



LESOTHO

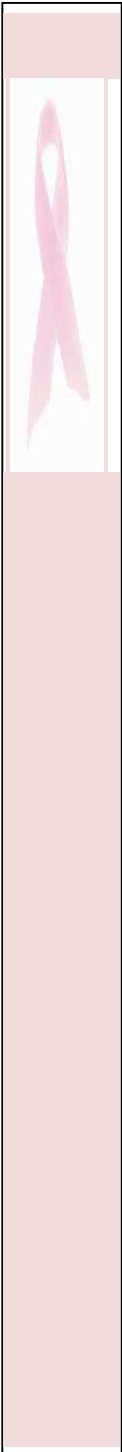
LOCAL GOVERNMENT SERVICE

WORKPLACE POLICY ON

HIV AND AIDS

November 2014

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PREAMBLE



The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) are of fundamental concern to the world of work, because the great majority of people at risk of infection and developing AIDS are of working and productive ages. It significantly affects the patterns of employment and production within the local authorities and staff and aggravates poverty at individual and societal levels.

Although HIV is widespread among the population, the focus on the workplace is still inadequate. It is therefore essential to develop a clear workplace policy to prevent new infections, protect workers with HIV, guide the response to HIV, and mitigate the impact of the epidemic within the world of work. HIV & AIDS depletes human capital and puts pressure on the health and social security systems. It also aggravates gender imbalance and inequity; it places a double burden on women, as they have to earn a living and provide care for sick family members and neighbors. Therefore, there is need to effectively and sustainably address all these effects of HIV & AIDS in the workplace. It is in this context that Ministry of Local Government, Chieftainship and Parliamentary Affairs (MoLGCPA) intends to develop an HIV & AIDS workplace policy for councils through the support from the GIZ, in order to formalize and strengthen the existing HIV and AIDS Workplace Programmes, which are currently being implemented on an adhoc basis with regard to both Wellness and mainstreaming of HIV.

Recognizing the serious nature of HIV and AIDS and its impact on the workforce and service delivery, the councils are committed to managing HIV and AIDS within the working environment in order to minimize the impact of the epidemic on the work force at all levels of employment. This policy is a timely and a much needed contribution towards the nationwide efforts to meet and overcome the challenges brought about by AIDS and it is expected to stimulate a significant progress and eventual positive impact.

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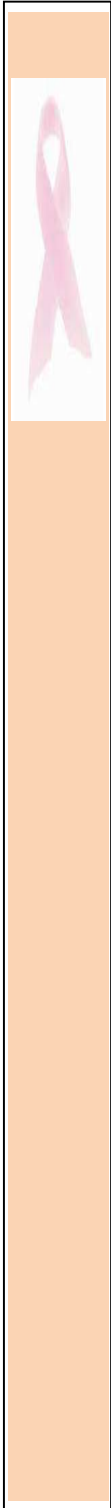
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LIST OF ACRONYMS



	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
ARV	Anti-RetroViral
CCAC	Community Council AIDS Committee
CCS	Community Council Secretary
CSO	Civil Society Organization
DAC	District AIDS Committee
DC	District Council
DCS	District Council Secretary
DG	Director General
DHMT	District Health management Team
ESP	Essential HIV & AIDS Service Package
GIZ	German Development Cooperation
HTC	HIV & AIDS Testing & Counselling
IEC	Information Education and Communication
KYS	Know Your Status
LCN	Lesotho Council of Non Governmental Organisations
LENASO	Lesotho Network of AIDS Service Organisation
LENEPWA	Lesotho Network of People Living With HIV & AIDS
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MoLGCPA	Ministry of Local Government, Chieftainship and Parliamentary Affairs
NGO	Non Governmental Organisation
NSP	National HIV and AIDS Strategic Plan
PEP	Post Exposure Prophylaxis
PLHIV	People Living With HIV
PMTCT	Prevention of Mother To Child Transmission
PSI	Population Services International
BCC	Behavior Change Communication
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
VCT	Voluntary counseling and testing
WPP	Workplace Programme

GLOSSARY OF TERMS



AIDS: Acquired Immune Deficiency Syndrome - a collection of diseases that results from infection with HIV

Confidentiality: The right of every person, employee or job applicant to have their medical information, including HIV status, kept private.

Epidemic: A disease, usually infectious, that spreads quickly through a population.

HIV: Human immunodeficiency virus - the name of the virus, which undermines the immune system and leads to AIDS.

Infected Employee: An employee who has been tested and diagnosed as HIV positive.

Informed consent: An agreement given to a HTC counselor to conduct an HIV test on an individual who understands and agrees to such an HIV test.

Occupational exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood that may result from performance of official duties.

Partial Disclosure: Revealing one's HIV status to selected individuals only.

Post exposure prophylaxis: A course of antiretroviral drugs which is thought to reduce the risk of sero-conversion after events with high risk of exposure to HIV. To be effective, it must be started within two (2) hours and generally not later than thirty six (36) hours post exposure.

Prevention programme: A programme designed to prevent HIV transmission, including components such as awareness, education and training, condom distribution, treatment of sexually transmitted infections, occupational infection control.

Support: Services and assistance that could be provided to help a person deal with difficult situations and challenges.

Treatment: A medical term describing the steps being taken to care for and manage an illness.

Universal Precautions: Simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens.

Wellness programme: A programme designed to promote the physical and mental health as well as the well-being of employees, including components such as counseling, support groups, nutritional supplements, provision of treatment for opportunistic infections, provision of anti-retroviral therapy.

Workplace: An institution where an officer is deployed.

PART A: INTRODUCTION, SITUATION AND RESPONSE ANALYSIS

1. INTRODUCTION

The workplace HIV & AIDS policy for the councils is a response to different national policies and strategies calling on the public and private sector to play role in the struggle against HIV and AIDS. In 2005 the Ministry of Local Government and Chieftainship launched the Gateway Approach, a strategy for HIV and AIDS response using the Local Authorities at the forefront of the response. The Gateway Approach was established to provide guidance on holistic and integrated approach to enhance the national and localized response to curb the epidemic and its impact. The approach facilitated the implementation of the Essential HIV & AIDS Service Package (ESP) at the community level. However, ESP had the limitation of not supporting councils to address the epidemic in the workplace, and as a result, councils do not have capacity and skills to effectively contribute to the localized response. It is in this context that the Ministry of Local Government, Chieftainship and Parliamentary Affairs formulated this workplace policy on HIV & AIDS.

The formulation of this policy is based on extensive literature review, the situation and response analysis, extensive consultations with management at central and district level, representatives of local authorities, and various cadres of staff within the councils (Annex 2). The review of the local government sector examined the present policy and programmatic response to HIV in the sector, to identify gaps in order to propose recommendations for supporting the response. In particular, this policy has been developed within the framework of the ILO Code of Practice on HIV and AIDS and the World of Work, the national HIV & AIDS policy, the National HIV & AIDS Strategic Plan, the Lesotho Public Service HIV and AIDS Policy, the Lesotho decentralization policy, the Lesotho labor code and the National Gender policy.

1.1 The HIV Epidemic in Lesotho

The first case was reported in Lesotho in 1986, since then Lesotho has been developing and implementing various strategies to combat the epidemic. The Lesotho Demographic health Survey (DHS) report (2009) indicates that Lesotho has the third highest prevalence rate of HIV in the world, and has been severely affected by the epidemic. The national HIV prevalence rate among the population between 15 and 49 years of age is reported to be 23 %, and TB/HIV co-infection is 74%. The overall prevalence is higher in women (26.7%) compared to men (18%). The prevalence by district is presented in table 1.

