

Apparel Lesotho Alliance to Fight Aids



PRIVATE SECTOR RESPONSE TO HIV AND AIDS IN LESOTHO

MAY 2006

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Abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome	GRI	Global Reporting Initiative	M & E	Monitoring & Evaluation
ALE	Association of Lesotho Employers & Business	GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit	MCO	Managed Care Organisation
ART	Antiretroviral Treatment	KAP	Knowledge, Attitude and Practice (surveys)	MoHSW	Ministry of Health and Social Welfare
ARV	Antiretroviral drugs	KFW	German Bank for Reconstruction and Development	MTCT	Mother to Child Transmission (of HIV)
AUSAID	Australian Official AID programme	KZN	KwaZulu-Natal province	MTEF	Medium-Term Expenditure Framework
BMS	Bristol Myers Squibb	ICHBC	Integrated Community Home-Based Care	NAC	National AIDS Commission
C & TC	Care and Treatment Centre	ICPD	International Conference on Population and Development	NAPCP	National AIDS Prevention and Control Programme
CHAL	Christian Health Association of Lesotho	IEC	Information, Education and Communication	NDSO	National Drug Service Organisation
DCI	Development Cooperation Ireland	ILO	International Labour Organisation	NGO	Non-Government Organisation
DED	German Development Cooperation	IPPF	International Planned Parenthood Federation	NUTEX	National Union of Textile Workers
DFID	Department for International Development	KAP	Knowledge Attitudes Practice	OVC	Orphans & Vulnerable Children
EGAF	Elizabeth Glazer Foundation	LAPCA	Lesotho AIDS Programme Coordinating Authority	PACT	Participatory Alliance for Care and Treatment
ETC	Education, Training & Counselling	LECAWU	Lesotho Clothing and Allied Workers Union	PAEG	Project Appraisal and Evaluation Group
FAWU	Factory Workers Union	LMA	Lesotho Medical Association	PEPFAR	Presidents Emergency Plan for AIDS Relief
HAART	Highly Active Antiretroviral Treatment	LPPA	Lesotho Planned Parenthood Association	PLOWA	People Living Openly With AIDS
HEART	Help Expand Antiretroviral Treatment programme	LRAP	Lesotho Planned Parenthood Association Livelihoods Recovery through Agriculture Programme	PLWHA	People Living with HIV/AIDS
HIVAN	Centre for HIV/AIDS Networking, University of KwaZulu-Natal	LRCS	Lesotho Red Cross Society	PMTCT	Prevention of Mother to Child Transmission (of HIV)
HBC	Home-Based Care	LTEA	Lesotho Textile Exporters Association	PSCAAL	Private Sector Coalition against AIDS – Lesotho Stakeholder Steering Committee
HIV	Human Immunodeficiency Virus	LTI	Long-Term Intervention	PSC	Stakeholder Steering Committee
HMIS	Health Management Information System	LPPA	Lesotho Planned Parenthood Association	PSI	Population Services International
HSRC	Human Sciences Research Council			PSO	PSO Private sector Organisations
HTC	HIV Counseling & Testing				
GBC	Global Business Coalition				
GOL	Government of Lesotho				

Expression of Appreciation

PST	Project Steering Committee
SABS	South African Bureau of Standards
SADC	Southern Africa Development Community
SABCOHA	South African Business Coalition on HIV and AIDS
SC	Senkatana Centre
SCAPE	Strengthening Capacities and Transforming Relationships for Exercising Rights programme
SFH	Society for Family Health
SHARP	Sexual Health and Rights Promotion Programme
STI	Sexually Transmitted Infection
SMME	Small, Medium and Micro Enterprises
SWEAT	Sex Workers and HIV/AIDS
TB	Tuberculosis
ToR	Terms of Reference
UNAIDS	Joint United Nations Programme on AIDS
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
USAID	United States AID programme
VCT	Voluntary Counseling and Testing (for HIV)
WHELL	Water, Health and Livelihoods Project in South Africa

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Chief Executive of the National Aids Commission, Keketso Sefeane

Chairperson of the Lesotho Textile Exporters Association, Jennifer Chen

Chairman of the National Aids Commission and Executive Director of the Association of Lesotho Employers, Thabo Makeka



FOREWORD



The ComMark Trust, funded by the British Department for International Development (DFID), was established to make commodity and service markets work for the poor in Southern Africa. One of the markets targeted by ComMark was the textile and apparel industry in the region. For a number of years, it has, in partnership with the Lesotho National Development Corporation, provided the apparel industry in Lesotho with technical assistance.

In 2005, ComMark received funding from DFID to design a strategy to address HIV and AIDS in the industry, and the ALAFA project was born in the course of that process.

The contract to study the feasibility of a long-term intervention to address the pandemic among the workforce, their spouses and dependents was awarded to an Edinburgh-based consultancy, HSLP.

The research team found not only that an intervention was feasible, but also that it was vital to the sustainability of the apparel industry. They also found that the industry was combating two of the key long-term drivers of the HIV/AIDS epidemic, namely poverty and gender inequity. Both the business and human case for a long-term intervention were strong.

The Lesotho government, through its Ministry of Health and Social Welfare, has launched a wide-ranging programme for combating HIV/AIDS, which is beginning to show results. However, the severity of the pandemic requires all constituencies to work together to address the problem, and build the ministry's capacity.

The consultants conducted in-depth research into other interventions in the apparel industry. These, while beneficial, were found to be fragmented and under-resourced. The consultants concluded that a more co-ordinated strategic response such as the ALAFA model was required to meet the clinical needs of people living with HIV/AIDS.

The consultants examined a number of treatment models both in Lesotho and in the region, and concluded that the most appropriate intervention for the apparel industry in Lesotho would be a network-based model using accredited medical practitioners. This model of treatment would be less disruptive in the workplace, and allow workers to be treated close to their homes or places of work. With the appropriate response, HSLP believes that 1 850 lives could be saved each year in the industry.

Prevention lies at the core of any successful intervention, and the ALAFA programme will use local and regional service providers to educate and protect the workforce. A strong element is to empower all participants in the project to conform to best practice criteria.

ALAFA, as its name implies, is an alliance. Its aim is to be inclusive and to involve government, service providers, industrialists, labour, brands and retailers, funders, donors and multinational organisations in the fight against the pandemic. If this is not done, the long-term sustainability of the industry will be at risk.

Andy Salm
The ComMark Trust

Executive Summary

By providing employment for poor and relatively unskilled workers, most of whom are women, the apparel industry is combating two of the key long-term drivers of the HIV/AIDS epidemic: poverty and gender inequity.

The Lesotho apparel industry employs about 45 000 Lesotho citizens and is the country's largest private sector employer. By providing employment for poor and relatively unskilled workers, most of whom are women, this industry is combating two of the key long-term drivers of the HIV/AIDS epidemic: poverty and gender inequity. However, it is precisely this sector of the community, young women, who have the highest prevalence of HIV infection. Studies within the apparel sector show that around one third of employees are HIV-positive.

Apart from the huge toll in human suffering associated with this high infection level, the epidemic also lowers productivity and increases costs to the employer. The Lesotho government is committed to providing a comprehensive response to HIV/AIDS, including the provision of antiretroviral treatment (ART) but, because of a lack of financial and human resources, only about 8 000 Basotho are receiving treatment at present. It is estimated that about 60 000 Basotho require ART.

For all these reasons, a range of stakeholders wished to determine the feasibility of a private sector-led long-term intervention (LTI) to reduce the HIV-infection rate among apparel workers and to provide care and support for those already

infected. Towards this end consulting company HLSP was contracted to conduct this feasibility study and this report and specific recommendations are the outcome of the project.

The method used consisted of two components that ran concurrently.

Component one identified other HIV/AIDS LTIs in the southern African region that could be potential models for the Lesotho apparel industry. Once identified, the following LTIs were described and analysed in detail, and the potential for each to provide lessons for an LTI in the apparel sector was reviewed.

Treatment-centre-based models

- Centre A: Maseru, Lesotho
- Centre B: Durban, South Africa

Network-based models and proposals

- Private sector company A
- Private sector company B, Lesotho apparel industry HIV-Aids treatment programme proposal
- Private sector company C, insurance-based prevention and treatment proposal

Based on the reviews of the above interventions and models, the consultants developed and costed

a proposal for a LTI for the Lesotho apparel industry.

