/nursing assistant and pharmacy areas, has improved, these workers represent a potential pool for recruiting by QE II. However, this contribution to the long-term human resource needs of the country and particularly to the new QE II is not likely to be of much significance.

The service delivery organizations such as MOHSW and CHAL district hospitals, the Carewell Clinic and physicians in private practice will be a source of referrals for patients to the new QE II and for follow-up of patients seen at and/or discharged from the new QE II. To maximize private revenue to QE II, all providers who could refer to QE II need to become aware of and believe in its strengths, otherwise referrals will either not be made or will be made across the border. This suggests the new hospital not only has to have good services but must reach out to existing providers and involve them in the planning process and also link to them through programs of continuing education and, where appropriate, involve them as professional staff. Planning relationships with community providers needs to go hand-in-hand with specific steps to develop a geographic full-time cadre of Basotho physicians who combine public and private practice on-site at the new QE II. This speaks to developing a practice environment that meets the professional, social and financial needs of the physicians who are geographically full-time at QE II without alienating those who do not participate in such a plan.

There are now three reputable U.S. universities working in Lesotho: Baylor, Boston and Columbia. Baylor and Boston are in Lesotho on their own initiative. Columbia is a part of a large USAID funded consortium that has a multi-country mission. The presence and interest of these universities speaks to a potential opportunity for the country to strengthen the training of health and management professionals.

Staff development and continuing education will be a continuing need for the new QE II. It will behoove any contractor who builds and operates QE II to look at existing resources with relevant experience. This includes the universities already mentioned. In addition Management Sciences for Health (MSH) provides training on the selection, procurement, distribution and rational use of medicines and health supplies in its rational pharmaceutical management program. The
University Research Corporation (URC) has extensive experience in quality improvement, HIV/AIDS and TB co-infection training. Population Services International (PSI) is expert in training around HIV Voluntary Counseling and Testing (VCT). The Institute of Development Management (IDM) is based in Lesotho and offers a variety of administration-focused courses, many of which specifically target staff in a healthcare setting. The South African Foundation for Professional Development (FPD) has developed many short and long courses for health professionals in southern Africa.

CONCLUSIONS AND SUGGESTIONS

HIV/AIDS: HIV/AIDS requires comment. First, the epidemic is extremely severe with adult prevalence rates for men and women between the ages of 30 and 39 at ~40%. Second, the epidemic came late to Lesotho. Clinical AIDS was uncommon in the hospital population in early 2002. By early 2004 this was no longer the case. However, although AIDS is THE crisis of the moment, it will be a mistake to plan the new QE II with HIV/AIDS as the focal point for planning. However overwhelming it may seem at the moment, the epidemic will recede. The practice in Lesotho is to hospitalize AIDS patients minimally and rely for their care and support at home or in out-patient settings. More importantly, all the other diseases, common and uncommon, continue to affect the people of Lesotho and the health care system. The new QE II must be geared to meet those needs which will grow as the AIDS epidemic recedes. Finally, any realistic analysis of health care costs and financial resources in Lesotho, projected into the future, will force the conclusion that the country cannot afford all needed services except perhaps at the primary care level. Some rationing will be needed at the secondary care level and quite severe rationing at the tertiary care level. Thus the role of QE II is to function as a model district hospital for greater Maseru, as a referral hospital for selected services for the entire country and, of the utmost importance, as a training resource for health professionals of all types but particularly physicians and nurses. These arguments are not fully developed here but are in our 2002 report and can be readily elaborated and updated upon request.

The Economic Context: The financial challenge, arguably crisis, facing the Government of Lesotho (GOL) is profound and has at least the following parts:

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2 Primary care is the kind of care most of us need, most of the time and is delivered on an ambulatory basis. Secondary care is first-line hospital care and is predominately delivered on an in-patient basis. District hospitals are the first providers of secondary care in Lesotho and QE II is the largest of these and functions primarily as the district hospital for greater Maseru. It should be emphasized that the district hospital function of the new QE II will and must continue. Whether provided by one or more well-trained specialists in Family Medicine or by specialists in each discipline the basic in-patient services that comprise secondary care are pediatrics, internal medicine, general surgery and obstetrics and gynecology. Aspects of secondary are also delivered on an out-patient basis such as specialist consultations and diagnostic studies. Tertiary care adds medical and surgical subspecialties such as cardiology, orthopedics, infectious disease, radiology, psychiatry, clinical and anatomic pathology. Again some tertiary care can be delivered in an out-patient setting. The general rule of thumb is to bring primary care as close to where patients live and work as possible. Sites of secondary and tertiary care delivery need to be situated in areas of higher population density for a variety of reasons and patients often have to travel some distance to access hospital services.

3 See Boston University report.
1 - National income is not growing rapidly, if at all.

2a - The recurrent costs of a new QE II must be met by some combination of government funds and private payments, whether out-of-pocket or by an insurance vehicle.

2b - The recurrent costs, on an annual basis, will, inevitably, be between 1/3 and 2/3 of the total capital costs.

2c - Total new QE II recurrent costs, if the hospital is to operate at an acceptable level and be able to attract private paying patients, will exceed the current QE II recurrent budget. This will be the case even after taking in account the efficiencies which can be achieved by improved management and an arms length relationship with government.

3 - Currently the only funds for the purchase of antiretrovirals (ARVs) are from the GOL and the Global Fund (GF). Lesotho is not a statutory PEPFAR (President’s Emergency Plan for HIV/AIDS Relief) country and therefore US funds for the purchase of ARVs are not available to Lesotho. If there are no cuts in GF money the projected funds are only adequate to meet somewhere between 5% and, in the most optimistic scenario, 15% of the treatment need in the 2008 to 2010 time period. The pressure on the GOL to provide more funds for ARVs will be immense. If the GF zeroes out support to the GOL, the pressure will be worse.

4 - Any insurance, for an identical package of services, adds costs that may range from 3% to 50% of the premium dollar. In a well managed plan this may be under 10%. Often it is far more. In addition, most insurance plans provide powerful incentives for increased utilization and, necessarily, increased costs. The insurance plan under consideration by the GOL assures these risks and financial hazards will become reality for the GOL.

5 - Many would argue that other components of the health sector, particularly MOHSW services are under-funded. This too is a pressure and, to some degree, a real need.

6 - There are certain to be pressing priorities outside the health sector. The need to fund the expansion of primary education that is free to the family is one example, and there is the derivative pressure to increase the number and quality of teachers as class sizes are growing to the point where the investment in primary education can be called into question. Other sectors may have equally pressing priorities.

The scenario is so stark that it is probably correct to conclude that a little bit everywhere is a far worse choice than lean but sufficient amounts in a few places. In brief, pick and chose. However, this is far easier said than done. Picking and choosing within the health sector and the MOHSW budget and programs is essential. The choices are not easy, different people can make different arguments for different programs and, whatever the choices, the political consequences

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4 A reasonable estimate of total treatment need by 2010 is between 250,000 and 300,000 patients. Affordable treatment varies by the funds available and the extent to which second line therapy is used. However, likely affordability ranges from below 10,000 to 30,000 or a few more.
are daunting. However, there is no escaping the reality that for a decent, affordable overall health system, a carefully planned and well managed new QE II is essential. Although it will sound paradoxical to many, without a good central hospital the district hospitals can never achieve their potential. In brief, good primary care for most people requires a good new QE II, even if most of the population is never directly served by the new hospital.

**Hospital Supply:** Closing the inpatient services at a number of district hospitals, both GOL and CHAL is a choice that the MOHSW and the GOL needs to seriously consider. This was brought to the attention of government in 2002, but is not yet under active consideration. Why?

When the district hospitals were established many years ago by the missions and Government, travel by road was extremely difficult. Only recently has the national road system improved to the point where most hospitals and most people are within 4 to 6 hours driving time of Maseru. Further, many remote areas served by a small hospital are now much closer in terms of travel time to larger district hospitals such as Mohale's Hoek and Mapoteng. The implications of this are very substantial and, as yet have not been considered by Government. Specifically, a few larger, well staffed and well equipped district hospitals strategically located around the country whether mission or Government operated could easily suffice to provide better and more affordable secondary care. The implications of this are closure of inpatient services at selected district hospitals. The medical care, staffing and financial implications were presented in the 2002 BU report and emphasized at the November 2002 annual donor meeting. In brief, an affordable and sustainable health care system will almost certainly require some closures of inpatient services at selected district hospitals. These decisions should be taken well prior to the new QE II being completed. In brief, a few hospitals functioning well with adequate financing and staff is a far better choice than more hospitals functioning poorly but consuming lots of resources.

**Public Administration:** Money for recurrent costs is only one of three major problems facing government. The second is the structure of government and the extent to which public administration is not sufficient to meet the needs of the people. This problem is widely recognized and the organizational approach proposed for the new QE II addresses this problem.

**Human Resources:** The third problem is the critical, long-term and not easily solved shortage of people with the skills, education and desire to staff existing, let alone needed, public and private programs in all sectors of the economy. Providing funds to hire more Basotho is somewhat akin to putting a larger pump on a well that is short of water. It will not work. First, the water supply

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5 See BU 2002 report.
6 The argument is not that Lesotho has too many beds for the needs of the population. In fact the bed supply is about right or a bit low. Rather, the argument is that Lesotho has more beds than it can afford to staff and operate. Thus, the question becomes what mix and distribution of hospital services best supports primary care with an overall system that is affordable, meets most primary care needs, some secondary care needs and limited tertiary care needs. The real purpose of tertiary or specialist care in this setting is to provide a sufficient volume of services to train family medicine physicians who will, when trained, provide good secondary care at all district hospitals. In brief, disciplinary specialists are needed to train good generalist family physicians and specialty services require a concentration of patients possible only in the central hospital - the new QE II.
must improve. This is a critical issue for the new QE II as, to be economically viable in the long-term, the workforce must be predominantly Basotho. However successful the training, recruitment and retention of Basotho generalist physicians and medical specialists, there will be a continuing, residual need for a few medical specialists to be imported and paid for decades to come. An integral part of the planning for the new QE II must address the recruitment, training and retention of all categories of health professionals with particular attention paid to physicians, nurses, nursing assistants, technicians supporting diagnostic services and biomedical and general maintenance personnel.

A Viable New QE II: If the new QE II is to be a viable and quality institution, serious consideration should be given to the following four points. The first three are of particular importance.

1 - Location: The location at the Botsabelo site proximate to the National Health Training College (NHTC) is ideal. The hospital is the laboratory where the students learn and hone their skills. Nurses who trained at the old NHTC, which was next door to the current QE II, speak of the ease of walking across the street to the hospital for regular classes and after hours, outside of class time, to see patients and work on their clinical skills. If the students have to be bussed in batches and spend only limited amounts of time in an artificially structured teaching environment that does not immerse them in hospital operations, a great deal is lost in terms of the quality of education and the relevance of the skills of the graduates.

2 - Physician Need and Supply: The national need for three broad categories of physicians and the central role that a new QE II will take in meeting that need:

   A - Sub-specialists such as orthopedics and neurosurgery

   Orthopedics is a large and continuing need. It requires at least two and probably more full-time specialists. Although initially these hires will probably have to be expatriates, a long-term effort should be planned and implemented to recruit, train and attract Basotho back to Lesotho for this role. Eye is another example and there are more.

   Neurosurgery is an occasional need with large requirements for costly infrastructure support. This and similar needs such as invasive cardiology and cardiac surgery are best met by the purchase of services in Bloemfontein, if and as such purchases can be afforded. The choices here are make, buy, buy in limited quantities or do not buy. Make is not a viable option, but buy in limited quantities may be affordable and is a potentially good option.

   B - First line specialists: Pediatrics Internal Medicine, Obstetrics and Gynecology and General Surgery. These can and should be Basotho and they are needed for the provision of services at QE II and for the training of specialized Family Medicine Physicians who must be the medical backbone of health care delivery in the districts and at QE II.
C - The Family Medicine Physician Specialist: These are specialized physicians whose training will equip them to deliver, manage and supervise district hospital and primary care services. They will be the most numerous specialists and will be the physician backbone of good primary care working with and supporting nurse clinicians in health centers and private practice. To function effectively Family Medicine Physicians need to be well-trained not only in ambulatory medical care but also in selected aspects of the in-patient components of general and orthopedic surgery, pediatrics, internal medicine, obstetrics, gynecology and psychiatry with non-clinical training in principles of public health and general management.

3 - The Practice Environment: Many physicians in private practice in and near Maseru are candidates for full and part-time positions at the new QE II. Determining what, if any, additional training they may need, figuring out employment arrangements that work for patients, the physicians and the budget all need to be considered now. The potential for integrating existing private practitioners into the service program of the new QE II with these doctors bringing their current and new private patients to the hospital is a potential option that should not be overlooked. Integrating public and private practice at the point of service delivery is a long-term strategic need for the health sector in Lesotho and is a necessary part of any strategy to attract and retain reasonable numbers of Basotho physicians whether trained as family medicine specialists or as one of the other first line specialties. The new QE II should take the lead in demonstrating how to do this and making it happen.

Physician need and supply and the practice environment are inextricably linked. A detailed plan for meeting these needs above should developed and built into the planning, funding and operation of the new QE II. To do less is to assure failure.

4 - A Resource for Training in Health Administration: The new QE II, because it will be better managed and is a large hospital, has additional potential for the country. It should be a training ground for health care managers providing both pre-service and in-service training in association with educational institutions in Lesotho such as the Lesotho Institute for Public Administration and Management (LIPAM), the National University and the Institute for Development Management (IDM).
MEDICAL CARE PROVIDERS

Baylor College of Medicine (BCM)
Blue Cross Lesotho
Carewell Clinic
Christian Health Association of Lesotho (CHAL)
Lesotho Planned Parenthood Association (LPPA)
Maseru Private Hospital
Population Services International (PSI)
Private Sector
Senkatana Center
BAYLOR COLLEGE OF MEDICINE (BCM)

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Instructor: Kathy Ferrer, MD
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Lesotho Phone: +266 58068452
Email: ferrer@bcm.edu

Senior Administrator: Joel Seeiso Pii, MD
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Email: jrsnnbpii@yahoo.com

Mission: To conduct a program of high quality, high impact, highly ethical pediatric and family HIV/AIDS care and treatment, health professional training, and clinical research.

Background

On February 25, 2005, Baylor executed a Memorandum of Agreement with the Ministry of Health and Social Welfare for the creation of the Baylor College of Medicine Bristol-Myers Squibb (BCM-BMS) Children’s Clinical Centre of Excellence (COE) for the collaborative treatment, research, service, education, and training on HIV/AIDS in Lesotho. Following the registration and legalization of the Baylor College of Medicine Children’s Foundation-Lesotho as a non-profit NGO in Lesotho, Baylor has been training health workers on pediatric HIV/AIDS care and treatment and provide care for patients at the Bophelong Pediatric ARV clinic at Queen Elizabeth II Hospital and the Baylor Botšabelo COE.