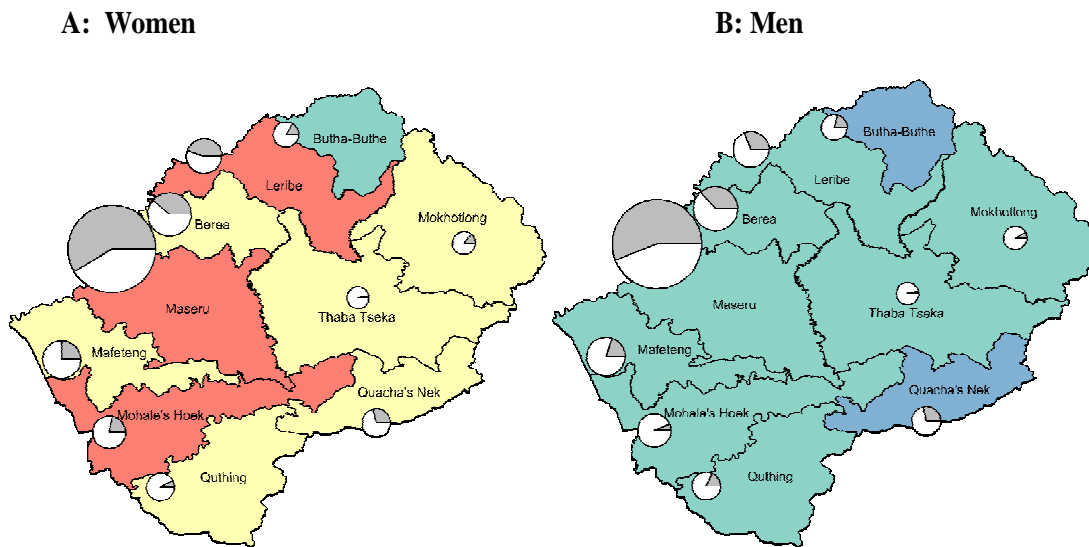
DISTRICT	HIV PREVALENCE
Butha-Buthe	16%
Leribe	24%
Berea	21%
Maseru	27%
Mafeteng	22%
Mohale's Hoek	24%
Quthing	22%
Qacha's Neck	23%
Thaba-Tseka	20%
Mokhotlong	22%

1.1.1 Gender and HIV&AIDS

Pervasive gender inequality and the violations of the rights of women and gender-based violence are some of the most important forces propelling the spread of HIV. Women are more vulnerable than men primarily because they have less knowledge about modes of transmission and methods of prevention. Women face higher HIV related risks than men due to unequal gender relations, gender disparities with regard to access to resources, income opportunities, social power and lower economic status. Consequently, they face greater stigma, discrimination and sexual violence, and have less ability to negotiate safer sex in marital union. Gender based violence places women at a disadvantage in terms of negotiating for safer sex, accessing HIV information, testing for HIV and STI, and seeking treatment. Therefore, Lesotho recognizes that economic and social empowerment for women is critical for achieving sustainable outcomes in combating HIV & AIDS.

Figure 1 presents a cartographic map of HIV prevalence in Lesotho stratified by gender. The HIV prevalence is characterized for each healthcare district for (A) women and (B) men into the following categories: 11 to 16% (blue), 17 to 21% (green), 22 to 26% (yellow), 27 to 31% (red). For each healthcare district, the population in the urban center is indicated by the size of the circle. Within each circle, the gray region represents the proportion of HIV-positive individuals who live in the urban center, and the white represents the proportion that live in rural areas.

Figure 1. Cartographic Map: Lesotho HIV Prevalence stratified by gender



Source: Coburn et.al. BMC Medicine

1.1.2 The Key Challenges

While tremendous efforts have been made in combating HIV & AIDS, a lot of challenges still remain, and it is estimated that:

- 16,000 AIDS related deaths occur annually
- There are 70 new infections every day
- More than two-thirds of new infections occur within stable relationships
- Four districts account for 60% of the national burden

The HIV Stigma Index study which was validated in March 2014 shows that people living with HIV still experience stigma & discrimination, which is a major barrier for people to test for HIV or disclose their HIV status; as well as advancing treatment & accessibility to PLHIV.

The recent GAP report indicates that Lesotho now ranks second in HIV&AIDS prevalence in the world, and it is estimated that:

- AIDS deaths increased from 13,000 (2011) to 16,000 (2013)
- 44 AIDS deaths occurred daily in 2013
- 29% of adults living with HIV were receiving ART by end 2013
- 15% of all children living with HIV were on ART in 2013

1.2 The Impact of HIV & AIDS on the Local authorities and staff

There is no scientific evidence on the impact of HIV and AIDS at workplace; however at national level the most affected groups fall within the economically productive and mobile ages of 15 to 49 years. The socio-economic impact of HIV and AIDS is being felt by individual local authorities and staff, as well as their families. The negative effects include death of local authorities and staff from AIDS-related illnesses, loss of productivity through absenteeism, loss of experienced and skilled labor force as well as low morale of affected workers and interruptions in worker schedules due to ill-health.

With the recent launch of the decentralization policy which is implemented in conjunction with the Public Service Reform Programme, it is envisaged that a substantial workforce shall be transferred from the central to the local government levels to provide services within the 86 Councils countrywide. This is likely to compromise service delivery, unless effective interventions are developed to combat the disease and its ramifications.

2. SITUATION& RESPONSE ANALYSIS

The local government sector response to HIV has made commendable achievements in scaling up the national response to HIV & AIDS to date. In 2003 the Ministry of local Government and Chieftainship embarked on a Wellness Workplace Programme on care, treatment and support for the infected and affected staff at Central/Head Quarters level. The initiative of the Wellness Workplace Programme was implemented through the established HIV and AIDS Unit of the Ministry.

Pursuant to the National Coordination Framework for up scaling the HIV and AIDS response, MoLGC launched the Gateway Approach using the Local Authorities at the forefront of the response. The Gateway Approach provided guidance on holistic and integrated approach to mainstreaming the fight against HIV and AIDS and promoted popular participation and decision-making and to enhance the National and Localized Response to curb the epidemic and its impact.

The primary strengths of the approach has been its capability to reach the remote populations with the basic essential HIV & AIDS services; strong community ownership through needs driven interventions, and capacity to integrate HIV & AIDS into action plans. This was facilitated by the implementation of the Essential HIV & AIDS Service Package (ESP); jointly supported by German Technical Cooperation and UNAIDS. A capacity Needs Assessment of the Local Government structures was conducted; training and orientation on ESP provided; and funds were disbursed to the

Community Councils to facilitate implementation. Community Council Support Persons (CCSPs) were also recruited to support the implementation processes and provide regular reports to the ESP Task Team. However; ESP had a number of challenges which included weak stakeholder alignment particularly at district level, poor financial management, inadequate reporting capacities of the different councils and the funding gap. Furthermore the ESP focused on the external operations of the councils while undermining the Workplace response; therefore the councils have limited capacity and skills to deliver on this mandate.

The current National HIV Strategy Plan (2011/12-2015/16) calls for a multi-sectoral response to the epidemic in Lesotho; a renewed commitment to strengthen the existing response to HIV, and meet new challenges including addressing the gender perspective to achieve the goal of minimizing HIV transmission. The NSP also focuses on the key drivers of the epidemic which have been identified among others, as multiple concurrent sexual partnerships. The strategy creates an integrated, comprehensive response through strengthening a decentralized response; improving the use of strategic information; employing a human rights-based approach; and intensifying social and behavior change communications (SBCC). The strategy promotes a combination prevention approach and stresses the importance of an integrated, comprehensive HIV response, with behavioral strategies to address risky behaviors, biomedical interventions to prevent infection or reduce infectiousness, and structural strategies to change the context that contributes to vulnerability and risk of HIV at a number of levels.

The Ministry of Local Government, Chieftainship and Parliamentary Affairs (MoLGCPA) is committed to deepening grassroots-based democratic governance and strengthening the local government system, while maintaining effective functional and mutually accountable linkages between Central and Local Governments entities. The Ministry has identified 21 focal areas which include implementation of a strategy for human resources management in local governments, and developing sustainable capacity for effective Decentralization. The government of Lesotho is the largest employer in the country, and with the recent launch of the decentralization policy which is implemented in conjunction with the Public Service Reform Programme, it is envisaged that a substantial workforce will be transferred from the central to the local government to provide services within the District and Community Councils. This clearly indicates that there is an urgent need to build capacity of the local government sector at institutional, systemic and individual levels in order to strengthen the sector's ability to deliver on its mandate.

In particular; it is important to strengthen coordination mechanisms, integration of gender and HIV issues into plans, human resource management and development systems, financial management, monitoring and evaluation, as well as accountability. Lesotho has developed a National communication strategy to effectively address the existing gap in behavioral change communication; therefore accelerating the implementation of the strategy will enhance the response to HIV & AIDS. Furthermore, specific attention should be paid to building capacity in gender analysis, and integrating gender issues into HIV & AIDS policies, programmes and plans. This will enhance the ability of the local government sector to plan, implement and monitor appropriate and effective responses to HIV and AIDS, and address the existing gender disparities as articulated in the National action plan for women, girls and HIV & AIDS.