Component two of the project identified role players and stakeholders including government ministries, employer bodies, trade unions, representatives of the brands sourcing in Lesotho, local and international non-governmental organisations (NGOs), multilateral and bilateral donor agencies and service-provider organisations operating in the country. Key personnel within these organisations were interviewed and documentation obtained. Two workshops were held, one with NGOs and donors and the other with industry and labour representatives. The purpose of this research component was to determine what role various stakeholders could play in the LTI and to ensure that the final model was compatible with the local environment and would have the support of key agencies.

An analysis of the apparel industry was conducted with a focus on HIV/AIDS-related activities in workplaces. Managers and employees were interviewed to determine their attitudes to the epidemic, and to gauge their opinions and responses to the potential LTI.

After analysing existing HIV/AIDS interventions, it became clear that

The final model may best be described as a private sector-driven, industry-wide, comprehensive HIV prevention, treatment and care intervention that will be managed by a small core of professionals under the control of a management board. Actual services will be provided by a variety of service providers drawn from the private and NGO sectors.

no single one could simply be used as a blueprint. Instead, components of each of the models were taken, adapted and combined to comprise the model in this report.

The final model may best be described as a private sector-driven, industry-wide, comprehensive HIV prevention, treatment and care intervention that will be managed by a small core of professionals under the control of a management board. Actual services will be provided by a variety of service providers drawn from the private and NGO sectors.

Based on the review of potential workplace interventions, the analysis of the apparel industry and the resources available in the region, the consultants believe that an LTI for the apparel industry is necessary and viable. This assessment is primarily based on the following key findings.

1. Similar workplace programmes have been successfully implemented across the region in a variety of sectors. While the Lesotho apparel industry has a number of unique features, there is no reason why an LTI should not be successful in this setting.
2. All role players consulted, including apparel employers, employees, government, the donor community, the NGO sector, the brands and service providers

were supportive of the initiative with no major role player saying that the LTI was not feasible or necessary.

3. The capacity to provide the range of services proposed in the model exists in Lesotho and South Africa.

The potential benefits to the apparel industry, and to the wider society, are discussed below. This is followed by a section that outlines potential constraints and challenges.

Positive effects on the apparel industry

This intervention is expected to have significant benefits for the apparel industry in Lesotho. The prevention component will reduce the number of new infections among employees while the care and treatment component will reduce the mortality and suffering associated with AIDS. We know from extensive research within other workplaces that this type of intervention will improve the morale and productivity of employees.

Research in a number of countries has shown that the death rate (mortality) of HIV-positive individuals who have access to highly active antiretroviral treatment (HAART) is reduced by about 80% in

comparison to those that do not receive treatment (van Sighem, 2003; Krentz, 2005). While there is little data from Africa on the impact of HAART on reducing mortality, research indicates that “clinical and biologic results similar to those seen in Western countries can be achieved and sustained during the long term in Africa” (Laurent, 2005). Therefore, in making estimates of the impact of providing HAART to garment workers, we assume that the death rate among the HIV-positive employees will be reduced by 80% for those who are tested and registered on the treatment programme.

While an economic impact assessment of HIV/AIDS on the apparel industry has not yet been conducted, we know from assessments conducted in different South African sectors that AIDS results in considerable costs for companies. This may be more on companies with extensive employee benefits, but even in sectors in which this is not the case, as in the Lesotho apparel industry, the costs to the company are still significant. In addition, the project should contribute to building the Lesotho apparel industry’s image as an ethical sourcing destination. This intervention should therefore bring financial benefits to the industry.

Executive Summary

Evidence from other examples of best practice is that these programmes become magnets for significant additional funding, innovative add-on programmes and for cutting-edge research.

Potential benefits beyond the apparel industry

Allowing government resources to be used elsewhere. This LTI will take over most of the HIV prevention, care and treatment needs of employees, and possibly dependents, in the apparel industry for at least the next five years. This means that government does not have to use scarce resources in this sector and instead may deploy these elsewhere such as among the unemployed and rural populations.

Helping to reach targets of people living with HIV/AIDS on care and treatment programmes. The employees who go onto care and treatment programmes will boost the total number of citizens on these programmes, which will assist the government in meeting its “3 by 5” goals¹.

Decreasing the demand for healthcare. The LTI will improve the overall health of employees, which will result in less demand on state health services. This is because it has been well established that HIV-infected people who participate in both pre-HAART and HAART programmes suffer from fewer and less severe opportunistic infections.

Improving the capacity of the private health sector. Providing care

and treatment for people living with HIV/AIDS is a highly technical and rapidly changing field. It is difficult for busy private practitioners to keep abreast of new drugs, changing side-effect profiles, new interactions with other drugs, developments in monitoring of patients’ responses and other aspects of healthcare. The philosophy of the approach advocated in this model is that care and treatment is provided by the practitioner in collaboration with specialists in the Care and Treatment Centre. This will ensure professional development of private practitioners.

The initial and ongoing training of private practitioners who come onto the network will be stringent and monitored, and this will also help to improve the capacity of this cadre of professionals.

An example of best practice. The proposed LTI will be one of the largest interventions of its kind in the world. It is hoped that it will also become an example of best practice in this field. Evidence from other examples of best practice (such as the Sinikithemba centre at McCords hospital in Durban and the East London DaimlerChrysler HIV/AIDS programme) is that these programmes become magnets for significant additional funding, innovative add-on programmes and for cutting-edge research. While

this should enhance the overall functioning of the apparel sector LTI, it may also serve to stimulate similar interventions in other sectors and attract much needed skills to Lesotho.

Potential negative effects of the LTI on the apparel industry

Attracting HIV-positive work seekers to the industry. In South Africa there have been concerns among the larger corporates that the perception that they are offering generous healthcare packages may attract HIV-infected work seekers who wish to benefit. However, there is no evidence that this is happening. Research by one of the authors of this report into several South African companies has failed to show that the HIV prevalence among recent recruits is higher than what would be expected. Nevertheless, this phenomenon cannot be ruled out and, because for ethical reasons prospective employees cannot undergo pre-employment HIV testing, it cannot be prevented.

Constraints and challenges to the LTI

There are a number of potential constraints and challenges to the

¹ “3 by 5” is the global target to provide three million people living with HIV/AIDS in low- and middle-income countries with life-prolonging antiretroviral treatment by the end of 2005.

In the past, HIV/AIDS-related workplace programmes in the industry have been unco-ordinated and have lacked a strategic approach.

development and implementation of the proposed LTI:

Availability and sustainability of funding. Representatives from the donor community and from the brands have indicated interest in the initiative. However, in the absence of a specific proposal no one is prepared to state how much funding they will provide. We cannot therefore determine the potential funding available or for how long it is likely to last. The inability to obtain sustainable funding will preclude the project from even starting.

The ComMark Trust will initially be responsible for raising the core funding. However, it is suggested that the project should not be initiated unless at least three years of adequate funding is pledged.

Lack of buy-in by apparel industry employers. Although the employers were not antagonistic to HIV/AIDS initiatives, initially there was little evidence that they were strongly behind HIV/AIDS workplace programmes. Weak employer support has two implications. Firstly, they are unlikely to provide many resources and may undermine prevention and treatment programmes by not allowing employees sufficient paid time off. Secondly, our experience is that if employers are not contributing to an

initiative and are essentially getting it for free, they tend not to prioritise related activities appropriately. In the past, HIV/AIDS-related workplace programmes in the industry have been unco-ordinated and have lacked a strategic approach.

When representatives from the four larger employers were briefed, it became clear that there was significant support for a model such as the one in this document, a model which could provide an overarching effective and efficient response to the HIV/AIDS epidemic in the Lesotho textile and apparel industry.

