



**Kingdom of Lesotho  
United Nations Development Programme  
Project Document**

**Project Title** Community Leadership and Capacity Enhancement

**UNDAF Outcome(s):** UNDAF Outcome #1: Individuals, civil society, national/local public and private institutions have the capacity to achieve and sustain universal access to HIV prevention, treatment, care and support, and to mitigate its impact.

**UNDAF Country Programme Outcome(s):**

1. Men, women, boys and girls able to access and use knowledge, information, skills and services on safe sex and the prevention of HIV infection
2. Government and civil society have the capacity to design and implement evidence based programmes

**Expected Output(s):**

**Output1:** Communities empowered to develop and manage HIV - related programmes (including prevention) and to effectively access and utilise institutions and systems; with increased ownership and participation in HIV related programmes

**Output 2:** The Lesotho Network of people living with HIV & AIDS (LENEPWHA) is strengthened to effectively implement its mandate

**Output 3:** Policy and operational frameworks strengthened to guide implementation of a multi-sectoral national response to HIV & AIDS

**Implementing Partner:** Lesotho Network of People living with HIV & AIDS (LENEPWHA)

**Responsible Parties:** Joint UN Team on AIDS (JUNTA), Community HIV groups, NAC

**Brief Description**

Building on the Leadership Development Programme and CCE-CC efforts undertaken in collaboration with Ministry of Local Government, UNDP is committed to scaling up the national response to HIV & AIDS through supporting the Government in strengthening HIV prevention and improving access to services in the country. Strengthened prevention efforts focused to contribute to a reduction of the incidence, address fear, stigma and discrimination, and support advocacy for the Human Rights of all people infected and affected by HIV & AIDS in Lesotho; as well as assist in the comprehension of some of the key cultural and social drivers of the epidemic in Lesotho.

The Lesotho Network of People living with HIV & AIDS (LENEPWHA) has been operational since 2005 and has been supported by various partners. There are however, organisational and capacity challenges within the network which hinder its progress and development for it to effectively carry out its mandate. The project will therefore support the network to further strengthen its organisational structures and systems.

The overall result will be to enhance the capacity of local communities to tackle challenges posed by HIV & AIDS in a manner that will acknowledge the various community structures, culture, behavioural practices and beliefs, as these will in turn lead to the development of appropriate programmes and processes to reduce new HIV infections, advocate for effective care and treatment; and implement home-grown solutions to mitigate the impact of the epidemic. A supportive environment will also be created for national institutions such as LENEPWHA to effectively contribute to the national response and coordinate the response among PLWHA in Lesotho.

Programme Period:	<b>2009 - 2011</b>	2009 AWP budget:	\$100,000
Key Result Area (Strategic Plan):	<b>Strengthening accountable and responsive governing institutions</b>	Total resources required	\$300,000 (est)
Atlas Award ID:	<b>00057989</b>	Total allocated resources:	_____
Start date:	<b>1 July 2009</b>	• Regular	\$100 000
End Date:	<b>31 July 2011</b>	• Other:	_____
PAC Meeting Date:	<b>14 July 2009</b>	• Donor	_____
Management Arrangements:	<b>National Execution</b>	• Government	_____
		Unfunded budget:	\$200 000
		In-kind Contributions	

**LENEPWHA**  
Lesotho Network of People  
Living with HIV/AIDS

Agreed by LENEPWHA: \_\_\_\_\_

Agreed by Ministry of Finance & development Planning: \_\_\_\_\_

Agreed by UNDP: \_\_\_\_\_



## I. SITUATION ANALYSIS

The adult HIV prevalence rate in Lesotho is at an overwhelming 23.2%, the third highest in the world, indicating that over a quarter of adult Basotho men and women are living with HIV & AIDS. It is also estimated that there are 62 new HIV infections and about 50 deaths due to AIDS related complications each day. Moreover, the 2004 LDHS data show quite small differences in HIV prevalence across the four ecological zones, ranging from 21% (mountain zone) to 25% (lowlands). Prevalence is very high in young women and in males in their 30s and 40s. According to the 2004 LDHS, HIV prevalence peaks in women and men at different ages: 35-39 years for women (43.3%) and 30-34 years in men (41.3%), female prevalence rises extremely steeply among young women to very high levels among women in their late 20s and peaks in women in their late 30s