2.1 Gaps and Challenges

This section highlights the gaps and challenges identified during the consultations with management at central and district level, representatives of local authorities, and various cadres of staff within the councils:

Policy Implementation

- HIV & AIDS issues are currently not incorporated in Council plans;
- Policies and programmes are not implemented in a consultative manner;
- No HIV & AIDS structures consisting of representatives of councils, management and workers exist within the councils;
- No budget provided for policy implementation;

Information/Education

- Inadequate dissemination of information to local government authorities and staff (e.g. council's HIV & AIDS programmes and activities, responsible sexual behavior, gender equality, occupational safety);
- No presentations made on HIV & AIDS issues within the workplace;

Training for Local Authorities and Staff

- Currently no training for local authorities and staff;

Condom Distribution and Usage

- Varies from council to council – Some councils have ready access to a regular supply of male and female condoms while others often run out of stock. In some cases condoms had expired;

STI Diagnosis and Treatment

No referral system within the workplace, local authorities and staff are reluctant to access treatment from health facilities within the council areas due to fear of stigmatization;

Coordination

- Weak partnership with stakeholders, which hampers coherent response to HIV and AIDS and effective use of resources; no formal structures to coordinate HIV & AIDS, and Gender services.

Counseling and Testing. Care and Support and Treatment

- Fear of stigmatization and discrimination results in reluctance of local government authorities and staff to seek HIV & AIDS testing and treatment services;
- Low risk perception, especially since the introduction of ARTs which extends life among infected people;

Benefits Related To Infected and Affected Local government authorities and staff

- No guidelines /information disseminated to local authorities and staff on benefits;
- Lack of recreation facilities at the workplace promote alcoholism as a means of social engagement; this also leads to risky sexual behavior;

Resources for Policy Implementation

- No human or financial resources are allocated for implementing HIV & AIDS programmes within the workplace. Although there are qualified counselors in some councils, their expertise is not utilized;

Rights and Responsibilities of Employer

- Inadequate leadership support and commitment to manage HIV and AIDS, weak coordination despite presence of various stakeholders within council areas;

Rights and Responsibilities of Local government authorities and staff

- Poor knowledge of own HIV status - reluctant to test for HIV due to fear of stigmatization
- Lack of dialogue and the culture of silence (spouses, families, and workplaces);
- Inadequate participation in implementation of HIV&AIDS programmes;

Risk Management, First Aid, Compensation

- No guidelines in place; staff not adequately provided with protective clothing; no first aid kits within the work place;

Gender Equality

- Lack of information, knowledge of Gender and HIV&AIDS issues;
- No training on Gender analysis and mainstreaming;
- Gender issues not integrated into HIV & AIDS programmes, women are invariably unable to negotiate safe sex;

Monitoring of Quality

- No monitoring and reporting on HIV & AIDS issues.

3. RATIONALE, GOAL, OBJECTIVES AND SCOPE OF POLICY

3.1 Rationale for the LG Service Workplace Policy

The workplace HIV & AIDS policy is a response to the adverse effects of the pandemic on the workplace as well as other national policies and strategies calling on the public and private sector to fight HIV and AIDS. In this context, the Local authorities and staff intends to embark on the internal response strategy to HIV & AIDS in recognition of the risks posed to local authorities and staff and negative impact on institutional capacity to deliver on its mandate. It shall provide the principles and a framework for mounting an optimum response to HIV & AIDS in the entire local government world of work in Lesotho

3.2 Purpose, Goal and Objectives of the Policy

The purpose of the policy is to facilitate the development of a working environment that protects the rights of workers including those perceived to be infected and/or affected by HIV and AIDS.

The goal of HIV & AIDS workplace policy is to provide guidance for the local authorities and staff on how to prevent HIV, control and manage the impact of HIV and AIDS.

Objectives:

1. To enhance the competency of the local authorities and staff to plan, implement and monitor appropriate and effective responses to HIV and AIDS within the working environment;
2. To provide guidance on the development of HIV & AIDS Workplace Programmes on Prevention, Treatment, Management and coordination of HIV and AIDS; in accordance with national policies and strategies.

3.3 Scope

The policy targets local authorities and staff, and associated institutions under the leadership and guidance of the Minister of Local Government, Chieftainship and Parliamentary Affairs. The primary target is the councilors, management and staff and those directly involved in workplace management issues within councils, as well as immediate family members. It shall also target

prospective local authorities and staff across all contracts of employment. The secondary target shall include the Local Government stakeholders who shall be able to use the guidelines in implementing a comprehensive and integrated HIV and AIDS programmes; as well as the communities who are the beneficiaries and clients of Council services. Those directly involved in workplace management issues within the Councils include:

- The District Mayor
- The District Executive Secretary
- Local Government Authorities (Councilors and Chiefs)
- Directors of various Departments;
- Programmes Officers;
- Human Resource Personnel;
- Employee Assistance Practitioners; and
- Local government staff

4. GOVERNING FRAMEWORK FOR DEALING WITH HIV AND AIDS IN THE WORKPLACE.

The Bill of Rights of Lesotho's constitution provides for appropriate measures that promote equality of opportunity for disadvantaged groups in society and recognizes equal participation in all spheres of public life. The workplace response to HIV and AIDS must therefore be based on an understanding of the rights of persons infected and affected by HIV and AIDS. This calls for alignment with:

- International guidelines for responding to HIV and AIDS;
- Lesotho policy and legislative framework.

International Guidelines

The most important international guidelines that have been developed to guide the response of governments to HIV and AIDS include:

- **The UNAIDS HIV&AIDS and Human Rights International Guidelines (1998) on rights-based response to HIV&AIDS**
These provide guidance for states in mounting a rights-based response to HIV and AIDS, which is effective in reducing the transmission of HIV and its impact in accordance with human rights and fundamental freedoms.
- **The ILO Code of Practice on HIV and AIDS and the World of Work**
This provides guidelines for the development of policies and programmes on HIV&AIDS in the workplace. The code is based on the following ten key principles: 1) Recognition of HIV and AIDS as a workplace issue 2) Non-discrimination 3) Gender equality 4) Healthy work environment 5) Social dialogue 6) No screening for purposes of exclusion from employment or work processes 7) Confidentiality 8) Continuation of employment relationship 9) Prevention and 10) Care and support.
- **South African Development Community (SADC) Code on HIV&AIDS and Employment**
The code provides guidance to the member states on the most effective and humane ways to respond to issues of HIV and AIDS in the workplace. The policy components are: 1) education, awareness and prevention programmes; 2) job access 3) workplace testing and confidentiality 4) job status 5) HIV testing and training 6) managing illness and job security 7) occupational benefits 8) risk management, first aid and compensation 9) protection against victimization 10) grievance handling 11) information 12) monitoring and review.

Lesotho Legislation

- **The Constitution**

Section 27 of the Constitution provides for Lesotho to adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed among others to:

- Provide for the prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- Create conditions which would assure to all, medical service and medical attention in the event of sickness; and improve public health

Section 18(4) (c) of the Constitution entrenches gender-based discrimination and inhibits violation of human rights regardless of gender.

- **Labor Code of 1992, as Amended in 2006**

The Code provides for basic workers rights including the provision of adequate working conditions and payment of compensation for industrial accidents and injuries. The Code also provides guidance to employers and workers and their organizations to develop comprehensive and gender sensitive HIV AND AIDS policies and programmes aimed at prevention, treatment, care & support and impact mitigation.

- **Sexual Offences Act, 2003**

The Act covers offenses committed against children and people with disabilities as well as the rights of complainants and the duties of prosecutors. It provides severe penalties, including life terms, for the most serious sexual crimes, such as crimes committed by people who know that they are HIV positive and can spread the virus.

- **Labor Code of 1992, as Amended in 2006**

The Code provides for basic workers rights including the provision of adequate working conditions and payment of compensation for industrial accidents and injuries. The Code also provides guidance to employers and workers and their organizations to develop comprehensive and gender sensitive HIV AND AIDS policies and programmes aimed at prevention, treatment, care and support and impact mitigation.