Target Populations

(1) Children and families affected by HIV/AIDS
(2) Health professionals involved in the care and treatment of children and families with HIV/AIDS

Services

- Health professional training in the care and treatment of children with HIV/AIDS
- Direct care and treatment of children and families affected by HIV/AIDS at the COE, Bophelong Pediatric Clinic at QE II, QE II pediatric ward, and other outlying clinics yet to be determined
• Counseling and testing of all infants, children, and adults
• Adherence counseling for patients and caregivers
• Pharmacy services for families
• Outreach to orphanages caring for children affected by HIV/AIDS
• Resource materials for patients and health professionals
• Library of reference books, journals, and other resources

BCM-BMS Children’s Clinical Center of Excellence (COE)

Start Date: February 2005
End Date: MOU through 2009
Source: Bristol-Myers Squibb Foundation
Source: Baylor College of Medicine
Source: Ministry of Health and Social Welfare

Facility: The BCM-BMS Children’s Clinical Center of Excellence is located in Botšabelo, Maseru near SOS village and Senkatana. The first floor of the center has 12 clinical exam/counseling rooms, 2 treatment rooms, 2 vital signs rooms, 3 administrative offices, 1 reception area, 1 waiting area, 1 pharmacy, 1 pharmacy counseling area, and 1 breakroom. The second floor of the center has 10 administrative offices, 1 classroom, 1 boardroom (capacity 60), 1 visiting scholars room, and 1 library.

Capacity/Utilization: The center opened on December 1, 2005. Initially, there will be 3 pediatricians seeing a total of 40 patients per day. The eventual goal is to have 10 pediatricians seeing a total of 120 patients per day (by August 2006). The center will operate 8:00am – 5:00pm, Monday thru Friday. At the beginning of the second week of operation they were seeing 22 patients per day on average. As of April 2006, they have cared for 1,186 patients.

Staff: The COE will be staffed by 35 full-time local and international staff members. In addition, there will be 9 Baylor Pediatric AIDS Corps doctors who will be based at the COE and at outlying district clinics yet to be determined.

Collaboration

Baylor works primarily with the Ministry of Health and Social Welfare (MOHSW). Baylor has established collaborative linkages with the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the William J. Clinton Foundation, U.S. Peace Corps, World Food Program, and Boston University. Baylor anticipates working closely with many other governmental and non-governmental organizations involved in HIV/AIDS care, treatment, and training.

Sources

Personal Interview with:
Dr. Kathy Ferrer, Instructor
Dr. Joel Seeiso Pii, Senior Administrator
BLUE CROSS LESOTO

Blue Cross Resource Centre
Director: Motseoa Senyane
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Thaba Bosiu Centre

Director: Matsepo Letlola
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Cell: +266 63016675
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Blue Cross Norway Consultant: Heidi Westborg Steel
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Email: heidi.steel@blakors.no

International Federation of the Blue Cross

The Blue Cross is an interdenominational Christian organization independent of any political tendency, which was founded in Geneva in 1877 to deal with problems related to the abuse of alcohol and other drugs and is now active in nearly 40 countries.¹

The objectives of the Blue Cross are:

- To assist those who are battling with alcohol-related problems, using every available modern means
- To inform about the dangers of alcohol and all other drug abuse
- To encourage prevention amongst young people by promoting a drug free lifestyle
- To support an alcohol policy, promoting health for all¹

Blue Cross Lesotho

Blue Cross Lesotho is a member of the International Federation of the Blue Cross. Lesotho was selected as a site for a rehabilitation center in the mid-1980’s. In 1987, the Federation asked Blue Cross Norway to lead the effort in Lesotho, and a team from Norway was sent to do an assessment and feasibility study in Lesotho.

Thaba-Bosiu Center

In 1990, Blue Cross Norway received funding from the Norwegian Agency for Development Cooperation (NORAD) to open a drug and alcohol rehabilitation center in Thaba-Bosiu. The center was opened in October 1991 with the assistance of advisers from Blue Cross Norway. With the exception of the salaries of center staff, which the Ministry of Health and Social
Welfare started to pay in 1994, NORAD provided all support until 2000. Starting in 2000, NORAD funding was gradually phased out while the Ministry of Health and Social Welfare gradually increased its support until January 2005, when the Government of Lesotho assumed full responsibility for the Center’s finances.

The Thaba-Bosiu Center offers both prevention and treatment services.

Prevention activities include:
- Educational programs directed at schools, community leaders, church leaders, and the disadvantaged
- Regular newspaper articles
- Radio programs when funds are available

Treatment activities include:
- Three month period of admission with two years of regular follow-up and annual opportunity for group sharing and follow-up
- Regular individual counseling
- Family counseling depending on the needs of each client
- Assessment of work environment
- Social training
- Occupational skills development
- Prayers and devotions daily
- Treatment of minor illnesses (but treatment is drug-free)

Target population: The Thaba-Bosiu Center is the only drug and alcohol rehabilitation center in Lesotho, so it caters to all the people in Lesotho and even a small number from South Africa (Bloemfontein and Qaqa). Most clients come from Maseru, Mafeteng, and Leribe. However, in order to monitor and see the impact of prevention activities, the Center has decided to scale down and focus efforts in the 15 villages immediately surrounding the Center.

Facilities: The center is comprised of a kitchen, dining room, laundry room, and two houses (one for males and one for females). Each house has one room for a sitting area, two large rooms with five beds each, one office for counseling, and a bathroom. The Center can accommodate 20 clients (10 males, 10 females) and usually houses about 13-14 clients at any time (mostly men).

Finances: M2,000,000 is the approximate operating budget per year, funded as a sub-cost center under the Department of Mental Health within the Ministry of Health and Social Welfare.

Staffing: There are 20 staff: the Director, an accountant/admin officer, a secretary, 3 counselors, an occupational therapist, a nursing assistant, 2 centre assistants, 4 members in the prevention program (the head of the department, 2 community members, a youth coordinator), 2 drivers, 2 cleaners, and 2 gardeners.

Collaborations: Member of Lesotho Council of NGOs, training site for the National University of Lesotho (NUL) and the National Health Training College (NHTC), and works closely with other institutions and governmental departments.
**Blue Cross Resource Center**

Start Date: August 1, 2005  
Duration: 3 years, but expecting closer to 6 years  
Source: NORAID  
Amount: R 2,000,000 per year

A cooperation of the International Federation of Blue Cross, Blue Cross Norway, Namibia Blue Cross, Lesotho Blue Cross, and the Thaba-Bosiu Center to empower Blue Cross organizations and activities throughout the southern Africa region. The main focus is on training and the promotion of Blue Cross volunteer groups as a preventive measure.

**Sources**

1 Information taken from [www.eurocare.org/bluecross/](http://www.eurocare.org/bluecross/) was slightly adapted to fit this context.

Remaining information was collected from personal interviews with:  
Matsepo Letlola, Director  
Heidi Westborg Steel, Blue Cross Norway Consultant
The Carewell clinic was started by shareholders in 1998 to respond to a need for quality primary care services. Carewell provides the following services:

- Primary care
- Minor outpatient surgery
- Dental clinic
- Psychiatry

Target Population: Carewell targets the population in Maseru and surrounding areas, mostly those in the middle-economic group who are able to pay the R80 fee for high quality and efficient service.

Facility: The clinic has about 10 consultation rooms, 1 room for psychiatric care, 1 room for dental care, storage space for medications, 2 procedure rooms, 1 x-ray room, and some open space that can be used for expanding the clinic. The center operates 7:30am – 8:00 pm, Monday thru Saturday and sees 60-80 patients per day, about half of its capacity.

Staff: Carewell employs 12 people in total: 1 doctor, 1 clinical officer, 1 nurse clinician, 4 nursing assistants, 1 x-ray technician, 1 pharmacy technician, and 3 clerical staff. The dentist and psychiatrist are private doctors who rent space at the clinic.

Funding: Operations of the clinic are covered by investments of 10 shareholders and user fees with some support given for TB drugs by the Ministry of Health and Social Welfare.

Sources
Interview with M. Tseppe
THE CHRISTIAN HEALTH ASSOCIATION OF LESOTHO (CHAL)

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Mission: The mission of the Christian Health Association of Lesotho (CHAL) is to develop the highest quality and widest distribution of health services in Lesotho by providing health care through their hospitals and health centers.¹

Background

Christian Mission Hospitals and clinics have been operating in Lesotho since 1863.² The establishment of a formal structure for the coordination of health services provision by church-owned institutions took place in 1974 with the formation of the Christian Health Association of Lesotho (CHAL),³ formerly the Private Health Association of Lesotho (PHAL). There are six member churches of CHAL: Anglican Church of Lesotho, Assemblies of God, Bible Covenant, Lesotho Evangelical Church, Roman Catholic Church and Seventh Day Adventist Church.²

Services

CHAL operates 8 of the 18 hospitals and 73 of the 167 health centers in the country.¹ In addition, four of the CHAL hospitals operate schools of nursing: St. Joseph’s Hospital (nursing assistants only), Scott Memorial Hospital (nursing), Paray Hospital (nursing assistants only), and Maluti Adventist Hospital (nursing). CHAL works in urban areas as well as rural communities and distant outposts. However, CHAL remains committed to predominantly serving the rural and most economically disadvantaged communities, which are also in the least accessible parts of the country.²

The following hospitals belong to CHAL (See map):

- St. Joseph’s Hospital (Roma) – Roman Catholic Church
- Scott Memorial Hospital (Morija) – Lesotho Evangelical Church
- Maluti Adventist Hospital (Mapoteng) – Seventh Day Adventist Church
- Mamohau Hospital (Mamohau) – Roman Catholic Church
- St. Charles’ Seboche Hospital (Butha-Buthe) – Roman Catholic Church
- Paray Hospital (Thaba Tseka) – Anglican Church of Lesotho
- St. James’ Mission Hospital (Mantsonyane) – Roman Catholic Church
- Tebellong (Qacha’s Nek) – Lesotho Evangelical Church¹

Ambulatory and inpatient services are provided at each hospital. The scope and depth of services is very much a function of the physician staffing. Services vary somewhat by hospital. Outpatient services typically include general consultations, pre and post natal clinics, family planning, X-rays and ultra-sounds, physiotherapy, counseling, laboratory services, and dental
and occasionally eye clinics. In-patient services include general medicine, pediatrics, obstetrics and gynecology and limited amounts of general surgery. The hospitals receive daily referrals from the health centers for critical care such as surgeries, complicated fractures, head injuries, stab wounds, gunshots, cardiovascular and respiratory conditions, children requiring hospital care, as well as women in need of delivery services, normal and more complex, and neonatal care for their infants.

CHAL is also involved in several projects that support the medical care services they provide through its health facilities, including:

- Water and sanitation improvement
- Child survival activities
- Safe motherhood programs
- Nurse training programs
- Food package distribution to key groups (with the World Food Program)

In addition, member churches and hospitals coordinate their own activities, which range from community based gardens and Orphans and Vulnerable Children (OVC) programs to operating schools and teaching life skills in the community.

HIV/AIDS: All CHAL hospitals are now offering VCT services. With support from Solidar Med, three of the CHAL hospitals currently have CD4 count machines and are providing ARVs: Seboche, St. Joseph’s, and Maluti. Paray Hospital is also expected to start providing treatment soon.

### Hospital Utilization (Number of Inpatient Admissions and Outpatient Visits)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>% Utilization*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maluti</td>
<td>45,520</td>
<td>50,990</td>
<td>62,642</td>
<td>41,056</td>
<td>59%</td>
</tr>
<tr>
<td>Scott</td>
<td>28,071</td>
<td>34,448</td>
<td>10,396</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>Seboche</td>
<td>9,145</td>
<td>8,519</td>
<td>10,396</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>St. Joseph</td>
<td>16,850</td>
<td>19,779</td>
<td>20,809</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. James</td>
<td>22,518</td>
<td>22,425</td>
<td>19,421</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mamohau</td>
<td>3,810</td>
<td>4,304</td>
<td>5,452</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tebellong</td>
<td>4,214</td>
<td>4,341</td>
<td>5,195</td>
<td>77%</td>
<td></td>
</tr>
</tbody>
</table>

* Utilization data are incomplete
Each hospital’s catchment area is generally defined by the health service area (HSA) boundaries indicated in the map. However, it is understood and appreciated that there is a great deal of overlap and exchange between catchment areas, which varies based on convenience, user fees, perceived quality of care, and specialty services available among other things.

**Funding**

The Christian Health Association of Lesotho (CHAL) owns and manages 49 percent of the health facilities in the country and receives annual subventions, or grants, from the Government of Lesotho to provide subsidized health services. Government funds cover TB and malnutrition services, salaries of all professional staff, and about 20% of other operating costs. DCI provides funds for the operation of the central CHAL Secretariat as well as infrastructure development. Currently, there is work ongoing on a Partnership Agreement that is intended to formalize the relationship between the GOL and CHAL such that the GOL could in effect purchase a package of services from CHAL based on a set of criteria that would be explicitly defined within the agreement.
Sources

2 Information from www.globalministries.org was adapted for this report
3 Information from www.lesotho.gov.ls/lshealth.htm was adapted for this report

Remaining information was collected in a personal interview with:
‘Maletsoane Ntholi, Acting Executive Secretary
LESOTHO PLANNED PARENTHOOD ASSOCIATION (LPPA)

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Mission: The Lesotho Planned Parenthood Association (LPPA) is a non-governmental, non-profit sexual and reproductive health organization, which strives to become a leading, thriving and driving force through its commitment to:

- The provision of quality sexual and reproductive health information and services to men, women, youth, and marginalized groups.
- Prevention and mitigation of HIV/AIDS
- Strategic partnerships with communities and stakeholders
- A catalytic partner in advocating for sexual and reproductive rights
- Need-based and sustainable programs

The International Planned Parenthood Federation (IPPF)

The International Planned Parenthood Federation (IPPF), headquartered in London, UK, is the world’s largest voluntary organization working in sexual and reproductive health. It has more than 150 national family planning member associations in 180 countries, serving 24 million clients through more than 50,000 outlets. IPPF programming revolves largely around a focus on the Five A’s – adolescents, AIDS, abortion, access, advocacy.¹

LPPA Background

The Lesotho Planned Parenthood Association was established in 1968 and is the country's leading family planning provider.² For the first 25 years of its operation, LPPA activities were limited to family planning with some nutrition education. In 1992, the Lesotho Safe Motherhood Initiative was launched with the aim to reduce maternal and peri-natal mortality and morbidity to improve maternal health and the quality of women’s lives. Then in 1994, the program was expanded to include all sexual and reproductive health, which extended the target population to include men and youth. LPPA now aims to provide quality integrated sexual and reproductive health services for women, men and youth.²

Services include:

- Sexual and reproductive health services
- IEC for sexual and reproductive health
- Family planning (with a wide variety of contraceptive services available)
- Integrated maternal and child health services
- Youth resource center and services
- HIV/AIDS education and prevention for underserved and high risk groups
• Diagnosis and treatment of Sexually Transmitted Infections (STIs)
• Voluntary Counseling and Testing (VCT)
• Diagnosis and treatment of Opportunistic Infections (OIs)

LPPA has centers in the following locations:
• Maseru (main center): 80-90 clients per day, >100% utilization
  3 nurses, 1 nursing assistant, 1 VCT counselor
• Maseru (youth center): 40-50 clients per day, ~70% utilization and increasing
  2 nurses, 2 VCT counselors
• Berea: ~60% utilization
  1 nurse, 1 nursing assistant
• Leribe: ~80% utilization
  1 nurse, 1 nursing assistant
• Butha-Buthe: ~85% utilization
  1 nurse, 1 nursing assistant, 1 VCT counselor
• Mafeteng: 60-75 clients per day, >100% utilization
  2 nurses, 1 nursing assistant
• Mohale’s Hoek: ~60% utilization
  2 nurses, 1 nursing assistant/VCT counselor
• Quthing: ~75% utilization
  1 nurse (new site)
• Qacha’s Nek: ~40% utilization
  1 nurse, 1 nursing assistant

Facilities: Centers operate 8:00am – 4:30pm, Monday thru Friday. Each site has a site manager office, waiting area, an exam room for each nurse, a pre-exam interview room, and some have separate space for counseling. Two sites were given by the Ministry of Health and Social Welfare rent-free and other sites are rented at the minimum.