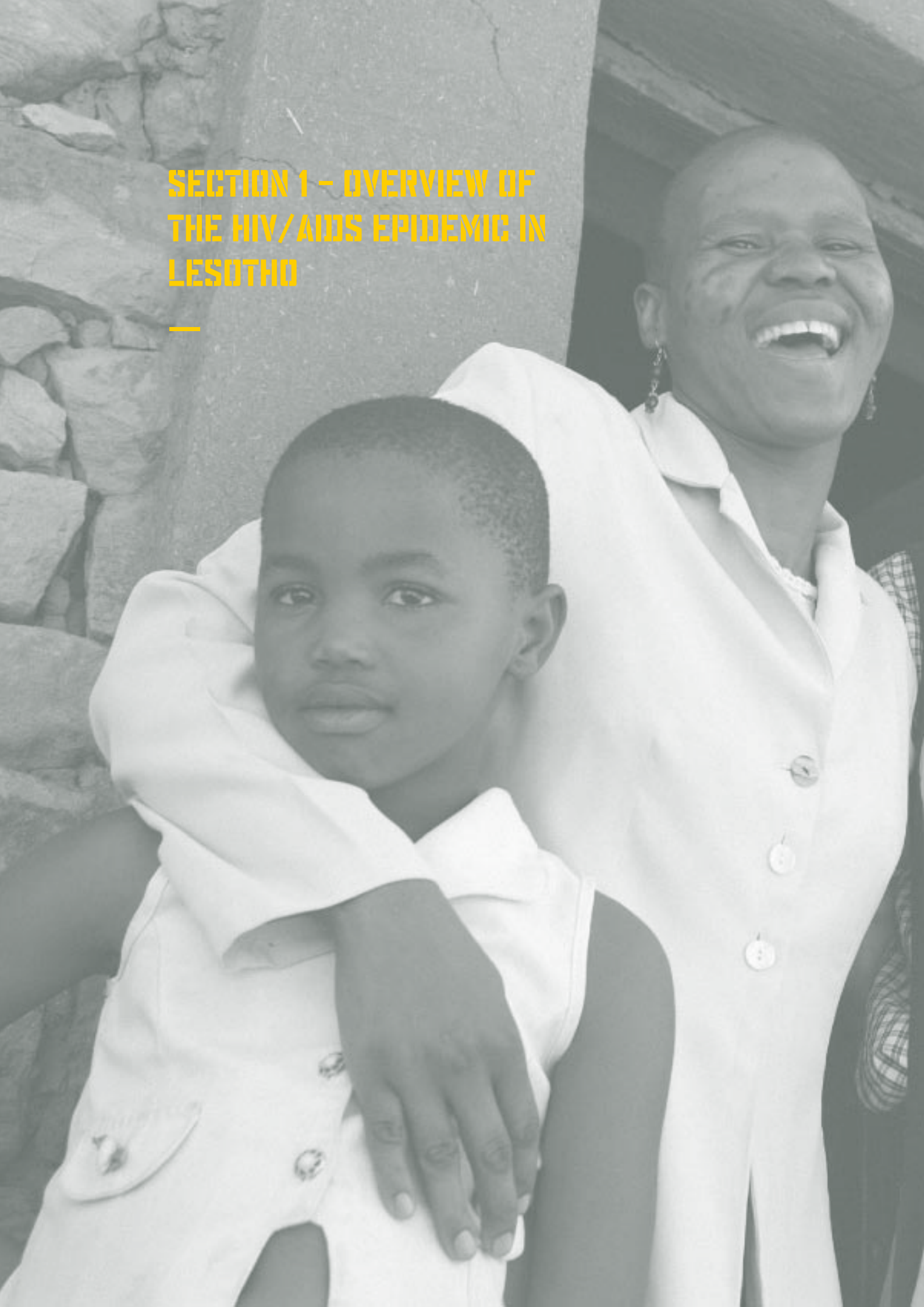
It is important to nurture and maintain the support of the Lesotho Textile Employers Association and individual companies through marketing the initiative and by emphasising management training as an initial thrust when launching the intervention.

Government has final responsibility for the care of citizens. If funding for this LTI is withdrawn, government will have to take over responsibility for the care of apparel employees. This could put significant pressure on the Ministry of Health and Social Welfare, particularly if funding was stopped or decreased abruptly. The scenario of several thousand employees who are on sophisticated care programmes

suddenly being “dumped” on the state is of concern.

Staffing the management secretariat. This project will be one of the biggest in the world. Managers will have to cope with large budgets, a variety of service providers and will be operating in a rapidly changing and politically sensitive environment. It may be difficult to entice appropriately qualified and experienced people to fill the posts. Therefore, the salaries for these individuals have been costed to be highly competitive to attract them to Maseru.

**SECTION 1 – OVERVIEW OF
THE HIV/AIDS EPIDEMIC IN
LESOTHO**





SCL

SECTION 1

Overview of the HIV/AIDS epidemic in Lesotho

It is reasonable to assume that at least one third of employees in the apparel industry in Lesotho is infected with HIV.

Lesotho ranks among the five countries with the highest prevalence of HIV in the world. UNAIDS/WHO² estimates that approximately 23% of adults between the ages of 15 and 49 in Lesotho are HIV infected, with a total of 266 000 people infected, approximately 42 600 needing ARV's and approximately 10 000 receiving ARVs.

A root cause of the escalation of the epidemic over the past 15 years in Lesotho has been poverty. Poverty is the driving force behind migration (both internal and external), the disempowerment of women and the lack of resources to mount an effective response to the epidemic.

The epidemic has struck at every level of society and many of the developmental achievements of the post-colonial era are being eroded. Life expectancy at birth has dropped to 36 years³ and it is estimated that 190 000 or one in five children under the age of 15 have lost one or both parents, with 74% of these adult deaths due to AIDS.⁴

HIV and the apparel industry in Lesotho

The establishment of the apparel industry in Lesotho is addressing two of the key factors driving the epidemic in the region, namely

poverty and gender inequality. As the biggest, private-sector employer in Lesotho, the apparel industry is an important source of income, particularly for lower skilled and poorer communities.

This income enables individuals and families to emerge from poverty and decreases their vulnerability to HIV infection and its effects. Research has shown that there is a lower HIV prevalence among employed people, probably because they have more control over all aspects of their lives including their sexual behaviours and because they usually have increased access to information, prevention measures and healthcare.

A substantial body of research shows that in settings where men tend to have disposable income but women are unemployed and poor, there is a significant amount of casual and transactional sex and this promotes the spread of HIV. By employing predominantly women, the apparel industry is rectifying the usual gender inequities in the manufacturing sector and by empowering women, reducing their vulnerability to HIV infection.

In the longer term, the apparel industry can play a positive role in curbing the spread of HIV in the country because it helps to address the underlying, structural risk factors

for HIV transmission. However, the benefits in the short term may not be as apparent, and there is good reason to believe that this sector of the economy may be particularly vulnerable to HIV.

This is because most of the employees in the apparel industry are young women, and it is precisely this gender and age group that are at highest risk of HIV infection.

The prevalence of HIV among apparel industry employees

To date there has only been one prevalence study in the Lesotho apparel industry, and this was reported on in March 2004 (Evian, 2004). This study was conducted among employees of one company in Maseru and out of the 804 employees tested, 271 (33.7%) were infected with HIV.

At least one other company has data from an ongoing voluntary counselling and testing (VCT/HTC) campaign. In this company 306 individuals have been tested for HIV with 115 (38%) being HIV positive. While it may not be appropriate to extrapolate HIV prevalence data from VCT/HTC to the whole workforce, because it is not known how representative VCT/HTC attendees are of the population, this finding of

2 Lesotho 2005 UNGASS Country Report

3 UNAIDS/WHO Epidemiological Fact Sheet – 2004 Update

4 Children on the Brink 2004 UNICEF, USAID

Lesotho ranks among the five countries with the highest prevalence of HIV in the world. Approximately 23% of adults between the ages of 15 and 49 in Lesotho are HIV infected. A root cause of the escalation of the epidemic has been poverty. The epidemic has struck at every level of society. Life expectancy at birth has dropped to 36 years and it is estimated that 19 000 or one in five children under the age of 15 have lost one or both parents, with 74% of these adult deaths due to AIDS.

SECTION 1

Overview of the HIV/AIDS epidemic in Lesotho

Using a more optimistic scenario in which employees and partners have access to highly active antiretroviral treatment and the uptake of HIV testing is 75%, we expect 22 275 individuals to be identified as being HIV positive and 4 455 on highly active antiretroviral treatment. Annual mortality in this group may be expected to decrease from about 2 300 a year to about 450. This is a reduction in AIDS deaths of 1 850 a year.

38% is consistent with the original prevalence study.

In summary, it is reasonable to assume that at least one third of employees in the apparel industry in Lesotho is infected with HIV.

Potential impact of providing HIV treatment programmes and antiretroviral drugs

Reduction in death and suffering

As mentioned earlier, research has shown that access to highly active antiretroviral treatment (HAART) reduces mortality of HIV-positive people by 80%.

