



TAKE CONTROL, KNOW THE FACTS

COMMIT TO ACTION IN THE RESPONSE TO HIV & AIDS

A Manual for the Public Service in Lesotho on HIV & AIDS



Compiled and Edited by:

Mr. Joe Feeney
Mr. John Viner
Ms. Nthathi Moorosi

Co-editors:

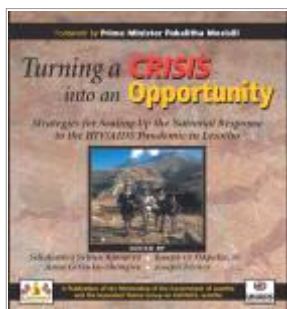
Ms. Lerato Ntsane
Ms. Mapitso Matsoha
Ms. Gwynneth Wong
Mr. Mojakisane Mathaha
Ms. Mamosa Moteetee

Design and layout :

Mr. John Viner

Acknowledgements

This is a manual produced by the Lesotho Institute of Public Administration and Management (LIPAM) and the United Nations Development Programme (UNDP) with financial support from the UK Department for International Development (DFID). It is a product of team-work by staff from LIPAM, Ministry of Public Service and UNDP in Lesotho as the organisations came together to support Government's efforts to scale up the national response to the HIV and AIDS pandemic in the country. The manual is based on the document: Turning a Crisis into an Opportunity; Strategies



for Scaling Up the National Response to the HIV & AIDS Pandemic in Lesotho, which was adopted by Government as an official working document for the country in response to the pandemic.

In preparing this manual, we would like to acknowledge the leadership of the Resident Coordinator of the UN System in Lesotho and the Resident Representative of UNDP, Ms. Hodan Haji-Mohamud, who, from the time of her arrival, has insisted that the UNDP Country Office continue to support the government's commitment to doing things in a new and innovative manner. Also the leadership of the Principal Secretary of the Ministry of Public Service, Mr. Semano Sekatle, must be acknowledged. He has been an inspiration to many of us in UNDP as we – in close cooperation with government partners – searched for new ways of doing things, encouraging innovation and dialogue across all sectors. This, of course, would not have been possible without the guidance and support of the Government Secretary, Mr. Tlohang Sekhamane who, since his appointment to this position, has put the fight against the pandemic at the centre of his work.

The support of the Director General of LIPAM, Prof. R.I.M. Moletsane who has been at the forefront of this exercise, assisted by Mrs. Mapiiso Matsoha, has been much appreciated. Within UNDP, special acknowledgements go to a team of dedicated professionals including Mr. John Viner and Ms. Nthathi Moorosi who compiled and edited this manual with assistance from Ms. Mandisa Mashologu, Ms. Gwynneth Wong, Mr. Mojakisane Mathaha, Ms. Mamosa Moteetee and Ms. Moroesi Putsoa. Mr. John Wayem and Mr. N.S. Bereng played a major role in the final editing of the manual.

Finally, as indicated above, this has been produced with financial assistance from DFID, which has been a close and trusted partner of UNDP in Lesotho. In particular, Diana Webster and James Atema, both based in Maseru, have assisted and encouraged open discussions and debate within the international community as we all strive to find solutions to this pandemic.

Joe Feeney
Policy Team Leader
UNDP Lesotho

Table of Contents

Acknowledgements	iii
Acronyms	v
Foreword.....	vi
Preface	vii
Overview of HIV & AIDS in Lesotho	1
Role of Government in Response to HIV & AIDS.....	24
Everyone is Affected.....	31
Living with HIV & AIDS	33
Nutrition and HIV	37
Glossary.....	41
Annex 1: VCT, STI and HIV & AIDS related facilities	42
Annex 2: MDGs for Lesotho.....	46

List of Facts Boxes, figures and tables

Being HIV positive is not a death sentence.....	2
How does HIV progress to AIDS	4
What are Antiretroviral Medicines? How do they counteract HIV?	9
Why is Antiretroviral (ART) important?	11
Know Your Status and 3 by 5 Initiative	15
The Church	19
Right to Treatment	21
Lesotho's Population May Fall to 1.4 million by 2050	30
Are you a teacher?	6
Are you an Agricultural worker?	8
Are you a Military Officer?.....	20
Are you a Police Officer?	25
Are you a Health Worker?.....	28
FIGURE 1: Breaking the vicious cycle of HIV & AIDS: Four domains of the national response	9
FIGURE 2: Sketch of Village	23
TABLE 1: Impact of HIV & AIDS on Supply and Demand in Education	13

A cronyms

AIDS	Acquired Immuno -Deficiency Syndrome
ARV	Anti-retroviral
ART	Anti-retroviral treatment
CD4	A type of T-cell (a white blood cell in the body's immune system)
DFID	Department for International Development (UK)
GDP	Gross Domestic Product
GIPA	Greater Involvement of People living with HIV and AIDS
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV	Human Immuno -Deficiency Virus
HTC	HIV Testing and Counselling
ICT	Information and Communications Technologies
LAPAM	Lesotho Association of Public Administrators and Managers
LAPCA	Lesotho AIDS Programme Coordinating Authority
LIPAM	Lesotho Institute of Public Administration and Management
MDGs	Millennium Development Goals
MTCT	Mother-To -Child Transmission
MTEF	Medium Term Expenditure Framework
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother -To -Child Transmission
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
SARS	Severe Acute Respiratory Syndrome
SIPAA	Support to International Partnership Against AIDS in Africa
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations International Children Fund
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing
WHO	World Health Programme

F oreword



The Ministry of the Public Service, Lesotho Institute of Public Administration and Management (LIPAM) and the United Nations Development Programme (UNDP) collaborated in the publication of this handbook. Through it, all public servants are called upon to take control and commit to action against HIV and AIDS. The Right Honourable the Prime Minister, Mr. Pakalitha Mosisili, challenged all Basotho to know their status when he launched the Know Your Status Campaign in March 2004 in Qacha's Nek. Many organizations in the public sector initiated and organized Know Your Status campaigns in their respective institutions country-wide. It is the responsibility of every public servant to ensure that government policies are not only supported but also implemented, particularly those pertaining to the HIV and AIDS crisis. Through this manual, each public servant is requested to transcend the ways in which the pandemic is ordinarily perceived, thought about and discussed.

The devastating effects of HIV and AIDS and other diseases are being felt in the country as a whole, and the workplace is no exception. With infection rates still on the increase, ministries are prepared to deal effectively with HIV and AIDS so as to maintain high productivity and service delivery levels whilst avoiding discrimination of those infected or affected.

As the second biggest employer in Lesotho, with nearly 35 000 public servants employed by 17 government ministries at central and district level, there is no doubt that the public service has a crucial role to play in mitigating the impact of HIV and AIDS as part of its overall focus on the health and well-being of its members. Large numbers of people are also dependants of public servants and as a result the fate of society as a whole is closely intertwined with the health and well being of public servants.

In recognition of the seriousness of the pandemic in the country, and in response to the Prime Minister's call that "...all major policies (such as) Vision 2020, the Poverty Reduction Strategy Paper...as well as the annual plans and budgets of every Government regarding the HIV and AIDS pandemic prioritize action to fight this scourge", the Public Service in conjunction with other development partners such as United Nations agencies, SIPAA, LAPCA and non-governmental organizations, is responsible for providing policy guidelines in the public sector on the management of HIV and AIDS in the workplace.

In conclusion, partnerships between government and the private sector have implemented policies and programmes that are aimed at combating the spread of the virus and mitigating the impact of the AIDS pandemic.

Mr. Ramonotsi Mokone E. Lehata
Minister to the Prime Minister

Preface



“Working together, we will turn back this pandemic”

As I take up my position as Resident Coordinator of the UN system in Lesotho and UNDP Resident Representative, I am reminded of hearing about how the Right Honourable The Prime Minister went to the District of Qacha’s Nek in March 2004 to publicly take an HIV test along with the Catholic Archbishop of Maseru, Honourable Ministers and hundreds of community members. This, more than anything else, indicates that the

leadership from the highest level of the Government, and people have created a new sense of urgency in efforts to scale up the national response to the HIV & AIDS crisis in the country. Since then thousands of people have indicated their willingness and desire to know their status as each and every Mosotho begins to take control of the virus and commences a process of managing the pandemic on an individual and community basis.

Under the leadership of the Ministry of Health and Social Welfare, and supported by WHO, considerable progress has taken place in terms of ensuring that people take part in the Know Your Status Campaign as a crucial element of the new 3 by 5 Initiative of the Government of Lesotho. This campaign commits governments around the world to assist with the provision of Anti Retroviral Therapy (ART) to three million people by the end of 2005. Lesotho is obviously a key part of this campaign and is committed to providing 28,000 people with ART by the end of 2005. This is about putting the message of hope into action; it is a message that HIV is not a death sentence but a disease that can be managed, enabling those with the virus to live long and productive lives. However, as we now have only less than nine months left, we must double our efforts to make sure that we succeed in achieving this target.

During the Government of Lesotho/UNDP National Symposium on Leadership for Results in November 2004, the Right Honourable The Prime Minister stated that business as usual is no longer an option. He said we need to change the way we address some of the deep development challenges we are facing in this country. Indeed, the UNDP Assistant Administrator and Director of the Africa Bureau, Mr. Abdoulie Janneh, said recently at a meeting in Johannesburg that the HIV and AIDS crisis is primarily a governance challenge that forces us all to examine how the structures of the public service and governance capability in general are positioned to address these challenges.

As Resident Coordinator of the UN System, I pledge to ensure that all UN agencies continue to strengthen their efforts to work in collaboration and in partnership with the Government and people of Lesotho – to deliver on the objectives of the 3 by 5 Initiative as part of its support to the implementation of Scaling Up the National Response to the Pandemic.

Ms. Hodan Haji-Mohamud
Resident Coordinator of UN System in Lesotho and UNDP Resident Representative



“The time is now for the implementation of the Scaling Up Document”

On the 5th March 2004, the Right Honourable The Prime Minister, Pakalitha Mosisili, launched the “Turning a Crisis into an Opportunity”; at the Convention Centre in Maseru. It is now the time for implementation of the Scaling Up Strategies across the country and public servants have a key role in this.

LIPAM is not going to operate in isolation of other stakeholders. Our mandate is to build the capacity of the 35,000 Public Sector employees in different areas of development. In this context, LIPAM has reviewed its prospectus to meet the different needs of its clientele and this new programme will be implemented during 2005.

The “3 by 5 Initiative”: LIPAM will work in collaboration with the Directorate of HIV & AIDS in the Ministry of Health, the Ministry of Local Government and the Lesotho Association of Public Administrators and Managers (LAPAM), LAPCA, Private Sector and International Partners to promote training, research, litigation and advocacy, based on the 3 by 5 Initiative and all its related matters.

We at LIPAM have developed a best practice model on Home Based Care. This programme has been packaged in such a manner that it will meet the needs of a systems approach, as it looks into the issues of ethics, the rights of the patient as stipulated by the World Medical Association, infection control in a home, dietary guidelines and the Greater Involvement of People living with HIV & AIDS (GIPA). This model will also give support to the six adherence programmes which are now underway, namely Makoanyane, Queen Elizabeth II Hospital, Motebang Hospital, Mafeteng Government Hospital, Nts'ekhe hospital and the well known Senkatana Centre.

LIPAM will also promote, through training, voluntary HIV & AIDS testing and counselling as it is a cornerstone of all the programmes that address this pandemic. In-as-much as poverty and unemployment have become major enemies against the developmental growth and prosperity of Africa, the HIV & AIDS pandemic has also taken its toll with a heavy negative impact on human resources across the continent.

It is this scale and magnitude of the challenge which warrants people at all levels and within every institution or organization to take responsibility and commit to action to stop HIV & AIDS.

Finally, I would like to thank UNDP and the other international partners for their continued support of the work of LIPAM.

Prof. R.I.M. Moletsane
Director General - LIPAM

Overview of HIV & AIDS in Lesotho



Each and every public servant has an obligation to ensure that they inform themselves about HIV and AIDS and play a role in the national response to the pandemic. This manual provides some useful information for all government employees and, when read along with the national strategy, should provide a road map for all sectors to determine how they can effectively respond to this crisis. In addition to Public Servants, this manual is for all teachers as we recognise their important role in scaling up the response to HIV & AIDS and their relationship to Government structures.