These numbers mark a significant challenge to Lesotho's development path, and in the year 2000 His Majesty, King Letsie III declared HIV & AIDS a national disaster. However, multiple achievements have been observed in part by the national HIV & AIDS response, specifically through the promotion of condom use, and making available antiretroviral therapy and stepping up HIV & AIDS testing and counselling efforts through the country-wide "Know your status" campaigns. While several gains have been evident, the complexities of socio-economic and cultural issues' correlation with the epidemic are still unaddressed, calling for atypical approaches to tackle the challenge that engage individuals from the community to the national level.

The Joint UN Team on AIDS (JUNTA) in Lesotho supports the implementation of the National HIV and AIDS Strategic Plan (2006-2011) - currently under review - and responds to national priorities under the UNDAF 2008-2012 framework. JUNTA performs under the imperative of 'Delivering as One' to strategically collaborate with UN agencies to converge and synergize resources and schemes that address similar challenges to deliver a multi-sector approach to development. As part of strengthening the supporting environment, UNDP aims to expand the capacity to coordinate the national HIV and AIDS response at national, district and community level through institutional strengthening of LENEPWHA and engaging community members to advocate for change and address local HIV and AIDS challenges through the implementation of the Community Capacity Enhancement through Community Conversations (CCE-CC) initiative. These will be complemented by support to the national AIDS commission to solicit national ownership of, and finalise the revised National AIDS Strategic Plan.

As research indicates, the complexity of the HIV & AIDS epidemic stems from its links with all aspects of society and culture, as social and cultural factors affect not only viral transmission, but also the success of prevention strategies and programmes. It is therefore imperative to recognize the fact that effective HIV & AIDS responses and programmes should be grounded in the strengths of communities as cultural practices and beliefs can also be exploited to influence communities to work collectively towards mitigating the impact of HIV & AIDS in their lives.

It is evident that the world needs inspiring and empowering leadership – at all levels - to transform the response to HIV & AIDS. Therefore, in close collaboration with the Joint UN Team on AIDS (JUNTA), development partners and stakeholders, UNDP supports the implementation of approaches and methodologies that embody governance in action - bringing together leaders from government, civil society – including stakeholders from the arts and media and the business sector to generate individual and collective commitment and sustainable action in response to the underlying causes of the epidemic.

The CCE-CC methodology has been widely used in many parts of Africa including Botswana, Namibia, Ethiopia, South Africa and Tanzania to mention a few, and it is worth

noting that due to its flexibility, it has been used for a variety of challenges facing communities. For instance Africare has used the methodology in their support to the HIV & AIDS response in the areas that they work in; the National Association of Social Workers in Washington DC have used the methodology to promote breast and cervical cancer screening and empower older Latina and African American women to engage in positive health behaviours. In Southern Africa, the OLIVE LEAF Foundation (OLF) in South Africa indicated that they have, "embraced a methodology to address the limitations of current interventionist approaches through the principles of the Community Capacity Enhancement Programme (CCEP) so as to enhance Community HIV Competency (CHC)", and carry on to affirm that the Community Capacity Enhancement Programme provides communities with a framework to strengthen and unleash their capacities for an effective HIV and AIDS and Poverty response. Several other institutions have documented their successes through the implementation of this methodology, including the Nelson Mandela Foundation in South Africa, the Africa Lutheran Communion in Nigeria, and the Alliance of Mayors Initiative for Community Action on AIDS at Local Level (AMICAALL) in Namibia and Swaziland.

## **II. STRATEGY**

Building on the Leadership Development Programme undertaken in collaboration with Ministry of Local Government and the Lesotho AIDS Programme Coordinating Authority, UNDP is committed to scaling up the national response to HIV & AIDS. The Community Capacity Enhancement – Community Conversations (CCE-CC) initiative is geared towards training local community leaders from civil society and government to lead community discussions on scaling up practical response to HIV & AIDS.