- **Public service Act, 2005**

The act makes provision in respect of the public service of Lesotho and for related matters including conditions of employment and conduct.

Lesotho Policy Framework

- **National HIV and AIDS Policy 2006**

The goal of the national HIV&AIDS policy is to effectively fight the HIV and AIDS epidemic and to prevent its further spread, provide treatment, care and support services, and to mitigate the impact of HIV&AIDS on individuals, families and communities.

Chapter seven of the National HIV&AIDS policy focuses on the response to HIV&AIDS in the workplace. The policy recognizes that HIV&AIDS has resulted in significant absenteeism and loss of trained and experience human resources which have led to reduced productivity levels across many sectors. The National policy articulates that the objective of the workplace policy is to promote and ensure a non-discriminatory, decent, compassionate and safe working environment and institutionalization of prevention, treatment, care and support.

- **Gender and Development Policy (2003)**

The Gender and Development Policy provides strategic direction to engender national policies, plans, budgets and development programmes. It is intended to

redress the challenges of gender inequities and inequalities, poverty, increased spread of HIV and AIDS, retrenchment and unemployment by adopting a rights-based approach to development including gender based violence.

- **Human Resources Management and Development Policy 2007**
The Ministry of Public Service has developed the policy to provide guidelines for application of human resources management and development, as well as functions and systems. It focuses on Recruitment and Selection, Training and Development, Employee Relations, and HIV and AIDS workplace issues.
- **Revised National Strategic HIV&AIDS Plan 2012/2013-2015/2016;**
The Plan focuses on reduction of new HIV infections through effective prevention and behavioral change strategies to address risky behaviors; facilitating equitable access to treatment, care, support and impact mitigation services; socio economic and psychosocial support to most affected and vulnerable groups. The current global momentum stemming from the drive to achieve three zeroes by 2015 (zero new HIV infections, zero AIDS-related deaths, and zero discrimination) has led the Lesotho government to develop the National Multi-Sectoral Framework for HIV and AIDS (2013-2017).
- **The National Action Plan on Women, Girls and HIV and AIDS 2012-2017.**
The National Action Plan on Women, Girls and HIV and AIDS (2012-2017) aims at reducing vulnerability and mitigating the impact of HIV and AIDS on women and girls including prevention of HIV and AIDS among women and girls; gender based violence; putting value to women's care work; and Women and girls' access to HIV and AIDS care and treatment.

5. GUIDING PRINCIPLES

The Key Principles of this policy have been developed in cognizance of the rationale for respecting the human rights, privacy and self-determination of people living with HIV&AIDS (PLHIV). The policy aims at promoting and protecting the Right to health; treatment, prevention & care and support and shall be based on the following key principles:

5.1 Recognition of HIV and AIDS as a Workplace issue

The local authorities and staff recognizes the seriousness of the HIV epidemic and its negative impact at the workplace. HIV & AIDS shall continue to pose a serious threat to well-being of local authorities and staff and compromise service delivery, unless the response to the epidemic is intensified. An effective workplace policy shall significantly reduce the negative impact of the epidemic by:

- a. Reducing the number of local authorities and staff who get infected and
- b. Supporting those who are infected.
- c. Ensuring that those who are Negative maintain the zero status, while enabling them to provide support to those who are Positive.

5.2 Equality and Non-discrimination

The Constitution of Lesotho, in accordance with international human rights law, guarantees the right to human dignity, equality and freedom from discrimination:

- a. Discrimination and stigmatization are some of the key drivers of HIV transmission and the reasons why PLHIV may fail to access adequate treatment, care and support; therefore; there shall be no discrimination or stigmatization against local government authorities and staff on the basis of real or perceived HIV status.
- b. HIV and AIDS shall be perceived like any other comparable life-threatening illness.
- c. All local government authorities and staff shall be accorded an opportunity and access to HIV testing, counseling and psychosocial support.
- d. All local government authorities and staff who are infected and affected by HIV and AIDS

- shall be afforded equal opportunities including equal access to employment
- e. HIV status shall not be a basis for termination of employment if such local authorities and staff are medically fit and capable of achieving reasonable performance standards.
 - f. Discrimination or other forms of harassment on ground of HIV status shall be treated as a disciplinary matter

5.3 Legislative and Policy Compliance

It is imperative to ensure that all Councils understand the legal and policy environment with regard to HIV and AIDS and implement relevant development responses.

5.4 Confidentiality

Every local authority and staff member is entitled to privacy, and has a right to confidentiality on his/her medical information:

- a. HIV status shall always be treated as confidential;
- b. With the principle of openness and trust, people shall be encouraged to be open about their status. A person willing to declare his/her status can do so to any person of his/her choice.
- c. An individual who divulges information about the HIV status of a staff member, without that member's consent, shall be subject to disciplinary action

5.5 Gender Equality

The local authorities and staff shall consider gender dimensions of HIV and AIDS and empower women because they are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men. There will be no discrimination based on one's sex or gender roles. Therefore; the workplace programmes shall incorporate the principle of gender equality and meet the specific needs of both women and men. This shall be achieved through the following strategies:

- a. Ensure equal status, opportunity for education and advancement and access to services for all local authorities and staff irrespective of their gender;
- b. Provide education on gender awareness and the gender dimensions of HIV & AIDS to Councilors and local authorities and staff;
- c. Involve both men and women in workplace HIV programmes; and provide training on gender mainstreaming and analysis for all local government authorities and staff ;
- d. Encourage local authorities and staff to report all cases of sexual harassment;
- e. Sexual harassment of women at work shall not be tolerated because it promotes the spread of HIV & AIDS, is a violation of human rights; and will be treated as a disciplinary matter.
- f. Ensure that all HIV programmes have activities that reflect the different needs of women and men, boys and girls;
- g. Consider the need to keep families together when administering transfers; and
- h. Ensure information, and knowledge sharing sessions on gender and HIV & AIDS, and related issues with local authorities, staff and family members at the workplace as appropriate.

5.6 Social Dialogue

Councils shall promote social dialogue to enhance cooperation and trust between local authorities, management and staff

PART B: POLICY AND PLANNING FOR EFFECTIVE WORKPLACE RESPONSE

6. POSITION STATEMENT AND STRATEGY

6.1 Position Statement

In recognition that HIV & AIDS is a national issue, as well as a workplace issue, not only because it affects the workforce, but also because the workplace has a vital role in curbing the spread and effects of the epidemic; this HIV & AIDS workplace policy shall provide a framework for the local authorities and staff to reduce the spread of HIV & AIDS and to manage its impacts. The policy shall serve as a guide for present and future situations regarding HIV & AIDS at the workplace. The policy shall:

- a. Make an explicit commitment for local government action;
- b. Provide guidance to supervisors and managers on handling HIV & AIDS related issues at the workplace
- c. Put Local authorities and staff at the centre in addressing HIV&AIDS in the work place.
- d. Ensure consistency with relevant national policies and laws;
- e. Be made available to all local authorities and staff, in a language and format that is easily understood.

6.2 Implementation Strategy

Councils shall adopt partnership-driven development in planning and implementation of this HIV and AIDS workplace policy. The main strategies that will be adopted are:

- a. Multi-sectoral approach to ensure integrated response, ownership and sustainability
- b. Awareness to influence behavior change and encourage openness;
- c. Increasing access to voluntary HIV testing and counseling;
- d. Promoting increased condom use to reduce the spread of STD and HIV infections;
- e. Improving the treatment, care and support of people living with AIDS.

An HIV & AIDS committee shall be established comprising of District, urban and Community Council representatives, as well as representatives of District staff, Civil Society Organizations and other line ministries to ensure coherent response to HIV at the local level.

7. POLICY MEASURES

5.1 Sustained Leadership Commitment

- a. Senior management will lead by example in the implementation of this workplace HIV and AIDS policy;
- b. Management will communicate this policy to local authorities and staff and promote a visible interest in workplace HIV and AIDS programmes, including regular updates on progress of such programmes;
- c. Strengthen the capacity of Councilors and staff to fully implement this policy;
- d. Ensure the inclusion of HIV and AIDS programmes in community, urban and district council annual plans.
- e. Ensure adequate budgetary, time, human, finance resources to HIV and AIDS programmes;
- f. Mobilize resources through annual budgetary allocations and external sources;
- g. Ensure that all core programmes incorporate HIV and AIDS and gender-related activities;
- h. Network and form partnerships with development partners and other service providers to

leverage funds, resources, technical expertise and knowledge exchange.