In the absence of any HIV treatment programme for garment workers, it may be expected that approximately 1 500 employees will die each year from HIV-related causes. This estimate is based on the assumption that out of the 45 000 garment employees, 33% are HIV positive and that 10% will die due to AIDS each year.

In a worst case scenario where only employees, and not dependants, have access to treatment, and only 50% of employees are tested for HIV and register on the treatment programme, we estimate that 7 425 employees will be identified as

HIV positive and 1 485 will be on treatment. Annual mortality among identified HIV-positive employees should drop from about 740 a year to about 150. In other words, about 590 fewer employees will die from AIDS each year.

Using a more optimistic scenario in which employees and partners have access to HAART and the uptake of HIV testing is 75%, we expect 22 275 individuals to be identified as being HIV positive and 4 455 on HAART. Annual mortality in this group may be expected to decrease from about 2 300 a year to about 450. This is a reduction in AIDS deaths of 1 850 a year.

Mortality is easier to quantify than morbidity (suffering) caused by HIV and AIDS. However, clinical trials and community-based studies show that HIV-positive patients on HAART suffer fewer opportunistic infections, such as TB, pneumonia and diarrhoea, and are hospitalised less frequently (Palella, 1999; Eron, 1999). Therefore, it may be assumed that garment workers who access treatment as part of this programme will not only live longer but will live healthier and more productive lives.

Benefits to families and dependants

Research from Africa and elsewhere highlights the devastating impact that HIV/AIDS has on families, particularly in poorer communities. Because HIV typically strikes people in their productive years, families frequently lose breadwinners. HIV-infected individuals who were economically active become dependent themselves, and limited resources are consumed by healthcare and funerals.

The effect on family life can be harsh, ranging from reduced savings, decreased consumption and less schooling for children to an increase in the number of orphans and dissolution of households. The psychological impact of a death from AIDS on a family and the effect that this has on mental health has also been well documented.

The 2001 Demographic and Health Survey showed that Lesotho has high "dependency ratios". This means there are relatively few people employed compared to the number of people who depend on these employed people. In Lesotho, for every employed person, about 2.6 others depend on them for survival.

Many garment workers are the primary breadwinners for families

Many garment workers are the primary breadwinners for families and dependants, so saving their lives and keeping them economically active has ramifications beyond the individual employee.

and dependants, so saving their lives and keeping them economically active has ramifications beyond the individual employee.

How treatment links with prevention

Gains are achieved by having a comprehensive response to the HIV epidemic that goes beyond prevention and treatment programmes. This is because there is increasing evidence that prevention and treatment are not separate, isolated components of a response to HIV but support each other in many ways. The more important care-related impacts that appropriate and well-designed prevention programmes may achieve include:

- Appropriate HIV-prevention activities may lead to increased voluntary counselling and testing, which, in turn, can channel those who are positive into treatment programmes.
- HIV-prevention activities can reduce fear and stigma around HIV/AIDS, which in turn improves the quality of life of people living with HIV/AIDS as they become more accepted and understood in their families and communities.
- If women learn that they have HIV/AIDS because of prevention programmes and VCT/HTC services, they can access services

which, if they become pregnant, will reduce the chance of passing on HIV to their unborn or newborn children. Women and men might also choose to increase contraceptive use.

- Having access to treatment may also benefit prevention programmes. Because HIV is no longer an automatic death sentence once a community has access to ARVs, there is a renewed sense of hope. HIV-positive people begin to plan for the future, start living positively and often become more visible in the community. This, in turn, helps to reduce stigma, increases acceptance by the community and prompts more people to access VCT/HTC.

Some examples of how treatment enhances prevention measures include:

- Access to care and support has been shown to increase condom use and other preventive behaviour among people living with HIV/AIDS.
- Increased availability of care and increased visibility and acceptance of people living with HIV/AIDS makes the broader population more aware and increases safer sexual behaviour.

SECTION 2

Aims, objectives and method

A critical component of an industry initiative is the buy-in and commitment of relevant stakeholders from the outset.

Aims

The overall purpose of this contract was to determine the viability and feasibility of the ComMark Trust facilitating the establishment of a long-term intervention to address HIV/AIDS in the apparel industry in Lesotho.

Objectives

1. Assessing the viability of an LTI by reviewing the need for a private sector response to the HIV/AIDS pandemic in the apparel sector. Evaluating regional private sector model interventions, identifying regional service providers and reviewing the appropriateness of an LTI within the Lesotho environment as well as best practice.
2. Assessing the viability of the proposed LTI by consulting key role players and stakeholders.
3. Summarising models in use with comparisons and recommendations for reliability and validity within the LTI context.
4. Consolidation of findings and making recommendations around the most appropriate models for an LTI in Lesotho, including the financing and structural requirements of the recommended models.

Method

The four components envisaged for this project were:

1. Research understanding: assessing the viability of an LTI including consultation with key role players.
2. Development of a strategic stakeholder forum.
3. Summary of models for LTI: comparisons and recommendations.
4. Consolidation of the research and development of a comprehensive HIV/AIDS framework for a LTI.

Research understanding

Both primary and secondary sources of data were used.

- An initial strategic and planning meeting was held between the HSLP consultants and ComMark.
- Secondary data sources: literature review and database search.
- Developing research tools to assess private sector models.
- Development of a research tool to assess the receptivity of the workforce in the apparel industry to a proposed intervention.
- Administration of the research tools through in situ assessments, consultations and questionnaires with identified stakeholders.

- Data capturing, analysis and reporting on feedback about models.

Development of a strategic stakeholder forum

A critical component of an industry-born initiative is the buy-in and commitment of relevant stakeholders from the outset.

Three forums were held, one with representatives from industry and labour, one with representatives from the donor and NGO communities and one with three government ministries, namely the ministries of Health and Social Welfare, Employment and Labour, and Trade and Industry.

Summary of models for an LTI: comparisons and recommendations

This report included but was not limited to:

- Models for long-term HIV/AIDS interventions used in the region.
- The potential applicability and appropriateness of these models for the Lesotho LTI.
- Comparisons between these models, highlighting those which were most viable for the Lesotho LTI.

We ensured that the objectives and content of any model proposed were compatible with and aligned with the goals of the Lesotho AIDS Action Plan and its subsequent developments.

Consolidation of the research and developing a comprehensive HIV/AIDS framework for an LTI

Drafting a proposal on how one or more of the identified best practice options could be customised and implemented in the Lesotho apparel industry. This report included but is not limited to:

- Consolidation of the research findings;
- Recommendations on the various models; and
- An indication of the levels of financing as well as structural and organisational requirements and resources for the proposed LTI .

Key principles underpinning the approach to this project

Mainstreaming HIV/AIDS into the Lesotho apparel industry

There has been a lot of talk and writing about the need to “mainstream” HIV/AIDS issues into workplace responses, but little thought about what this means. Essentially, the concept arises out of realising that we all work in a context severely affected by the HIV/AIDS epidemic and analysing whether consequently we need to adapt our activities and behaviour to

this reality. For the Lesotho apparel sector it means determining:

- How the epidemic is likely to affect the sector's goals, objectives and programmes;
- Where the sector has a comparative advantage to respond to and limit the spread of HIV and to mitigate the impact of the epidemic among its workforce and communities;
- How the sector may contribute to the spread of HIV and how to best prevent and mitigate this possibility.

A mainstreaming approach means the HIV/AIDS epidemic is considered from a strategic viewpoint. This implies moving beyond the more usual, traditional biomedical response that considers only the prevention and care needs of employees. For example, this may include responses as diverse as including HIV/AIDS-related issues into all employee induction programmes to having outreach programmes to communities where the apparel industry is located and which have few other resources.

The UNAIDS “three ones” key principles

At the International Conference on AIDS and Sexually Transmitted Infections in Africa meeting in


Nairobi in 2003 consensus was reached by all the international multilateral and bilateral agencies, NGOs and the private sector about the “three ones”. The three ones consist of:

- One agreed HIV/AIDS action framework that provides the basis for co-ordinating the work of all partners.
- One national AIDS co-ordinating authority, with a broad-based multisector mandate.
- One agreed country level monitoring and evaluation system.

For the purposes of this project we ensured alignment with the three ones in the following way:

- We ensured that the objectives and content of any model proposed were compatible with and aligned with the goals of the Lesotho AIDS Action Plan and its subsequent developments, since the phasing out of the Lesotho AIDS Programme Coordinating Authority and establishment of the National Aids Commission;⁵
- The consultants liaised with the commission at all stages of the project to ensure they had its support, and that the industry-wide plans proposed were not in conflict with the national plans as articulated by them.