Know the Facts

One cannot escape the fact that the HIV & AIDS pandemic in Lesotho has reached crisis proportions. Currently, approximately one in three Basotho adults are infected with the virus. This translates into approximately 320,000 people now living with the pandemic and about 70 people dying each day of AIDS-related illnesses (or one death every 20 minutes). Despite considerable efforts by government and civil society organisations, supported by the international community, it is now becoming increasingly clear that with the high HIV & AIDS prevalence rates, combined with chronic poverty and structural food insecurity (heightened by adverse weather conditions in 2003/04 that resulted in some 900,000 people needing food assistance) there will be an even greater loss for the country and its people.

Furthermore, it is estimated that of those infected by HIV & AIDS, at least 60% are part of the workforce: they are farmers, engineers, teachers, nurses and other public servants. But they are also husbands and wives, sons and daughters, parents, custodians of society's norms and values, role models and valuable members of their communities. Already, one in ten children between 0-14 years old has lost one or both parents due to HIV & AIDS and the total number of orphans, estimated at present to be one hundred thousand, is expected to rise significantly.

TAKE CONTROL, KNOW THE FACTS

Being HIV Positive is Not an Automatic Death Sentence

Many people think being HIV positive means you have AIDS, but **HIV infection and AIDS are not the same.**

- HIV is the Human Immuno-Deficiency Virus

HIV is transmitted through blood, semen and vaginal fluids. Once in the body, the virus uses CD4 cells in the immune system to replicate itself, and in the process destroys these cells. These CD4 cells are vital as they coordinate the body's immune system, protecting us from illness. As the amount of HIV in the body increases, the number of CD4 cells decreases, weakening the immune system even further.

- AIDS is the Acquired Immune Deficiency Syndrome

AIDS is the collection of diseases that are 'acquired' from HIV once the immune system is no longer able to protect the body from illness. As HIV weakens the immune system, a person with HIV develops a number of diseases that the body would normally be able to fight off. These are known as Opportunistic Infections (OIs). When a person's immune system has deteriorated so that he or she starts becoming ill with life-threatening and often unusual illnesses, he or she is said to have AIDS.

Impact on Socio-Economic Development

One of the most frightening indicators of the effects of HIV & AIDS on Lesotho is the rapid decline in life expectancy. Before the onset of HIV & AIDS, average life expectancy was expected to increase to 60 years in 2003; it has now fallen to around 40 years. The pandemic also has significant implications for the prospect of economic growth. A recent World Bank report estimates that HIV & AIDS will reduce Gross Domestic Product (GDP) in Lesotho by almost a third by the year 2015 unless successful action is taken to reverse the spread of the pandemic. With HIV & AIDS deepening poverty, eroding public sector capacity to deliver public services and undermining people's quality of life, the outlook for human development is a great cause for concern.

There is Hope

Experience elsewhere, perhaps most notably in Uganda where the HIV prevalence rate fell from 21% in 1991 to less than 10% in 1998, and stands at about 6% today, categorically demonstrates that it is possible to turn the pandemic around. Infection rates can be curtailed. Those who are

already infected can be helped to live longer and better quality lives. Some of the negative implications of the pandemic can be prevented, if certain actions are taken immediately and it is the responsibility of all public servants to take the lead in this. Other negative impacts can be minimised if the right support mechanisms are put in place and existing structures made more responsive, flexible and accountable. Already the government has put in place mechanisms to scale up the national response to the pandemic under the leadership of the Ministry of Health and Social Welfare including the establishment of the Directorate of STI/HIV/AIDS.

Turning The Crisis Into An Opportunity: Some Catalytic Actions

With an infection rate of around one third of the adult population and likely to rise, compounded by the current food crisis and structural poverty, it is very likely that without drastic intervention, most of those in Lesotho currently living with the disease will die between the next five to ten years. Lesotho can prevent possible annihilation and turn the crisis into an historic opportunity to catapult itself from the shackles of poverty and under-development to prosperity. This can be achieved through taking the following decisions and actions:

- Make every Mosotho HIV & AIDS Competent.
- Stop the pandemic from spreading to the 70% or so of the population not yet infected.
- Help those already infected to live longer and better quality lives. (See section on Living with HIV & AIDS, p 33)
- Ensure that every key stakeholder - hereinafter also referred to as "duty bearer" - take s immediate steps to core stream HIV & AIDS into all their policies, for example - Vision 2020, PRSP, MDGs, sector and other policies, plans, budgets and actions/implementation plans. These duty bearers include the Government (the Executive, the Legislature, the Judiciary, the Civil Service), civil society (the Church, traditional leaders, healers and initiation school owners and principals, as well as People Living with HIV & AIDS), conventional Mass Media channels, and the private sector.
- Make a commitment to e-governance as a core strategy not only for enabling Government to deliver on its development commitments, in spite of the rapidly depleting number of civil servants and other producers, but also as a classic opportunity for attaining a competitive edge in a highly globalised, electronic world.

Essentially the message to all Basotho is that an HIV & AIDS competent society can only come about when every one knows his/her HIV status and understands that he/she has a role to play in the response to the pandemic. People need to take control on a personal level first, after which they can examine what can be done at the family and then the community levels. As the Prime Minister said at the launch of the Know Your Status Campaign in 2004: it is the right of all Basotho to know their HIV status, so that if they are HIV positive they can take action to ensure they live long and productive lives and if they are HIV negative they should take action to ensure that they remain negative.

What is HIV & AIDS Competence in Lesotho?

HIV & AIDS Competence means that we – as people in families, communities, in organisations and in policy making – acknowledge the reality of HIV & AIDS, act from strength to build our capacity to respond, reduce vulnerability and risks, learn and share with others, and live out our full potential as human beings. Key to this is for all Basotho to know their HIV status with the clear understanding that HIV is not a death sentence but a disease which can be managed to enable people to live long and productive lives.

TAKE CONTROL, KNOW THE FACTS

How Does HIV Progress to AIDS?

HIV progresses to AIDS in a gradual process that moves through various phases. The World Health Organization (WHO) divides HIV infection into four stages. These divisions should be seen as a guide only.

<u>Stage</u>	<u>What's happening in the body</u>
Stage I:	HIV enters the body, duplicating itself rapidly in the CD4 cells. At this stage, there are few or no signs that a person is infected. Swollen lymph glands are common, but are not usually a cause for alarm.
Stage II:	This stage is typically characterised by minor skin problems, head or chest colds and weight loss. Herpes zoster (also known as shingles) often occurs during this stage.
Stage III:	During this period, the amount of HIV in the body, or the viral load, is increasing. In the process, it is destroying more and more CD4 cells. More serious problems begin to occur, such as profound weight loss, chronic diarrhoea, fever, oral thrush (a fungus in the mouth), vaginal thrush, pneumonia (lung infection) and TB.
Stage IV:	Very serious diseases, some of which are seldom found in HIV-negative people, occur. These include a kind of lung infection called pneumocystis carinii pneumonia, oesophageal thrush (a fungal infection in the throat), infections of the brain such as toxoplasmosis and cryptococcal meningitis, severe diarrhoea, profound weight loss and cancers such as Kaposi's sarcoma.

What are the Basic Premises of the HIV & AIDS Competence Process?

- Effective responses are grounded in the strengths of communities and in their collaboration with service providers and policy makers.
- Communities, organisations and people influencing policy can continuously develop human capacity to achieve HIV & AIDS Competence.
- We can use our own knowledge and experience and adapt that of others so that everyone becomes more competent to deal with HIV & AIDS. Everyone has something to share. Everyone has something to learn.
- Large scale knowledge creation and sharing requires facilitative leadership that values other peoples' strengths, listening and learning.

An HIV & AIDS-Competent Society requires that each and every citizen should:

- Know what HIV is and how it evolves to become AIDS;
- Know how HIV can be prevented;
- Know how HIV can be managed through testing, treatment and care;
- Know what to do if a loved one is infected;
- Know that HIV & AIDS is not an automatic death sentence;
- Know how one can live a long and productive life, if one looks after oneself.

Why Strive for HIV & AIDS Competence?

For a country like Lesotho, with a high national infection rate of 29%, it is both logistically impossible and financially unaffordable to target only those who are infected, with either information for awareness-raising or with such services as treatment, care and support. On the other hand, we know from the experiences of the mid-1980s to the early 1990s, during the campaign for universal child immunisation, that it is infinitely more practical – and one is likely to get good value for money – if one focuses national efforts for community mobilisation and service delivery on reaching at least 90 per cent of the population. That way, one not only creates demand for the services on hand, such as voluntary counselling, testing, treatment, care and support, but the demand is also most likely to be self-sustaining as more and more people who were once visibly weakened by AIDS begin to improve and start to live longer and better lives. They will undoubtedly serve as living testimony not only that the pandemic does exist, but also that if people come forward, it will be beneficial to them.

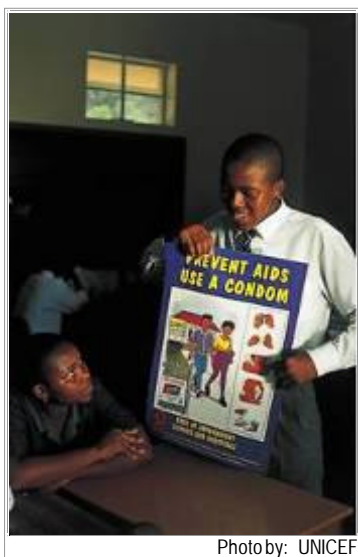


Photo by: UNICEF

How Does a Country Attain HIV & AIDS Competence?

How does a country make sure its citizens are HIV & AIDS competent? Simply, by each and every major stakeholder and its institutions – the Government, civil society (the Church, traditional leaders, traditional healers, People Living With HIV & AIDS, women's and youth organisations, and more), schools and universities, the business sector, the media – committing to striving for an HIV & AIDS-competent society as their priority agenda for action. As a next practical step, it means that with immediate effect, every effort must be made by all key

stakeholders to develop, publish and ensure wide dissemination of appropriate learning and teaching materials, especially in Sesotho, containing the information required for different target groups.

YOUR ROLE AS A PUBLIC SERVANT

Are you a teacher?

Teachers are crucial in every child's development. With the HIV & AIDS pandemic, you need to be careful so that you can continue to play your role in shaping the lives of our young people.

Your life

- Get tested to know your HIV & AIDS status, then look after yourself appropriately
- Encourage your partner and members of your family to test for HIV

Your role

- You are an advocate for raising HIV & AIDS awareness in children. Speak openly about sexual behaviour with students and help them to learn. Ensure you incorporate the issue of HIV & AIDS in the curriculum.
- Discuss issues of HIV and AIDS with your colleagues.
- Many young people are sexually active and it is your role to encourage them to abstain or use condoms to protect themselves from infection.
- More and more children who are in schools are infected with, or affected by, HIV – be understanding and provide necessary support.
- Work with your community to ensure that a Child Support Plan exists in the villages surrounding your school (see map on p23)
 - Do you know where the vulnerable children are?
 - What arrangements are in place to support and protect them?
 - Does your school provide food rations to orphans on non-school days? If not, talk to the Ministry of Education & Training about addressing this.

Your role as a community leader

As a teacher you are an important leader in the community. This means that you have an obligation to make sure that people in the community whom you serve understand the major issues facing them – therefore you need to be HIV & AIDS aware and educate young and old people about how important it is for them to know their status, take care of themselves, and to either abstain or practise safe sex.

Remember, people in the community look up to you. You have the responsibility to support those who are orphaned and vulnerable in the society.

It means that every Government Ministry has to immediately draw up and implement a plan for the leadership and workers at their places of work, thereby equipping themselves with the knowledge and skills to make the people they serve HIV & AIDS competent. It is especially important to focus on those who will become future policy makers and supporters in the public service to ensure institutional sustainability of HIV competence, while targeting those who are presently in those positions. Likewise, the Church, traditional leaders, other organs of civil society, schools and universities, the media, as well as business, have to immediately draw up and implement appropriate teaching and learning programmes in order to ensure that their leaders and workers become HIV & AIDS competent as a matter of urgency. The leaders will then be able to go out and ensure that all citizens – worshipers, consumers, farmers, herd boys, the youth, women, teachers and their pupils/students, those using health facilities, ordinary villagers and urban dwellers going about their business, subjects, and society-at-large – will be given the required knowledge and skills to become HIV & AIDS competent.

What is the Role of the Individual?