7.2 Victimization and Stigmatization

Persons affected and infected, or believed to be infected and affected by HIV& AIDS shall be protected from stigmatization and discrimination by co-workers, employers or clients. Workplace programmes shall educate local authorities and staff on human rights and reduce stigmatization and discrimination against PLHIV.

7.11 Recruitment, Selection and Placement

The Local Government Service Commission (LGSC) shall not impose the direct or indirect pre-employment test for HIV. Local authorities and staff shall undergo the normal medical tests of current fitness for work and these tests should not include testing for HIV. Employment offers and recruitments will not be based on HIV or related screening.

7.4 Job Status

The Ministry of Local Government shall not discriminate against a qualified individual with regard to job application, hiring, advancement, discharge, compensation, training, or other terms, conditions, or privileges of employment, irrespective of the HIV status:

- a. HIV status shall not be a factor in job status, promotion or transfer. Any changes in job status shall be based on existing criteria of equality of opportunity, merit and capacity to perform the work to a satisfactory standard.

7.5 Job Security

HIV infected local authorities and staff shall continue to work under normal conditions in their current employment for as long as they are medically fit to do so:

- a. When local authorities and staff cannot continue with normal employment on medical grounds, efforts shall be made to offer them flexible and reasonable conditions of employment without prejudice to their benefits.
- b. When the employee becomes too ill to perform agreed functions, the standard benefits and conditions and standard procedures for termination of service for comparable life-threatening conditions shall apply without discrimination.
- c. When a councilor becomes too ill to perform his/her duties, the council shall appoint another councilor to assist him/her until declared medically fit to resume his/her duties.

7.6 Disclosure

HIV positive local authorities and staff can serve as valuable role models and vehicles to educate local authorities and staff about HIV & AIDS, reduce stigma and demystify testing and treatment. Where possible councils shall collaborate with other organizations working with HIV & AIDS to provide support.

7.6.1 Full Disclosure

An employee may choose to fully disclose his/her HIV status to the employer, other local authorities and staff and or the general public

7.6.2 Partial Disclosure

An employee may choose to disclose his/her HIV status to selected and specified individuals of his/her choice. The information shall not be disclosed to others without the employee's consent.

7.6.3 Non Disclosure

An employee may choose not to disclose his/her HIV status.

7.7 Discipline and Grievance Handling

The councils shall develop disciplinary and grievance codes for handling cases for HIV related issues. All complaints shall be promptly handled in accordance with the codes.

7.8 Universal Precautions

Where there may be an occupational risk of acquiring or transmitting HIV infection, appropriate precautionary measures shall be taken to reduce such risk. People whose work requires routine travel such as road construction workers, shall be provided with information, condoms and adequate accommodation to minimize the risk of infection. The Local Government Service shall develop compensation guidelines for employees who contract HIV infection as a result of occupational exposure. Contracts of service providers shall ensure adherence to risk reduction measures. An occupational health and safety checklist shall be incorporated in contracts of service providers and shall include:

- a. Use of protective barriers such as gloves, and masks and ensuring that adequate supplies are available;
- b. Safe disposal and proper handling of waste, and contaminated material;
- c. Reporting of any incidents of exposure;
- d. Provision of post-exposure prophylactics (PEP) especially for waste management staff;

7.9 Rights and responsibilities of Management

Leadership and management responsibilities are:

- a. To show leadership and commitment to managing HIV and AIDS;
- b. To establish structures and partnerships responsible for all aspects of workplace HIV and AIDS response;
- c. To ensure that HIV and AIDS issues are integrated into council plans;
- d. To review human resource policies and processes; ensuring fairness and equality to all local authorities and staff regardless of their health status, sex and race;
- e. To budget for the cost of HIV and AIDS programmes; and provide financial, time and human resources;
- f. To oversee, monitor HIV and AIDS programmes;
- g. To provide reports on HIV & AIDS programmes and disseminate to staff.

7.10 Rights and responsibilities of Local authorities and staff

Councilors and staff shall:

- a. Ensure knowledge of own HIV status;
- b. Actively participate in developing and implementing workplace prevention care and support programmes;
- c. Participate in mainstreaming of HIV & AIDS into the workplace programs;
- d. Take precautionary measures to prevent diseases;
- e. Disseminate information and education to colleagues, families and community members;
- f. Fight discrimination, stigma and gender based violence.

**PART C: DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE
WORKPLACE RESPONSE**

8. PRIORITY ISSUES AND PROGRAMMES

The following priority issues were identified for the Local Government sector workplace HIV & AIDS policy:

- Strengthening leadership commitment and support towards the HIV & AIDS response;
- Integration of HIV & AIDS and Gender issues into district and community council plans;
- Effective engagement of staff in planning and implementation of HIV & AIDS programmes;
- Information dissemination, education and training;
- Condom promotion;
- Reducing stigma and discrimination;
- Gender perspectives on HIV & AIDS;
- Establishment of ART/TB and STI referral system within the workplace;
- Promotion of behavioral change;
- Counseling and testing. – knowing one's status;
- Occupational safety / risk management;
- Management and coordination of HIV & AIDS within the workplace;
- Establishment and management of monitoring and evaluation (M&E) system.

These priority issues will be achieved through the broad programmes which are presented in the next section.

8.1 Prevention

Knowing one's HIV status is a crucial first step in managing the disease. HIV Counseling and testing (HCT) allows infected individuals to gain access to a continuum of care that may include prevention of opportunistic infections, access to nutritional information and supplements, and anti-retroviral therapy. Prevention shall be intensified and addressed within the workplace to maintain zero status for those who test negative and ensure their support to their HIV positive colleagues. Critical areas include the following:

- a. Provision of counseling and voluntary testing services for HIV within the workplace. There shall be no compulsory workplace testing for HIV. Voluntary testing for HIV should be done by a suitably qualified person, with the informed consent of the employee, in accordance with medical ethical rules and with pre- and post-test counseling;
- b. Councils shall ensure development and implementation of communication strategy;
- c. Distribute social and behavior change information, and condoms to local authorities and staff, highlighting the need for safer sex practices.

8.2 Treatment, Care and Support

The Councils shall build capacity on establishing and managing a referral system through the following strategies:

- a. Adopt an integrated approach to wellness for addressing health related issues that increase the risk and health implications of various infections;

- b. The Referral services shall be provided by qualified Counselors, and Public Health professionals. This shall include voluntary counseling and testing services; and referral system for accessing treatment on TB, STI, and ARVs;
- c. Conduct awareness campaigns for all local authorities and staff, including people living with HIV, to improve their understanding of the continuum of prevention, treatment, care and support to cover HIV, TB, other STIs and lifestyle conditions;
- d. Identify and partner with training institutions on a workplace HIV programme structure and how to set up and manage a referral system for treatment, care and support services;
- e. Councils shall facilitate provision of access to treatment through a variety of mechanisms including arrangements with accepted private and public health professionals and medical practitioners. The workplace shall provide employee assistance and wellness programs that include nutritional support and ongoing counseling services.

8.3 Impact Mitigation

HIV & AIDS disrupts production; leads to discrimination in employment; aggravates gender imbalance and inequity; depletes human capital; puts pressure on the health and social security systems. HIV & AIDS also places a double burden on women, as they have to earn a living and provide care for sick family members and neighbors. Therefore, there is need to effectively and sustainably address these and other effects of HIV & AIDS in the workplace. This shall be achieved through the following strategies:

- a. Provision of information to all local authorities and staff and their families on organizations that can provide assistance on prevention, care and support services;
- b. Provide information and education on income generation projects and coordinate with organizations for their assistance;
- c. Facilitate dialogue between local authorities and staff and private sector insurance companies to provide appropriate and affordable products for people living with HIV;
- d. Facilitate training on nutrition and how to access nutritious and other supplements where necessary.