⁵ Turning a crisis into an opportunity; Strategies for scaling up the national response to the HIV/AIDS pandemic in Lesotho. Kimaryo, SS, Okpaku, JO, Githuku-Shongwe, A, and Feeny, J, Government of Lesotho and Expanded Theme Group on HIV/AIDS/Third Press Publishers, Lesotho and New York, January 2004.



**SECTION 3 – ANALYSIS OF
THE RESPONSE OF THE
GOVERNMENT OF LESOTHO,
NON-GOVERNMENT
ORGANISATIONS AND DONOR
ORGANISATIONS TO A LONG-
TERM INTERVENTION WITHIN
THE TEXTILE AND APPAREL
INDUSTRY IN LESOTHO**



SECTION 3

Analysis of the response of the Lesotho government, NGOs and donor organisations to a LTI within the Lesotho textile and apparel industry

Approximately 10 000 people living with HIV/AIDS across the country are receiving antiretroviral treatment. This number would increase significantly if all the people living with HIV/AIDS in the apparel industry were to access the care they need. It therefore seems highly unlikely that the state health services will be able to meet the care needs of the apparel industry in the short term.

Stakeholders' response to an LTI within the textile and apparel industry in Lesotho

In-depth analyses were conducted with the following sectors. The aim was to assess the motivation of stakeholders for an LTI within the industry, as well as to assess the capacity of these stakeholders to either support or deliver services to a potential LTI.

- The Lesotho government
- The NGO sector
- Donor organisations
- The textile and apparel industry: employer organisations, labour organisations, brands and retailers sourcing in Lesotho.

A summarised version of the responses follows.

Response of the government of Lesotho

The government of Lesotho provides healthcare to its population through the MoHSW. A unique aspect of state healthcare provision in Lesotho is the partnership that the ministry has with the Christian Health Association of Lesotho (CHAL), which provides 40% of hospital care and 44% of care in health centres. Patients accessing healthcare from government clinics pay a flat rate of R10 a visit and

slightly higher and variable amounts when using CHAL services. Indigent patients are apparently not turned away from healthcare services.

The Lesotho government recognised the threat that HIV posed to the nation early on and in 1987 established the National AIDS Prevention and Control Programme within the ministry. Subsequently, the National AIDS Strategic Plan (2000-2004) was developed and the Lesotho AIDS Programme Co-ordinating Authority was established in 2001 within the office of the prime minister.

The authority was charged with implementing the 2000-2004 National AIDS Strategic Plan.

However, shortages of resources, a lack of skilled personnel and weak laboratory services meant that the plan was not effectively implemented.

In a further attempt to strengthen the national response to HIV/AIDS, the prime minister issued a cabinet memorandum in 2003 entitled *Scaling up the Fight Against HIV/AIDS in Lesotho* with a key outcome being the establishment of the National AIDS Commission. The commission was meant to incorporate the co-ordinating authority. However, by November 2005 this process had not been completed.

A detailed account of the Lesotho AIDS Programme Co-ordinating Authority and critique of the response to the HIV/AIDS epidemic is contained in a recent DFID document⁶.

Progress on the antiretroviral treatment programme from October 2004 to May 2005

With an estimated 266 000 adults and children infected with HIV in Lesotho, it is estimated that about 42 600 are in need of ART. The Ministry of Health and Social Welfare (MoHSW) adopted the "3 by 5" target for Lesotho, which planned for 27 000 people living with HIV/AIDS (PLWHA) to be on treatment by the end of 2005.

Between July 2004 and March 2005 a total of 21 224 people had been tested at state and CHAL hospitals with 11 101 (52%) being HIV infected. Between October 2004 and March 2005 a total of 3 597 PLWHA had been assessed for ART and of these 965 were on the pre-ART follow-up programme and 2 500 were on ART. This represents 8% of the target of 23 000 PLWHA to be on ART by the end of 2005. By February 2006, approximately 10 000 PLWHA had been introduced to HAART treatment.

⁶ Kettaneh A, Gittens N, Khan S. An assessment of Lesotho AIDS Programme Co-ordinating Authority (LAPCA) and plan for the establishment of a National AIDS Commission (NAC) and secretariat. DFID Health Resource Centre, London. 2004

There are a significant number of NGOs within Lesotho and they range from small, local organisations to the large, international NGOs.

Problems identified by the MoHSW in providing care for HIV include:

- Insufficient funding for logistics, including transport;
- Lack of adequate counselling rooms at health facilities;
- Problems with referrals due to the high influx of clients at service centres and insufficient staff; and
- Poor follow-up of clients.

In the past the MoHSW has faced the problem of services not being well integrated where, for example, an HIV-infected pregnant woman would have to go to an ART centre for ARVs, a TB clinic for TB drugs and the separate antenatal clinics for antenatal care. This is being addressed through the move to have one structure which addresses all services, for example Queen Elizabeth II Hospital in Maseru but where the services may be administered by different doctors with clear linkages and referral systems in place.

Conclusions

The MoHSW has initiated a national treatment plan for people living with HIV and AIDS and is steadily increasing the number of facilities providing ART across all districts. However, problems with a lack of capacity at all levels within the MoHSW, poor integration of services

and weak logistics are hampering the roll-out.

Approximately 10 000 PLWHA across the country are receiving ART but this number would increase significantly if all PLWHA in the Apparel Industry were to access the care they need. It therefore seems highly unlikely that the state health services will be able to meet the care needs of the apparel industry in the short term.

The non-governmental organisation sector

There are a significant number of NGOs within Lesotho and they range from small, local organisations to the large, international NGOs. In this section of the report we describe the structure and activities of those NGOs which potentially may be able to offer services to the proposed LTI.

CARE Lesotho and South Africa

CARE's response to HIV/AIDS in South Africa and Lesotho is founded on the recognition that HIV-Aids is a development issue. This parallels closely with CARE's mission of alleviating poverty and realising human rights.

In Lesotho, CARE was involved in the development of the National AIDS Strategic Plan in 2000. CARE has also

collaborated with the co-ordinating authority since its inception the same year.

CARE is implementing the following projects as a direct response to HIV/AIDS (Care: 2005):

- SHARP – The Sexual Health and Rights Promotion Programme.
- PSCAAL – The Private Sector Coalition against HIV/AIDS in Lesotho project aims to scale up a private sector response to the epidemic in Lesotho.
- Local Links for OVC (orphans and vulnerable children) support in South Africa addresses three areas: fragile economic safety nets and limited security of assets on which to draw during the continuum of HIV/AIDS illness; a lack of comprehensive, quality services and referral mechanisms at local levels; and a lack of rights protection of children affected by HIV/AIDS.

Projects within CARE's other programming themes have mainstreamed HIV/AIDS and include:

- LRAP – Livelihoods Recovery through Agriculture Programme in Lesotho.
- WHELL – Water, Health and Livelihoods Project in South Africa.
- SCAPE – The Strengthening Capacities and Transforming

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Population Services International distributes condoms to both private sector organisations, including retailers and workplaces, as well as to government clinics. Its sales and distribution specialist for condoms indicated that Association of Lesotho Employers bought 120 000 pieces in June/July last year and believes that currently the workplaces are out of stock. He also indicated that government has had some difficulty with the procurement and supply of condoms on a continuous basis.

Relationships for Exercising Rights Programme.

An interest was expressed in also working with textile and apparel workers who sit outside the factories. However, this falls outside of the scope of funded activities.

CARE might be able to provide some support or assistance in linking the project into community-based programmes.

In the stakeholders' forum as well as in a one-on-one interview, CARE supported an LTI in the textile and apparel industry and agreed that the approach needs to be driven and led by the industry and not by an NGO

Population Services International Lesotho

Population Services International Lesotho (PSI) was established in 2001 as a not-for-profit organisation and works closely with the Lesotho Ministry of Health and Social Welfare. The organisation receives funding from the Dutch government, USAID and Development Cooperation Ireland (DCI). PSI is a social marketing company aimed at making essential healthcare products available and affordable to vulnerable populations. Its core focus in Lesotho is the marketing and distribution of

condoms and voluntary counselling and testing through its New Start Centres.

At present PSI distributes condoms to both private sector organisations, including retailers and workplaces, as well as to government clinics. The sales and distribution specialist for condoms at PSI indicated that Association of Lesotho Employers (ALE) bought 120 000 pieces in June/July last year and believes that currently the workplaces are out of stock. He also indicated that government has had some difficulty with the procurement and supply of condoms on a continuous basis.