Staff: LPPA employs 58 staff in total, all of which are local.

Training: The initial training of trainers in sexual and reproductive health, family planning, STIs, and OIs was done by the International Planned Parenthood Federation. The Ministry of Health and Social Welfare did the initial training on VCT. The National Drug Supply Organization (NDSO) did an one-day training on administration of drugs for OIs. LPPA is currently in the process of designing a training package.

Projects

The International Planned Parenthood Federation (IPPF) continues to support the Lesotho Planned Parenthood Association (LPPA) for the promotion and provision of family planning IEC and services, but this funding is gradually declining.²

Project Goal: To improve sexual and reproductive health among youth
Start Date: January 2002
End Date: December 2006
Approved Funding: $1,000,000
Source: IPPF Vision 2000 Fund (funds transferred to the European Union-EU)
Project Summary: This funding allowed the construction of a youth resource center in Maseru, which provides the following services:
- Integrated sexual and reproductive health, family planning, and VCT provided by young providers
- Sexual and reproductive health education and resource center
- Life skills and behavior change skills education
- Peer education training and counseling

**Project Goal: To integrate VCT services into LPPA family planning centers**
Start Date: January 2003
End Date: December 2005
Approved Funding: €95,000
Source: Development Cooperation Ireland (DCI)
Project Summary: To provide integrated VCT services at the LPPA centers in Maseru, Butha Buthe, and Mohale’s Hoek.

**Project Goal: To continue and expand the integration of VCT services into LPPA family planning centers**
Start Date: September 2005
End Date: December 2007
Approved Funding: €180,000
Source: DCI
Project Summary: To continue the provision of integrated VCT services at the LPPA centers in Maseru, Butha Buthe, and Mohale’s Hoek and to expand integrated VCT services to the LPPA centers in Mafeteng and Qacha’s Nek.

**Project Goal: To diagnose and treat common opportunistic infections**
Start Date: September 2005
End Date: December 2005
Approved Funding: $17,000
Source: IPPF
Project Summary: Train nurses at integrated VCT sites in the diagnosis and treatment of common opportunistic infections, including the administration of drugs provided by the NDSO.

**Sources**

1 Information from [www.ippf.org](http://www.ippf.org) was adapted slightly for this report.
2 A great deal of information from [www.ippfar.org](http://www.ippfar.org) was taken and adapted slightly for this report.

Remaining information was collected in a personal interview with:
‘Me Mpana, Director
Maseru Private Hospital

Manager: ‘Me Mamotumi
P/bag A58
Maseru 100
Ha Thetsane
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Maseru Private Hospital was founded in 1996 by a group of local physicians. Liquidated in 2000 and left to the Government of Lesotho, Maseru Private Hospital was reopened in October 2001 under the management of the Lenmed Management Group in South Africa.¹ The Ministry of Health and Social Welfare and the Ministry of Finance and Development Planning oversee the operation of the hospital.

Target population: Maseru Private Hospital is open to anybody able to pay the consultation fee. This applies mostly to the middle-class, draws patients mostly from Maseru with some patients from South Africa and other parts of Lesotho.

Services
- Out-patient
- Maternity
- Pediatric
- Surgery
- Emergency
- Intensive Care Unit
- Pharmacy
- Private rooms for both inpatient and outpatient services
- Oncology (monthly contracted services)*
- Psychology (contracted services as needed)
- STI, HIV/AIDS, and TB counseling, testing, and treatment
- PMTCT

* It should be noted there is no practicing pathologist in Lesotho and there is no radiotherapy available in Lesotho. The lack of a pathologist is extremely serious. However, radiotherapy for the foreseeable future may well be better provided through individual or group purchase of service arrangements with providers in Bloemfontein.

Staff: Maseru Private Hospital employs 50 full-time staff and about 5 part-time consultants depending on the hospital’s need.

Facilities: The hospital operates 24 hours per day, 7 days per week. The facility has 32 beds, 2 theatres, 2 ICU beds, and 3 incubators. The hospital is functioning at ~20% utilization.
Financing: Besides operating from collected consultation fees, Maseru Private Hospital is also supported by providing the space for government contracted services (such as oncology) and renting out private offices to private physicians.

Sources

1 Information from www.lesotho.gov.ls/lshealth.htm was adapted for this report.

Remaining information was collected from a guided tour and a personal interview with: ‘Me Mamotumi, Manager
Mission: Population Services International (PSI) deploys commercial marketing strategies to promote health products, services and other types of healthy behavior that enable low-income and other vulnerable people to lead healthier lives.¹

PSI is a nonprofit organization based in Washington, D.C. that harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in 70 developing countries. PSI, with programs in safe water/oral rehydration, malaria, nutrition/micronutrients, family planning and HIV/AIDS, deploys commercial marketing strategies to promote health products, services and healthy behavior that enable low-income and vulnerable people to lead healthier lives. Products and services are sold at subsidized prices rather than given away in order to enhance their perceived value, increasing the likelihood of use, and to motivate commercial sector involvement. PSI is now the leading nonprofit social marketing organization in the world.¹

PSI-Lesotho

A start-up grant in 2000 from the US Agency for International Development (USAID) allowed PSI to establish PSI Lesotho. With funding from the Department for International Development (DFID), PSI Lesotho launched Trust, a new lower priced male condom, in July 2001 and developed community-based distribution systems. In the first year of the project, the number of shops where you can buy condoms in Lesotho almost tripled and the number of condoms distributed through the private sector more than doubled. Then late in 2001, PSI launched Care female condoms. The condom social marketing program was continued in 2003 with funding from USAID through its Regional HIV/AIDS Program (RHAP). PSI’s program was further expanded in July 2004 when it launched its first three Voluntary Counseling and Testing (VCT) sites and March 2005 when it opened two more VCT sites.²

PSI currently provides the following services:

- Social marketing of condoms and VCT
- Site-based and mobile VCT
- Post-test clubs
- Peer education
- Training in basic HIV/AIDS, counseling and testing.
Target Groups: PSI targets high risk populations, with a special emphasis on factory workers, taxi drivers, miners, the defense force, and sex workers as well as migrant and mobile populations.

Staff: In total, PSI employs 60 staff: 56 local full-time employees, 3 expatriate full-time employees, and 1 UN volunteer. PSI has provided all staff with education on HIV/AIDS and VCT and some staff have also been trained in peer education.

Voluntary Counseling and Testing (VCT) Projects

Project Goal: To establish 3 VCT sites in Maseru, Mafeteng, and Mapotsoe.
Start Date: January 2004
End Date: December 2005
Approved Funding: $1,000,000
Source: USAID
Cost Extension: $600,000
Source: PACT

Project Goal: To establish 2 additional VCT sites in Butha Buthe and Qacha’s Nek.
Start Date: September 2004
End Date: June 2005 (now in cost extension)
Approved Funding: $1,000,000
Source: US Centers for Disease Control (CDC)

Project Goal: To expand VCT services to factories and create demand for VCT.
Start Date: October 2005
End Date: September 2005
Approved Funding: €300,000
Source: Development Cooperation Ireland (DCI)

Other Contributions: VCT site land and utilities are contributions of the Ministry of Health and Social Welfare.

Facilities: The first of the PSI sites (in Maseru, Mafeteng, and Mapotsoe) each has 3 counseling rooms, a reception area, an office for the site manager, a kitchen, a laboratory, 2 bathrooms, and storage. The two expansion sites (in Butha Buthe and Qacha’s Nek) each have 2 counseling rooms, a reception area, an office for the site manager, a kitchen, a bathroom, and storage. All sites operate Monday thru Friday, 8:00 am – 5:00 pm. The sites also have post-test clubs, which meet after hours and on weekends.

Capacity/Utilization: The sites in Maseru, Mafeteng, and Mapotsoe each have four counselors who can each counsel and test 8-10 clients per day. The sites in Butha Buthe and Qacha’s Nek each have two counselors who can each counsel and test 8-10 clients per day. Presently, each counselor is counseling and testing 3-4 clients per day on average. In addition to the site-based services, each site also provides solicited (requested by a group or organization) and unsolicited (selected by geographic area) mobile VCT outreach. Each site does about four outreaches per
week and counselors typically counsel and test the maximum of 10 clients per day during outreach.

Standards/Protocols: Counselors and staff all follow the PSI Lesotho Operating Procedures Manual.

Other Projects

Project Goal: To build capacity within PSI to enable high quality condom social marketing projects through the REsuITs Initiative.
Start Date: August 2005
End Date: July 2008
Approved Funding: $2,800,000
Source: The Royal Netherlands
Program Summary: The REsuITs Initiative is a three-year, regional project in twelve PSI countries (i.e., Angola, Botswana, Lesotho, South Africa, Swaziland, Madagascar, Malawi, Mozambique, Namibia, Uganda, Zambia, and Zimbabwe), aimed at expanding and improving social marketing in Africa. This project is designed to produce bottom-line health impact in HIV/AIDS through the implementation of capacity building strategies in country offices in three main areas: organizational function, research, and marketing/communication.

Project Goal: To improve HIV/AIDS knowledge and alter risky behaviors in high risk populations (mineworkers, military, factory workers, and taxi drivers).
Start Date: January 2005
Funding:
   $69,445 for Mineworkers (ends December 2005)
   $64,588 for Military (ends December 2005)
   $120,638 for Factory Workers and Taxi Drivers (ends December 2006)
Source: IOM (International Organization for Migration)
Project Summary: There are three components to this project – (1) train members of the target groups to become peer educators, (2) provide IEC around condom social marketing and VCT, and (3) create demand for VCT services.

Project Goal: To create demand for VCT in the general community.
Start Date: July 2005
End Date: December 2005
Approved Funding: $150,000
Source: Global Fund

Sources:

1 A large section of information from www.psi.org was slightly adapted for this report.
2 Information from www.psi.org/where_we_work/sa-regional.html was adapted for this report.

Remaining information was collected in a personal interview and email correspondence with: Daniella Fanarof, Country Representative
PRIVATE SECTOR

The private sector supplies many of the health services in Lesotho. Although it is difficult to get a precise number of operational clinics, listed below are some of the clinics, physicians, nurses, and other private services that have been identified.

Broadly speaking, private practices tend to see anywhere from 10 to 80 patients per day, with 30 being a typical average. Most operate during standard working day hours, but some do have a few inpatient beds for after hours or overnight care. Many of the practitioners work for the public sector in addition to operating their private practices.

Maseru Clinics

Healthy Lifestyles Clinic & Diabetes Centre 2232 7000
Khuetsoana Clinic 2233 4328
M M H Med Clinic 2232 0374
Medicare Family Clinic 2231 4111
Rosym Clinic 2231 4887
Specialist Clinic (Dr. Monyamane and Dr. Metsing) 2231 1073
Specialist Clinic (Surgery) 2231 3606
Wilies Clinic 2233 3600
Seventh Day Adventist Health Clinic 2232 2839

Maseru Practitioners

Dr. Muhammud Adnan 2232 2631
Dr. Mohammad Ansari 2232 1764
Dr. Kay Ateka Givans 2232 0930
Dr. Frank Baffoe 2231 2962
Dr. Baraklzai 2231 7332
Dr. Jawaid Barakzai 2231 7661
Dr. Lugemba Budiaki 2232 4131
Dr. Muhammed Kaleem Syde 2231 3054
Dr. Katito Campbell 2231 4327
Dr. Pballo Philemon Kholokholo 2231 2081
Dr. Kolobe Liketsso 2233 3169
Dr. EV Lebona 2231 3085
Dr. Pandey Madhu 2231 2540
Dr. Charles Mattin 2232 4280
Dr. CT Mattin (Surgery OB/GYN) 2231 1303
Dr. Thabo Makenete 2232 2293
Dr. Ntutulu Mapetla 2232 5266
Dr. Pantalco Mbuya 2232 2685
Dr. Robert McKee 2231 3612
Dr. Aung Maw Moe 2232 2367
Dr. Norbert Moji (Surgery) 2232 2198
Dr. Musi Mokete (Surgery)             2231 0320
Dr. Molotsi Monyamane (Surgery)      2231 6632
Dr. Mpolai Maseila Moteetee (Res, Surgery) 2232 0929
Dr. Leoatle Motsamai (Surgery)       2231 4315
Dr. Kinandu Muragu                  2232 4886
Dr. DK Musoke                       2232 5883
Dr. Joe Musoke                      2233 1642
Dr. JT Ntabe                        2231 2464
Dr. Pearl Ntskehe                   2232 0098
Dr. Sahila PLeerbhai                2232 7774
Dr. DR Phororo                      2231 7819
Dr. Gerard Prithiviraj              2270 1339
Dr. FN Rathabaneng (Surgery)        2233 1325
Dr. Davis Wilson Rumisha            2231 2569
Dr. Assumpta Rwechungura            2232 4485
Dr. Lwin Sann                       2232 0119
Dr. Seth Sehloho                    2231 6891
Dr. MA Siddique                     2232 5359
Dr. Ben Sikaundi                    2231 5236
Dr. Ishmael Thelejane (Surgery)      2231 2265
Dr. Nonkosi Tabane Tlale (Surgery, Res) 2231 2451
Dr. Mamakhetha Tsolo               2233 3600

Nurses
Clinics and individuals listed below are registered with the Lesotho Nursing Council. However, many nurses see patients privately without registering with the LNC.

| Ambassadors Christian Mission | Cornelia Motlomelo |
| ‘Makoti Mary Faso              | Lineo Mpobole       |
| ‘Malichaba Hoeane              | Lebohang Namane     |
| Holy Cross Sisters             | Mary Ramotete Ntsapi|
| IDM                            | Lenka Palesa        |
| Annie Leeuw                    | Ella Ramatla        |
| ‘Matlotliso Lepota             | Stanley Ramokhoro   |
| Tlaleng Letsie                 | Amelia Ranotsi      |
| Mosamai Makhasane              | Justina Ralehlolo   |
| ‘Manthati Makhekhe             | Sacred Heart Sisters|
| Puseletso Marobela             | St. Joseph Congregation|
| Naomi ‘Mamokhatla Masupha      | ‘Mateboho Seboka    |
| ‘Moleli Mohatlane              | ‘Mapalesa Selialia  |
| Nthakoana Mohola               | ‘Maseabata Sethabela|
| Elizabeth Mokoma               | ‘Masechaba Shapung  |
| ‘Malebusa Molapo               | Lydia Shedile       |
| ‘Mants’iuoa Mosothoane         |                    |
Dental Surgeons

Maseru Dental Services 2232 6968
Peerbhais Dental Centre 2232 5917

Optometrists

Kingway Opticians 2231 7989
Maseru Optical 2232 1478
Vision Clinic Optometrist and Contact Lens Centre 2250 3000

Pharmacists

There are occasional reports of individuals consulting with a pharmacist for their care. Below are the major pharmacies in Maseru.