9. CRITICAL REQUIREMENTS FOR EFFECTIVE WORKPLACE RESPONSE

9.1 Information, Education and training

Despite the high level of awareness on HIV and AIDS issues in Lesotho, there has been little change in risky behavior. Targeted and tailor-made social and behavior change communication (SBCC) is one of the key programme enablers of sustainable risk-reducing behavior change. Councils shall ensure the adoption of the following strategies:

- a. Ensure that all local authorities and staff attend HIV and AIDS information sharing sessions that are held during working hours;
- b. Adapting various prevention strategies, including information dissemination, education (personal risk assessment and life skills), and behavioral change communication;
- c. Conduct awareness sessions for all local authorities and staff on HIV, TB and STIs;
- d. Create a conducive environment and opportunities for people living with HIV to share experiences;
- e. Address the need to reduce vulnerability related to gender based violence and cultural practices;
- f. Provide training opportunities on HIV & AIDS for managers, supervisors, peer educators, counselors, and worker's representatives;

9.2 Healthy Working Environment

All councils shall strive to create a healthy and safe work environment that promotes good

physical and mental health, using and the following strategies:

- a. Establish Wellness/ health and safety task teams at the workplace to monitor maintenance of a healthy and safe working environment;
- b. Ensure that occupational safety guidelines on risk management are developed, disseminated and adhered to. Councils shall ensure provision and availability of First Aid kits, and protective clothing,
- c. Provide guidelines and facilities for post-exposure prophylactic procedures for accidental exposure to HIV within the workplace;
- d. Provide adequate sanitary facilities.

9.3 Sports and Recreation

The Councils are sensitive and responsive to the well-being of Local authorities and staff; and shall promote sports and recreation events, and provide equipment where possible to enhance physical and mental well being. The councils shall:

- a. Strengthen the existing programmes that are implemented by the Lesotho Local Authority Sports Association which include soccer, netball, volley ball, darts and pool;
- b. Develop and implement recreation programme that includes indoor and cultural games, reading clubs, and choral music.

10. FINANCING, MANAGEMENT AND COORDINATION OF POLICY

10.1 Funding of HIV & AIDS Programmes

Integrating HIV and AIDS in all the council's plans and programmes for effective response to the pandemic. The Council's budget shall constitute 5% of the annual budget, creating a greater incentive for participation.

10.2 Management and coordination of HIV and AIDS Policy

A wellness unit will be established within each council for offering the broadest possible range of services to prevent and manage HIV. These shall include:

- a. Prevention: HTC; Information, Training and Education; Behavior change communication and condom distribution;
- b. Treatment: Referral System (ARVs, TB, STI);
- c. Care and Support: Employee Assistance Programme;
- d. Occupational Safety;
- e. Sports and Recreation;
- f. Monitoring and Evaluation.

The local authorities and staff shall strive to engage and work with national, district and civil society organizations, and multilateral agencies to deploy best practices in the prevention, care, treatment, and support of HIV & AIDS within council areas.

10.3 Governance structure

A comprehensive HIV and AIDS workplace response shall be driven and supported by both political and administrative leadership. The HIV & AIDS Unit shall be strategically driven from the office of the District Mayor who shall oversee the HIV & AIDS committee. This is consistent with the structure within the decentralization policy. The governance structure therefore shall require:

- a. Strong and visible political leadership;
- b. An HIV and AIDS Committee with adequate representation and support from all relevant stakeholders;
- c. Integration of HIV and AIDS policies and programmes with broader wellness

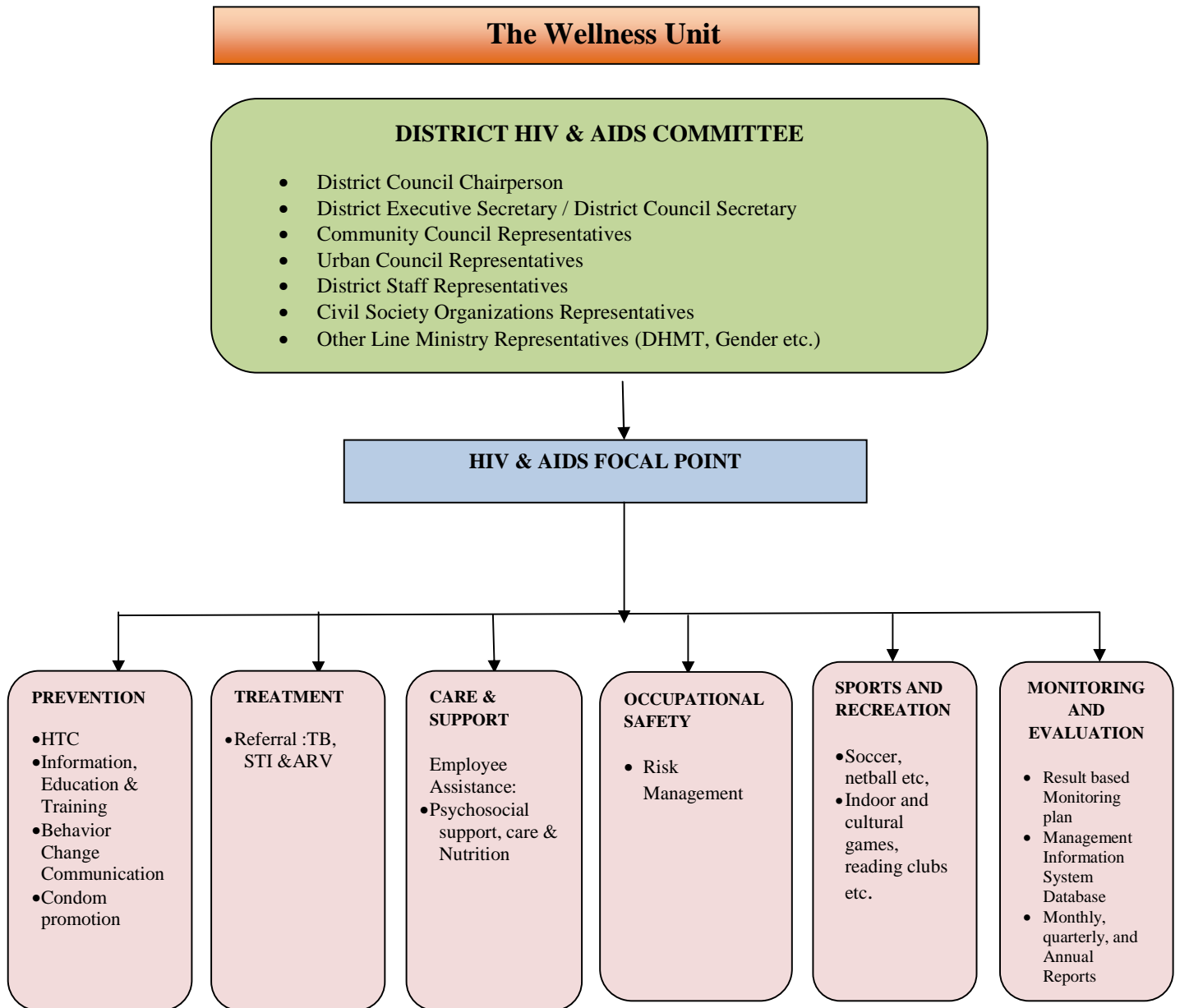
- programmes within the councils;
- d. Forging partnerships with civil society organizations that are able to assist in the implementation of the wellness programme.

The HIV&AIDS committee shall be established to provide oversight of implementation of HIV & AIDS policy and programmes. The detailed terms of reference for the District HIV&AIDS committee, HIV&AIDS Focal point, and task teams for each programme will be developed prior to policy implementation to ensure functionality. The following general guidelines shall apply:

- a. The District Council Secretary/ District Executive Secretary will serve as the chair of the committee to ensure that logistical arrangements and minutes are prepared;
- b. Members of the Social Services Standing Committees shall be represented in the District HIV&AIDS committee;
- c. The Human Resources office shall be part of staff representation in the District HIV&AIDS committee;

Each District Council shall identify relevant Civil Society Organizations (CSO) and decide on members to represent CSOs in the District HIV&AIDS committee. A list of CSOs is presented in Annex 1.

The wellness unit shall provide services for the local authorities (Councilors and Chiefs); and staff within the technical and administrative Departments (These will include Production and Marketing, Infrastructure, Environment and natural Resources, Planning, Administration and Support, Finance and Accounting, Social Development, Public Health, and Education as the decentralization process unfolds).



Councils shall establish task teams to implement each of the programmes: Prevention, Treatment, Care and Support, Occupational Safety, Sports and Recreation, and Monitoring and evaluation. The programmes shall be coordinated by an HIV&AIDS Focal Point.