In recognition of the Government's commitment to enhance local governance and implement the 'Gateway Approach', the project will build on to this model and use local governance structures as the vehicle to scale up the national response in addressing the key development challenges posed by HIV and AIDS. The initiative is designed to provide feedback mechanisms between central, district and community levels; and will facilitate the implementation of relevant, home – grown strategies as it taps into the normal Basotho ways of discussing issues (pitso). The project will resuscitate some of these traditional communication methods within the communities, though the facilitation will be in a manner that enables community members to make decisions for themselves.

The national implementation will focus on key areas within the respective districts that have been identified as areas hardest hit by the HIV & AIDS epidemic, food insecurity, social inequalities (poverty), lack of access to health facilities and treatment, with a focus on those that have not had as many programme and projects as others. These will be identified through the data and reports from various activities and programmes, as well as data from recent studies conducted in the country with the guidance of the project appraisal committee. As the focus of the project is on prevention, the districts of Maseru and Leribe will not be considered as they have been receiving some support because of their nature and HIV prevalence. With the support of the project appraisal committee the following districts were recommended to form the first Phase of this project:

1. Mafeteng
2. Butha- Buthe
3. Berea

This selection was based on a number of factors including:

- The fact that the project will be focusing on prevention and getting to understand some of the social and cultural drivers of the epidemic;
- Accessibility of area for monitoring purposes – especially in the first phase of the project
- Urgency of need in terms of prevention
- LENEPWHA is about to launch a community development Project in Mafeteng, which will compliment this project well and therefore facilitate harmonization and cost-effectiveness in programme implementation and monitoring;
- The Ministry of Gender, Youth, Sports & Recreation supports annual Vision 2020 sports competitions for young people in these districts which also include HIV & AIDS life skills education and activities. It is believed that the selection of these districts will assist in the formulation of a baseline for project implementation, monitoring and evaluation in comparison with districts which do not host the competitions.
- Cultural and historical dimension, especially in the case of Butha-Buthe.

The community capacity enhancement through community conversations (CCE-CC) approach was introduced to a group of 52 Basotho men and women in 2005/6 who were intensively trained on the methodology and its application - as trainers and facilitators. Following the training, the group went through a six-month learning practicum in the form of a pilot project in three regions of the country: Central (Boits'ireletso Ha Mohale), North (Mangaung, Mokhotlong) and South (Dalewe, Quthing), with the pilot producing some major visible results such as an OVC garden, sporting equipment for young people (to delay sexual debut), formation and training of support groups, and enhanced collaboration between the communities and service providers in Mokhotlong; with similarly commendable results achieved in other areas . These can be attributed to the fact that the methodology can be applied to a host of elements critical to a transformed, energized response to HIV & AIDS - including prevention, increasing access to treatment, partnership-building, and supporting the formation of legislation that protects human rights and improves ARV access and service delivery. The CCE-CC approach ensures that there is substantial stakeholder involvement in the development of a national multi-sector coordination, private and public sector involvement, and more importantly community involvement to facilitate the full engagement of communities and NGO partners in planning and programming, especially in prevention at district and community levels.

Further linking Community Conversations to creative arts and media can facilitate community-to-community exchange and give wider public access to the results of this transformative process, as arts and media can be a vehicle for taking the voices of communities nationwide, which in turn, will influence policy formulation and the national HIV & AIDS response. The methodology also reinforces community capacity to generate and transfer knowledge at various levels. Once begun, this process of transfer becomes self-propagating, from community to community, as well as among an ever-growing pool of skilled implementers and facilitators. By providing the community group with scientific and technical information on the propagation and prevention of HIV & AIDS, members are encouraged to discuss how such information translates into their day to day lives to identify factors and practices that are perpetuating the spread of HIV within their community.