At the individual level, an HIV & AIDS-competent society also means that every Mosotho should know what his or her rights and responsibilities are, and act accordingly. This means that every individual is not only able to lay claims on society to have his/her rights respected in the context of this emergency, but also accepts that he/she has a duty to contribute to the fight against HIV & AIDS and the devastation and tragedy it causes. What these duties entail depends on the social position of each individual and the nature of their relationships. Parents have a duty to protect and support children, whilst children have a duty to respect their parents and be mindful of other children. Doctors and health workers have a duty to provide quality care to patients, regardless of their health status or the cause of their ill health, and to treat all patients with respect, whilst patients have a duty to adhere to the treatment offered. Civil servants have a duty to provide government services to all Basotho in a way that respects their dignity and promotes their human rights, whilst users of these services have a duty to utilise them without damaging them and, where possible, contribute to the upkeep of these services. Leaders have a duty to lead their constituents to become HIV & AIDS competent, whilst constituents have the duty to learn and become HIV & AIDS competent.

However, there is a gap between the announcement of a strategic plan to address the pandemic and achieving results: this is the delivery gap. It is not only in relation to the fight against HIV & AIDS, but also in regard to other public sector priorities. This is something that needs to be addressed from the outset.

In order to bridge the delivery gaps, which are so obvious from the manner in which the HIV & AIDS crisis has been addressed, we need to take a good hard look at the way our Public Service is managed. Turning the crisis into an opportunity demands a totally new look at the way the Public Service operates in this country, starting with an undertaking that Public Servants commit themselves to refraining from saying, *We Have No Capacity*, and adopting a can-do approach to dealing with problems. The Poverty Reduction Strategy Paper (PRSP) and Vision 2020 represent key opportunities for the Public Service to determine how it will change the way it does business. These, combined with the commitment to fight HIV & AIDS, represent a commitment by Government to a new Lesotho. However, these can only be implemented in an environment where there is a real commitment to transformation and to developing accountability at a personal and institutional level.

YOUR ROLE AS A PUBLIC SERVANT

Are you an Agricultural worker?

- q More than 80% of Basotho are involved in agricultural production, primarily in rural areas where HIV awareness and general education levels are low.
- q Like migratory labourers, rural farmers often visit local towns for social and business purposes.

Your Life

- q In the absence of a cure or vaccine for HIV or AIDS, preventing transmission of the virus is the only way of stopping its spread.
- q Do you know your status? As a community leader, lead by example – undertake VCT.
 - Ø If you are negative, what are you doing to keep it that way?
 - Ø If positive, you need to take action to ensure you live a long and healthy life.
 - w Anybody with basic training can administer a rapid HIV test – the Ministry of Trade & Industry, Cooperatives & Marketing recently did it using its own staff and 70% of the personnel took the HIV test.

Your Colleagues and Community

Because of geographic isolation and poor transportation infrastructure, farmers are among the most difficult group to target with behaviour change information.

- q Are you gathering material to learn more about HIV & AIDS?
- q What are you doing to look after your family, community and colleagues?
 - Ø Have you talked to them about AIDS?
 - Ø Have you told them AIDS is not a death sentence?
- q Be an active community member:
 - Ø Do you know where the health centres and community health workers are in your community?
 - Ø Do you know how to provide VCT facilities? Can you provide them?
 - Ø Reach out to farmers by producing and distributing HIV & AIDS education materials and condoms specifically for farmers
 - Ø Use the area map for the community you are serving to initiate child-support services especially for children affected by HIV & AIDS.
 - Ø Do you have up-to-date information on nutrition and living with HIV? How do you ensure that farmers in your areas have access to this?

Mobilising for HIV & AIDS-Competent Society: The Roles of Various Key Duty Bearers

Lesotho has a wealth of organisational capabilities, experiences and insights that can be harnessed to rapidly achieve an HIV & AIDS-competent society. The secret lies in each duty bearer recognising that effectively fighting the pandemic requires that each and every one of them take responsibility for taking action – within the context of their respective policy and operational mandates – to address the four domains of the national response to the pandemic. These are: Prevention; Treatment, Care and Support; Impact Mitigation; and, Addressing Relevant Systemic Development Factors, such as food insecurity, structural poverty and inequality, in

order to reduce risk and vulnerability to HIV infection, thereby also strengthening the coping capabilities of individuals, households and communities.

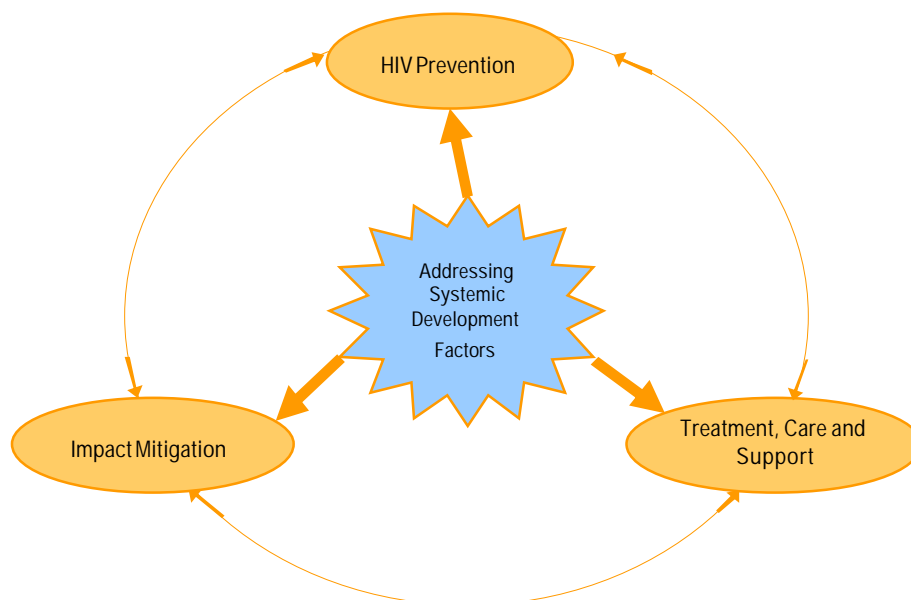


Figure1: Breaking the vicious cycle of HIV & AIDS: Four domains of the national response

TAKE CONTROL, KNOW THE FACTS

What are Antiretroviral Medicines? How do they counteract HIV?

Antiretroviral medicines suppress the replication of HIV by blocking the enzymes HIV uses to replicate itself. This allows the immune system to regain its strength and combat opportunistic infections.

Antiretroviral treatment (ART) prolongs and improves the quality of life of a person with HIV. It is not a cure for HIV. ART must be taken for life. Once you start taking ART, you should not stop unless indicated by a doctor, who may need to prescribe a different set of antiretroviral medicines for you.

The decision to start ART is usually guided by the CD4 cell count test (which indicates the strength of the immune system) and the viral loads test (which indicates the amount of HIV in the body). A health worker will take a blood sample, and send it to a laboratory for testing.

As the amount of HIV in the blood increases (viral load), the virus destroys more CD4 cells and the number of CD4 cells decreases. ART prevents the virus from multiplying, thereby decreasing the amount of the virus in the blood. This allows the CD4 cells to increase and the body's immune system to recover. The CD4 test and the viral load test not only determine when treatment should begin, but also monitor how it is working.

Responding to HIV & AIDS in Every Sector

In many countries of the world, conventional responses to the HIV & AIDS pandemic have been incremental and piece-meal, as an “add on” to a sector’s core mandate. This approach has worked in countries where public sector systems function relatively well through, for example, decentralised systems of service delivery such as in Uganda. This makes it possible to handle the additional challenges of addressing HIV & AIDS by merely adding on some modest resources.

However, for countries such as Lesotho, where the infection rate is already at the 29% mark, the expected impacts on development as a result of increasing illness and death are likely to be so far-reaching as to affect the entire system of governance and society. Hence the critical need for the national response to be systemic rather than fragmented and additional. Public servants have a key role in this regard.

An effective response by Government and other institutions such as Parliament and the Private Sector and Civil Society, therefore, will require a comprehensive understanding of the underlying vulnerabilities to HIV in relation to development, as well as an understanding of the impact of AIDS on the entire society, and its corresponding implications.

We have chosen in this manual to use “core streaming”, rather than the more commonly used term “main streaming”, to emphasize that HIV & AIDS should be placed at the centre, core, of all plans within a given institution – rather than simply featuring as a major component of programming. It must not be seen as an ancillary activity, but be given the same prominence as core institutional goals and activities. This applies not only to Government ministries, but also to the government system as a whole, which indicates the need for decentralised action within a national framework of cooperation and coordination.

The concept of core streaming is, therefore, a systems approach and is crucial in moving towards the achievement of an HIV & AIDS competent society. In essence, what is needed is the core streaming of HIV & AIDS into all government policies, plans and programmes; in other words, putting HIV & AIDS at the centre of all plans and activities aimed at facilitating development. HIV & AIDS need to be at the centre of Vision 2020, the Poverty Reduction Strategy (PRS) and all individual sector plans and budgets. It also needs to be a core element of plans and strategies to meet the Millennium Development Goals (MDGs), including those that are concerned with public sector reform.

TAKE CONTROL, KNOW THE FACTS

Why is Antiretroviral Therapy (ART) Important?

1. ART prolongs lives, making HIV & AIDS a manageable chronic disease – not a death sentence.
2. ART can reduce overall health care costs and restore quality of life by strengthening the immune system to fight infections.
3. ART can help people get back to work and remain productive members of the community.
4. ART helps to calm fears and change attitudes towards HIV.
5. As part of a prevention plan it can significantly reduce HIV transmission after accidental exposure.

Note: You don't need to take ART immediately on testing positive. Many people can live productive lives without ART for years. But you must manage your life: rest; eat a balanced diet; avoid stress; exercise regularly; avoid alcohol and smoking.

Systemic Impact on the Agricultural Sector

HIV & AIDS increases the demand for food assistance, as an increasing number of people and households affected by HIV & AIDS will be unable to provide for themselves. This became particularly apparent during the food crisis in 2004. Also, people living with HIV & AIDS have specific nutritional needs (see section on Nutrition and HIV on page 37) to ensure that they do not fall ill or succumb to certain infections. At the same time, supply will be negatively affected, because households affected by HIV & AIDS are likely to see their agricultural output reduced owing to ill-health and death. Furthermore HIV & AIDS-related illnesses and death among agriculture extension workers will reduce the availability and quality of agricultural services.



Fields near the village of Semenkong.

Photo by: John Viner/UNDP

Systemic Impact on the Health Sector

Undoubtedly, HIV & AIDS is increasing demand on the health sector for adequate health care. This growing demand in terms of both the quantity and quality of health care for HIV & AIDS-related illnesses is likely to negatively affect the provision of treatment for other diseases or injuries. Amongst others, these trends will undermine the prospect of reducing maternal mortality by three-quarters by the year 2015, as articulated in one of the MDGs.



HIV & AIDS affects both supply and demand within the health sector.

Systemic Impact on the Education Sector

HIV & AIDS affects both demand for and supply of Education (see Table 1, page 13). In this case, demand for education may actually decrease, as an increasing number of children and orphans can no longer afford to have school fees paid or "lose" productive time in the fields by attending school. With a significant number of teachers and education officials infected with HIV as evidenced by the sectoral impact assessment, the quantity and quality of services provided will be negatively affected. It is unlikely that the MDG of achieving universal primary education by the year 2007 will be realised. Moreover, it also raises questions about the human development of youth who have finished school, and about their future work prospects.



Teachers have a major role to play in ensuring children understand the pandemic.