10.4 Dissemination of Policy

The Councils shall communicate this policy and practices to local authorities and staff in simple, clear, and unambiguous terms. Furthermore, the policy shall be routinely reviewed in light of emerging epidemiological and scientific information.

PART D: MONITORING, EVALUATION AND REPORTING

11. Results-Based Monitoring Framework

The HIV&AIDS committee shall introduce appropriate measures for monitoring and evaluating the impact of the wellness programme among the local government authorities and staff within the councils. The wellness program will include a monitoring and evaluation system.

The aim of Results-Based Monitoring plan is to:

- a. Ensure that the great majority of local government authorities and staff that are not infected with HIV&AIDS remain uninfected through effective monitoring of leadership support and commitment, prevention, care support, treatment, changing life styles and behavior;
- b. Uphold effective management of those HIV-infected and affected individuals through appropriate monitoring of wellness interventions.

High quality data to monitor and evaluate wellness programme is critical to demonstrate how program inputs will result in desired outcomes and impact. Baseline data shall be developed for selected indicators. Councils shall build capacity at the district and community council levels and collaborate with CSOs to be able to monitor and evaluate their planned activities and to create ownership and a culture of information use. The primary consideration will be timely and accurate capturing, measurement, and use of data that demonstrate the effectiveness of interventions made by councils. A decentralized management information system database within the councils will be developed; and the monthly, quarterly and annual reports shall be shared with different stakeholders. The Draft Results-Based Monitoring Framework is presented in Table 2.

Table 2. Draft Results-Based Monitoring Framework of the Implementation.			
Goal: Strengthened Capacity of Local Government Authorities and Staff to Manage the impact of HIV&AIDS within the workplace			
KPA	ACTIVITIES	KPI	Reporting Frequency
Structures, Partnerships, Leadership and Commitment	<ul style="list-style-type: none"> • Develop terms of reference for HIV & AIDS Committee and Coordinator • Clarify roles and responsibilities of HIV & AIDS Committee • Establish HIV&AIDS Committee • Appoint HIV &AIDS Coordinator 	<ul style="list-style-type: none"> • No. of HIV&AIDS committees and coordinators established and able to manage workplace HIV&AIDS impact effectively 	Annually
	<ul style="list-style-type: none"> • Integrate HIV&AIDS policies and programmes within wellness initiatives • Provide budget for HIV and AIDS activities& programmes 	<ul style="list-style-type: none"> • Full integration of HIV&AIDS policy with existing employee wellness initiatives 	Annually
	<ul style="list-style-type: none"> • Forge partnerships with CSOs and other stakeholders. 	<ul style="list-style-type: none"> • Number of partnerships with relevant organizations 	Annually
Outcome 1: Increased competency of Local Government Authorities and Staff to plan, implement and monitor appropriate and effective responses to HIV and AIDS within the workplace			
KPA	ACTIVITIES	KPI	Reporting Frequency
Integrate HIV&AIDS issues into District, Urban and Community Council Plans	<ul style="list-style-type: none"> • Carry out needs assessment, • Develop council plans 	<ul style="list-style-type: none"> • Needs assessment report and • Full integration of HIV& AIDS issues into District, Urban and Community Council Plans 	Annually
Develop implementation plan for HIV&AIDS response	<ul style="list-style-type: none"> • Joint identification, prioritization and timing of actions with relevant stakeholders 	<ul style="list-style-type: none"> • Implementation framework developed 	Once every three years
Develop monitoring plan for HIV&AIDS response	<ul style="list-style-type: none"> • Consultative development of monitoring and evaluation plan, (including logframe with indicators and gender disaggregated data) with relevant stakeholders 	<ul style="list-style-type: none"> • Monitoring and Evaluation plan developed 	Once every three years

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Outcome 2: Increased competency of Local Government Authorities and Staff to develop HIV & AIDS Workplace Programmes on Prevention, Treatment, Management and coordination			
HIV AND AIDS Prevention Programme			
KPA	ACTIVITIES	KPI	Reporting Frequency
Education and Training	<ul style="list-style-type: none"> Develop and Implement Peer Education & counseling programme 	<ul style="list-style-type: none"> Number of Peer Educators trained Number of Counselors trained 	Monthly
Generate HIV&AIDS Management Information	<ul style="list-style-type: none"> Establish and update database 	<ul style="list-style-type: none"> Record of absenteeism Record of infected persons receiving care and support cost of recruitment and training 	Monthly
Prevention And Awareness Programmes	<ul style="list-style-type: none"> Conduct awareness sessions Develop communication strategy Disseminate HIV&AIDS information Provide counseling and testing services Distribute female and male condoms 	<ul style="list-style-type: none"> Communication strategy framework Number of staff reached. Number of condoms distributed. Number of counseling, support interventions. Number of staff disclosing their HIV status. 	First Quarter - Once Off Monthly
HIV AND AIDS Treatment Programme			
KPA	ACTIVITIES	KPI	Reporting Frequency
Provide Referral Services for TB, STI and ARVs	<ul style="list-style-type: none"> Recruit qualified counselors, and health care professionals at district council level Provide TB, STI, and HIV referral services 	<ul style="list-style-type: none"> Number of STIs and TBs referrals Number of staff on ARVs and assisted with adherence to medication and nutritional status 	Monthly Monthly
Care and Support Programme			
KPA	ACTIVITIES	KPI	Reporting Frequency
Provision of psychosocial support, nutrition, income generation information and referrals to appropriate insurance services	<ul style="list-style-type: none"> Review existing conditions of employment to manage the socio-economic impacts of HIV and AIDS at workplace 	<ul style="list-style-type: none"> Guidelines for managing the socio-economic impacts of HIV and AIDS at workplace developed Number of staff reached 	First Quarter- Once off Monthly

ANNEX 1. STAKEHOLDER ANALYSIS

ORGANIZATION	ROLES/ RESPONSIBILITIES
WORLD VISION	Prevention, care and support on HIV & AIDS: <ul style="list-style-type: none"> • creates awareness, promotes HIV testing and counseling,
PHELA	Prevention: <ul style="list-style-type: none"> • Reduction of incidence of new HIV infection through behavior change communication. • Creates awareness on the relationship between MCP and HIV using both mass media and community mobilization campaigns to positive behavior change
ICAP	Prevention of mother to child transmission (PMTCT), Treatment, Care and Support: <ul style="list-style-type: none"> • Provides HIV counseling and testing services, patient education, adherence support, Care and treatment for populations with low HIV service utilization
EGPAF	Prevention of mother to child transmission, Treatment, care and support: <ul style="list-style-type: none"> • Provides HIV counseling and testing services, Care and treatment for families living with and affected by HIV & AIDS.
TOUCH ROOTS AFRICA	Prevention, Care and Support: <ul style="list-style-type: none"> • Builds capacity of organizations on HIV & AIDS related issues, provides training on psychosocial support, advocacy, monitoring and evaluation
LENEPWHA	Prevention, care and support among PLWA <ul style="list-style-type: none"> • Awareness and behavior change regarding HIV and AIDS; • Provides psychosocial support and positive living; • Initiatives for combating stigma and discrimination; • Networking and sharing information and experiences among groups of PLWA; • Institutional and organizational capacity building of member organizations; • Resource mobilization for programmes which are beneficial to PLHIV and affected families
LENASO	Prevention: <ul style="list-style-type: none"> • Facilitates sharing of information, experiences and resources in HIV and AIDS related work among NGO'S, CBO'S; • Promotes cooperation and collaboration in HIV & AIDS related activities among members; • Promotes non discriminatory policies on medical, social, economic, political, legal, ethical, and religious matters.
CARE	Prevention: <ul style="list-style-type: none"> • Supports empowerment of women and girls in addressing gender barriers; • Address structural issues that increase women's and girls' risk of acquiring HIV, including violence against women, intergenerational sex, educational and employment disparities