Allied Chemists 2232 6269
Cathedral Pharmacy 2232 4351
Homemark Maseru 2232 5189
Kingsway Pharmacy 2232 2417
MHS Pharmacy 2232 5189
PP Pharmacy 2232 3613
Parkside Pharmacy 2231 2514
S&T Pharmacy 2232 4657
The Senkatana Center provides the following services:

- Voluntary counseling and testing (VCT)
- Antiretroviral treatment (ART)
- Adherence counseling
- Home based care
- Buddy programs
- Formation of PLWHA support groups
- Participation in support group activities
- Devotional services
- Community mobilization and advocacy
- Food parcel procurement and distribution
- Nutritional counseling
- Condom distribution
- Health education talks
- Training on HIV/AIDS, VCT, counseling, home based care, and nutrition
- Research on HIV/AIDS, VCT, and ART

The staff complement is as follows:

- 1 Director
- 1 Administrator
- 1 Coordinator
- 2 Medical officers
- 1 Nurse clinician
- 2 Research nurses
- 1 Research assistant
2 Pharmacy technicians
2 Nursing assistants
1 Secretary
1 Filing clerk
2 Priests
3 Counselors
2 Hospital assistants
2 Field workers
2 Drivers

Total = 26 staff members

Number of patients seen a day

Counseling = 40-45
Clinic = 50-60

Operating days and times: Monday to Friday, 8:00 am – 4:30 pm

Senkatana serves the HSA catchment areas for Scott Hospital, St. Joseph’s Hospital, and Queen Elizabeth II Hospital.

The Central Laboratory at Queen II Hospital is providing lab support services to the Senkatana Centre. Drugs are procured through the National Drug Support Organization (NDSO) with the Triapharm as the alternative supplier in case of emergency or delays. ARVs and all other medicines will be supplied by the Ministry as of January 2006. The Senkatana Centre is co-founded by the Lesotho Government and BMS, LMA has been contracted to be an oversee body. The expectation is that MOHSW will take over funding of Senkatana services when BMS money phases out in the next 2 years.

Since the clinic started in May, 2004-December 2005 a total of 4836 clients were counseled and 1231 patients were BMS operational/research protocol, 400 s-coded patients are expected to be put on ARV per year. Other patients seen are registered as C-coded patients and become part of the national program.

Sources

1 Information from the Senkatana Center Quarterly Report was slightly adapted for this report.

Remaining information was collected in a personal interview with:
Teboho Kitleli, Program Administrator
PROGRAMS AND TRAINING

Boston University (BU)
CARE Lesotho-South Africa
Columbia University
Institute for Development Management (IDM)
Lesotho Red Cross
Management Sciences for Health (MSH)
University Research Corporation (URC)
Background

Boston University (BU) has been working in health in Lesotho since 1990 and since August of 2003 has been focusing exclusively on working with the country to strengthen management, policy, planning, and clinical capacity in the health sector. In 2003 the Chancellor of BU made an institutional commitment to work with Lesotho through the HIV/AIDS crisis and provided substantial initial funding to do this within Government of Lesotho priorities. All activities are structured to be integrated, complimentary and within a strategic framework developed with and agreed to by key leaders, particularly the Minister of Health & Social Welfare, the Minister of Finance and Development Planning and the Ministry of Education. The intent is to assist in addressing the HIV/AIDS crisis with the long-term goal of contributing to the development of a sustainable health sector that is attractive to Basotho physicians and nurses.

Projects

Since mid-2003 BU has expended over $400,000 from University resources. The project funding below is in addition to these University funds.
Title: Developing the Lesotho Primary Health Care Workforce: Nurse Clinicians and Family Medicine Physicians
Source: U.S. State Department Africa Workforce Development
Amount: $133,000
Project Summary: This project aims to begin a process that will improve the quality and accessibility of affordable and sustainable primary care, increase the nation’s capacity to respond to the burgeoning medical care demands of the HIV/AIDS epidemic, and improve the recruitment and retention of nurses and physicians.

Title: Urgent Need, Unique Opportunity: Teacher Training and Healthy Teachers
Source: USAID Association Liaison Office
Amount: $100,000
Project Period: April 2004 – April 2006
Project Summary: This activity began because of a specific request by the Deputy Prime Minister, then also Minister of Education, to focus on keeping teachers alive. Our partnership with the Lesotho College of Education aims to keep faculty, staff, and students HIV negative and if positive, maintain a healthy lifestyle until they begin ARV treatment in order to sustain and strengthen the education sector in Lesotho. The partnership has 3 main thrusts:
- Curriculum improvement for HIV/AIDS competent graduates,
- Starting a student, faculty and family member primary care clinic on campus that includes VCT and ARV treatment, and
- Assuring a sustainable supply of ARVs and routine drugs.

Title: Jump Starting Lesotho’s Response to HIV/AIDS: Problem Solving for Better Health (PSBH)
Source: Dreyfus Health Foundation
Amount: $172,000
Project Summary: This project introduces the Problem Solving for Better Health methodology to five groups of 50-60 individuals from the health sector, government ministries, schools, non-governmental, faith and community based organizations, the private sector, and community leaders to identify and solve identified problems related to HIV/AIDS. The Lesotho College of Education has submitted a proposal to Dreyfus Health Foundation to lead the institutionalization of PSBH as a national resource in Lesotho. BU anticipates assisting in this process.

Title: Building HIV/AIDS Capacity and Improving Quality in the Context of Sustainable Primary Care
Source: USAID PACT
Amount: ~$240,000
Project Period: December 1, 2005 – November 30, 2005
Project Summary: This program aims to rapidly and effectively increase Lesotho’s capacity to provide needed HIV/AIDS counseling, testing and treatment services in the context of a
sustainable primary care oriented health care delivery system using an approach that emphasizes on-site, in-service training and mentoring. Specifically, our objectives are:

- To increase quality and capacity at the district hospitals in Maseru, Leribe, Butha-Buthe, Mohale’s Hoek, and Quthing to initiate ARV treatment and to manage more serious complications and medication challenges by training and mentoring key clinical staff.
- To increase quality and capacity at health centers to manage patients on ARVs by focusing on nurses, occasionally nurse clinicians and almost always nursing assistants and community health volunteers currently working at these sites.
- Where there are nurse clinicians at health centers, to train them to be able to initiate ARV therapy in most patients without the need for referral to the district hospital.

Other Activities

Early in 2004, the first resident from the Department of Family Medicine at Boston Medical Center did a two-month rotation at Maluti Adventist Hospital. Since then, more than a dozen faculty, residents, and students from Boston University have completed rotations at Maluti. As a result of growing interest within the Department of Family Medicine as well as interest from the Departments of Ophthalmology and Pediatrics, rotations will likely expand to include Mafeteng Hospital in the near future and eventually Queen Elizabeth II Hospital.

A long-term goal of the Lesotho-Boston University collaboration is to initiate a family medicine residency training program that will be a necessary and central part of a strategy to develop a sustainable set of hospital and primary care services that provide needed services in an organizational milieu that is acceptable, hopefully appealing, to patients and is sufficient to attract and retain Basotho physicians and nurses. In brief, the long-term goal is a practice environment that is sustainable and works for patients, providers and the nation.

BU also provides, on request, policy advice to the government on health related matters.

Collaborative Groups

US Ambassador’s HIV/AIDS Task Force
Lesotho Health Partners
US Government Partners
UN Theme Group on HIV/AIDS

Source

Lauren Babich, Assistant Project Director
CARE LESOTHO-SOUTH AFRICA

Country Director: Jeanne Zielinski
P.O. Box 682
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Email: info@care.org.ls
Location: Constitution Road, Maseru Central (behind Victoria Hotel)

Administrative Coordinator: Sebina Mosese
Cell: +266 58996774

SHARP! Program Coordinator: Vunda Demula

Background

CARE Lesotho-South Africa has operated in Lesotho since 1968 and South Africa since 1994. The joint mission renamed CARE Lesotho-South Africa was created in 2001, to promote cost-effective regional programming. With offices in both countries, and guided by a long term strategic plan, the organization is committed to ensuring its actions have a lasting and positive impact on the most vulnerable people.1

Mission: CARE International’s mission is to serve individuals and families in the poorest communities in the world. Drawing strength from their global diversity, resources and experience, they promote innovative solutions and are advocates for global responsibility. CARE facilitates lasting change by:

- Strengthening capacity for self-help;
- Providing economic opportunity;
- Delivering relief in emergencies;
- Influencing policy decisions at all levels;
- Addressing discrimination in all its forms.1

Services:

CARE coordinates four programming themes:

- Rural livelihood and asset security
- HIV/AIDS prevention, care and support
- Economic empowerment
- Inclusive and democratic governance1

With programs and activities in the following areas:

- Agriculture and natural resources
- Education
- Emergency relief and reconstruction
- Food security
- Health
- Small economic activity development
• Water, sanitation and environmental health

CARE-Lesotho

Staffing: CARE Lesotho-South Africa employs 40 full-time local staff in Lesotho, 20 full-time local staff in South Africa, two full-time international staff, 1 full-time international volunteer with the Private Sector Coalition Against HIV/AIDS (PSCAAL) from Deutscher Entwicklungsdienst (DED), and 74 currently practicing, part-time volunteer peer educators.

Offices: CARE’s main administrative center has 10 offices as well as a small, three-roomed trailer located behind the main office. In addition to its central office, CARE also has two local resource centers in Lesotho. One is near Maseru in Hahloolo and the other is in Mapotsoe. These resource centers each have a counseling room, office, kitchen, general training room, reception, and bathroom and are staffed by a community facilitator and a site coordinator. CARE also has an office housed within the Ministry of Agriculture government building in Mohale’s Hoek to support the Livelihoods Recovery through Agriculture Program (LRAP).

CARE Lesotho has developed several manuals for the various trainings offered:

• Home-Based Care
• Peer Education (for truckers, sex workers, youth, etc.)
• Psychosocial Support
• Nutrition
• CBO Operation and Management

Health-Related Projects

Project Title: Sexual Health and Rights Promotion Program (SHARP!)
Funding Source, 2000-2005: Family Health International (FHI)
Funding Source, 2005-2006: PACT & the US Centers for Disease Control (CDC)
Amount: ~$300,000 per year
This cross-border initiative focuses on the border towns Ficksburg and Ladybrand in South Africa and Mapotsoe, Mafeteng and Maseru in Lesotho which have been identified by CARE assessments and by USAID as part of their regional 'Corridors of Hope' border assessment as areas of exceptional HIV vulnerability. Target groups include sex workers and long distance drivers, both taxi drivers and truckers. Additionally, SHARP! targets factory workers in the garment industry, both those with jobs and those without regular work, who queue outside the factory waiting for 'piece' work. SHARP!'s primary activities focus on prevention including recruitment and training of peer educators, management of community HIV/AIDS resource and information centers, and condom distribution. SHARP!'s five implementation strategies are:

• Training of peer educators amongst a broad range of target groups (youth 15-25 years, 10-14 years, low income women, migrant laborers, long distance drivers, sex workers, and parents
• CBO capacity building
• Increasing the capacity of service providers (the police, traditional healers, teachers, nurses) to deal with rape and gender violence and co-ordinate their services
• Development of community resource centers for advice, referral and VCT
• Development of community home based CARE strategies, including a pilot program that provides small grants to nine CBOs in Maseru and Leribe districts.

**Project Title: Private Sector Coalition against AIDS - Lesotho (PSCAAL)**

Funding Source for workplace outreach: Department for International Development (DFID) (November 2004-November 2005)
Funding Source for VCT: World Bank (July 2004-July 2005)
Funding Source for other activities: GAP

This project is aimed at scaling-up private sector’s response to HIV and AIDS. The project is working with 26 private sector organizations. Given the importance of the garment industry to the Lesotho economy, as well as the vulnerability of factory workers, garment factories comprise a significant proportion of the beneficiaries. The implementation process focuses on the employees’ education and involvement in HIV and AIDS-related activities at the workplace. PSCAAL also offers Voluntary Counseling and Testing, referrals to medical treatment and local service provision. Participating employers are required to commit time for their employees to access these facilities. The VCT data is used to update the employers on the prevalence rate among their workforce and also feeds into ongoing dialogue on mitigation strategies. The project aims to achieve three outputs:

• A significant and sustained private sector response to HIV and AIDS in Lesotho;
• Improved capacity of private sector organizations or businesses to develop and implement HIV and AIDS workplace policies;
• Facilitation of quality, replicable HIV and AIDS services along a continuum of care.

**Project Title: Secure the Child**

Funding Sources: CARE Norway and Gesellschaft fur Technische Zusammenarbeit (GTZ)

Project Summary: Secure the Child is aimed at promoting sustainable food security nets for orphans and vulnerable children that protect and uphold their basic right to food. The project targets 2,500 orphans and vulnerable children up to the age of 18. Project activities include establishment and rehabilitation of school gardens in the two selected districts; improving gardening skills of teachers and children, documenting lessons learned, and best practices established.

**Project Title: Livelihoods Recovery through Agriculture Programme (LRAP)**

Funding Source: DFID

Project Summary: The goal of Livelihoods Recovery through Agriculture Programme (LRAP) or informally known as Lirapa - which means home garden in Sesotho - is to improve the capacity of vulnerable rural households to cope with shocks and stresses, especially given the increasing impact of HIV/AIDS. The program targets 43,099 households in the districts of Mafeteng, Mohale's Hoek, Quthing and Qacha's Nek, which
have been affected by HIV/AIDS and where nutritional status is declining. LRAP was jointly designed by the Ministry of Agriculture and Food Security (MoAFS), CARE and DFID and supports initiatives that address both immediate and longer term needs of the most vulnerable households.¹

Sources

¹ A great deal of information from www.caresa-lesotho.org.za was taken and adapted slightly for this report.
² Bowsky, Sara. Lesotho’s Strength is its People: A Rapid Appraisal of Home Based Care. Family Health International, April 2004.

Remaining information was collected in personal interviews with:
SHARP! Program Coordinator: Vunda J. Demula
Administrative Coordinator: Sebina Mosese
PARTNERSHIP FOR FAMILY CENTERED HIV PROGRAMS

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EGPAF Contact:

AED Contact:

Partnership for Family Centered HIV Programs Background

Project Title: Family Centered HIV Services
Start Date: May 1, 2005
End Date: October 31, 2007
Source: USAID

Partners for Family HIV Programs is a consortium of organizations supported by the U.S. Government (USG) focused on preventing pediatric HIV infections and reducing HIV-related morbidity and mortality among children, women, and their families in Lesotho. The key partners are the International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Academy for Educational Development (AED) LINKAGES Project.

The objective of the collaboration is to adopt a cohesive, cost-effective approach to working together and with government using integrated, family-centered program models.