The project will also attempt to forge partnerships and strengthen existing partnerships with some community liaison structures like the Lesotho National Volunteer Corps and the US Peace Corps Volunteers, who are already doing some great community work and supporting communities to deal with the challenges posed by HIV & AIDS and other social inequalities of their lives. The expectation is also that community members who are openly living with HIV & AIDS will act as 'Ambassadors' for this initiative and facilitate project activities and act as comminute liaison links with the community facilitators and other stakeholders. This will be in the context of the GIEPA Principle (Greater Involvement and Empowerment of People living with HIV & AIDS), as well as in the spirit of community empowerment. Of critical importance

is data collection in this process, and it is worth mentioning that it is the role of community facilitators to ensure that data is collected, stored and consumed appropriately to inform national processes and policy.

Community members have advanced knowledge of power dynamics, culture, and social behaviour and how these aspects relate to the spread of HIV within their own community. Socio-economic and behavioural factors contributing to the spread of HIV are brought to the roundtable, and community members are encouraged to dialogue on effective ways to tackle the problems that arise due to HIV & AIDS through possibly altering behaviour and practices. The inclusive nature of Community Conversations creates a sphere for vulnerable groups to participate and share their experiences and concerns. Women who participate in community dialogues can raise gender related issues, including power relations that cause them to become susceptible to infections, from the household to the community level. Community Conversations tap into the emotional and social capital amongst the diverse members of the community and enables them to work as a collective. Through addressing cultural, gender and social equality issues within communities, the methodology ensures that the money works for communities, and facilitates the enactment and passing of bills and policies as communities will have the opportunity to contribute to the country's legislative processes. Finally this methodology will be used to support the planning processes of the community councils in the implementation of the Essential Services Package, and will attempt to address some specific issues and challenges including:

- Multiple and concurrent partnerships – and condom use
- Inequalities of wealth (poverty)
- Gender inequality – including gender based violence and intergenerational sex
- Culture, its contribution to the spread of HIV as well as its role in prevention, care and support, and impact mitigation

The selection of the Lesotho Network of People living with HIV & AIDS (LENEPWHA) as implementing partner is based on an alignment of the goals of the project (community involvement) with the unique added value of this organisation as it brings together people living with HIV & AIDS in the entire country in an effort to mobilise this important stakeholder group as an active participant in the response to the epidemic. As such, the project will build on to the work already initiated under the joint Greater Involvement and Empowerment of People living with HIV & AIDS (GIEPA) programme, which was supported by FAO, WFP, UNAIDS and UNDP from 2006 with the intention of strengthening the LENEPWHA, which was launched in May 2005 and has been supported by various partners. The support of the GIEPA project was mainly focused at the development of the national GIEPA action plan, strengthening advocacy and organisational development of LENEPWHA, and the promotion of improved livelihoods for PLWHA. It should however be noted that though the organisation was supported through the GIEPA project and other avenues, there are some organisational and capacity challenges within the network which hinder its progress and development for it to effectively carry out its mandate, hence the project will support the network to further strengthen its organisational structures and systems.

Furthermore, the National AIDS Strategic plan (NSP 2006-11) has just undergone a mid-term review and a draft is in circulation. This is a very important undertaking for the country as the challenges encountered with the NSP, were attributed mainly to very limited stakeholder consultation, validation and therefore very limited ownership. It should be noted that in order to have a supportive environment for all stakeholders to take part in the national response to HIV & AIDS in Lesotho, the validation and ownership of key documents and processes are critical. Through this project, some support will be provided to hold validation workshops especially at the community level, to ensure that the revised NSP and its implementation plans are widely acknowledged and accepted by the relevant stakeholders including government, civil society, private sector, development partners as well as community members or their representatives.

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The overall result will be to enhance the capacity of local communities to tackle challenges posed by HIV & AIDS in a manner that will acknowledge the various community structures, culture, behavioural practices and beliefs, as these will in turn lead to the development of appropriate programmes and processes to reduce new HIV infections, advocate for effective care and treatment; and implement home-grown solutions to mitigate the impact of the epidemic. A supportive environment will also be created for national institutions such as LENEPWHA to effectively contribute to the national response and coordinate the response among PLWHA in Lesotho.