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ORGANIZATION	ROLES/ RESPONSIBILITIES
	and commercial sex work;
RED CROSS	Prevention, Care and Support: <ul style="list-style-type: none"> • Peer education on STI and TB; care and treatment programmes; • Provision of IEC material; • initiatives for combating stigma and discrimination; • Provision of First Aid and training, home base care and support;
PSI	Prevention: <ul style="list-style-type: none"> • HIV Counseling and testing; • Condom distribution • Male circumcision; • Prevention of Mother To Child Transmission of HIV; • Education on HIV issues
Gender Links	Prevention: <ul style="list-style-type: none"> • Promotes gender equality through the media; conduct campaigns for ending gender violence; • HIV & AIDS awareness; • builds capacity of women and men to engage critically in democratic processes that advance equality and justice;
Action Aid	Prevention, care and support: <ul style="list-style-type: none"> • Supports and build capacity of organizations dealing with of people living with HIV and AIDS; • Interventions on gender inequalities and human rights including violence against women; • Promotes universal access to ARTs,
Help Lesotho	Prevention: <ul style="list-style-type: none"> • Education on key issues such as health, HIV & AIDS, gender related topics, sexual violence, coping strategies; provision of HTC

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ANNEX 2. LIST OF PARTICIPANTS			
District	Council	Name	Title
Mokhotlong			
	Urban Council	Nthabiseng Tekane	Town Clerk
		Lineo Matete	Accounts Clerk
	District Council	Molleloa Nahlatsi	District Council Secretary
		Mabataung Mok'hena	Senior Rural Development Assistant
		Malerato Phakisi	Admin Manager
		Litsitso Matia	Assistant Admin Manager
		Mamotebang Sello	Senior Accountant
		Tsepo Matela	Assistant Human Resource Officer
		Lineo Matete	Accounts Clerk
		Makananelo Mokotjo	Cleaner
		Mahoholi Shoarane	Cleaner
		Nosi Motia	Night Watchman
	Menoaneng Community Council J04	Nthabeleng Ntloana	Assistant Physical Planner
		Rapela Thuele	Assistant Physical Planner
		Refiloe Leotla	Assistant Physical Planner
		Libuseng Ralithhare	Accounts Clerk
		Nthatua Letela	Account Clerk
		Maseta Leuta	Clerical Assistant
		Mapheello Seeiso	Cleaner
		Mahali Lemaona	Clerical Assistant
	Seate Community Council J01	Malefu Matolo	Community Council Secretary
		Malikhetla Tsita	Assistant Admin Officer
		Masoabi Tsoeu	Clerical Assistant
		Tlalinyane Sekonyela	Messenger
		Mahlompho Lesoetsa	Messenger
		Makere Mpopo	Assistant Physical Planner
		Mathabo Tsiu	Assistant Physical Planner
		Ntsoaki Lesefa	Accounts Clerk
		Puleng Mika	Accounts Clerk
		Mathato Mahasane	Council Chairperson
		Maku Nkalai	Land Committee Member
		Qelo Lesenyeha	Land Committee Chairperson
		Tseliso Moahi	Deputy Chairperson
		Mphuti Letsika	Council Member
		Masebongile Bambiso	Council Member
		Nkolotsane Lesenya	Council Member
District	Council	Name	Title
Thaba Tseka			
	Urban Council	Tsabela Tlali	Town Clerk
		Nthatisi Nthejane	Accounts Clerk
		Ntebaleng Machesetsa	Assistant Procurement Officer
		Lepheane Mothata	Councilor

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		Tlali Ratlali	Chairperson Social Services
Thaba Tseka	Council	Name	Title
		Mathuso Mohasi	Office Assistant
		Maliepollo Makhetha	Clerical Assistant
		Selomo Marumo	Messenger
	District Council	Malikopo Malataliana	Acting District Council Secretary
		Mosoaboli Makhetha	Accounts Clerk
		Sane Phororo	Admin Manager
		Ntolo Neko	Executive Secretary
		Mahali Khutlisi	Accounts Clerk
		Jafeta Maanela	Messenger
		Tsepo Maile	Principal Technical Officer
	Tenesolo Community Council K01	Malefetsane Khoathela	Community Council Secretary
		Mphachane Mphachane	Accounts Clerk
		Lesekele Makhetha	Assistant Admin Officer
		Ezekiel Montlha	Messenger
		Moeli Mosae	Watchman
		Mateele Mathese	Office Assistant
		Nthene Nkena	Deputy Chairperson
		Moloko Lali	Chairperson Social Committee
		Mapshatllella Mojela	Chief
Quthing			
	Urban Council	Lesibo Molalle	Town Clerk
		Limpho Mphale	Assistant Procurement Officer
		Mojalefa Lenyatsa	Messenger
		Mathato Tsoeu	Cleaner
		Ntsoaki Mahalika	Accounts Clerk
		Mabatho Nkuebe	Senior Accountant
		Thato Mahesele	Messenger
		Tsepang Lepekola	Night Watchman
		Matete Mahao	Assistant Administration Officer
		Lethusang Mothae	Driver
		Lehlohonolo Thakalekoala	Clerical Assistant
	District Council	Rev Att well Xana	District Council Secretary
		Mokatse Seliane	Finance Manager
		Mabataung Motsoehli	Admin Officer
		Serialong Motholo	Human Resource Officer
	Telle Community Council G04	Marelebohile Magaga	Community Council Secretary
		Jerry Khang Machimini	Assistant Admin Officer
		Lomile Masasa	Clerical Assistant
		Ntekoane Mabohtotsa	Watchman
		Taele Ramokepa	Messenger
		Ntahleng Motsoari	Cleaner
		Moeletsi Mokake	Councilor
		Makhotso Ramokhele	Councilor

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		Maserialong Mokupo	Councilor
		Makatane Sekonyela	Councilor
		Matebello Lekhooa	Chairperson
Leribe	Council	Name	Title
	District Council	Matseliso Sejane	District Council Secretary
		Malephallo Mohasoa	Admin Manager
		Mangoliso Tsepe	Human Resource Assistant
		Lemohang Mahao	Human Resource Manager
		Kholu Mahao	Receptionist
		Ntsiuoa Lieta	Finance Assistant
		Boikano Mpalami	Procurement Officer
		Masekake Mohapi	Assistant Admin Officer
		Mathabo Tsenase	Senior Legal Officer
		Mahlomola Tshlo	Driver
		Ranko Motseke	Driver
		Kekeletso Mothebesoane	Driver
		Mahloniche Makhobalo	Project Supervisor
		Mamosenyehi Lekhanya	Cleaner
		Teboho Lehlabaphiri	Driver
	Hlotse Urban Council	Karabo Rasethuntsa	Assistant Admin Officer
		Katleho Matsela	Assistant Physical Planner
		Kabelo Moremoholo	Human Resource Assistant
	Maputsoe Urban Council	Mothontsi Lekau	Town Clerk
		Motsamai Molikoe	Assistant Admin Officer
		Mabela Lehloenya	Assistant Physical Planner
		Khahliso Mokotoana	Assistant Procurement Officer
		Maphoka Mpeta	Social Worker
		Tsolo Khoanyane	Assistant Physical planner
		Matumo Kori	Deputy Chairperson
		Matsela Mohapi	Chairperson Social Services Committee
		Malehloa Masasa	Messenger
		Mabokang Ralejoe	Clerical Assistant
		Hlabatau Moletsane	Sanitation Officer
	Litjotjela Community Council C08	Boipuso Moleko	Community Council Secretary
		Lengola Lefora	Councilor
		Mantsali Mokoena	Councilor
		Ntholi Ramatekoa	Councilor
		Mankhole Rantsoli	Councilor
		Mathato Liau	Councilor
		Lekhooa Molefe	Councilor
		Mapoulo Matsau	Councilor
		Ntemane Peko	Councilor
		Mapaseka Chakache	Messenger
		Matsie Khakhane	Clerical Assistant
		Khetsi Raselimo	Clerical Assistant

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		Kantita Lieta	Assistant Admin Officer
	Sephokong Community Council C07	Lineo Kikine	Community Council Secretary
		Koena Matsie	Council Chairperson
		Jone Mokone	Council Deputy Chairperson
		Mamakefu Ramaema	Chairperson Social Services Committee
		Mathai Pama	Clerical Assistant
		Lepekola Khoromeng	Messenger
HeadQuarters/ Central Level			
	Director General	Matiisetso Libetso	
	Director Human Resource	Tseleng Mokhehle	
	Director Human Resource Local Govt.	Lerato Seeisa	
	Director Chieftainship	Mikia Molapo	
	Director Planning	Maselemeng. Mokose	
	Dentralization Officer	Charles. Mokuoane	