Impact of HIV & AIDS on Supply and Demand in Education		
	Impact of HIV & AIDS on Education	HIV Competent Education System
SUPPLY	<p>Increased absenteeism of civil servants within the Ministry of Education.</p> <p>Increased absenteeism of teachers and lecturers.</p> <p>Increased death of civil servants between 25-49 yrs.</p> <p>Increased death of teachers and lecturers, 25 -49 yrs.</p> <p>Reduced productivity of staff members who are well.</p> <p>Reduced coverage of teaching and related activities.</p> <p>Increased teacher/student ratio.</p> <p>Reduced quality of education.</p>	<p>Treatment and care of teachers and civil servants to prolong a healthy and productive life.</p> <p>Interim recruitment of retired teachers.</p> <p>Shortened teacher training.</p> <p>New HIV & AIDS Competence curriculum.</p> <p>Review of labour intensive approaches to teaching.</p> <p>Extensive use of technology to maximise teaching with reduced capacity (e -Education).</p> <p>Review of roles and responsibilities in the sector to reflect new realities.</p> <p>Prioritising HIV prevention and wellness in the sector.</p>
DEMAND	<p>Dramatic increase in Orphans and Vulnerable Children (OVC).</p> <p>OVC likely to drop out due to lack of resources.</p> <p>OVC require additional support from school for parental support, and basic needs.</p> <p>OVC require additional skills to cope with new challenges, e.g. as heads of households.</p> <p>Increased absenteeism of learners.</p> <p>Loss of learners due to AIDS.</p>	<p>OVC policy implemented offering free education, food, clothing and books.</p> <p>School and community parenting support to OVC and families caring for OVCs .</p> <p>Review of school system to ensure maximum support to OVC.</p> <p>Change curriculum to ensure HIV & AIDS competence.</p> <p>Treatment and Care for learners.</p> <p>Aggressive prevention and awareness of HTC, ARV campaigns in schools involving communities.</p>
<p>Note: "Supply" refers to the labour or human resource capacity of the education sector, both within the civil service and in schools, to deliver on its core mandate. "Demand" refers to the pattern and size of the core mandate or services of the education system.</p>		

Table 1: Impact of HIV & AIDS on Supply and Demand in Education

Local Government as an Agent of Change

The strengthening of systems of local governance – now that the local government elections have taken place and the functions of basic service delivery are being decentralised – will have a pivotal contribution to make in enhancing the effectiveness of the fight against HIV & AIDS. As the structure that represents Government at the local level, it is the ideal vehicle to facilitate community mobilisation, district planning and the delivery of social services in communities. In addition, it will be responsible for financial management (including revenue generation and collection), the formulation of by-laws and local level legislation, as well as law enforcement.

It is for this reason that in establishing Local Government, due attention needs to be given to how HIV & AIDS changes the patterns in demand for local services and reduces household incomes,

and thereby the ability of the people to pay for services and to contribute to local taxes. HIV & AIDS will also change the demographic profile of communities, with a disproportionate number of children, youth and the elderly. This means, among other things, that the demand for services will change. At the same time, the ability of Local Government to fulfil its responsibilities will be negatively affected by HIV & AIDS-related illness and death among officials and counsellors. As a result, the capacity of Local Government institutions to facilitate local development and deliver community-level services may be significantly reduced. HIV & AIDS can also result in the ineffective representation of the community at national level. All of these impacts will have to be monitored and appropriate corrective measures put in place to mitigate the situation.

Need for Transformational Change

Over the years, many factors have contributed to inefficiencies in the civil service, resulting in low delivery over time and thus the creation of the "lack of capacity" myth. One of the problems may be that the issue of capacity is so often seen from the perspective of capacity building rather than capacity management and utilisation. Experience indicates that instead of focusing on capacity building, enhanced performance can be best achieved and maintained if one focuses not only on the knowledge and skills required for the job, but also on behaviour and attitudes.

This combination of knowledge, skill, behaviour and attitudes determines whether or not one handles situations appropriately and professionally as much in the workplace as at a personal level. Of greater importance, these determine whether one is able to move towards achieving goals and objectives laid out by the institution one belongs to, and whether one can bridge that delivery gap, which we all know exists within the public service and other sectors. A competency framework must, therefore, be at the centre of the management framework so that one can move from a focus on skills and gaining knowledge to building competencies and seeking to develop centres of excellence, beginning with the public service.

Transformational change is about centres of excellence. It is about building a situation where people are able to understand their role not just as health workers or teachers or accountants or engineers from the professional sense, but also from the point of view of their contribution to achieving broader, societal/organisational objectives by starting with themselves. Aiming for a centre of excellence is a decision that can only be made by the Basotho and our Government, driven by the clear knowledge that the capacity to achieve this is within the country. The centre of excellence is not about improving the skills and knowledge of personnel; rather, it is a commitment to the development of a new institutional culture of teamwork, sharing and learning, communication, relationship building, and a commitment to the core values of the new political dispensation of democratic pluralism, where people generally, and civil servants in particular, are judged not by their political affiliations but by their delivery of results, based on established goals and objectives as set out in respective strategic plans.

TAKE CONTROL, KNOW THE FACTS

Know Your Status and the 3 by 5 Initiative

While currently people with HIV cannot be cured, we do know that HIV is not a death sentence but a disease which can be controlled and treated. Today there are people throughout the world who have lived productive lives with HIV for over twenty years. We know that key to living positively with HIV is knowing one's status and making the necessary lifestyle changes to manage the disease. It is in this context that the UN System in Lesotho, led by the World Health Organisation, is working closely with the Ministry of Health and Social Welfare to deliver on the international commitment of reaching the ultimate goal of universal access to antiretroviral therapy for those in need of care. The initial phase of this is the world wide 3 by 5 Initiative which envisages three million people receiving antiretroviral therapy (ART) by the year 2005. Under this plan, Lesotho should provide over 28,000 people with ART by the end of 2005. On this basis, we need to enable approximately 600,000 people (15 - 49 year olds) to know their status in Lesotho, from whom 180,000 (30%) will probably test positive with some 27,000 (15%) of them requiring immediate access to ART.

The 3 by 5 Initiative presents an enormous challenge to the Government and people of Lesotho. Key to the success is determining who needs to have access to ART, as not everyone with HIV requires immediate access to the therapy. In fact, international experience suggests that less than 15% of those who test positive need immediate access to ART while others can effectively manage the disease by taking simple precautions. These include: avoiding re-infection; exercising on a regular basis; reducing – or better still avoiding – alcohol and smoking; following a balanced and healthy diet; and ensuring regular medical check-ups.

The role of the media – including newspapers, TV, radio and others – is crucial in continuing to create awareness on the importance of people knowing their status as part of the national response to the HIV & AIDS pandemic in Lesotho. The Public Service and many institutions have already facilitated access to testing facilities on a voluntary and confidential basis. In 2004, the textile sector, under the leadership of the Ministry of Trade, Industry, Marketing and Cooperatives, commenced a campaign for factory employees to know their HIV status. This is now led by the Ministry of Labour and Employment.

These, and related activities, reflect a ground-breaking change across all sectors of Basotho society in scaling up the national response to the HIV & AIDS crisis. The media will, naturally, be the standard bearer in rallying all Basotho – men, women and children – behind the Know Your Status Campaign so that this nation can turn the tide on the pandemic and all its citizens can live full and productive lives.

Implications for the Public Service

There is an urgent need to improve public sector performance to adequately respond to the HIV & AIDS pandemic. Almost paradoxically, recognition of the impact of HIV & AIDS on the public service and the nation as a whole is a prerequisite for improved public sector performance. Thus, it needs to be recognised that HIV & AIDS leads to a loss of employees, skills and organisational

memory in the public sector, which will result in poor delivery of services. These internal aspects of the impact of HIV & AIDS on the organisation also require the adoption of an 'HIV & AIDS in the Workplace' programme for the entire civil service that will protect the rights of employees infected and affected by HIV & AIDS.

Information and Communications Technologies as Dynamic Tools for Lesotho's Accelerated Development

It is now a well-known fact that the information revolution has not only changed the world, as we know it, but also its future potential. Information and Communications Technologies (ICTs), with their major technological leaps, have affected the lives and lifestyles of people across the globe, as well as the way in which institutions and organisations do business. In their wake, jobs have been created, businesses expanded, and life for many people has improved. However, not all outcomes of the spread of information technologies have been positive. A majority of the world's population, especially those who live in poverty, have been largely bypassed by this revolution. Least Developed Countries, especially their rural societies, and in particular, in Africa, are in danger of falling further behind in this Information Age. The gap between them and the rest of the world has expanded precisely as a result of the facilitating capacity of these technologies for those who have access to them.

However, it is possible to satisfactorily complement a small team of nurses through tele-medicine, or ensure that school children/students receive good quality standard of education through electronic means, such as radio, TV and the Internet, as an alternative means of teaching and learning. By the same token, new recruits for the teaching profession can also be trained largely through distance education while they work to help supervise students as they learn electronically. This can be supplementary, or coupled with face-to-face teacher training courses during school holidays. As the UN Secretary-General, Mr. Kofi Annan said in his address at the Opening of the Third Meeting of the United Nations Information and Communications Technologies Task Force, "...There is a vast potential for investment growth in the developing countries. Information and communication technologies (ICT) can help us turn this potential into concrete opportunities that will help the poor work their way out of poverty while, at the same time, benefiting the world community as a whole."

In short, Lesotho can turn the HIV & AIDS crisis into an opportunity for development and prosperity. However, this will only be possible if it is fully recognised that 'business as usual' is no longer an option for this country with its high infection rates, which are still rising. What is required are extraordinary measures at all levels, from the Government down to ordinary people, communities and organisations. As the Prime Minister says, all that is needed is for each and every one of us to play his or her part.



Police officers participating in International Women's Day in Maseru, 2005.

Photo by: John Viner/UNDP

Your role in creating an HIV and AIDS Competent Community

The key issue in the fight against the pandemic is creating an HIV and AIDS Competent society. This is one in which everyone knows what HIV and AIDS is; how it is transmitted; how to deal with it, and, most of all that being infected with HIV is not a death sentence. Every public servant has a role in ensuring that the country moves towards achieving HIV and AIDS competent communities throughout the country. This process begins with your self. Are you HIV and AIDS competent?

Answer the following questions to determine how you fare in the efforts to make Lesotho an HIV and AIDS competent society:

- q Do you know your HIV status?
- q Does your partner know his/her status?
- q Do you know where to get an HIV test?
- q Do you know the facts about HIV and AIDS, how it is transmitted, how it can be prevented and how people can live positively with HIV and AIDS?
- q Do you encourage open dialogue about sex and sexuality in your family?
- q Do you discuss HIV and AIDS with you children?
- q Do you provide support to people who are infected and affected by the pandemic in your community?

Take Control, Know the Facts, Commit to Action in the Response to HIV & AIDS

- q Do you discuss the pandemic and its impact with your colleagues at work?
- q Are you a member of an HIV and AIDS support group in your work place and/or community?
- q Do you know where the nearest clinic is located in your community and the name/location of the community health workers?
- q Is there a support programme for Orphans and Vulnerable Children in your community and are you involved?

It is essential that all public servants, as duty bearers, take it upon themselves to begin the process of establishing HIV and AIDS competent communities. As a public servant, you are uniquely placed to play a role in establishing the support structures necessary to empower local communities to begin the process of taking control and committing to action. Establishing community HIV and AIDS support groups have yielded considerable success in other countries of Africa and in Asia where they have managed to turn back the pandemic. While all sections of government have a considerable role to play in the response to the crisis, the country will only succeed if all sections of society are mobilised to play their role, working with government structures.

Of particular concern is the establishment of support structures for the more vulnerable in the community, especially children. Civil servants should examine how they can become involved and support such structures. If they do not exist, it is essential to begin the process of establishing them: talk to other government workers in your area, especially those from other sectors; talk to the traditional leadership and traditional healers; the newly elected community councillors and the health workers, including the community health workers in your area. Brief the local leadership about the need for such an approach to addressing the pandemic and begin the process of holding meetings with all community members.

Remember there are a variety of different ways to communicate with the community. We communicate to each other about ourselves in the way we look at others, in the way we behave, in our body language, and in the clothes we wear. Communication is about the whole of human interaction. Many people in Lesotho find it especially hard to communicate about sex; this is not unusual as in many societies around the world, sex is a taboo subject. It is, therefore, important to organise peer group discussions within the community first and then move towards more open meetings. Remember the objective is not to lecture people about their responsibilities, nor to create fear, or to marginalise those who may be carrying the virus. It is most certainly not to judge people, but to create an environment where people feel free to discuss their fears and concerns, to enable them to get knowledge so that they can commit to action as individuals, as family members and as members of the community. It is essentially about empowerment: creating an enabling environment in each and every village so that people can begin to take personal control over the fight against the pandemic.

Just imagine if the 35,000 civil servants in Lesotho go out tomorrow and begin the process of establishing community support groups throughout the length and breadth of this country. We could have support structures in every village and every adult would know his or her HIV status. Then we would be on the road to turn back the pandemic in Lesotho, providing an example to all on the continent. Remember: it is important to focus on a commitment to action by the community. It is also crucial to ensure that any community dialogue does not result in pointing fingers or establishing a blame culture but focuses on what can be done, and the responsibility of each and every person in doing that.