The New Start voluntary counselling and testing network has sites in Maseru, Maputsoe, Mafeteng and Qacha's Nek. This is a relatively new network with the three first sites being opened in July 2004 and the fourth in August 2005. In addition to providing VCT/HTC at the centres, the programme has an outreach component in which its services are extended to the surrounding communities through a mobile VCT/HTC centre. Each New Start centre also has a post-test club to support those who have engaged in counselling. A referral network has been set up for people who require additional assistance after being tested. To date the four sites

combined have tested more than 13 000 Basotho.

PSI responded with interest to the proposed LTI for the apparel industry, believing that there is a dire need in this area.

The organisation indicated that it would be interested in participating in the programme, certainly on the VCT/HTC components and potentially the condom distribution programme.

Lesotho Red Cross Society

The Lesotho Red Cross Society has a range of programmes and a network of volunteers and full-time staff. As a response to His Majesty's declaration of HIV/AIDS as a national disaster in 2000, the National Society developed a five-year plan for 2002 to 2006.

The core features of this plan centre around the provision of integrated community home-based care, which began in 2003. In 2005 the society received monies from the Global Fund to Fight AIDS, Tuberculosis and Malaria to support this programme. This care was initially being offered in four areas, namely Berea, Maseru, Leribe and Mafateng, but this is being extended to Thaba Tseka, Maputsoe, Mokhotlong and Quthing. Core to this programme is the recruiting and training of care

A particular strength of the Lesotho Red Cross programme is the relationships that have been built around home-based care in the nine communities.

facilitators, who train people in and administer home-based care. They are usually volunteers and they are paid a small stipend of M200 a month to cover the costs of their travel and supervision of the support groups. There are 325 home-based carers across the four districts. The carers have been trained in ARV adherence and reactions, and in certain instances where patients are too ill to collect their medications, the carers may collect the refills.

According to the CEO, the nine sites have 1785 clients at present being assisted with community home-based care.

A particular strength of the Lesotho Red Cross programme is the relationships that have been built around home-based care in the nine communities. The society indicated that if further funding was made available it could extend the programme to provide the home-based care components of a potential LTI.

The society indicated that it might be important to train the health and safety officers at the factories in the basics of home-based care, recognising symptoms, and providing information about where they could refer employees needing care.

The Clinton Foundation

The mandate of the Clinton Foundation is to support the MoHSW and the government's national programmes in the roll out of ARVs. The foundation's main focus is on supporting, expanding and initiating programmes through the ministry. The foundation is assisting the government in the following areas:

- The procurement and management of ARVs, and assisting the government to build capacity for the anticipated increased demand for the programme;
- Refurbishing the laboratories, assessing and assisting with quality management systems for the lab testing services;
- Clinical training with a focus of medical practitioners;
- Support for a GP at the paediatric clinic and development of protocols in the clinic and Queen Elizabeth II Hospital; and
- Training, equipment and drugs for paediatric and infant diagnosis.

The foundation supported the suggested LTI. However, as its focus is to support the ministry, it is not interested in becoming involved in the private sector at this stage. It would, however, be willing to collaborate if a public-private

partnership between the ministry and the proposed LTI is set up.

Lesotho Planned Parenthood Association

Lesotho Planned Parenthood Association is a non-governmental, non-profit sexual and reproductive health organisation committed to:

- The provision of quality sexual and reproductive health information and services to men, women, youth and marginalised groups;
- Prevention and mitigation of HIV/AIDS;
- Strategic partnerships with communities and stakeholders;
- Its role as a catalytic partner in advocating sexual and reproductive rights; and
- Needs-based and sustainable programmes.

The association has adopted the five A's from the International Planned Parenthood Foundation strategic framework, namely advocacy, abortion, AIDS, access and adolescents.

The organisation has considerable experience in providing reproductive health services, including contraception, HIV voluntary counselling and testing, treating

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Positive action has identified stigma as a major barrier to people entering treatment programmes.

sexually transmitted infections and providing reproductive health training to a range of people, including management and employees.

The association has two clinics in Maseru within reach of apparel workers. It has good relationships with government, various NGOs, including World Vision, PSI, Lesotho Red Cross and CARE Lesotho, as well as with international agencies such as UNFPA (UN Population Fund and UNICEF (UN Children's Fund).

Senior staff indicated that the organisation would like to participate in the LTI proposed for the apparel industry. Their clinics could be part of the proposed network that is described in the final model. In addition, the association is likely to be a competent tenderer for certain other services such as management and employee training.

Positive Action and the Lesotho Network of People Living with HIV/AIDS

Positive Action (PA) was started in 1999 as a support group for people living with HIV/AIDS (PLWHA) and with the mission of reducing the spread of HIV through providing information, counselling and support. The organisation has faced many challenges over the last few years.

PA now has support from DCI and CARE Lesotho. There is a secretariat with three full-time staff members (a project co-ordinator, an accountant and a programme manager).

Although PA started out as a support group, and still has this function, it has also expanded to include peer-to-peer support, anti-stigma campaigns, providing public speakers and supporting income-generating projects. Examples of income-generating projects include bead sewing, mug painting and making calendars.

The Network of PLWHA was launched in May 2005 and its work plan for the first year included positive living programmes, institutional capacity building and capacity building of the support group leaders.

PA has identified stigma as a major barrier to people entering treatment programmes. The stigma is particularly acute in rural areas but exists in urban areas and in workplaces. A staff member provided anecdotal evidence of apparel workers who attend the Senkatana treatment centre but frequently default because they do not want their employers to know about their HIV status. Employees fear victimisation and they routinely have their pay docked for attending the facility.

PA believes that its experience in establishing and sustaining support groups and its experience with anti-stigma campaigns may be useful to the apparel industry LTI. PA could also assist in providing speakers to address groups of apparel workers.

While it is true that working with PLWHA and including them in prevention programmes is important, the track record of PA of running sustainable interventions needs to be verified. However, with proper support, PA may be included in a workplace programme.

Concluding comments on the NGO sector

Although there are a NGOs in Lesotho which are active in the HIV/AIDS field, there are no well-established and significant organisations active within the apparel sector as most are targeted and driven at a community level. Where there have been interventions within the apparel industry, these have not been industry-led but instead have been sporadic interventions implemented at company level. Like many of the HIV/AIDS projects in Lesotho, they have been unstructured and uncoordinated.

Constraints include: difficulty in getting qualified and professional

The final model proposes that NGOs and private sector service providers should be able to tender on an equal footing to provide services to the LTI.

staff with high staff turnover, especially at management levels, poor monitoring and evaluation mechanisms as well as little influence in the private sector.

While there is no single NGO that can offer a comprehensive LTI for the apparel industry, there are NGOs that may be able to offer certain services. The final model proposes that NGOs and private sector service providers should be able to tender on an equal footing to provide services to the LTI.

Donor organisations

Assistance from the international community fell sharply in the 1990s – partly reflecting a shift in resources to post-apartheid South Africa. Aid per capita to Lesotho fell from US\$82 in 1990 to US\$32 in 1998. The only remaining bilateral donors with significant programmes are DCI (Irish Aid), DFID and GTZ (Germany). JICA (Japan) provides commodity aid in the agriculture sector. The European Community is the largest multilateral donor providing grant assistance, and the World Bank and African Development Bank provide loans on concessional terms corresponding to Lesotho's status as a low-income country.

The EC and the UN have significant in-country presence, and the World

Bank is due to open an office in the near future.

Programmes in Lesotho dealing with HIV/AIDS

Development Cooperation Ireland (Irish AID)

DCI has been one of the lead donors in the health sector in Lesotho since 1975. Up until 2001 this support was mainly for projects. From 2002 to 2004, DCI supported the Lesotho government with a health reform process. Lack of accurate statistics were a problem and DCI helped the government undertake an on-going Demographic Health Survey for more reliable baseline information.

DCI identified the following as its main areas of support: intensification of information, education and communication; behavioural change communication; voluntary testing and counseling; management of opportunistic infections; and mainstreaming HIV/AIDS in DCI supported sectors.