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7 USAID/RHAP requested ICAP to coordinate the AED, EGPAF, ICAP partnership program in Lesotho.
to respond to the MOHSW’s PMTCT and PMTCT+ priorities. MOHSW priorities will be addressed at the national, regional and community levels to strengthen the full spectrum of integrated PLUS interventions. As a result, the partnership expects to demonstrate increases in the uptake of counseling and testing, the uptake of and adherence to antiretroviral prophylaxis, and quality improvements in the treatment, care and support of eligible women, partners and children, in a caring, enabling environment.

The Partners for Family HIV Programs will provide a range of support for the implementation of MTCT-Plus programs in Lesotho. The Partnership will focus on national-level support to the MOHSW and site support to QEII and its filter clinics. Furthermore, technical assistance will be provided to Butha Butha and Mohale's Hoek Hospital in order to reinforce local capacity for PMTCT, care and treatment programs, and the critical linkages between these programs. The Partnership will also work closely with other USG partners to enhance pediatric care with a particular emphasis on implementation of infant diagnostic testing. The goals and objectives for the Partnership are the following:

**Goals:**
1. To prevent pediatric HIV infections;
2. To reduce HIV-related morbidity and mortality among children, women, and their families.

**Objectives**
- Increase HIV counseling and testing acceptance rates for pregnant women attending MCH services, including their partners and their exposed infants;
- Increase the proportion of mother-infant pairs receiving ART (SD-NVP/AZT) prophylaxis to at least 50% of the eligible HIV-positive women identified within pMTCT services;
- Increase the proportion of HIV-infected ART eligible pregnant women who are receiving ART during pregnancy by at least 50%;
- Increase the proportion of mothers who practice exclusive breastfeeding (EBF) and adopt recommended practices of early breastfeeding cessation;
- Increase to at least 30% the proportion of HIV-exposed infants identified in pMTCT settings who begin cotrimoxazole prophylaxis at 4-6 weeks as per WHO guidelines;
- Support the enrollment of at least 50% of HIV-infected eligible children into HIV care and treatment services, including ART;
- Support the enrollment of at least 50% of HIV-infected women and partners identified through pMTCT settings into comprehensive HIV care and treatment services.

**Key Implementing Partners**
ICAP/MTCT-Plus in Lesotho

The MTCT-Plus Initiative is a major effort by ICAP to establish comprehensive HIV primary care services for women, their children, and their partners. By extending a family-centered model of HIV/AIDS care, ICAP is working to enhance existing prevention and treatment efforts and to give hope to infected families and communities. The MTCT-Plus model of care aims to link an ongoing prevention intervention (pMTCT/prevention of mother-to-child transmission) with a complementary care and treatment intervention (MTCT-Plus). The MTCT-Plus Initiative was launched with private funding in February 2003, and initially supported 12 programs in 8 countries. To respond to increased demand and need for MTCT-Plus services, ICAP entered into a cooperative agreement with the United States Agency for International Development (USAID) in July 2003 to rapidly expand MTCT-Plus programs. By the end of 2005, ICAP had successfully initiated USAID supported programs in 7 countries (Lesotho, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, and Kenya).

The MTCT-Plus Initiative supports the provision of HIV-specific care, including access to a number of standardized antiretroviral options when clinically indicated, to HIV-infected women and children identified in pMTCT programs, and to their HIV-infected partners and other family members as appropriate. Fundamental components of the program include:

- Comprehensive HIV primary care inclusive of antiretroviral therapy
  - Inclusive of women during pregnancy
- Family-centered care
  - Inclusive of children
- Multidisciplinary care teams
- Attention to psychosocial and environmental issues
- Emphasis on long-term retention in care and adherence to treatment
- Involvement of persons with HIV and outreach to community resources
- A comprehensive approach to family centered care

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

The Elizabeth Glaser Pediatric AIDS Foundation originated with recognition of the urgent need to help children living with HIV infection. The Elizabeth Glaser Pediatric AIDS Foundation has three main avenues for fighting pediatric AIDS: funding critical research, launching global health programs, and advocating for children's health.

The Foundation's International HIV Prevention, Care and Treatment Initiatives have the following essential mandates:

- Increase access and scale up services for prevention of mother-to-child transmission (PMTCT)
- Increase access to care and treatment for children and families, including antiretroviral therapy (ART)
- Research and identify better technologies and interventions in PMTCT and care
• Document replicable models in PMTCT and care and treatment
• Train research and program leaders to advance all of the above

The Foundation established its first implementation program, the Call to Action Project, in 2000 to bring simplified regimens for PMTCT of HIV in children to the families in developing countries who need them. Over the last five years, the Foundation has led the way internationally in the provision of PMTCT services, now reaching more than a million women per year through more than 750 sites in 20 countries.

PMTCT is always in accord with host country national policy and is implemented within the existing maternal child health infrastructure. Provision of access to counseling, accurate and rapid HIV testing, antiretroviral prophylaxis, and infant feeding education has been enabled through the community mobilization, training of health care workers, and psychosocial support.

More recently, the Foundation has moved to help fill the gap in access to care and treatment, including Antiretroviral Treatment (ART). The Foundation is striving to effectively follow children born to HIV-infected women identified through PMTCT initiatives and to effectively treat the women, their families, and infected children. The Foundation launched Project HEART (Help Expand Antiretroviral Treatment to Children and Families) in 2003 to expand global HIV/AIDS care and treatment services.

The Foundation's international implementation efforts in PMTCT and care and treatment are supported with resources from the U.S. Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC) through the President’s Emergency Plan for AIDS Relief (PEPFAR), as well as essential private contributions from corporations, foundations, and individuals.

_Academy for Educational Development (AED)_

Founded in 1961, AED is an independent, nonprofit organization committed to solving critical social problems and building the capacity of individuals, communities, and institutions to become more self-sufficient. AED works in all the major areas of human development, with a focus on improving education, health, and economic opportunities for the least advantaged in the United States and developing countries throughout the world.

AED has been funded to implement its LINKAGES project with Columbia University in Lesotho. LINKAGES is a USAID-funded global program started in 1996 that seeks to increase breastfeeding and related practices to improve maternal reproductive health, increase child spacing, and reduce HIV transmission. LINKAGES provides technical information, assistance, and training to organizations on breastfeeding, related complementary feeding and maternal dietary practices, and the lactational amenorrhea method - a modern postpartum method of contraception for women who breastfeed. The program in Lesotho will very closely mimic Zambia’s very successful comprehensive
program to reduce mother-to-child transmission of HIV through safer infant feeding practices.\(^5\)

LINKAGES uses three major approaches to achieve its objectives:

- **Global Technical Leadership:** advancing policy dialogue and formulation through assessments and advocacy; assessing program impact; conducting cost-effectiveness studies of different interventions; disseminating technical information on the program art and evidence-based science of breastfeeding and related practices.
- **Country Programs:** supporting the design and implementation of national-level advocacy, district-level programming, community-based counseling, and support groups to achieve measurable results in behavior change.
- **Mainstreaming:** integrating results-oriented behavior change methodology, quality technical information, and supportive policies into organizations' programs and initiatives; partnering with organizations to improve breastfeeding and related practices.\(^5\)

**Sources**

1. [www.mtctplus.org](http://www.mtctplus.org)
2. Presentation by J.T. Tshiula, AED Director
3. [www.pedaids.org](http://www.pedaids.org)
4. [www.aed.org](http://www.aed.org)
5. [www.linkagesproject.org](http://www.linkagesproject.org)

* A significant amount of information was copied and adapted slightly from the listed websites for this report.
INSTITUTE OF DEVELOPMENT MANAGEMENT (IDM)

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Mission: Management development through training, consulting and research.¹

The Institute of Development Management (IDM) was established in 1974 as a regional organization in Botswana, Lesotho and Swaziland to help meet the management needs of the Region through management development activities including training, consultancy, research, and the establishment of a Management Resource Center.¹

The specific objectives of IDM are:

- to improve the managerial knowledge and skills of persons charged with senior responsibilities for development in the public, parastatal and private sectors;
- to provide management training and consultancy to middle and senior level personnel in the public, parastatal and private sectors;
- to improve organizational structures, administrative and management procedures and development policies related to social and economic needs;
- to improve the data base available for decision making with respect to development;
- to extend public awareness of, and encourage, public involvement in all aspects of development.¹

IDM offers the following courses (most of which are 1-4 weeks):

- Project Monitoring and Evaluation
- Project Planning and Proposal Writing
- Project Appraisal
- Tendering and Contracting in Project Management
- Purchasing and Supply Management
- Stores Management
- Purchasing and Materials Management
- Government Accounting
- Finance Management
- Internal Auditing
- Transport Management
- Managing Employee Relations
- Management Training for Personal Assistants
- Introduction to Management
- Human Resource Management
- Public Relations
- Professional Business Writing
- The Art of Public Speaking
- Records and Information Management
- Computer Applications Skills
- Word Processing
- Spreadsheet (Excel)
- Database (Access)
- Information Technology
- Public Administration and Management
- Immigration and Citizenship Control
- Effective Clinical Supervision
- Nursing Unit Management
- Counseling at the Workplace
- HIV/AIDS Counseling
- Peer Education in HIV/AIDS
- Occupational Health and Safety Management
- Food Safety and Hygiene
- Training of Trainers
- School Management
- Educational Leadership

The target groups vary from course to course, but most are employed individuals seeking to advance their professional skills. Minimum class size is 10.

The Regional office of IDM has a full-time faculty of thirty-eight staff members. The full-time faculty members operate in all three countries conducting management development and training needs assessment, designing and conducting management courses and carrying out consultancies for clients in the public, parastatal and private sectors. In addition to the full-time faculty, the Institute has Associate Consultants in each country whose services are used to provide expertise whenever necessary. There are 8 academic staff and 13 administration and support staff based at the IDM Lesotho office.

The IDM Lesotho campus has four classrooms, one computer center, a library, and a hostel capable of housing 80 students.

**Sources**

1 Information from [www.idmbls.com](http://www.idmbls.com) was copied and slightly adapted for this report.
Information from the IDM Prospectus, 2006 was copied and adapted for this report.

Remaining information was collected in a personal phone interview with:
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LESOTHO RED CROSS

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Mission: The mission of the Lesotho Red Cross Society is to alleviate human suffering and to improve the quality of life of communities affected by both natural and man-made disasters and to promote community self-reliance.¹

Background

Lesotho Red Cross was established in 1967 as a branch of the British Red Cross and an auxiliary to the Government of Lesotho in alleviating the suffering of vulnerable people. There are three main divisions of activities: health, youth, and donor recruitment.²

Services:
- Relief services
- First aid training
- OVC programs
- Community home-based care
- Food relief
- Primary health care centers

Facilities: The central Lesotho Red Cross offices are in Maseru. There are divisional offices in Butha Buthe (just for relief), Berea, Leribe, Maseru, Mafeteng, Quthing, Mokhotlong, and Thaba Tseka (expansion area). There is 1 training center (in Maqhaka on the way to Berea) for conducting first aid training, which is offered free of charge to individuals as well as industries.

Staff: Lesotho Red Cross employs 30 full-time local staff based throughout the country. Each district has 1 district coordinator, 1 AIDS officer, and four of the districts have 1 OVC officer. Presently, there are 20 additional individuals contracted to work on specific projects. In addition, there are over 4,000 volunteers contributing variable amounts of their time to Red Cross activities. Also, the Lesotho Red Cross frequently receives assistance in the form of staff support from other Red Cross organizations. Currently, they have: 1 from the International Federation, 1 from the British Red Cross, and 3 from the German Red Cross.

Key Collaborators/Groups:
- Ministry of Health and Social Welfare
- Disaster Management Authority (DMA)
- World Food Program (WFP)
- United Nations Children’s Fund (UNICEF)
Projects

Total estimated funding required to operate all Lesotho Red Cross programs from 2006-2010 is about M166,850,000.

**Project Goal: Delivering community-based HIV/AIDS care**
Start Date: January 2001
End Date: December 2005 (hoping for renewal)
Source: International Federation of the Red Cross (in 4 districts)
Source: British Red Cross (in 2 districts)
Project Summary: This project aims to dispatch 30 “facilitators” in each of the 6 districts, who are trained in home-based care and support services through classroom-, community-, and hospital-based learning. Each of these highly trained caregivers look after members of 5 support groups and is able to provide education, connect patients to useful resources, track patient health, monitor patient adherence to treatment, organize home-based intensive bed-side care if necessary, and advocate for patients with health care professionals. Facilitators are volunteers, and funding covers training, patient care kits, kit refills, and allowances for facilitators.

**Project Goal: Expand community-based HIV/AIDS care program**
Start Date: June 2005
End Date: December 2005
Source: Global Fund
Project Summary: This project aims to begin the expansion of the facilitator program to a new seventh district (Thaba Tseka) as well as further development within the 6 established districts.

**Project Goal: Provide support to OVC in the already established Red Cross areas**
Start Date: January 2003
End Date: December 2007
Source: Norwegian Red Cross
Project Summary: This project provides school fees and food packs to identified orphans and vulnerable children in need and, where possible, distributes clothing as well. Under this project, staff and volunteers also work with schools to form interactive clubs to promote associations between OVC and other children.

**Project Goal: Assist in developing food relief programs for those receiving home based care**
Start Date: 2004
End Date: 2008
Source: German Red Cross
Project Summary: Funds are used to develop food relief programs to address the needs of those receiving community home-based care in the Leribe and Berea districts.

**Project Goal: Provide primary care services through the operation of four health centres**
Ongoing
Project Summary: The Lesotho Red Cross operates four health centres that provide primary care services in Mokhotlong, Leribe, and two in Maseru. A memorandum of understanding with the Government of Lesotho binds the Government to cover salaries for professional staff. Other operating costs are covered by user fees and the Red Cross.

**Project Goal: Assist in disaster relief in times of need**
Ongoing (as needed)
Source: Department for International Development (DFID)
Project Summary: DFID offers regular support to the Lesotho Red Cross to provide relief services in 5 underserved districts.

**Sources**

1. Information from the Lesotho Red Cross 2004 Annual Report was used for this report.
2. Information from [www.ifrc.org](http://www.ifrc.org) was adapted and used for this report.

Remaining information was collected in a personal interview with:
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Rational Pharmaceutical Management Plus (RPM+)

From 1992 to 2000, the original RPM Project made significant progress in promoting sustained access to and effective use of essential drugs and critical health commodities in developing countries. In September 2000, the U.S. Agency for International Development awarded Management Sciences for Health funding for Rational Pharmaceutical Management Plus, a five-year program designed as a follow-on to the RPM Project, also funded by USAID and awarded to MSH.

The RPM+ Program addresses the enormous gaps in the developing world between the demand for essential drugs and health commodities and their availability, and between their availability and appropriate use–by both providers and consumers.