Peer Groups

When organising a community meeting with colleagues remember that people share and learn best when talking first to those who are most similar to themselves. If I am an old man, I am most likely to be comfortable to talk with other old men in an open and frank manner. If I am a young woman my peer group will be other young women.

TAKE CONTROL, KNOW THE FACTS

The Church

All religions are powerful institutions that promote love, peace and harmony in our communities. In Lesotho, the Church ensures our society's spiritual well-being as well as being responsible for the provision of around 40% of the health services and 80% of educational services. With around 90% of the population of Lesotho claiming adherence to the Church, it has a major role to play in reducing stigma associated with HIV & AIDS as well as leading the national response to the pandemic.

The Church emphasizes that God loves all of us unconditionally, and to be a good Christian we need to express love in our daily interaction with others. Therefore, as Public Servants, Christians, or whatever religion and belief in a higher power, you have an important role to play:

- Love one another and look after the well being of one and all.
- Provide care and support to the sick members of our society.
- Discourage discrimination and stigmatization of People Living with HIV & AIDS.
- Instil strong moral values in our youth to guard against their involvement in risky behaviour that can cause infection.
- Encourage Church leaders to accept that condoms save lives.
- Look after the orphans and vulnerable children in our community and make the Church a safe haven for them.
- Advocate HIV & AIDS competence among your Church leaders.

How should these peer groups be selected in the community where you work?

Experience shows that divisions influencing open discussion about sex and sexuality are based on gender and age and/or marital status. There could be perhaps four peer groups established for discussion on HIV and AIDS in your community from the outset and later a general meeting can be held, if that is considered appropriate. It is most appropriate for each community to decide how they wish to break into groups, but from existing experience, the following peer groups can be organised:

- Older/married men
- Younger/single men
- Older women
- Younger Women

YOUR ROLE AS A PUBLIC SERVANT

Are you a Military Officer?

Men make up the majority of personnel in the Lesotho Defence Force as in most uniformed services around the world. Young men around the age of 24, who are either not married or who are stationed far from their regular partners, are the largest and most vulnerable group. Like their civilian counterparts, they are the most likely to become infected with HIV and to infect others. The fact that they are often away from home makes them more likely to pay for sex, become infected with STIs, contract HIV and, in turn, infect their wives and girlfriends or casual partners when demobilised or on leave.

Your constituency, the Lesotho Defence Force, comprises approximately 4,000 army officers, most of whom are men.

Most of your colleagues are in the age group at greatest risk of infection – the sexually active between 24 and 49.

You and your colleagues often go out in camps and this involves lengthy periods of loneliness, stress and sexual build-up while you are away from your family, and in turn may tend to attract unprotected sex.

Take control. Make sure you have a condom and supply condoms to your friends. It is always a good idea to have condoms with you when you go out for a night with your friends.

Know your HIV status by undergoing an HIV test.

By knowing your status, you will be better able to make informed choices and decisions about your life and your loved ones. This can be done:

Visit the military clinic, Senkatana Centre, any of the government health centres or organise voluntary testing at bases

Remember, HIV testing does not only have to be undertaken by a medical practitioner, but by anyone who has been trained on how to administer rapid HIV tests.

If there is not sufficient access to condoms, talk to your senior officers and/or contact the Ministry of Health and Social Welfare directly.

TAKE CONTROL, KNOW THE FACTS

Right to Treatment

The rights based approach is based on principles of equality, accountability, empowerment and participation. It integrates the standards of international human rights into plans, policies and practices.

The right to treatment has been officially recognized as a human right that flows from the right to health. In terms of ARV treatment programmes, international instruments and guidelines essentially set out a commitment to:

- Establish an effective national framework that is transparent and participatory;
- Take measures to ensure, for all people on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV & AIDS prevention, treatment, care and support, including ARVs and other medicines, diagnostic and related technologies.

It is important to focus on action at individual and community levels and ensure that participants look to the future and seek solutions from the coping mechanisms which already exist in the community. It is interesting in this regard to note that during workshops in Qacha's Nek organised by the Ministry of Local Government, Ministry of Health and Social Welfare, GTZ and UNDP, participants spoke about the Basotho culture of encouraging young people to be open about illnesses, especially with elders. One elder at the workshop stated that this was especially the case with sexual diseases, where young people were encouraged to seek medical advice as quickly as possible. However they found that the message of encouraging confidentiality, which is so often associated with the response to HIV and AIDS, undermines this traditional openness to disease and contributes to a sense of mystique and misunderstanding around the pandemic. As the elder at the workshop said "what is so important about this disease that our children cannot talk to us about it?" (Social Mobilization Workshops in Qacha's Nek in November 2003).

One of the key objectives is to get people in the village to take responsibility for action and understand their role in the national response to the pandemic. As indicated above, it is about creating an environment where each community develops its own action plan with responsibility allocated and a mechanism for determining the role of each group in the village. Often it is very useful to get people to draw a social map of the village, which provides an opportunity to discuss the problems people face, and enables people to see that the issue of HIV and AIDS is not just about health but closely linked to patterns of migration, access to knowledge and attitudes to sex. People can see where young people meet – with or without the approval of their parents – and then begin to discuss what is driving the pandemic in their area.

A key output from the social mapping exercise in the village can be to identify the testing sites, the location of the Community Health Workers and the traditional healers, all of whom have a role to play in the community response. Community members can be encouraged to identify where

orphans and vulnerable children are living in the village and discuss a community action plan to provide support and security for these children. See below for an example of a social MAP developed in Ethiopia (from: Organise your Community: a Community Organiser's Training Manual, Irish Aid 1998)

We need to move to a situation in Lesotho where every village has a social map and a village/community plan to address HIV and AIDS. This can be located at the office of the local government Representative or village chief. The plan can start with a child security plan which will identify the location of all orphans and vulnerable children and list the members of a support committee for these children. The support committee will ensure that the children have access to health care (where is the clinic and the house of the community health worker?) and that they know where to go to school and get food. It will also ensure that the elderly people – as is often the case look after these children – are getting support and are linked to the Department of Social Welfare at the Ministry of Health and Social Welfare. The map can then be used for the establishment of support groups for families affected by the virus, identify testing sites, meeting places and areas where condoms can be made available at all times. We know from experience in other countries that 100% availability of condoms in hot spots (high concentration of sexually active people) is crucial for fighting the HIV and AIDS pandemic.

Just imagine if every village in Lesotho had an action plan with each group identified and their role clearly defined for example:

- Church – Treatment and Care. What is the church doing to help the sick people and the vulnerable children?
- School - Prevention, Care, Nutrition. Does the school raise awareness about the disease among pupils?
- Ministry of Health and Social Welfare – Prevention, Treatment and Care. Who is involved with ensuring that cases of the needy are reported?
- Ministry of Agriculture and Food Security – Care and Nutrition. Does the Ministry have the nutritional support plan to orphans and vulnerable children?
- Ministry of Gender, Youth, Sports and Recreation – Prevention and Awareness. Are there youth friendly services in the village? Do young people have access to condoms? Are young people free to seek condoms? Do members of community talk about sex and HIV & AIDS with youth?
- Ministry of Local Government – Awareness and Care. Is the role of the new counsellors established in relation to the fight against HIV & AIDS? Do they support the HIV & AIDS action plan in the community? Do they support the Know Your Status Campaign?
- The Chief – Care and Awareness, Prevention and Treatment. Is there a clear community action plan to fight HIV & AIDS?
- Police – Awareness, Prevention, Care. Do the police ensure that gender violence is prevented in the community?



Figure 2: Sketch of a Village

Role of Government in Response to HIV & AIDS

The role of Government is central in scaling up the response to the HIV & AIDS pandemic. This section presents ideas on how Government can core stream the response to HIV & AIDS into various sectors and development planning processes, thereby ensuring a long-term response to the vulnerabilities that derive from poverty and poor development, and the manifestations of AIDS. The section proposes the roles and responsibilities of duty bearers in Government and presents actions for all Ministries in response to HIV & AIDS. The concept of duty bearers is crucial to our understanding of what needs to be done in the fight against the pandemic. In order to core stream HIV & AIDS effectively, it is crucial that civil servants understand how their core mandate is impacted and, therefore, how they will take responsibility to deliver their services as is appropriate to communities affected by HIV & AIDS. To do so will mean that business-as-usual is not an option. It means that every Government ministry will need to examine how AIDS-related illness and death is affecting their core mandate, depleting their human resources and affecting their productivity.

In addition, for a country like Lesotho whose infection rate is already 29%, the immediate reality is that the increased incidence of AIDS-related illness and death is rapidly transforming the core mandate and shape of each sector. Hence the need for each and every Government Ministry to transform its organisational arrangements and structures, and develop new business processes in partnership with other sectors so as to deliver its services effectively. This is what we refer to as core streaming HIV & AIDS into the policies, plans and budgets of every Ministry. Core streaming in Government should be at two levels: core streaming HIV & AIDS into the policies, plans and strategies of each and every sector; and, core streaming HIV & AIDS into the macro-policy frameworks – Vision 2020, the Poverty Reduction Strategy (PRS) and the Millennium Development Goals Report. Core streaming, therefore, draws heavily from the theoretical underpinnings of development planning and its relationship to planning for HIV and AIDS to deepen our understanding of the relationship between HIV & AIDS and development.

One of the most difficult structural aspects of the pandemic is the long time delay between infection and the symptoms. This often prevents us from creating a sense of urgency. After all most of the people in Lesotho who carry the virus are healthy and living normal lives, until the illness progresses to AIDS. Many learn of their status when they become ill and face denial and fear that is associated with knowing ones status especially when one is sick. This contrasts with the response to the SARS outbreak in Asia which has a short time delay and Governments were able – or in some cases forced by circumstances – to respond to the impact with a sense of urgency and commitment. Imagine the reaction if the Maseru–Johannesburg flight crashed one day, killing all on board. The response would be immediate action to divert existing resources to deal with such a disaster.

This makes the Know Your status Campaign so important as part of the national response to the crisis. With people knowing their HIV status, they can begin to develop responses supported by others in the same position creating an open and frank environment for discussion on the pandemic and its impact.

YOUR ROLE AS A PUBLIC SERVANT

Are you a Police Officer?

What are the main issues for you as a police officer?

As a police officer you need to think about:

- a. How HIV & AIDS affects you and your family
- b. Procedures you should follow when on duty
- c. Your role as a leader in the community

HIV & AIDS and you

Perhaps you have been posted away from your family and community? What does this mean? How do you deal with this? Sometimes it's not easy so who do you talk to?

You should know that you need not fear the HIV virus, but you need to take precautions. If you know your status and make sure you always have protected sex then you can:

- If you are HIV negative, remain negative.
- If you are HIV positive, live a healthy life.

Knowing your status is crucial: if you are positive, this is not a death sentence. You need to be able to manage the disease. If you know your status then you can lead a normal life but you must take care of yourself and others around you. This means making sure you have protected sex so that you do not get another strain of HIV and be re-infected, and that you do not infect others.

You should protect yourself and your family. This means that you should be faithful if you are in a committed relationship, if you are single then have protected sex. If you and your partner decide not to use a condom, you should both get an HIV test.

On duty

In responding to incidents:

- If you remember to wear gloves when dealing with accidents where victims are bleeding you'll have nothing to worry about;
- In case of rape and sexual abuse cases, are you adequately equipped to counsel victims/patients? If not, ensure you immediately involve appropriate personnel (a member of the Gender and Child Protection Unit of the station or post).

Your role as a community leader

As a Police Officer you are an important leader in the community. This means that you have an obligation to make sure that people in the community who you serve understand the major issues facing them – therefore you need to be HIV & AIDS aware and educate people in your area about how important it is for them to know their status, take care of themselves and to either abstain or practise safe sex.

Remember, people in the community look up to you. You are respected and have a great responsibility to act in accordance with your position.

Core Streaming of HIV & AIDS into Government Sectors

The notion of core streaming is based on the recognition that HIV & AIDS is a development and governance challenge, not merely a health concern, with the unique ability to undermine the development process, developmental outcomes and key mechanisms for development (that is, organisations, including public sector organisations).

