



ANGLOPHONE AFRICA

CRG TA CASE

LESOTHO





BACKGROUND

The Lesotho HIV National Strategic Plan (NSP) was for the period 2012-2016, however the period was extended to 2017/2018 as the country was reviewing the NSP. Considering the challenges of CSOs coordination, Lesotho Network of AIDS Service Organisations (LENASO) realized that most of the CSO's were left out during the process. Although some of the CSO's were recognized and considered, they were unable to feedback properly to the larger CSO's.

A lot of interventions in the response have been done by different CSOs, however it has been done in fragmentation, silos and duplication of efforts. At the Regional Platform Meeting that was organized by EANNASO, representative from LENASO learnt a lot from other CSOs and was introduced to different materials and documents about CSO priorities in various countries. At the meeting, LENASO became aware of the fact that there are a lot of Technical Assistance Providers in the region. Following guidance and support from EANNASO, the Community Rights and Gender Technical Assistance Form (CRG TA) was sent to LENASO.

This TA was very much needed regarding the fact that CSOs were not fully engaged in the development of national documents such as global fund concept note due to lack coordination. Most of the CSOs views were often left out and if a few made inputs, those inputs were not considered and often cut when developing operational plans and budgets. As a consequence, the documents lacked CSOs inputs hence there usually were not operational. There always has been a challenge that they are less costed or not budgeted for at all. The TA training has however helped CSOs engagement were they will be able to follow-through the processes to ensure that all their interventions are well captured and taken into consideration.

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PROCESS FOR ACCESSING TA

The CSO forum comprising of 14 members in Lesotho was consulted, this forum's initiative is to coordinate CSOs. The idea of seeking TA was shared to this forum and with support from EANNASO CRG TA forms were filled. Apart from this forum, Lesotho Country Coordinating Mechanism Secretary, the Vice Chair, the UNAIDS representative, NAC CEO, and CSO PR were informed that LENASO was reaching out for support and they were requested to participate in the meeting so that they can provide necessary information. With the support of EANNASO an agenda for the meeting was developed and managed to get a consultant (by KILLIN) from Kenya

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IMPLEMENTATION OF THE TA

The TA was initially requested from EANNASO who followed up with Global Fund and only to find that ARASA has been identified. However, ARASA could not make it and EANNASO went out to source support from KILLIN who gave ATIENO as a consultant

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RESULTS (OUTCOMES) OF THE PROCESS

Most of the CSOs who participated in the meeting gave the feedback that they learnt a lot in knowing their country epidemic as the Lesotho Population HIV Impact Assessment (LePHIA) results were discussed at length to inform programming. The workshop was for two days before the national stakeholders meeting for validation of NSP. The timing of the workshop was good because many CSOs were able to attend the national validation workshop where they were able to emphasize on the identified priorities and inputs.

All the inputs were taken into consideration. The Consultant further mobilized support from UNAIDS to support finalization of the NSP processes which is development of the National Operational Plan (NOP). As a follow-up on the TA, the CSOs are going to have another one and half day's workshop to consolidate their interventions in the NOP. The interaction between the CSOs during the TA enabled them to identify areas of collaboration and this has helped all of them to be united and have one voice. As a country, Lesotho hopes to strengthen all the efforts as CSOs in their contributions as they have already contributed in the NOP that will be costed accordingly.

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EXPERIENCE IN ACCESSING TA

I. WHAT WENT WELL

Sharing by different CSOs was very informative. The discussion know your epidemic was good as it triggered interaction between the CSOs and increased knowledge of the country epidemic. The presentation by UNAIDS helped the CSOs to identify the gaps in the programming and identify the priorities. The AGYW were well represented with the "HER VOICE" Ambassador guiding the AGYW group. The consultant was able to help to consolidate the identified priorities. The CSOs were able to participate actively in the NSP processes. The Consultant had a vast experience and expertise.

II. WHAT DIDN'T GO SO WELL

The venue was a bit out of town and most of the participants were not sleeping over. So the workshop started very late on the 1st day and on the second day most of them left earlier. The consultant was only available on the second day. The budget was too tight and the approval was done very late.

III. WHAT COULD HAVE BEEN DONE BETTER (LESSONS)

The approval of the TA be done on time. The budget should be adjusted to allow the participants to be accommodated. The budget for stationery was very low that it could not accommodate the printing of documents. The TORs for the consultant were not clearly outlined. The CV was not shared.

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MONITORING OF TA

- i. Was there any monitoring activities to measure TA effectiveness in a long-term to a CS and
- ii. Was a mentoring programme implemented especially for a long-term capacity building TA.
- iii. Long Term capacity building was not considered.

CONCLUSION

A vote of thanks should go to EANNASO for all the tremendous effort and technical assistance in the process of getting and accessing the TA. LENASO, is hoping that this is just the beginning and the long term CSOs capacity building is yet to come.

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