In this context, the project will support activities in these areas as follows:

1. **Leadership and Capacity development through community conversations** to generate sustainable changes, especially in the prevention domain, from within the community and to increase the synergy and collective response to HIV & AIDS, as well as to create an enabling environment for infected and affected people at the community level. With greater understanding of the limitations of public health approaches to tackling the root cause of the spread of HIV, a grass root initiative in the form of community conversations has become a powerful tool to bringing community members to a roundtable to discuss the impact of HIV within their community and develop sustainable solutions. The Community Capacity Enhancement (CCE) initiative is one such program that attempts to unveil and respond to the root causes of HIV and AIDS related behaviours and practices through creating a platform for community discussions using a methodology known as Community Conversations (CC). If successfully facilitated, Community Conversations result in a series of decisions and agreements on ways to improve the livelihoods of community members; hence the development of skilled facilitators is critical for successful implementation. Through a well guided inclusive discussion, community members are encouraged to analyze and share the effects and impact of their individual behaviour on the community. The dialogues also aim to eliminate the stigma attached to HIV & AIDS so all parties can express their concerns and deliberate on ways to address the challenges that arise from the epidemic in their community.

Local communities are comprised of a diverse group of individuals living within close proximity, working under similar legislative, political social and economic structures and sharing similar values. While national responses aim to categorize community members through various characteristics to efficiently gear response to the needs of individual members, the Government faces a challenge in recognizing the ways in which structural differences such as culture, gender, age, and access to resources vary by individual needs. Community Conversations address this particular challenge through encouraging dialogue amongst community members in a non-discriminatory environment, to develop culturally sensitive and sustainable solutions to overcome the challenges posed by HIV & AIDS, mitigate its impact and ensure that community members are aware of HIV & AIDS programmes, and have access to prevention, treatment, care and support. As such, the proposed, CCE-CC methodology for this project has six core elements:

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- I. To generate capacity for a clear understanding of the complex nature of the HIV & AIDS epidemic at individual and collective levels;
  - II. To address denial, stigma and fears associated with HIV & AIDS;
  - III. To identify and address social and cultural dynamics negatively impacting the acceptability, accessibility, utilization, and effectiveness of HIV & AIDS related programmes and services;
  - IV. To ensure community participation in the development of decentralized HIV & AIDS action plans and their implementation;
  - V. To strengthen linkages between national, district and community level structures for a more effective service delivery model;
  - VI. To create an enabling environment for social cohesion in support of political, legal and ethical changes related to effective delivery of HIV & AIDS policies and services.

**2. Institutional strengthening of LENEPWHA** in order to build its capacity and enable it to assume its mandate and functions. Various partners have commissioned audits (financial- and skills-) within LENEPWHA, which are to be shared and possibly complemented by an organisation-wide capacity and institutional assessment and needs. Accordingly and depending on the outcomes of these reviews, the project will take further the recommendations of the reports and identify areas where support is crucial, in close collaboration with other partners, as this will enable LENEPWHA to act as an effective and efficient implementing partner for the CCE component of this project as well as better position it to access some key resources like the Global Fund resources.

**3. Strengthening the national policy and operational frameworks** to guide the implementation of the national multi-sectoral response through the validation and popularisation of the revised National HIV & AIDS Strategic Plan (NSP). This will assist stakeholders to formulate and implement innovative sectoral, institutional and community based plans that are aligned to the NSP in line with Results Based Management approaches, the Three Ones principle, greater involvement and empowerment of people living with HIV & AIDS (GIEPA), as well as community involvement methodologies and strategies .

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**I. RESULTS AND RESOURCES FRAMEWORK**

<b>EXPECTED OUTPUTS</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Output 1 Communities empowered to develop and manage HIV - related programmes (including prevention) and to effectively access and utilise institutions and systems; with increased ownership and participation in HIV related programmes.	53 000	50 000	60 000
Output 2: The Lesotho Network of people living with HIV & AIDS (LENEPWHA) is strengthened to effectively implement its mandate	37 000	25 000	12 000
Output 3: Policy and operational frameworks strengthened to guide implementation of a multi-sectoral national response to HIV & AIDS.	7 000	-	-
Programme Support	3 000	25 000	28 000
<b>TOTAL</b>	<b>100 000</b>	<b>100 000</b>	<b>100 000</b>