Since the mid-1990s, many policy documents and plans concerning HIV & AIDS refer to the need for a multi-sectoral response. In practice, however, it is still proving difficult to get all sectors to comprehend the medium to longer-term impact of HIV & AIDS on their constituents and on the organisation itself, let alone to develop comprehensive programmes along the continuum of prevention, treatment and care and mitigation. When it comes to articulating interventions, there is a persistent tendency to revert to the traditional mainstay of HIV & AIDS programmes (limited impact mitigation, care and treatment, and prevention). As a result, the main responsibility for responding to HIV & AIDS is usually located within the health and education sectors and, to some extent, the social welfare sector (with regard to orphans, for example), as if other sectors are not affected by the pandemic or do not have a contribution to make in responding to the development challenges associated with HIV & AIDS. The UNGASS Declaration specifically mentions the need to ensure that HIV and AIDS is brought into the 'mainstream' of development planning to address the systemic development factors that either facilitate or inhibit the vulnerability of communities. This is what Governments across the globe have committed themselves to do.

UNGASS Declaration on Core Streaming:

Ÿ By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that address the epidemic in forthright terms; ... fully promote and protect all human rights and fundamental freedoms; integrate a gender perspective; address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity (paragraph 37);

Ÿ By 2003, enact, strengthen or enforce ... legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure, the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups (paragraph 58);

Ÿ By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans (paragraph 38);

Ÿ By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multi-sectoral strategies to address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, ... review the social and economic impact of HIV/AIDS at all levels of society ... and adjust and adapt economic and social development policies ...



Policing crowds in Qacha's Nek, at the launch of the Know Your Status Campaign, 2004.

Photo by: UNDP

YOUR ROLE AS A PUBLIC SERVANT Are you a Health Worker?

Health workers have a crucial role to play in the national response to the HIV & AIDS pandemic. Believe it or not there are some 6,000 community health workers in this country all based in their community working along side doctors, nurses and traditional healers to address the health needs of the community. Each of the Community Health Workers can perform tests for HIV with very little training and they can complete personal history forms to take the burden away from the already over worked hospitals and clinics. As the country intensifies its response to the crisis, the community health workers can take on a more important role in the national response to the crisis. All health workers, doctors, nurses, nursing assistants, pharmacists and community health workers and others are key front line soldiers in the national response to the crisis.

Your life

- Get tested to know your HIV & AIDS status, then look after yourself appropriately .
- Encourage your partner and members of your family to test for HIV .
- Discuss sex and sexuality with your family and encourage openness about sexual issues.

Your role

- You are an advocate for raising HIV & AIDS awareness in the community . Speak openly about sexual behaviour with groups (see section on peer groups).
- Discuss issues of HIV and AIDS with your colleagues.
- Talk to the village leaders and establish a community HIV and AIDS competence plan (see section on social maps).
- Encourage young people to protect themselves from infection, using condoms and where possible abstinence.
- Work with your community and school to ensure that a Child Support Plan exists in the village surrounding school :
 - Do you know where the vulnerable children are?
 - What arrangements are in place to support and protect them ?
 - Does your village school provide food rations to orphans on non-school days? If not, talk to the Ministry of Education and Training about addressing this.

Your role as a community leader

Work with the community to develop a community plan to fight HIV and AIDS; encourage people to know their HIV status ; if infected live positively with the virus and if negative, learn to remain negative.

Development Planning and HIV & AIDS

Development planning is a core activity of Governments to facilitate and enable development. In a recent publication on the link between development planning and HIV & AIDS, UNDP makes a distinction between 'development planning for HIV & AIDS' and 'development planning aimed at realising specific development objectives', such as macro-economic growth, poverty reduction, food security, rural or urban development, quality education, and more.

Most countries affected by HIV & AIDS have adopted some form of 'development planning for HIV & AIDS.' Nowadays, the most common form is to adopt a National Strategic Framework for

HIV & AIDS, which is intended to guide a country's multi-sectoral planning approach to HIV & AIDS, and to translate this planning framework into an action plan, with explicit targets and implementation steps. Some sectors have also developed their own plans for HIV & AIDS, usually to prevent HIV transmission among their constituents and/or to respond to a particular impact of the epidemic with direct relevance for the respective sector. For example, the Ministry of Education and Training may have developed a plan that aims to raise awareness of HIV & AIDS among pupils through peer education and/or that seeks to ensure that orphans do not drop out of school. Similar examples may be found in other sectors. Whereas 'development planning for HIV & AIDS' clearly is an important part of the national response to HIV & AIDS, it is also vital to review other types of development planning and the links with the pandemic. Other types of development planning would include economic development planning, sectoral planning and urban/rural development planning, amongst others. These various types of planning are typically concerned with addressing one or more systemic development factors. A publication by the UNDP Regional Service Centre in South Africa states:

"Often, these types of development planning include little or no reference to HIV & AIDS. Even if reference to HIV & AIDS is made, this hardly ever translates into a programmatic focus on HIV & AIDS. Yet, this broad category of development planning can significantly enhance or decrease the level of risk and vulnerability to HIV infection and the extent to which individuals, households and organisations are able to cope with the consequences of HIV infection."

The UNDP paper points out that since the 1980s, structural adjustment programmes have tended to exacerbate those systemic development factors that constitute a context of risk and vulnerability to HIV infection. Amongst others, structural adjustment led to loss of employment and other sources of income, increased poverty and reduced food security, reduced access to public services (through cuts in public services and the introduction of user charges) and entrenched the burden of care on women. Even though structural adjustment programmes did not cause HIV & AIDS, it is clear that these were introduced at a time when households, communities and societies were already quite vulnerable to external shocks. As the paper states: "It is at this time that HIV & AIDS started to emerge, first as a public health concern and subsequently as an epidemic with major implications for all dimensions of development."

Global experience further shows that development planning, usually unintentionally, can undermine the capabilities of households and communities to cope with the consequences of HIV infection. For example, the cuts in public service provision and the introduction of user fees since the 1980s have made access to services like health and education more difficult, if not near impossible, for many poor rural and urban households. In the absence of adequate services, the burden of coping with the HIV & AIDS epidemic shifts to communities and households – and more particularly to women, children and the elderly. Likewise, trade liberalisation strategies that lead to a loss of permanent jobs in sectors such as agriculture are likely to erode the capabilities of affected households to cope with shocks and stresses like HIV & AIDS.

On the other hand, development planning can also help prevent the spread of HIV and mitigate the impacts of the pandemic, for example, through deliberate efforts to reduce poverty, improve economic opportunities or food security, enhance the status of women, or support political voice and participation, especially of marginalised social groups. In other words, these are conscious attempts to address the systemic development factors that contribute to a context of

risk and vulnerability and that reduce capability to cope with the consequences of HIV infection. Thus, it is critical to review, firstly, how any type of development planning aggravates (or diminishes) an environment that enhances the vulnerability of men/boys and women/girls to HIV infection and, secondly, how it strengthens (or undermines) the capabilities of individuals, households, organisations and institutions to cope with the impacts of HIV & AIDS. This is particularly important for those types of development planning and the associated planning frameworks that are not commonly understood to be directly linked to HIV & AIDS, like the Poverty Reduction Strategy Paper (PRSP), the Medium-Term Expenditure Framework (MTEF), Rural or Urban Development Framework, and so on.

TAKE CONTROL, KNOW THE FACTS

Lesotho's Population May Fall To 1.4 million by 2050*

Perhaps nothing indicates the severity of the impact of the HIV & AIDS pandemic on Lesotho more than the recently published report by the United Nations Population Fund (UNFPA) which forecasts that the population of Lesotho will decline from its present figure of approximately 2 million to 1.4 million (yes 1.4 million!) by 2050 as a result of the impact of HIV & AIDS on population growth.

While almost every other country in the world will experience substantial population growth, and the population of Africa as a whole projected to increase from 870 million in 2004 to 1,800 million in 2050, Lesotho will be among a small number of countries in the world which will experience a substantial decrease of 25% in the population, unless action is now taken to stem the growth of the HIV & AIDS pandemic.

The message from these alarming statistics is that much more needs to be done and every Mosotho, across the length and breadth of the country, must take part in the fight against the pandemic.

We owe it to our children and their children to ensure that this generation takes action now and delivers on rolling back the pandemic. A key element of this is the Know Your Status campaign where every Mosotho should know his or her HIV status, and by gaining this knowledge begin the personal fight against the pandemic.

* UNFPA. State of World Population 2004. United Nations Population Fund. September 2004.

Everyone is Affected

Affected, not infected

Since some 30% of the population in Lesotho are infected with the HIV virus, then everyone in the country is affected. You might not have HIV – some 70% in Lesotho do not – but people you meet, colleagues, family and loved ones will have the infection and so it affects you!

Of course, you may be affected more directly than others if someone close to you has the infection, is perhaps ill or feeling unwell, or has died from the infection. You are affected and need to take responsibility as a parent, a friend, a member of the community, and, of course, as a Public Servant.

Someone else's disease might make you feel sad, embarrassed, worried, angry or scared. Your own emotions might make it hard for you to help the person with HIV. This is normal and it is something we all need to understand because by understanding this we can begin to play our part in the fight against the disease.

EATING A SWEET WITHOUT A WRAPPER...

A great joke in Lesotho is that you don't eat a sweet with a wrapper so why have sex with a condom? Sure, you don't eat a sweet with its wrapper. **But AIDS is not a joke** and if you have sex without a condom then you have a good chance of getting infected with HIV, unless it is with a long-standing partner and you know the status of your partner (and neither of you presently have any other sexual partners). Having sex with a condom will protect you; it is the wrapper we all need.

As a parent

It is often difficult for parents to speak to children about sexual matters in Lesotho for many reasons associated with our culture. However, talking openly with children is becoming more and more important as we see the potential impact of HIV on young people. Parents should make sure that children know the facts about HIV transmission and how they can protect themselves against infection.

Colleagues and friends

With both professional relationships with colleagues at work and with friends you socialise with, you need to make sure you all support one another. Either they are infected and need support in living with HIV (see the next section page 34) or they are negative and need to ensure that they remain negative. You can help them by ensuring that you are responsible towards engaging in discussions about sex and never engaging in risky behaviour.

A FRIEND

You wouldn't let a friend get into danger...

You wouldn't leave a friend without a lift home late at night when you've been at a bar...

So don't let your friends have unprotected sex!

Always carry extra condoms and be a real friend.

Caring for an infected person

A caregiver looking after a person with HIV & AIDS may be a member of the family or, if the person lives alone, a neighbour, relative or friend. It is not difficult to care for a person with AIDS, but whoever grows, prepares, cooks food and serves it to a person with HIV & AIDS needs support. Too much help may be overprotective and take away the dignity, independence and self-respect of the person with HIV & AIDS, while too little help may not provide the support that is needed to ensure that the person eats well and has the strength to resist infection. Make sure you get enough rest yourself. Take some time off. Ask a friend or family member to help.

Key points:

- Discuss the foods they need to maintain and gain weight and manage their illness. Keep an eye on their weight. Look out for any unexpected weight loss and take action. Ensure that there is enough food.
- Keep a watchful eye. Check the medicines they are taking. Read the instructions to find out when they need to be taken, what foods to be avoided and any side-effects.
- Be encouraging and loving.
- If they are too sick to leave their beds, make sure that they have something to drink and a snack nearby.
- Look around to see if the house is clean and that there are no hygiene problems.
- If the sick person lives alone, invite them to join your family for a meal. Encourage others in the community to visit them and invite them out.

Living with HIV & AIDS

Manage your life

Learning that you are infected with HIV will change your life dramatically. You may experience a wide range of emotions – fear, loss, grief, depression, denial, anger, anxiety. No matter how reassuring the doctor, how effective drug therapies are now and will become, how minimal the physical impact of the infection, or how intellectually prepared you may be, you will feel alone and you will need support. But the reality is that over 40 million people worldwide have HIV and the number is growing. In Lesotho there are over 300,000 with the virus and we will soon move to a situation where people will see the virus as part of day to day life in the country.

The psychological issues faced by most persons with HIV infection revolve around uncertainty. Your future hopes and expectations, your relationships and your career will require some adjustment in order to cope with your illness and lead a happy and productive life.

Remember: any of your colleagues in the public service can be a counsellor and can administer a rapid HIV test. All that is needed is training. A number of ministries including the Ministries of Trade and Industry, Marketing and Cooperatives have already carried out Know YourS tatus campaigns. Contact the HIV & AIDS focal point in your Ministry for more information.