RPM+ goals are to:
- Develop and apply new, specialized tools to generate needed commodity-related information and improve decision-making processes
- Foster donor coordination and strategic planning globally and at the country level to improve product availability
- Monitor and assess the impact of reform initiatives on access to and availability and use of essential health commodities, in order to strengthen the effectiveness of USAID priority interventions
- Identify lessons learned, formulate guiding principles, and disseminate best practices and approaches in commodity management under health sector reform

The RPM+ Program works to improve pharmaceutical management worldwide by:
- Identifying and addressing the root causes of poor access, ineffective supply, and inappropriate use of essential health commodities
- Designing and applying tools to understand drug use behaviors
- Providing technical assistance
- Training local health care staff to improve the efficiency of health systems
- Supporting operations and applied research
- Working with policymakers, researchers, managers, and providers in the public and private sectors to implement new and proven interventions
**RPM+ Lesotho**  
Start Date: October 2005  
End Date: September 2008  
Amount: $400,000  
Source: USAID

The RPM+ Lesotho Program provides technical assistance in all areas of pharmaceutical management, including the selection, procurement, distribution, and rational use of medicines and health supplies for child survival, maternal health, tuberculosis, and HIV/AIDS. USAID has funded MSH to carry out an assessment and make key recommendations to improve drug and commodity supply systems and management at the country level. RPM+ will then advocate for, gain consensus on, and implement approaches for improvement. As part of its commitment in the area of HIV/AIDS, RPM+ also works to improve laboratory capacity and management with the support of the CDC. In addition to working with Lesotho, RPM+ collaborates with regional initiatives to develop national, regional, and district capacity in the management of pharmaceuticals and other health commodities.

**Sources**

1. A great deal of information from [www.msh.org/projects/rpmplus](http://www.msh.org/projects/rpmplus) was copied and slightly adapted for this report.
2. Information from [www.rhap.org.za](http://www.rhap.org.za) was adapted for this report.

Remaining information was collected in a phone interview and email correspondence with:  
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University Research Co., LLC (URC), with headquarters in Bethesda, Maryland, works with public and private clients on health and social issues. Since 1965, URC has helped government and private sector clients around the world to design, operate, and evaluate programs that address health, social and educational needs. The key areas of focus include:

- HIV/AIDS, TB and other infectious diseases
- Maternal and Child Health
- Substance Abuse and Prevention
- Communications & Outreach
- Education & Training
- Health & Population
- Quality Management
- Research & Evaluation

1

The overall strategy of URC’s HIV/AIDS and TB program is to create sustainable systems of health services delivery for quality care. The support provided by URC to various country programs is in concert with the PEPFAR objectives and seeks to: (1) increase use of HIV/AIDS services and preventive practices, including VCT and PMTCT; (2) increase access to these services; (3) improve provider knowledge and skills related to HIV/AIDS; (4) improve performance of laboratories and diagnostic services; (5) test strategies for appropriate staffing of health systems; (6) develop and implement models and best practices for comprehensive, high quality HIV/AIDS services, including ART, and (7) strengthen national policies and guidelines in support of HIV/AIDS services.

Project Title: The Quality Assurance Project (QAP)
Start Date: June 2005
Source: USAID
Amount: $225,000

URC is working closely with the Lesotho Ministry of Health and Social Welfare to improve the quality of TB services in the country. URC’s work is being made possible through the USAID-funded Quality Assurance and Workforce Development project (QAP). Discussions with USAID began in May 2005 and URC started work with a baseline assessment and stakeholders meeting in June 2005. QAP-Lesotho recently completed its initial assessment and is now working to strengthen the Lesotho healthcare system’s capacity for addressing TB-HIV co-infection and to develop and implement the functional integration of TB and HIV services. Working with health authorities and service providers, QAP is designing a model system of treatment, care, and support for
TB patients as part of international efforts to control the dual epidemics of tuberculosis and HIV/AIDS.²

QAP will be working with the MOHSW on the following:

1. Develop policies and guidelines for the management of patients co-infected with both HIV and TB and provide training on this issue at five key implementation sites: the TB clinic at Botsabelo, Queen Elizabeth II Hospital, the two filter clinics, Berea, Roma, Leribe and Ntsekhe HSAs.
2. Train local NGOs on counseling of patients with HIV/AIDS and/or TB.
3. Pilot the use of motorbikes for more efficient exchange of lab tests and drug supplies so as to reduce the number of referrals to Queen Elizabeth II.
4. Work with other USG partners to improve management of women attending PMTCT services on TB
5. Develop job Aids and algorithms on screening of HIV+ clients for TB
6. Establish Quality Assurance in Laboratory system
7. Strengthen the Monitoring and Evaluation component in TB control

Sources

¹ Information from www.urc-chs.com was adapted for this report.
² Information from www.qaproject.org was adapted for this report.

Remaining information was collected by phone interview and email correspondence with: Refiloe Matji, Regional Director
**DONORS**

African Development Bank (ADB)
Development Cooperation Ireland (DCI)
Global Fund to Fight AIDS, Tuberculosis and Malaria
United Nations
USAID Regional HIV/AIDS Program (RHAP)
William J. Clinton Foundation
World Bank
AFRICAN DEVELOPMENT BANK (ADB)

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Background

The African Development Bank (ADB) is a regional multilateral development bank, engaged in promoting the economic development and social progress of its Regional Member Countries in Africa. The Bank, established in 1964, started functioning in 1966 with its headquarters in Abidjan, Cote d’Ivoire. Its shareholders are the 53 countries in Africa as well as 24 countries in the Americas, Europe, and Asia.¹

The Bank's principal functions are: (i) to make loans and equity investments for the economic and social advancement of the Regional Member Countries; (ii) to provide technical assistance for the preparation and execution of development projects and programs; (iii) to promote investment of public and private capital for development purposes; and (iv) to respond to requests for assistance in coordinating development policies and plans of Regional Member Countries. In its operations, the Bank is also required to give special attention to national and multinational projects and programs which promote regional integration.¹

The African Development Bank Group has been working in Lesotho since 1967. The ADB employs 13 staff full-time, including the four core staff (project coordinator, procurement manager, accountant, architect) and support staff.

ADB Health VI

Start Date: March 2004
End Date: August 2008
Approved Funding: UA 10,700,000 (ADB Units of Account)
Source: OPEC (civil works)
UA 2,070,000
Source: ADF Loan (civil works, furniture, equipment, training, TA, and operating costs)
UA 6,400,000
Source: ADF Grant (civil works, furniture, equipment, training, TA, and operating costs)
UA 1,000,000
Source: Government of Lesotho (professional services, civil works, furniture, local training)
UA 1,230,000¹
The African Development Bank started its sixth round of funding in March 2004 to support health sector reforms. Their focus is three-fold: developing social welfare capacity, improving mental health referral systems, and strengthening human resources.

(1) Developing social welfare capacity:
- Developing social welfare policy with UNICEF
- Conducting short-term trainings (3 weeks in length)
- Sending selected individuals for long-term university education in social welfare
  - Two for social work at the National University of Lesotho
  - One for post-graduate in social work at the University of Botswana
- Providing technical assistance to transform social welfare to social work

(2) Improving mental health referral systems:
- Improving infrastructure and capacity at Mohlomi Mental Hospital
- Building a forensic unit at Mohlomi Mental Hospital
- Strengthening mental observation treatment units at the district hospitals
- Sending selected individuals for long-term university education in mental health
  - One for clinical psychiatry in the U.K. (just completed program)
  - One for post-graduate work in psychiatric nursing in South Africa
- Collaborating with WHO to design the country’s mental health policy and define the direction of the mental health program
- Campaigning to deinstitutionalize imprisoned individuals suffering from mental health illnesses
- Educating communities on mental health issues to increase community participation

(3) Strengthening human resources:
- Strengthening capacity and expanding infrastructure at the National Health Training Center (NHTC)
- Offering technical assistance to NHTC in establishing new units (e.g. auxiliary nursing), advocating for and implementing the recommendations of the Ministry of Health and Social Welfare, and developing mental health and social work curriculum and training program
- Constructing dormitories, residential blocks, cafeteria, and library for NHTC
- Strengthening human resource capacity at the two vocational rehabilitation institutions in the country: Ithuseng and Itjareng
- Offering technical assistance (for three years) to Ithuseng and Itjareng to improve the management and operations at the two institutions
- Sending selected individuals for long-term university education
  - One for library and information sciences at the University of Botswana
  - One for biomedical technology at the University of Botswana
- Conducting short-term refresher courses on mental health and psychology to professionals in relevant fields
- Conducting short-term trainings (four weeks each) on selected topics (Braille, sign language, business skills, assessment techniques, etc.)
Sources

1 Information from www.afdb.org was copied and slightly adapted for this report.

Remaining information was collected in a personal interview with:
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**DCI Background**

Development Cooperation Ireland (DCI) is the Government of Ireland’s program of assistance to developing countries. Ireland has had an official development assistance program since 1974. It has grown steadily over the years from modest beginnings to its current size (total in 2005 is €545 million).\(^1\)

Ireland’s development cooperation policy is an integral part of Ireland’s wider foreign policy. The Ireland aid philosophy is rooted in our foreign policy, in particular its objectives of peace and justice. DCI development cooperation policy and program reflect Ireland’s longstanding commitment to human rights and fairness in international relations and are inseparable from Irish foreign policy as a whole.\(^1\)

**DCI Lesotho**

Established in 1975, Lesotho is DCI’s longest running bilateral program. The program is administered by the Consulate General of Ireland, based in Maseru. The Consulate is staffed by a Chargé d’Affaires, a Development Specialist, four sector advisors and nine support staff. The aim is for advisors to work at a strategic level as opposed to a technical level, but DCI does offer some technical assistance when requested by the Government. The Desk Officer in Dublin assists in the formulation of strategy, as well as the preparation of project proposals, their defense and the obtaining of approval for them.\(^1\)

DCI support is governed by a Country Strategy Paper, which is agreed with the Lesotho government every three years.\(^1\) The current three year program covers the period 2005-2007. Health, education, HIV/AIDS and governance are the four priority areas of focus for the country program. Support is also provided to improve the delivery of rural water and sanitation services. The program has a clear poverty focus with particular attention paid to rural communities located in the remote mountain districts of the country where poverty is most acute.\(^1\) DCI is part of the UN Theme Group and is represented on the Global Fund’s Country Coordinating Mechanism. They have also partnered with the World Health Organization (WHO) in coordinating the Health Partners Group for more effective collaboration among those non-governmental organizations working in the
health sector in Lesotho.

Health

DCI provides support to the Ministry of Health and Social Welfare for:
- Institutional reform of the Ministry of Health
- The decentralization of health service delivery
- The strengthening of the health sector response to HIV/AIDS
- Enhancing the role for civil society organizations as advocates for improved health service provision

Although DCI has shifted from a project approach to a program approach with most of its funding given directly to the Government rather than various NGOs, DCI continues to support the Christian Health Association of Lesotho (CHAL) for the delivery of health services in the more remote parts of the country as well as the Lesotho Planned Parenthood Association (LPPA) and Population Services International (PSI) for their VCT programs. As part of its efforts as the lead donor on health sector reform in the country, DCI supports improved service delivery through a strengthened partnership between the MOHSW and CHAL, and is assisting CHAL to meet accreditation standards.

HIV/AIDS

Supporting the fight against the HIV/AIDS pandemic is a key priority of the country program. DCI’s approach is a comprehensive one, which places equal emphasis on prevention of the spread of the virus and on the care of those already affected. The focus of the HIV/AIDS program is on strengthening the newly established National AIDS Commission and helping it to develop a robust national HIV/AIDS policy and strategy. Previously, DCI has supported the HIV awareness component of the Lesotho Flying Doctors Service, an orphan care program through the Department of Social Welfare, and an Orphans and Vulnerable Children (OVC) program through CHAL. Now, DCI is focused on mainstreaming HIV/AIDS into all parts of the DCI country program and ensuring that civil society organizations, which are closest to the reality on the ground, are integral to the national response to the HIV/AIDS crisis.

Rural Water Supply

DCI works in close partnership with the Department of Rural Water Supply (DRWS) on developing water supply systems in six rural districts and on supporting capacity building measures within the DRWS. The publication of a five year strategic plan in 2003 and the establishment by the Government of a Commissioner of Water position in 2004 has led to improved coordination of donor support for the water and sanitation sector. DCI priorities for the sector include supporting the DRWS to implement its strategic plan and helping the Commissioner of Water to develop a common framework for coordinating the inputs of all partners engaged in the sector, in particular the European Union (EU) and the World Bank.
Education

In 2000, the Government of Lesotho announced the gradual introduction of free primary education, promising that all children attending primary school would receive free education by 2006. The policy has placed a great strain on the resources of the Ministry of Education, which is responsible for providing extra classrooms, teachers and equipment to meet the large increases in student numbers. DCI support to the education sector is focused on improving the quality of basic education, building capacity in the Ministry of Education for strategic planning, policy development and financial management, improving the coordination of donor activities and ensuring a more active role for civil society in the development of the education system.¹

Rural Access

DCI has a long history of supporting the improvement of rural access in Lesotho. The program works in partnership with the Department of Rural Roads by providing funding for the construction and upgrading of access roads, footbridges and river crossings in rural areas. In line with the Country Strategy Paper commitment to focus on a limited number of sectors where DCI enjoys a particular advantage over other donors, DCI will gradually phase out its support for rural access over the next two years. During this period, funding will be provided for the construction of a number of footbridges and the completion of existing road rehabilitation projects. DCI will also ensure that the EU, as lead donor, will integrate rural access into its program of support to the transport sector.¹

Governance

Reform of the public sector and strengthening democracy, accountability and human rights in Lesotho are key objectives of the DCI governance program. The objectives will be achieved through support for improved public financial management and human resources development within the public service. In addition, assistance will be provided to the Independent Electoral Commission, the Office of the Ombudsman, and the Parliamentary Reform Commission. Finally, an important component of the governance program will be to strengthen the oversight and advocacy roles of civil society organizations through a Civil Society Support Program.¹

Funding

Total Funding: €10,500,000 per year
Health Funding: €1,250,000 (year 1), €1,260,000 (year 2), €1,270,000 (year 3)
Detailed: €900,000 to MOHSW for improved service delivery, €550,000 to CHAL, €50,000 to LPPA.
Past DCI Spending in Lesotho, 2000-2004 (€m)¹

<table>
<thead>
<tr>
<th>Year</th>
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<td>2000</td>
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</tbody>
</table>

With the new Country Strategy Paper, DCI is refusing to fund additional capital investments without a commitment from the Government that they will maintain it. This has implications on the HIV/AIDS program since most laboratory facilities are not big enough, and DCI would like to support the construction and improvement of laboratory facilities and has previously committed to build the headquarters for the Ministry as well as the Central Laboratory. This will be difficult to push through under the existing Country Strategic Paper.

Sources

¹ A great deal of information from www.dci.gov.ie was copied and adapted slightly for this report.

The remaining information was collected in a personal interview with:
Phiny Hanson, Program Advisor
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About the Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to dramatically increase resources to fight three of the world’s most devastating diseases, and to direct resources to areas of greatest need. As a partnership between governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing.

The Global Fund was founded on the following set of principles that guide all activities:
- Operate as a financing agency, not an implementing entity.
• Make available and leverage additional financial resources.
• Support programs that reflect national ownership.
• Operate in a balanced manner in terms of different regions, diseases and interventions.
• Pursue an integrated and balanced approach to prevention and treatment.
• Evaluate proposals through independent review processes.
• Establish a simplified, rapid and innovative grant-making process and operate transparently, with accountability.