DCI has experienced certain limiting factors which have led to the low absorption of funds and have created bottlenecks for the expenditure of funding. The MoHSW has responded to some of these:

- Over the past two years it has embarked on the integration of the recurrent and capital budget, in which a planning and budgeting framework has been developed and is being implemented.
- In 2004 a National Health and Social Welfare Policy was developed and approved by Cabinet in 2005. A 10-year strategic plan was developed based on the approved policy. A three-year sector expenditure programme and annual operational plans have been developed since 2004/05.
- Through the Project Accounting Unit, since 2001, the MoHSW has produced monthly financial statements and undertaken external annual financial audits for Irish AID and other development partners.
- The implementation of health sector reforms in 2000 required the MoHSW to take the lead in moving from project-type support to a more coherent and strategic direction in which the ministry outlined the areas of support that development partners should engage in.

DCI is spearheading the effort to harmonise donor efforts and funding. According to a DCI Project Appraisal and Evaluation Group paper 2005-2007 (p9), The European Union (EU),

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Donor harmonisation is a significant and encouraging new development.

African Development Bank (ADB), World Bank, UNICEF, UNFPA and World Health Organisation (WHO) (as well as DCI) are the main donors working within the health sector in Lesotho. The general focus of these donors has been as follows:

- EU: Support for health reform including technical advisors, equipment and supplies within the decentralisation and health management information system programmes.
- ADB: Strengthening of mental health services, rehabilitation of the National Health Training College.
- World Bank: Strengthening of programme management systems within the central ministry's planning unit, supporting human resource and pharmaceutical reforms.
- UN agencies: A range of initiatives.

This donor harmonisation is a significant and encouraging new development. According to the DCI report a statement of intent was signed with the MoHSW in 2004 by all the parties. This is being reviewed and improved at present. The statement also outlines specific milestones and means to monitor progress. Meetings between the MoHSW and the relevant partners are held every six weeks. DCI and WHO

represent all the donor partners at these meetings.

Medium- and short-term goals of the partners are:

- Strengthening the health sector's response to the HIV/AIDS pandemic;
- Developing a sound health management information system and budget reporting system;
- Linking expenditure to priorities – updating and aligning the new expenditure framework with the medium-term expenditure framework process;
- Efficient decentralisation of essential public health services to ensure equitable health service delivery;
- Developing the partnership between the government and CHAL; and
- Addressing a noticeable shortage, on the ground, of human resources, drugs, and poor support services.⁷

Specific objectives of DCI include:

- Improved quality of health service delivery;
- Institutions strengthened within the health sector;
- Donor co-ordination and harmonisation strengthened; and
- Civil society strengthened to

support the government's poverty reduction strategy⁸

In meetings with DCI it indicated that the organisation would be open to supporting a private sector response if it was well co-ordinated and managed.

DED (German Development Service) and GTZ (German Technical Co-operation)

German assistance is aimed at decentralised rural development in the southern districts with little specific focus on HIV/AIDS. Efforts are mainly with local government looking at governance, HIV/AIDS competence of councils, and job creation within the districts, for example community tourism. Traditionally DED supports programmes with either technical advisors or in human resources. While DED's focus is not specifically HIV/AIDS, it would support an effective LTI in the textile and apparel industry.

There is a possibility that DED may be interested in co-funding personnel in management or providing technical support to the project. In the past, DED has been involved in the monitoring and evaluation of programmes and could provide some useful resources to the LTI. In addition, DED is piloting a cost impact

Issues of stigma and confidentiality must be carefully and sensitively addressed.

analysis tool, developed by GTZ, in one of the factories.

Issues raised by DED were:

- The project should be private sector driven and not managed by an NGO;
 - ARV procurement should be carefully and efficiently managed so as not to run out of stock;
 - A public-private partnership should be considered, where if dependants and spouses are not included in the programme, these persons are treated at government clinics;
 - Time off for training is negotiated with factory management;
 - Issues of stigma and confidentiality must be carefully and sensitively addressed;
 - There should be a strong voluntary testing and counseling component; and
 - The programme needs to address the issue of transactional sex.
- USAID (Potentially Presidents Emergency Plan for AIDS Relief (PEPFAR), although Lesotho technically does not qualify for PEPFAR funds
 - Global Fund to Fight AIDS, Tuberculosis and Malaria
 - Elizabeth Glaser Paediatric AIDS Foundation
 - Oprah Winfrey Foundation
 - Harvard University
 - Clinton Foundation

Potential donors who may be able to play a role in the LTI include:

- DFID
- KFW (German Bank for Reconstruction and Development)
- GTZ
- African Development Bank
- World Bank
- EU
- UN Agencies

7 Project Appraisal and Evaluation Group (PAEG), p10:2005.

8 ibid.





SECTION 4

The textile and apparel industry: employer organisations, labour organisations, brands and retailers

The textile and apparel industry in Lesotho has been heralded as one of the success stories of Africa, supplying clothing to some of the largest US retailers including brands such as Gap and Levi Strauss.

No proposed model or LTI can be understood without contextualising this within the textile and apparel industry as a whole, discussing some of the strengths and challenges facing the industry, and assessing relevant stakeholders within the industry and their approaches and interventions regarding HIV/AIDS.

This section covers

- Industry profile: mapping the industry
- Principle challenges facing the Industry
- Employer organisations' responses to HIV
- Labour organisations' responses to HIV
- Brands and retailers
- Broad industry comments

Industry profile: mapping the industry

The textile and apparel industry in Lesotho has been heralded as one of the success stories of Africa, supplying clothing to some of the largest US retailers including brands such as Gap and Levi Strauss.

Since 2000 the industry has expanded from about 20 000 employees to a peak of approximately 54 000 employees (Salm: 2005). Estimates suggest that

the industry is employing between 40 000 and 45 000 employees at present. The decline in employment in this sector in 2005 is mainly due to some of the challenges discussed in the section below, the most significant of which is the demise of the quota system. Nevertheless, the textile and apparel industry remains a critical sector in the Lesotho economy and is the largest private sector employer in the country. Not only does the sector pay out approximately \$80 million in wages each year, studies also indicate that the growth of the industry has triggered growth in other areas such as food sellers, taxi operators and room renters. A significant amount of the wages earned are used to support family and dependants in poorer rural areas (Salm: 2005).

The industry is located in four main areas: Thetsane, Maseru West (Western Section), Maseru West (Eastern Section) and Maputsoe. Thetsane accounts for approximately 40% of the industry with roughly 20 000 people employed in the apparel Industry in the area. It houses approximately 10 different companies including the two largest groups, the Nein Hsing Group of companies and CGM Group of Companies, with at least four different factory sites each. While Maseru West (Western and Eastern Section) is smaller, more than 15 000

workers are employed there. While even smaller, Maputsoe and Ha Nyenye have a significant number of workers with more than 5 500 workers in 11 factories.

One of the obvious strengths of the industry is that workers can be accessed in large numbers over a few areas making a structured and co-ordinated response to HIV/AIDS more feasible and potentially more easily accessible.

Principle challenges facing the apparel and textile industry

A number of comprehensive reports have been written about the textile and apparel industry, namely the *Lesotho Apparel Industry Subsector Study* done for the government of Lesotho (2002), an *Overview of the State of the Textile and Apparel Industry in Lesotho* (2005) and the *Value Chain Analysis of Selected Strategic Sectors in Lesotho Field Study* (2004). However, it is important to present a brief overview of the challenges both nationally across sectors and within the textile and apparel Industry specifically.

The value chain field study identified five critical areas effecting the economy, namely: low labour

A seroprevalence study in one of the apparel and textile factories in Lesotho indicated that overall 33.7% of the workforce was HIV-positive.

productivity, the poor state of infrastructure, heavy reliance on imported inputs with limited or no local sourcing, lack of market and technical information and the undermining force of the AIDS epidemic.

A seroprevalence study in one of the apparel and textile factories in Lesotho indicated that overall 33.7% of the workforce was HIV-positive, and in the age category 30-39 38.5% were found to be HIV-positive. While these are the results of only one company, they nevertheless illustrate a severe HIV/AIDS epidemic in all age bands, especially in the younger age employees. This lowers productivity and pushes up costs, which challenge Lesotho's competitiveness and procurement of foreign investment.

On a sector level, up until the January 1 2005, the Multi-Fibre Agreement (MFA) governed the apparel imports to the US and EU through the means of a quota system. The effect of this agreement was to give developing countries such as Lesotho, preferential access to markets and to protect them from global competition. The ending of this arrangement and the phasing out of the quota system essentially means that developing countries are now required to compete at an international level. However, there

are still some advantages for Lesotho companies trading under the AGOA and Lome agreements.