If you test positive for HIV

If you test positive for HIV it does not mean you have AIDS. Early medical treatment and a healthy lifestyle can help you stay well, delay the onset of AIDS, and prevent some life-threatening conditions. If you are HIV+, follow these important steps immediately to protect your health:

- Ø See a doctor, even if you do not feel sick. There are many drugs to treat HIV infection and that may help you maintain your health. Make sure you also inform your dentist.
- Ø Get tested for tuberculosis. Undetected TB can cause serious illness, but it can be successfully treated if caught early.
- Ø Don't smoke cigarettes, don't drink too much alcohol, and do not use illegal drugs. These can weaken your immune system and allow the virus to duplicate itself more rapidly. There are organisations that can help you stop using these addictive substances if you find it difficult to give them up. (See the annex)
- Ø Check your CD4 count regularly to know when you need to start Antiretroviral treatment (ART)
- Ø Adopt a healthy diet and exercise regularly.

Take Control, Know the Facts, Commit to Action in the Response to HIV & AIDS

- Ø Inform present and past sexual partners. Avoid penetration, otherwise always use a condom.
- Ø Do not share toothbrushes, syringes or needles, razors or sharp instruments.
- Ø Consider pregnancy carefully.
- Ø Cover any cuts or scratches with a dressing until healed.
- Ø Seek early and correct treatment for sexually transmitted diseases.

HIV & AIDS is a fact among us, so let's accept that 320,000 of us in Lesotho are HIV positive and let's get on with living!

You can live a long and healthy life if you are HIV positive – if you are HIV positive you can manage the virus, don't let the virus manage you!

Your main goals when you have HIV are to keep your immune system strong and your viral load down. That can mean taking different kinds of medications, and making changes to your lifestyle so you stay as healthy as possible.

But making changes isn't always easy for everybody. And if you feel sick, stressed out or people are giving you a hard time, taking care of yourself gets even harder.

You can make changes and stay healthy. The best way to do this is to get help from others. HIV positive people have been helped by:

- Talking to others who are HIV positive and setting up a support group.
- Asking for support from other HIV positive people.
- Going to counselling and remember: a counsellor can be a friend and or a community leader or a church leader.
- Asking for support from family and friends.
- Taking part in fun activities.
- Volunteering with HIV & AIDS organizations.
- Having a good relationship with a doctor or health care provider.

Remember: Test results are confidential and no one should be forced to reveal his or her status. However, it is appropriate for those who have tested to be advised to inform their partners, if they test positive.

You can be tested anonymously in Lesotho.

You do not have to give your name when you are tested at a local clinic.

See Annex 1 for information on where you can get tested.

Relationships

Fortunately being HIV+ is no longer a death sentence. Be as honest as possible and in a caring manner, tell your partner, spouse, or "significant other" that you were tested. Encourage your sexual partner or companion to go and get tested too. In addition, you can explain how you became HIV+. Was it unsafe sex, a needle stick from an HIV-positive patient, drug use, or other high risk behaviours? Suggest that he or she be tested too.

If you have unprotected sex and you are HIV positive, you do not just risk infecting your partner but you also risk re-infecting yourself with another strain of HIV. So which ever way you look at it, protection is equally important for HIV negative and HIV positive people!

To be even safer, you can engage in sexual practices that involve no penetration such as caressing or massaging any part of the body, and kissing that does not involve heavy exchange of saliva and possibly blood. The safest course of all is abstinence.

Making friends

Making new friends and keeping good relationships with old friends can be hard for people with HIV. Some people don't know anything about HIV and they are afraid of it and anyone who has it.

Remember: Testing is an important component of an effective prevention programme.

You might not want to tell your friends about your HIV status. That's OK. Deciding who needs to know about your diagnosis is an important decision, and it's your right to make that decision. You might want to talk with a counsellor or someone at an HIV & AIDS organization for advice.

Dating

Meeting people, going out with them and even falling in love is possible if you're HIV+. You can go on dates and you can have protected sex.

But if you want to have sex with someone, you should tell them about your HIV status. You should always protect yourself and your partner by having safe sex - with a condom - every time. It can be difficult to talk to someone you really like about your HIV status. Get help from a counsellor or someone from an HIV & AIDS organization to make it easier. Make sure that you do not re-infect yourself. You should always engage in protective sexual activity.

Family relationships

Telling your family that you're HIV positive is very hard. But you should know that many families are very supportive, especially after they have had some time to think about it. Encourage your family (and friends) to learn more about the HIV virus to be able to help you and others.

Your family may ask how you were infected. Prepare yourself to answer many questions.

You will need a lot of help if you're HIV+. Money for medications, drives to the doctor, and so on. If your home doesn't feel safe or you're no longer living with your family, there are many groups out there that can help you, such as support groups. Ask your local council for a list of organisations in your area.

Body changes

When you have HIV, the medicines, AIDS-related complications and opportunistic infections sometimes change the way your body looks and feels. You should always talk to your health practitioner and to others in your HIV support group about these changes. Your doctor might be able to help you by changing your drugs or suggesting different treatments.

Remember: When you first start taking ARVs you will most likely get some mild side-effects such as nausea and fatigue. This is normal and should pass within a couple of weeks. Never stop taking ARVs unless your health worker tells you to do so!

Nutrition and HIV

Benefits of good nutrition for people living with HIV

Good nutrition is vital to help maintain the health and quality of life of the person infected with HIV. Infection with HIV damages the immune system, which leads to other infections, such as fever and diarrhoea. These infections can lower food intake because they both reduce appetite and interfere with the body's ability to absorb food. As a result, the person becomes malnourished, loses weight and is weakened.

One of the possible signs of the onset of clinical AIDS is a weight loss of about 6-7 kg for an average adult. When a person is already underweight, further weight loss can have serious effects. A healthy and balanced diet, early treatment of infection and proper nutritional recovery after infection can reduce this weight loss and reduce the impact of future infection. When a person is receiving treatment for the opportunistic infections and also perhaps combination therapy for HIV, good nutrition will improve the effect of the drugs taken.

Nutritional care and support promote well-being, self-esteem and a positive attitude to life for people living with HIV & AIDS and their families.

A healthy and balanced diet should be one of the goals of counselling and care for people at all stages of HIV infection. An effective programme of nutritional care and support will improve the quality of life of people living with HIV & AIDS, by:

- maintaining body weight and strength;
- replacing lost vitamins and minerals;
- improving the function of the immune system and the body's ability to fight infection;
- extending the period from HIV infection to the development of AIDS;
- improving response to treatment;
- reducing time and money spent on health care;
- keeping HIV-infected people active, allowing them to take care of themselves, their family and children;
- keeping HIV-infected people productive, able to work, grow food and contribute to the income of their families.

Why do people with HIV & AIDS not eat enough food?

- Illness and medicines reduce appetite, modify the taste of food and prevent the body from absorbing it.
- Symptoms such as a sore mouth, nausea and vomiting make it difficult to eat.

- Tiredness, isolation and depression reduce the appetite and the willingness to make an effort to prepare food and eat regularly.
- There is often not enough money to buy nutritious food, or strength to farm your own food.

Remember: Eating well helps to maintain and improve the performance of the Immune System!!

Gain weight by eating more nutritious food

- Eat foods such as rice, maize, millet, sorghum, wheat, bread, potatoes, sweet potatoes and bananas as these will help to give your body energy.
- Increase your intake of beans, soy products, lentils, peas, groundnuts, peanut butter and sunflower seeds.
- Eat meat, fish and eggs as often as possible.
- Increase the fat content of your food by using more fats and oils, as well as eating fatty foods - oilseeds such as groundnuts, avocados and fatty meat. If problems with a high fat intake are experienced (especially diarrhoea), reduce the fat intake until symptoms are over and then gradually increase it to a level the body can tolerate.
- Eat snacks regularly between meals. Good snacks are nuts, seeds, fruit, yoghurt, carrots, and peanut butter sandwiches.
- Add dry milk powder to foods such as porridge, cereals, sauces and mashed potatoes. However, avoid using coffee and tea whitener s, which do not have the same nutritional benefits as milk. Milk should be avoided if it causes cramps, a feeling of being full or skin rashes.
- Add sugar, honey, jam or syrup to your food.
- Try to eat three good meals daily with healthy snacks in between

Increase your intake of vitamins and minerals

Your immune system needs vitamins and minerals to function properly. When you are ill with AIDS you need even more.

- Eat a variety of vegetables and fruit every day, as these are a valuable source of vitamins and minerals.
- Take care not to lose vitamins and minerals when cooking your food. Boil, steam and fry vegetables only for a short time.
- Multivitamin and mineral supplements, usually in the form of pills, can help but they are expensive and leave less money for food.
- Too many vitamins and minerals can harm you. If you take supplements, follow the instructions on the label.
- Keep your health worker informed of what kinds of supplements you take.

Keep active and stay fit

Exercise helps you to gain weight properly.

- Regular exercise strengthens the muscles, makes you feel energetic, helps to relieve stress and increases appetite.
- Cleaning, working in the field and collecting firewood and water may provide enough exercise.
- Find an exercise that you enjoy and can fit into your daily life.
- Walking, running, swimming or dancing are all suitable.



Military personnel during the International Women's Day event in Maseru, 2005 .

Photoby: John Viner /UNDP

lossary

A selection of terms and words mentioned in the manual are explained below:

Economic growth

Economic growth is the increase in the quantity of goods and services produced by an economy. It is conventionally measured as the percent rate of increase in GDP (see below).

Gross Domestic Product (GDP)

GDP is a measure of the total value of final goods and services produced within a country's borders in a year, irrespective of whether the factors of production are domestically owned.

Immunisation

When a person or animal is given protection against a particular disease by introducing a special substance into their body, usually by injection.

Medium Term Expenditure Framework (MTEF)

Government budgets are prepared according to an annual cycle, but they must take into account the macro-economic situation and planning outside of this annual cycle. This is why annual budgeting has to be conducted within the context of a prospective multiyear framework. The MTEF comprises estimates of available resources and costs of carrying out policies, and a framework that reconciles these costs and resources. It brings together policy-making, planning, and budgeting in the budgeting cycle, with adjustments taking place through policy changes.

Macro-economics

Macro-economics is the study of the entire economy in terms of the total amount of goods and services produced, total income earned, the level of employment of productive resources, and the general behaviour of prices. Macro-economics can be used to analyze how best to influence policy goals such as inter alia economic growth.

Structural Adjustment Policy (SAP)

Structural Adjustment Policies (SAPs) are economic policies which countries must follow in order to qualify for new World Bank and International Monetary Fund (IMF) loans and help them make debt repayments on the older debts owed to commercial banks, governments and the World Bank. Although SAPs are designed for individual countries, they have common guiding principles and features which include export-led growth; privatisation and liberalisation; and the efficiency of the free market. SAPs have been replaced by Poverty Reduction Strategies (PRS).