**Strengthening Prevention & Control of HIV/AIDS in Lesotho**

Approved Funding: $10,557,000
Funds Disbursed: $7,984,731
Grant Start Date: 1/1/04
Round: 2

This project aims to reduce HIV prevalence by 15% by introducing or scaling up the following:

• Prevention activities among youth through peer education
• Capacity of communities to respond to HIV – training of community health assistants, establishment of Voluntary Counseling and Testing sites in all ten districts, comprehensive program for orphaned children
• Access to full spectrum of HIV care -- home care, psychosocial support, Antiretrovirals (50% of those who need them by year five), expansion of Mother to Child Transmission to 18 health service areas
• Mitigating the impact of infection on people living with HIV by training programs on HIV and human rights, supporting networks of People Living with HIV/AIDS (PLWHA)
• Support to national and local government structures – coordination units set up at each ministry and each district

Beneficiaries of Antiretrovirals will be: 50% of 50,000 estimated eligible HIV+ people, out of an estimated People Living with HIV/AIDS.

**Project Title: Scaling up HIV/AIDS prevention, care and treatment interventions and a viable health system for their implementation**

Approved Funding: $10,013,383
Grant Agreement not yet signed
Round: 5

In keeping with the goals of the already established national programs, the overarching goal of this project is to reduce the spread of HIV/AIDS, reduce morbidity and mortality, and mitigate the social and economic impact of the epidemic. This will be accomplished through the implementation of three objectives: to expand and strengthen HIV testing and counseling services and post-test care and support; to provide comprehensive treatment of HIV, TB and STIs across all sectors; and to strengthen a decentralized health system that supports the scaling up of coordinated HIV, TB and STI interventions.
The first objective aims to expand the HIV testing and counseling services to reach greater numbers of youth and rural populations and increase post-test care and support services across public, private and NGO sectors by 60% by 2010. This objective also focuses on improving post-exposure prophylaxis for caregivers, health care workers, and victims of sexual assault and providing psychosocial support to all of those groups.

The second objective focuses on strategic activities within service delivery areas that will increase the capacity to provide comprehensive treatment of HIV and TB in the public, private and NGO sectors to at least 75% of those clinically eligible by 2010. This objective will also address strategies to strengthen integrated management of diseases linked to HIV infection, including STIs, TB and other opportunistic infections, as well as prevention for key groups at risk for TB-HIV co-infection.

The third objective aims to capacitate the existing but severely weakened primary health care infrastructure for the widespread provision of quality prevention, care and treatment for HIV and TB in Lesotho. This objective focuses on key issues within human resources, infrastructure development and support, and strengthening of the procurement and supply management system.

The project seeks to undertake activities across all sectors and help build their capacity to engage in scaling up of the multi-sectoral national response, through the strategic use of salary incentives, technical assistance, and targeted training of community-based workers, new cadres of health assistants, and lay counselors at the community level.

**Project Title: Strengthening TB Prevention and Control in Lesotho**

Approved Funding: $2,000,000  
Funds Disbursed: $1,654,010  
Grant Start Date: 1/1/04  
Round: 2

The goal of this project is to increase the case detection rate at 70% and to improve treatment success to 85% by 2007. Funds are requested to scale up case finding by strengthening program management and supervision, to strengthen the quality of diagnosis and availability of anti-Tuberculosis drugs, to address systems development, program monitoring and evaluation and staff training.

**Source**

All information was taken from [www.theglobalfund.org](http://www.theglobalfund.org) and adapted slightly for this report.
UNited Nations (UN)

Director: Mrs. Hodan A. Haji-Mohamud
13 UN Road
UN House
P.O. Box 301
Maseru 100
Phone: +266 2231 3790
Email: hodan.haji-mohamud@undp.org

Hours of Operation: Monday–Friday
8:00am – 1:00pm, 2:00 pm – 5:00 pm

Mission

The promote world peace; to promote human rights, justice and international law; to contribute to economic and social progress and development; and to make the world a better place.

Background

Lesotho became a member of the United Nations on 17 October 1966 shortly after independence. The UN began its work that same year.

Services

The UN in Lesotho has focused its attention on HIV/AIDS, Food Insecurity and Weakened Capacity for Governance. These areas are consistent with the national development priorities identified in the now approved Poverty Reduction Strategy Paper (PRSP) and the Millennium Development Goals.

HIV/AIDS

The most important milestone was support to the establishment of the National AIDS Commission. The UN is presently giving technical and financial support to the National AIDS Secretariat and to the review of the National AIDS Strategic Plan. The UN is supporting initiatives to bring the response to HIV/AIDS to scale. This includes support to the leadership of the Ministry of Local Government and the Parliament, as well as advocacy for HIV/AIDS prevention and treatment in the workplace.

Food Security

Food aid has been provided to up to an estimated 700,000 people since the food crisis began. The UN facilitated the preparation of a medium-term investment plan for the agricultural sector. The latest policy intervention was support to the formulation of the national food security policy and action plan. Other forms of support include supplementary and therapeutic feeding, school feeding and
vitamin supplements for the under fives. In addition, steps are being taken to prevent epidemics related to poor water and sanitation conditions, and to protect women, girls and vulnerable children from food-related sexual exploitation.

Methods of Delivery

Policy advice and project preparation, implementation and evaluation are managed through day to day interaction (meetings, workshops, lipitso etc.) with the Government ministries and other implementing agents. Tangible products such as manuals, school kits, garden kits, condoms, farm inputs, food rations for schools and communities, project items etc are taken to the beneficiaries by the individual agencies.

Commitment

The UN has worked with the Government, civil society and the donors on HIV/AIDS since the start of the second UN Programming Cycle in 2000. In 2002, the fight against the pandemic was brought to scale. The Organization initiated advocacy dialogue with the highest levels of Government, including the Prime Minister and the Cabinet, the Public Service, the Parliament and community leadership. The UN system is working closely with the Ministry of Health and Social Welfare to deliver on the international commitment of reaching the ultimate goal of universal access to antiretroviral therapy for those in need of care.

Staffing

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Project Title: Combating HIV/AIDS Among Adolescent Girls in Lesotho

Funding: $1,800,000
Start date: March 2002
End date: December 2005
Source: UNFIP
Partners: UNDP, UNICEF, UNFPA, WHO

The purpose of this project is:
- To improve access to life skills training and basic education for in and out of school adolescent girls resulting in behavior change.
- Protect the rights of the adolescent girls to access quality basic education and reproductive health services during and after their pregnancy through policy and legislative reforms.
- Improved access and quality of reproductive health care services and reproductive health among adolescent girls in order to change behavior and prevent unwanted and unsafe sex among the adolescent girls in the two districts.
- To improve access to credit for girls and youth in the pilot districts of Mokhotlong and Maseru with a view to stimulating production, increasing employment opportunities and reducing household poverty.

Project Title: Protecting and Improving Food and Nutrition Security of Orphans and Other HIV/AIDS Affected Children
Funding: $3,000,000
Start date: November 2004
End date: November 2006
Source: German Government
Partners: FAO, UNICEF, WFP

The purpose of this project is to strengthen and implement best practices through interventions that aid HIV and AIDS affected children, specifically OVCs, including: food production and preservation, seeds and tools for youth and child-headed households, life skills training, income generation, food assistance, nutritional guide for people who are HIV+, improving access to social services, strengthening district institutions, NGOs and CBOs.

Project Title: Joint Support Towards the Enhancement of the Statistical System in Lesotho
Funding: $528,932
Start date: July 2005
End date: June 2007
Partners: UNDP, UNICEF, WFP, FAO, WHO, UNFPA, DfID, DCI

The purpose of this project is to:
- Initiate consultations with GOL/BOS and line ministries to ascertain the scope of support required.
- Support the process of establishing an efficient field organization structure for data collection.
- Dissemination and utilization through the management of a dynamic leader of the BOS.
- Support the process of establishing the National Statistical Council and assess the needs of the National Statistical Council.
Project Title: Integrated Watershed Management for Improved Food Security and Livelihoods
Funding: $3,996,830 (committed)
Start date: January 2006
End date: December 2008
Source: Hard Pipeline
Partners: FAO, UNDP, WFP, GTZ

The purpose of this project is:
- Increase productivity of cropland and rangeland through improved natural resources conservation and watershed management.
- Broaden livelihoods outside farming using local natural resources.
- Strengthen capacity of local authorities in governance issues related to natural resource management, impact of HIV/AIDS and improved service delivery.
- Enhance awareness and participation of local communities in natural resource management through information exchange and innovative methods.

Project Title: Community Protection and Support for Orphans and Other Vulnerable Children
Funding: $503,162
Start date: June 2006
End date: December 2008
Source: Hard Pipeline

The purpose of this project is:
- Empower local communities’ ability to cater for the needs of OVCs by strengthening community initiatives in rural and urban communities through provision of planning skills using participatory rural appraisal methods.
- Help the communities determine their needs as well as their available internal resources, and on this basis, develop a plan for how to cater for the OVCs in their community.

Project Title: Greater Involvement of People Living with AIDS (GIPA)
Funding: $312,000
Start date: January 2006
End date: December 2007
Source: Hard Pipeline
Partners: UNAIDS, UNDP, LENEPPWA

The purpose of this project is:
- To support PLWA organizations through capacity development training, small grants program, and placement of PLWAs in key organizations and institutions.
• Provide strategic leadership forming multisectoral partnerships and building commitment across stakeholders in the acceptance and responsibility for implementing GIPA in and beyond workplace policies.

**Project Title: Scaling up of the national response to HIV/AIDS**

**Funding:** $700,000  
**Start date:** January 2005  
**End date:** December 2005  
**Partners:** UNDP, DfID

**Source**

All information was provided by Mojakisane Mathaha of UNDP.
RHAP’s strategic objective is to strengthen the response to HIV/AIDS in Southern Africa by:

- Increasing access to select HIV/AIDS services in target populations across the region.
- Improving the quality of Mission programs to combat the HIV/AIDS epidemic in the region.
- Increase participation of regional networks and institutions in combating the HIV/AIDS epidemic.¹

RHAP provides financial and technical support to Lesotho. RHAP has a limited focus in countries not specifically named in the PEPFAR (President's Emergency Plan for AIDS Relief) legislation, such as Lesotho. In Lesotho the focus is to increase access to the full package of prevention, treatment, care and support activities necessary to accomplish the goals outlined in the Emergency Plan. The Program also provides technical assistance and support for non-governmental and community-based organizational capacity building activities.¹

Background

The U.S. Agency for International Development Regional HIV/AIDS Program for Southern Africa (USAID/RHAP) was launched in February 2000 and covers 10 countries in southern Africa. The primary aim of the program was to target high-transmission areas at cross-border sites and to implement appropriate interventions.¹ CARE was funded for the Lesotho Corridors of Hope HIV/AIDS prevention program, which focused on delivering HIV-awareness and prevention messages to sex workers, migrant laborers, factory workers, youth, and long-distance taxi and truck drivers crossing the country's main border posts. This year USAID RHAP reoriented the Corridors of Hope program in Lesotho to address the highly generalized epidemic at the community level. Since then USAID RHAP has been extending its funding to other organizations for their work in Lesotho.

Focus areas

- NGO capacity building
- Human capacity building
- Prevention
- VCT
PMTCT+
Orphans and vulnerable children
Palliative care
Community home-based care
Monitoring and evaluation

Funding

In 2004, USAID received $3,000,000 and CDC received $1,000,000 for Lesotho. In 2005, USAID received $5,000,000 and CDC received $2,000,000 for Lesotho.

Besides some capital costs for building laboratory infrastructure and funding for the program MEASURE, CDC has not quite begun a full-fledged program in Lesotho. They hope to launch a new strategic plan in 2006.

Collaborating Partners

See Full Reports

Population Services International (PSI)
Columbia University (ICAP)
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
Association for Educational Development (AED-LINKAGES)
Management Sciences for Health – Rational Pharmaceutical Management (MSH-RPM)
Boston University

MEASURE

In collaboration with CDC, MEASURE Evaluation supports USAID’s HIV/AIDS program monitoring and evaluation efforts in Lesotho by providing technical assistance and other targeted project support to improve the quality, availability, and use of strategic information. Specifically, MEASURE will facilitate networking, communication and capacity building in strategic information among all partners, strengthening monitoring systems at project sites, and perform outcome studies at selected sites. The project collaborates with NAC, NAS, MOHSW, and the World Bank to redesign and support the national-level system for National Programme Reporting, including a specific Global Fund component that reports through the Ministry of Finance and Development Planning, the principal recipient. ORC Macro provided some technical assistance to the MOHSW to ensure quality in the World Bank-funded demographic and health survey in Lesotho. Through MEASURE, USAID also plans to sponsor three or four individuals from the Lesotho government for a short course in South Africa in monitoring and evaluation.¹
Capacity Project
Amount: $600,000

The objective of the Human Capacity Development Project (HCDP), a multi-country USAID funded consortium*, is to improve human capacity to implement quality health programs. HCDP focuses on developing the capacity of in-country organizations and institutions to assume responsibility for (1) improved workforce planning, allocation and utilization, to ensure that the correct type and number of health workers are deployed to the right locations; (2) improved health worker skills, so that workers have the correct complement of knowledge and skills to meet the needs of their client populations; and (3) strengthened systems for sustained health worker performance on the job, so they will meet performance expectations and remain on the job.¹

The Capacity Project in Lesotho, in the short and long term, will provide technical assistance to support:

- Advocacy and strategic communication for the HR Strategic Plan (2005 – 2025)
- Training and mobilizing new staff (HIV/AIDS Carers/Corps) into the workforce
- Strengthening HR management capacity at all levels of the public health system
- Strengthening HR information system
- Partnerships with the faith-based not-for-profit sector (CHAL), community volunteers and the traditional healers
- Global Fund planning and coordination¹


PACT

PACT is an umbrella grants management organization funded by USAID and based in Washington DC with offices in many parts of the world. PACT can quickly mobilize funding through small grants while building capacity of grantees in areas of organizational development and financial management. USAID works with PACT to develop transparent and objective criteria for eliciting and reviewing applications and specifications about which kinds of activities and agencies will be funded. Although the focus of PACT is on small community-based organizations, it will also assist with capacity building of regional institutions like the African Palliative Care Association (APCA), the African Network of Religious Leaders Living with or Affected by HIV/AIDS (ANERELA), Into the Limelight and the Foundation for Professional Development. PACT has recently reviewed over 150 applications from community based organizations in Lesotho and has granted awards to nearly 20 organizations. Lesotho’s PACT office currently operates out of Pretoria, but efforts are being made to hire staff locally.
Other USG Activities

- U.S. Department of Defense HIV/AIDS Prevention Program. The mission of this program is to reduce the incidence of HIV/AIDS among uniformed personnel in selected African nations. Makoanyane Military Hospital received computer, audiovisual, and laboratory equipment, as well as nutritional supplements for Lesotho Defense Force troops with AIDS and those testing positive for HIV. The hospital also received funding for various HIV/AIDS prevention activities for the Lesotho Defense Force.