**II. ANNUAL WORK PLAN**

**Year: 2009**

EXPECTED OUTPUTS <i>And baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q1	Q2	Q3	Q4		Funding Source	Budget Description
Output 1 Communities empowered to develop and manage HIV - related programmes (including prevention) and to effectively access and utilise institutions and systems; with increased ownership and participation in HIV related programmes  <i>Baseline: Minimal participation of communities in project and programme design</i> 52 people trained in CCE-CC as facilitators and trainers in 2005  <i>Indicators: - CCE Trainers</i>	<ul style="list-style-type: none"> <li>1. Refresher training held for 10 Trainers on CCE methodology                             <ul style="list-style-type: none"> <li>- Refresher course for trainers</li> </ul> </li> <li>2. CCE-CC training manual translated                             <ul style="list-style-type: none"> <li>- Manual translation</li> <li>- Printing of translated manual</li> </ul> </li> <li>3. CCE Facilitators trained on CCE methodology                             <ul style="list-style-type: none"> <li>- Recruitment of 32 facilitators</li> <li>- CCE-CC training of facilitators</li> <li>- District Implementation Plans developed</li> </ul> </li> <li>4. Community Councillors and traditional leaders (special envoys) sensitised on the methodology                             <ul style="list-style-type: none"> <li>- Sensitisation workshop</li> </ul> </li> </ul>		x			UNDP	Training Consultants Travel	5 000
			x			UNDP CCE-CC Facilitators	Translation Consultants; Printing	5 000
			x		x	UNDP / CCE-CC Facilitators LENEPWAHA	Training Consultants Travel	8 000
					x	UNDP / CCE-CC Facilitators	Training Consultants Travel	5 000

<p>refreshed on methodology</p> <ul style="list-style-type: none"> <li>- Community Facilitators trained</li> <li>- Communities and develop and manage HIV related programmes</li> </ul>	<p>5. Community reflections and actions for sustainable change, with deeper understanding of factors influencing HIV&amp;AIDS and the underlying causes fuelling the epidemic in Lesotho addressed</p> <ul style="list-style-type: none"> <li>- Community Conversations held in 4 project sites through involvement of CBOs and CSOs</li> <li>- CCE-CC Facilitators awarded monthly stipends.</li> </ul>			<p>X</p> <p>x</p>	<p>CCE Facilitators</p>	<p>UNDP</p>		<p>5 000</p> <p>20 000</p>
<p>Output 2: The Lesotho Network of people living with HIV &amp; AIDS (LENEPWHA) is strengthened to effectively implement its mandate</p> <p>Baseline: LENEPWHA has organisational and management challenges</p> <p>Indicators: LENEPWHA and</p>	<p>1. Leadership capacities of organizations &amp; networks strengthened (inc. PLWHA &amp; Civil Society Organizations</p> <ul style="list-style-type: none"> <li>- Organisational Review and capacity assessment of LENEPWHA carried out.</li> <li>Organisational development aligned to review results and recommendations</li> <li>- Induction session for Board members</li> <li>- OD and advocacy training for national and district committees</li> <li>- Training on programme development held for CSO</li> </ul>		<p>x</p>	<p>X</p>	<p>UNDP UNAIDS LENEPWHA</p>	<p>UNDP</p>		<p>10 000</p> <p>5 000</p>

<i>functional</i>	2. Constitutional and structural processes streamlined - Extra - ordinary congress for all LENEPUHA members to agree on organisation restructuring processes held - Implementation of recommendations signed off by the AGM supported		x	x	UNDP	UNDP	Consultants Conference facilities	22 000
Output 3: Policy and operational frameworks strengthened to guide implementation of a multi-sectoral national response to HIV & AIDS  <i>Baseline: NSP under review</i> <i>Indicators: Revised NSP validated and adopted by stakeholders</i>	Revised NSP validated and approved by key stakeholders  - Validation meetings		x	x	UNDP / UNAIDS / NAC	UNDP	Meeting costs	7 000
Audit	Implementation Support Services			X	UNDP	UNDP		1,000 2 000
<b>TOTAL</b>								100 000