Annex 1: VCT, STI and HIV & AIDS related facilities

List of local facilities for VCT, STI treatment and HIV & AIDS related Opportunistic Infections

ORGANISATION	SERVICES OFFERED	COST
1. Senkatana Centre Old Bots'abelo Hospital Tel. 22314545	<ul style="list-style-type: none"> Ø VCT Ø ARV 	M10 Free
2. Adolescent Health Corner Ministry of Health and Social Welfare	<ul style="list-style-type: none"> Ø IEC Ø VCT Ø Ante Natal Care Ø Youth counseling 	Free M10 Free Free
3. Dr M.W.A. Ansari Tradorette Building PO BOX 1568 Maseru, 100 Tel. 22321764	<ul style="list-style-type: none"> Ø Treatment of Sexually Transmitted Infections Ø General Medical Services 	M100 (Consultation only) Depends on services provided
4. CARE Lesotho Sexual Health And Rights Promotion (SHARPI) Programme, PO BOX 682, Maseru (Thibella, Ha Thetsane, Ha Hoohlo) Tel. 22314398 e-mail: info@care.org.ls	<ul style="list-style-type: none"> Ø Peer education Ø Home Based Care Ø HIV & AIDS Resource Centre Ø VCT 	Free Free Free Free
5. Private Sector Coalition Against AIDS (PSCAAL) Project, Old Local Government Building, Next to Mafafa Supermarket, PO Box 682 Maseru Tel. 22 327144	<ul style="list-style-type: none"> Ø VCT Ø HIV & AIDS Resource Centre Ø STI Screening Ø Treatment of opportunistic infections Ø Training on Peer Education Ø Care and Support Ø IEC materials Ø Condoms 	M10
6. Carewell Clinic PO Box 4504 BEDCO Centre, Maseru Tel. 22313747	<ul style="list-style-type: none"> Ø STI Treatment Ø Treatment of opportunistic infections Ø Voluntary Counselling and Testing Ø Condoms 	M65 M65 M5 Free
7. Christian Health Association of Lesotho (CHAL) Tel: +266 22312500 Fax: +266 22310314 Email: chal@lesoff.co.za Postal Address: PO Box 1632 Maseru 140 Contact person: A. Lepphoto	<ul style="list-style-type: none"> Ø VCT Ø Anti-retrovirals (Maluti) Ø Condoms Ø Opportunistic infections and STI Treatment Ø Psychosocial support Ø Home visits & Home Based Care Ø Hospital and medical care 	Free Free Free M14 (weekdays - M28(Sunday)) Free Free M25 – M40 per day

Take Control, Know the Facts, Commit to Action in the Response to HIV & AIDS

	<ul style="list-style-type: none"> Ø Medical and nutritional advise, care and support Ø Prevention-of-mother-to-child-transmission (PMTCT) Nevirapine (offered in 4 hospitals) Ø 54 health centers/ clinics and 8 hospitals 	<p>Free</p> <p>Free</p>
8. Lesotho Catholic Bishops Conference, PO Box 200, Maseru Tel. 22321511/ 22312525	<ul style="list-style-type: none"> Ø Counselling Ø Home Based Care Ø IEC 	<p>Free</p> <p>Free</p> <p>Free</p>
9. Lesotho Planned Parenthood Association Clinic, PO Box 340 First floor, Mothamo House, Maseru Tel. 22325257 / 22313645	<ul style="list-style-type: none"> Ø Treatment of STIs Ø Condoms Ø VCT 	<p>M25</p> <p>Free</p> <p>Free</p>
<p>10. Maluti Adventist Hospital Mapoteng, Tel. 22540262 HIV & AIDS Clinic – Every First (1st) Thursday of the month</p> <p>Seventh Day Adventist Health Clinic, PO Box 714, Maseru, 100 Tel. 22322839</p> <p>HIV & AIDS Clinic – Every second (2nd) Thursday of the month</p>	<ul style="list-style-type: none"> Ø Voluntary Counselling and Testing Ø Management of Sexually Transmitted Infections and Opportunistic Infections Ø HAART management (ARVs) – various regimens available Ø CD4 count monitoring Ø Home Based Care 	<p>M50</p> <p>M80 (Private patients first visit)</p> <p>M60 (Private patients follow-up visits)</p> <p>M20 (General patients first visit)</p> <p>M10 (General patients follow-up visits) M50</p>
11. Maseru City Council Thamae clinic Tel 22316738	<ul style="list-style-type: none"> Ø STI treatment Ø Treatment of opportunistic infections Ø Condoms Ø Pregnancy test 	<p>M20</p> <p>M20</p> <p>Free</p> <p>M20</p>
12. Maseru Private Hospital (PTY) Ltd, Private Bag A 58, Ha Thetsane, Maseru Tel. 22313260	<ul style="list-style-type: none"> Ø Treatment of opportunistic infections Ø STI Treatment Ø Condoms Ø VCT 	<p>M70 (consultation only)</p> <p>Free</p> <p>M70</p>
13. MMM Medi-Clinic, No 21, LNDC Centre, Po Box 1160, Maseru Drs P. Mohaleroe, H. Mofubelu & M. Hanson Tel.& Fax 22320 374 Cell. 5886 3715; 5885 5888; 5879 5482 E-mail: mmm@hotmail.co.ls Opens 5.00pm – 7.00pm	<ul style="list-style-type: none"> Ø STI Treatment Ø Treatment of Opportunistic Infections Ø Drip Ø ARV Ø VCT 	<p>M120 (consultation & medication)</p> <p>M50</p> <p>M 350 –500</p> <p>Free</p>
14. Dr C.N. Moji Cathedral Area Maseru Tel. 22322198	<ul style="list-style-type: none"> Ø HIV Testing Ø Treatment of Opportunistic Infections Ø STI Treatment 	<p>M 40.00 / Referral to Pathcare</p> <p>M100 – adults</p> <p>M60.00 – Students</p> <p>M40.00 – Children (Consultation only)</p>
15. Dr M. Monyamane, Sefika Complex	<ul style="list-style-type: none"> Ø STI Treatment Ø Treatment of opportunistic infections 	<p>M135.00 (consultation only)</p>

Take Control, Know the Facts, Commit to Action in the Response to HIV & AIDS

Maseru, Tel 22327000	<ul style="list-style-type: none"> Ø VCT Ø ARVs 	<p>M75</p> <p>M320 - M531</p>
16. Dr L. Mo tsamai Mothamo House Ground Floor Tel. 22314315	<ul style="list-style-type: none"> Ø HIV Testing Ø Treatment of Opportunistic Infections Ø STI Treatment 	<p>M74.00</p> <p>M60.00</p> <p>M60.00</p>
17. MOVALI Specialist Clinic C/O Dr Cooper, Sefika Mall, Maseru Tel.	<ul style="list-style-type: none"> Ø Specialist Medical Care in Primary Health Care Ø Mother and Child Care 	M100 (Consultation only)
18. Dr D.K. Musoke Cathedral Area Maseru Tel. 22325883	<ul style="list-style-type: none"> Ø HIV Testing Ø Counselling Ø STI Treatment Ø Treatment of Opportunistic Infections 	<p>M50 – M75</p> <p>M60 (1st Visit)</p> <p>M30 – subsequent visits</p> <p>M60 (1st Visit)</p> <p>M30 (Subsequent Visits)</p>
19. Positive Action – Lesotho/ Positive Health Tel: +266 58850069 Email: ingo@positive-action.org Postal Address: PO Box 1895 Maseru 100 Contact person: Ingo Seifert	<ul style="list-style-type: none"> Ø Nutritional supplements Ø Condoms Ø Counselling Ø I.E.C, through billboards, posters, leaflets, beadwork 	<p>Prices vary</p> <p>Free</p> <p>Free</p> <p>Free</p>
20. Queen II H.S.A. Clinic – Ratjomose, Domicilliary, Mabote, Qoaling	<ul style="list-style-type: none"> Ø STI treatment Ø Treatment of opportunistic infections Ø Condoms 	<p>M10</p> <p>M10</p> <p>Free</p>
21. Queen II STD Clinic Maseru	<ul style="list-style-type: none"> Ø STI treatment Ø VCT Ø Condoms 	<p>M10</p> <p>M10</p> <p>Free</p>
22. Red Cross Society - Lesotho Tel: +266 22313911 Fax: +266 22310166 366 Maseru100 Email: lesoff@lesred.co.za	<ul style="list-style-type: none"> Ø Condoms Ø I.E.C, through Drama & Peer Education Ø Support home care for PLWHAs Ø Strengthening local support mechanisms for AIDS orphans and vulnerable children (OVC) 	<p>Free</p> <p>Free</p> <p>Free</p> <p>Free</p>
23. Scott Hospital Morija Tel. 22 360237	<ul style="list-style-type: none"> Ø Consultation Ø Medication Ø Admission fee Ø Daily rate Ø Blood transfusion Ø Counselling Ø Full blood test 	<p>M5.00 (am) & M10 (pm)</p> <p>M3.00 - M52.80 per item</p> <p>M12.00</p> <p>M18.00</p> <p>M50.00</p> <p>M4.50</p> <p>M20 -40.00</p>
24. Dr Tlale's Surgery, Tradorette Complex, PO Box 14365, Maseru Tel 22312451	<ul style="list-style-type: none"> Ø Treatment of opportunistic Infections Ø STI Treatment Ø Condoms Ø VCT Ø ARV 	<p>M205 (consultation only)</p> <p>M100</p> <p>M578.00 per month</p>
25. Tripharm Pharmaceutical Wholesalers/Agencies (PTY) LTD,	<ul style="list-style-type: none"> Ø ARV: Ø Triomune 40/30 Generic 	R321.48c -for a 30

Take Control, Know the Facts, Commit to Action in the Response to HIV & AIDS

<p>Moshoshoe Rd, Industrial Area, Po Box 929, Maseru West Tel. 22 317928</p>	<ul style="list-style-type: none"> Ø Combivir- Generic Ø Combivir- Branded Ø 3TC Tab - Brande Ø 3TC Liquid Branded Ø Crixivan 400 mg Branded Ø Nevirapine Branded Ø Nevirapine Generic 	<p>day therapy. (South African Rand)</p> <p>2. R273.60c - for a 30 day therapy</p> <p>R1,311 - for a 30 day therapy</p> <p>R839,04c - for a 30 day therapy</p> <p>R380/240ML Bottle</p> <p>R448,48c - for a 30 day therapy</p> <p>R471,96c - for a 30 day therapy</p> <p>R184 - for a 30 day therapy</p>
<p>26. Ts'epong Health Centre PO Box 9572, Maseru Contact person: 'Majobo 'Mota Lejaha</p>	<ul style="list-style-type: none"> Ø VCT Ø Treatment of STIs Ø Home Based Care Ø Nutritional Care 	<p>M20</p> <p>M20</p> <p>Prices not communicated</p>
<p>27. Ts'epong Counselling Centre, RCC Hall, Maseru Contact: Ms F. Kolobe 5876 5764 Ms Ellen Scout 58787179</p>	<ul style="list-style-type: none"> Ø HIV & AIDS Information, Education and Communication Ø Training of various groups Ø Orphans care Ø HIV & AIDS in the Workplace 	<p>Charges available on request</p>
<p>28. Population Services International (PSI) Lesotho, 15863, Cenez Road Tel. 22326825</p>	<ul style="list-style-type: none"> Ø VCT Ø Condom 	<p>Charges to be announced</p>
<p>29. New Start Maseru Domicilliary Clinic Moshoeshoe II tel: +266 2231 7446 fax: +266 2231 7440 email:newstartmaseru@psi.co.ls</p>	<ul style="list-style-type: none"> Ø VCT 	<p>M10</p>
<p>30. New Start Maputsoe Maputsoe Filter Clinic tel: +266 2243 1800 fax: +266 2243 0040 email:newstartmaputsoe@psi.co.ls</p>	<ul style="list-style-type: none"> Ø VCT 	<p>M10</p>
<p>31. New Start Mafeteng Mafeteng Government Hospital tel: +266 2270 0570 fax: +266 2270 0571 email:newstartmafeteng@psi.co.ls</p>	<ul style="list-style-type: none"> Ø VCT 	<p>M10</p>

Annex 2: MDGs for Lesotho

The MDGs provide benchmarks for measuring progress in promoting human development and poverty reduction. The preparation of the first MDG Report in Lesotho was spearheaded by a team of Government officials and the United Nations system under the leadership of the Ministry of Finance and Development Planning. The Report documents that the single greatest challenge to reaching the MDGs in Lesotho is the scourge of HIV & AIDS. The MDGs have therefore been adjusted to fully reflect national priorities. Therefore Goal 1 for Lesotho is to Combat HIV & AIDS.

GOAL 1: Combat HIV and AIDS and Tuberculosis	Target 1: Halt and begin to reverse the Spread of HIV and AIDS by 2008
GOAL 2: Eradicate Extreme Poverty and Hunger	Target 1: Reduce by half the proportion of people living below poverty line Target 2: Significantly reduce the prevalence of malnutrition among children under 5 years of age
GOAL 3: Achieve Universal Primary Education	Target 1: Ensure that children (boys and girls alike) will be able to complete a full course of Primary School by 2007
GOAL 4: Promote Gender Equality and Empower Women	Target 1: Eliminate gender disparity at all levels of education by 2015 Target 2: Increase the participation of women in development by 2015
GOAL 5: Reduce Child Mortality	Target 1: Cut infant mortality by two-thirds between 1990 and 2015
GOAL 6: Improve Maternal Health	Target 1: Reduce maternal mortality rate by three-quarters between 1990 and 2015
GOAL 7: Ensure Environmental Sustainability	Target 1: Integrate the principles of sustainable development into country policies and programmes Target 2: Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation
GOAL 8: Foster a Global Partnership for Development	Target 1: Advocate increase in development assistance to accelerate poverty reduction Target 2: Advocate improved market access for exports to accelerate graduation from LDC status