- U.S. Department of Labor (DOL) HIV/AIDS Workplace Strategy and Policy. In cooperation with the Ministry of Labor, National Council of Employers, Trade Unions, Private Sector Enterprises, UNAIDS, and local NGOs, the DOL works to contribute to the prevention of HIV/AIDS in the workplace, enhancement of workplace protection, and the reduction of its adverse consequences on social, labor, and economic development. The DOL sponsored a workplace education program in December 2004 and focused on developing workplace policies.

- Ambassador’s Girls Scholarship Program. The Ambassador’s Girls Scholarship Program is designed to assist Basotho girls to attend primary or high school despite difficulties in their homes. Scholarships are awarded according to academic merit, the level of poverty, and the effects of HIV/AIDS on the child or their family. More than 500 girls now benefit from this program.

- Lesotho is a first round Millennium Challenge Corporation (MCC) country and has received a planning grant in excess of US$1,000,000. Compact signing is anticipated with the major capital infrastructure being a new low dam to provide water for irrigated agriculture, industrial and domestic use the likely centerpiece of the anticipated grant.

Sources

1 A great deal of information from www.rhap.org.za was copied and slightly adapted for this report.
2 Information from www.capacityproject.org was adapted for this report.

Remaining information was collected in a personal interview with:
Karin Turner, Regional Advisor
WILLIAM J. CLINTON FOUNDATION

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Email: mramatlapeng@clintonfoundation.org

Deputy Director: Joy Sun
Email: jsun@clintonfoundation.org

Technical Advisor: Rachel Oppong
Email: roppong@clintonfoundation.org

The mission of the William J. Clinton Foundation is to strengthen the capacity of people in the United States and throughout the world to meet the challenges of global interdependence. To advance this mission, the Clinton Foundation has developed programs and partnerships in the following areas:

- Health Security
- Economic Empowerment
- Leadership Development and Citizen Service
- Racial, Ethnic and Religious Reconciliation

President Clinton has made the battle against HIV/AIDS a focal point of the work of the Clinton Foundation. Acting on this commitment, the Clinton Foundation HIV/AIDS Initiative aims to assist countries in implementing large-scale, integrated, care, treatment and prevention programs that will turn the tide on the epidemic.1

The individual governments take the lead and the Foundation provides technical assistance, mobilizes human and financial resources, and facilitates the sharing of best practices across projects. The ultimate objective in each of these countries is to scale up public health systems to ensure broad access to high-quality care and treatment. The Initiative’s long-term goal is to develop replicable models for the scale-up of integrated programs in resource-poor settings.1

The Clinton Foundation has been extremely effective in negotiating bulk purchase agreements for generic antiretroviral drugs (including first- and second-line) and diagnostic equipment and reagents (including CD4 and viral load tests and HIV rapid test kits). These prices are made available to countries for procurement using either government funds, money from the Global Fund, World Bank or from other donors. In order to facilitate use of the drugs provided at the reduced prices, the Clinton Foundation also provides technical assistance to countries in planning for the scale-up and management of care and treatment programs and related services.1
**Lesotho Initiative**

The Clinton Foundation HIV/AIDS Initiative has been working with the Government of Lesotho since 2004 to strengthen its efforts to scale-up the national care and treatment program for HIV/AIDS. In October 2004, the MOHSW and Clinton Foundation signed a Memorandum of Understanding that included Lesotho as a member in the Foundation’s Procurement Consortium. The MOHSW has since accessed the Foundations’ negotiated prices for antiretroviral drugs, CD4 machines and reagents, and HIV rapid test kits.

An in-country team was established in May 2005 to provide technical assistance in areas identified by the Ministry of Health and Social Welfare as gaps in the roll-out of care and treatment services. The current focus is on the following areas:
- Expanding access to pediatric care and treatment
- Upgrading the laboratory network
- Expanding access to treatment in rural areas
- Strengthening drug procurement and supply management
- Strengthening human resources
- Supporting implementation of Global Fund grants

There are five staff on the Clinton Foundation HIV/AIDS Initiative team (2 local staff, 2 international staff, and 1 international volunteer). Office space has been contributed by the Ministry of Health and Social Welfare.

**Sources**

1 Information from [www.clintonfoundation.org](http://www.clintonfoundation.org) was copied and adapted slightly for this report.

Remaining information was collected in personal interviews with:
Joy Sun, Deputy Director
Rachel Oppong, Program Support
The World Bank is made up of two unique development institutions owned by 184 member countries—the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA). Each institution plays a different but supportive role in the mission of global poverty reduction and the improvement of living standards. The IBRD focuses on middle income and creditworthy poor countries, while IDA focuses on the poorest countries in the world. Together they provide low-interest loans, interest-free credit and grants to developing countries for education, health, infrastructure, communications and many other purposes.

Lesotho joined the World Bank in 1968. As of January 2005, the World Bank had approved a total of 34 loans and credits for the Lesotho for a total amount of approximately US$527 million. The commitment value of eight ongoing IDA/IBRD-financed operations is approximately US$120.2 million with an undisbursed amount of $69 million.

Eight active operations are in the following areas:

- Agriculture, fishing, and forestry
- Education
- Finance
- Health and other social services
- Industry and trade
- Law and justice
- Mining
- Water, sanitation, and flood

In addition, the International Finance Corporation (IFC) is now involved in the replacement of Queen Elizabeth II Hospital through a private-public partnership mechanism. A member of the World Bank Group, the IFC promotes sustainable private sector investment in developing countries as a way to reduce poverty and improve people's lives.  

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1. [Footnote link]
Health-Related Projects

Project Title: Lesotho Health Sector Reform Project Phase 2
Approved Funding: $6,500,000
Approval Date: October 2005
Project Cost: $33,500,000
Project Summary: The Second Health Sector Reform Project for Lesotho will assist the Borrower in achieving a sustainable increase in access to quality preventive, curative, and rehabilitative health services by increasing access to, and quality delivery of essential health services. The project consists of the following components: (a) Improving the effectiveness of the delivery of priority health interventions at district and community levels. (b) Phase II will build on the analytical work done on human resources in the first phase. The program will support innovative approaches required to address the severe constraints in human resources, such as continuing education opportunities for contracted medical officers and nurses and career advancement opportunities. (c) The program will support the further development and implementation of a national health sector financing policy. The health financing policy will address the role of the public sector, efficiency in mobilization and allocation of public financing and strategies for ensuring sustainable financing. (d) The construction of the new referral hospital will be tied to the necessary reforms in hospital administration and management under the public-private partnership arrangement. (e) Phase II will support the implementation of a medical waste management plan in the health sector.

Project Title: HIV and AIDS Capacity Building and Technical Assistance Project
Approved Funding: $5,000,000
Approval Date: July 2004
Project Cost: $5,050,000
Project Summary: The HIV/AIDS Capacity Building and Technical Assistance Project, aims to increase the capacity of government and non-governmental institutions accountable for the national response to HIV and AIDS, and to utilize and assess the impact of funds received for HIV/AIDS. There are four components involved:

1. Supporting the Ministry of Finance and Development Planning (MFDP) to discharge its fiduciary and program management responsibilities through:
   - Technical assistance (TA) to strengthen the capacity of the Coordination Office to appropriately perform its oversight role
   - Long term TA to coordinate and ensure timely submissions, and approval of annual work programs, facilitate disbursement of funds, ensure adequacy of financial controls and audits, and ensure timely reporting on agreed monitoring and evaluation indicators.

2. Supporting the Ministry of Health and Social Welfare (MOHSW) through:
   - TA to establish the new HIV/AIDS Directorate
   - Provision of equipment and training to the Monitoring & Evaluation Unit
   - TA to the Procurement Unit
   - Medium term TA to enable the National Drugs and Supplies Organization (NDSO) conduct procurement, using international competitive bidding.

3. Financing Consultants to:
- Manage proposals submitted for funding
- Strengthen the District AIDS Coordinators and Task Forces through training activities
- Implement monitoring and evaluation activities.

Supporting capacity building to enable civil society and other organizations develop proposals, implement and fulfill the reporting requirements for disbursements under the grants agreement.

Source

1 Information from www.ifc.org was copied and slightly adapted for this report.

All other information was copied and slightly adapted from www.worldbank.org.
SUMMARY COMMENTS

The Botsabelo site could become a site of accidental conflict and competition or it could be a site where cooperation and collaborative planning allow for better use of scarce resources. As the new QE II will be the largest organization on the site and will necessarily have substantial relationships with all the other organizations at Botsabelo, it would be reasonable for coordination of Botsabelo activities to be included in the planning for the new QE II.

The key provider relationships for the new QE II will be with CHAL and government district hospitals, Carewell Clinic and private practitioners in greater Maseru. Building a practice environment that attracts geographically full-time physicians to the new QE II and establishing a training program for specialists in Family Medicine to serve all the districts need to be a central for QE II.

The long-term viability of the new QE II requires an examination and reconsideration of the number, distribution and recurrent costs of existing district hospitals. Further, care should be taken to assure that Maseru Private Hospital in its entirety is folded into the new organizational Public-Private Partnership structure that will be responsible for building and operating the new QE II.

The most relevant providers of HIV/AIDS care for QE II are the Senkatana Clinic and the Baylor Pediatric Center of Excellence. As QE II will need ambulatory HIV/AIDS services and these two programs provide them and as neither provide in-patient care, there is an obvious long-term need to cooperate and plan together.

Although there are some areas where planning for the sharing of services probably makes sense, such as Thaba-Bosiu and alcohol treatment, for the most part the existing HIV/AIDS programs and services other than Senkatana and Baylor are not of particular importance for planning the new QE II.* It is essential to keep in mind that the new QE II will not only outlive the HIV/AIDS epidemic, it must be designed to affordably meet the national needs for treating a wide range of illnesses and injuries. Though HIV/AIDS now is an overwhelming problem of crisis proportions, this will not always be the case. Care should be taken in planning to recognize that first and foremost the new QE II will be an acute general hospital serving the greater Maseru area and function as a national training resource for health professionals, particularly physicians and nurses. In that capacity, it necessarily must provide some specialized and referral services not available at other district hospitals. QE II should also draw on the resources of Bloemfontein for additional services provided by visiting specialists and by referral to Bloemfontein. Referral, if it can be afforded, is often appropriate as buying, particularly for highly specialized services, is often cheaper and better than making.

* This does not mean the services are unimportant. It only means they are not particularly relevant to planning for the services to be offered by the new QE II.
APPENDICES

I. Findings in Spreadsheet Format
II. Organizations Contacted and Persons Interviewed with Contact Information
   III. Terms of Reference
Appendix I: See attached spreadsheet.
# Appendix II: Interview List

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<tr>
<td>Baylor College of Medicine (BCM)</td>
<td>Instructor: Kathy Ferrer, MD</td>
<td></td>
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<td>Blue Cross Lesotho</td>
<td>Director: Matsepo Letlola</td>
<td></td>
<td>+266 58852881</td>
<td>+266 63016675</td>
<td><a href="mailto:matsepoletlola@leo.co.ls">matsepoletlola@leo.co.ls</a></td>
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<tr>
<td>Blue Cross Lesotho</td>
<td>Blue Cross Norway Consultant: Heidi Westborg Steel</td>
<td></td>
<td>+47 22032751</td>
<td>+47 93208465</td>
<td><a href="mailto:heidi.steel@blakors.no">heidi.steel@blakors.no</a></td>
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<td>Boston University (BU)</td>
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<td>(617) 414-1448</td>
<td>+266 58040813</td>
<td><a href="mailto:lbabich@bu.edu">lbabich@bu.edu</a></td>
</tr>
<tr>
<td>CARE Lesotho-South Africa</td>
<td>SHARP Program Coordinator: Vunda Demula</td>
<td></td>
<td>+266 22314398</td>
<td>+266 58996774</td>
<td><a href="mailto:info@care.org.ls">info@care.org.ls</a></td>
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<tr>
<td>CARE Lesotho-South Africa</td>
<td>Administrative Coordinator: Sebina Mosese</td>
<td></td>
<td>+266 22314398</td>
<td>+266 58996774</td>
<td><a href="mailto:info@care.org.ls">info@care.org.ls</a></td>
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<tr>
<td>Catholic Relief Services (CRS)</td>
<td>Directors: John and Maggie Williams</td>
<td></td>
<td>+266 22312750</td>
<td>+266 58277537</td>
<td><a href="mailto:jwilli9872@aol.com">jwilli9872@aol.com</a></td>
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<tr>
<td>Christian Health Association of Lesotho (CHAL)</td>
<td>Acting Executive Secretary: ‘Maletsoane Ntholi</td>
<td></td>
<td>+266 2231 2500</td>
<td>+266 58996774</td>
<td><a href="mailto:chal@lesoff.co.za">chal@lesoff.co.za</a></td>
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<tr>
<td>Columbia University</td>
<td>Project Director: Elaine Abrams, MD</td>
<td></td>
<td>(212) 939-4040</td>
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<td><a href="mailto:eja1@columbia.edu">eja1@columbia.edu</a></td>
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<tr>
<td>Columbia University</td>
<td>Project Officer: Cristiane Costa</td>
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Appendix III: Terms of Reference

Rapid Donor Survey for Lesotho Health Sector

Terms of Reference

As part of IFC’s advisory assistance to the Government of Lesotho, IFC is seeking a technical consultant familiar with the country’s health sector to undertake a rapid survey of donor activities. The consultant is requested to undertake an initial survey of non-governmental organizations active in the health sector in the country of Lesotho, focused on the capital city of Maseru and specifically in the area of HIV/AIDS and related diseases.

The purpose of the initial study is to identify the nature, scope and commitment of these health services so as to avoid duplication and/or identify synergies with the services and operation of the new hospital planned under Public Private Partnership (PPP) agreement for the replacement of Queen Elizabeth II hospital in Maseru.

The consultant will identify all non-governmental parties in the HIV/AIDS field who have commitments in Lesotho (with focus on Maseru) including those who have had a committed program and are now planning to exit the country (e.g. Bristol Meyers Squibb). The consultant will provide a summary profile of the donor’s commitments/activities including, but not limited to:

- Name of entity and contact information
- Description of program, program location and commitment, to include (as applicable):
  - Services offered and method of delivery
  - Products offered and method of delivery
  - Facility – description, status of operation, capacity and reported/estimated utilization
  - Staffing (local, international, full time, part time, volunteer, etc)
  - Funding – sources, amount and length of commitment in Lesotho (to whom was commitment made?)
  - Are there project inputs (staff, pharmaceuticals, other) coming from outside the donor (e.g. from other donors/government)
  - Any formal interaction with Government of Lesotho (Ministry of Health and other)
  - Any formal or informal participation in donors groups (with World Bank/Development Cooperation Ireland, or other)
  - Current status of project
  - Estimated/reported lifespan of project
The consultant will be expected to discuss the preliminary results of the survey and its implications for the future provision of health services in Maseru, specifically with reference to the replacement and subsequent operation of QEII hospital under a public private partnership (PPP) arrangement. In addition, the consultant will be asked to discuss the health sector budgetary implications for Government of these donor activities and commitments, also with consideration to Government’s current and future sector commitments.

The information should be provided in draft outline form to IFC within four weeks of start. The draft should be revised and completed following review with IFC, but no later than ten weeks of start, unless mutually agreed by the parties.