While it is understood that change can present opportunities for development and growth, the demise of the quota system poses significant challenges to the apparel and textile industry in Lesotho both economically and socially (MFA: 2005)

The value chain analysis also identified four apparel sector specific challenges, namely: government policies, lack of product and market diversification, high concentration of expatriate supervisory and line management, and the poor availability of water (Global Development Solutions: 2004). However, the research team's meetings with the Ministry of Trade and Industry indicated the government's commitment to the success of the industry. In essence, it is not necessarily the policies themselves that are a problem but rather how they are being implemented. To this end the government has made commitments to put incentive schemes in place that will encourage investment in the sector. Government has also recognised the need for skills development in the supervisory and line management levels in the industry.

Whether this commitment is turned into action remains to be tested. While the challenges in the industry are great, stakeholders indicated that they were not insurmountable if a co-ordinated and strategic response is put in place.

As a response to the challenges facing the industry internationally, and particularly as a response to the end of the MFA, in 2004 a range of brands and retailers, international institutions, trade unions and NGOs formed a group called the MFA Forum. This group has international presence and national working groups. Lesotho had its first meeting of the working group in August 2005. The forum aims to provide a shared space where threats to the industry can be addressed.

Employer organisations' response to HIV

Two organisations are central in understanding the private sector response to HIV/AIDS within the Lesotho apparel and textile industry, and they form the basis for any discussion around a private sector response. These are the Lesotho Textile Employers Association (LTEA) and the Association for Lesotho Employers (ALE).

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The textile and apparel industry: employer organisations, labour organisations, brands and retailers

Jennifer Chen of the Lesotho Textile Exporters Association indicated that the industry was beginning to feel the effect of HIV/AIDS deaths. While no statistics were available, the perception was that the death rate had increased significantly in the last five years. This is of concern to the employer organisation with some members feeling that they have no control over the epidemic. There is a strong sense that, while this is an industry concern, government should be doing more to address the problem.

Lesotho Textile Exporters Association

Jennifer Chen of the LTEA indicated that the industry was beginning to feel the effect of HIV/AIDS deaths. While no statistics were available, the perception was that the death rate had increased significantly in the last five years. The organisation is concerned, with some members feeling that they have no control over the epidemic. There is a strong sense that, while this is an industry concern, government should be doing more to address the problem.

Nevertheless the LTEA Workplace Policy on HIV/AIDS explicitly states its position regarding an approach to HIV/AIDS within the industry. This approach is based on three broad principles:

- To provide care and support for employees who are infected and affected by HIV and AIDS;
- To prevent new infections; and
- To protect all employees against HIV/AIDS-related discrimination.

In addition to this, the association makes a commitment to:

- Establishing programmes and gender sensitivity especially in relation to HIV/AIDS;
- Establish workplace regulations especially with regards to the

rights of the employer and employee, and addressing the issues of discrimination in the workplace;

- Facilitating voluntary counselling and testing;
- Facilitating assistance for families of employees living with HIV and AIDS; and
- Building strategic partnerships with the HIV/AIDS co-ordinating authorities.

Even though the focus has been on government to deliver services especially with regards to treatment, the LTEA has initiated and participated in a number of HIV/AIDS interventions. These include:

- **A voluntary testing and counselling drive:** In partnership with the Ministry of Labour and the MoHSW, nurses and factory workers were trained to administer VCT. The test kits were provided free by the MoHSW. The association itself recommended that each factory select people to attend this training. At Shinning Century at least seven counsellors were trained and 500 out of the 1 300 staff were tested.
- **Awareness raising:** Industry specific posters were designed for the factories.
- **Apparel industry policy initiative:** The LTEA advised all members to adopt an HIV/AIDS

policy with assistance from the US Embassy and individual companies were encouraged to develop their own HIV/AIDS policy.

- **Private Sector Coalition Against AIDS – Lesotho:** Through the coalition, a small group of apparel factories participated in peer education training, care and support training and policy development and implementation training.
- **Benefits:** There is an industry funeral scheme to which some but not all companies belong. This is run by the Lesotho National Insurance Group. Both employers and employees contribute to this fund.

The difficulty with many of these programmes is that there appears to have been little, if any, monitoring and evaluation programmes, which makes it difficult to assess their quality, relevance, successes and/or failures. The approach seems to have been to respond to opportunities and partnerships rather than develop a strategic co-ordinated one. Nevertheless, the LTEA has expressed interest in becoming involved in a LTI within the textile and apparel industry and indicated that a co-ordinated and structured approach would be valuable.

The Association of Lesotho Employers has identified HIV/AIDS as one of the major issues threatening the private sector and has embarked on a range of HIV/AIDS projects.

Association of Lesotho Employers

The Association of Lesotho Employers and Business (ALE) was originally established as a trade union in 1961 under the name of Union of Employers. However, the organisation is now registered as an employers' organisation

ALE claims to represent more than 65% of the large- and medium-sized businesses in Lesotho. Jennifer Chen, the head LTEA, is a member of the ALE committee, whereas Nien Hsing and CGM (two of the largest clothing and textile manufacturers) are direct members of ALE.

Services to its members include:

- Advocacy with government;
- Assisting members with labour, economic and social problems;
- The formulation of policies, particularly in relation to economic and social development including HIV/AIDS;
- Representing employers in all tripartite bodies; and
- Promoting small- and medium-sized enterprises through establishing links with large employers.

ALE has identified HIV/AIDS as one of the major issues threatening the private sector and has embarked on a range of HIV/AIDS projects.

A full-time HIV/AIDS co-ordinator has been employed. Projects include:

- Distribution of condoms through PSI;
- VCT/HTC training from MoHSW;
- International Labour Organisation (ILO) educational workplace programmes;
- Re-sensitisation programme: workshops being held with CEOs and MDs on HIV/AIDS and how to drive programmes forward.
- Use of the mine workers development agency Teba's home-based care programme

According to ALE, there are no treatment programmes in the industry at present and the largest constraint for both ALE and these companies is funding.

ALE has considered strengthening the clinics so they can serve as treatment sites. According to ALE only 10 to 15 companies could financially sustain providing ARVs to their staff and these are mainly companies which are subsidiaries of South African-based internationals. None of these companies are from the apparel sector.

ALE was involved in the setting up the Private Sector Coalition against AIDS – Lesotho. ALE was involved in managing the coalition for 12

months; thereafter it has been managed by CARE Lesotho.

Tensions around the management of this project are evident. ALE executive director Thabo Makeka says the organisation's interest in HIV/AIDS is to act as a co-ordinating body between service providers, funders, donors and companies but it is not interested in implementation and service provision.

The Global Business Coalition Against HIV/AIDS has met with ALE and other interested parties to set up a private sector structure which could manage, co-ordinate and strategise a private sector response.

Labour organisations' response to HIV

According to the audit report on trade unions for the year ending December 2004, there are four trade unions operating in the textile and apparel industry, namely: FAWU (Factory Workers Union), LECAWU (Lesotho Clothing and Allied Workers Union), Lentsoe la Sechaba Workers Union and NUTEX (National Union of Textile workers).

Given the decrease in numbers employed by the industry in 2005, trade unions estimate that only 20-25% of the industry is represented

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The textile and apparel industry: employer organisations, labour organisations, brands and retailers

The larger companies that own their own buildings are easier to negotiate and collaborate with and freedom of association is not a problem.

by a union. This means that any interventions initiated by the unions affect only 20-25% of the employees. As such, attention needs to be given as to how non-members will be included in programmes. By far the two larger unions operating in the industry are LECAWU and FAWU.

It is important to note that FAWU developed out of a split in LECAWU. Both unions admit that the relationship between the two is not harmonious, but negotiations are underway to build bridges and, in time, potentially merge the unions.

Factory Workers Union

FAWU is a young trade union, only two years old and is headed by a Member of Parliament, Macaefa Billy. It has 12 full-time staff and operates only in the textile industry. In December 2004 it had 10 265 registered members. The union's relationships with both ALE and LTEA are regarded as good.

The larger companies that own their own buildings are easier to negotiate and collaborate with and freedom of association is not a problem. In at least three of the larger companies (CGM, Nien Hsing Group and Precious Apparels) FAWU has a recognition agreement. However, smaller companies without fixed assets seem less interested in

a permanent relationship with the union. Relationships under these circumstances are unreliable and difficult to negotiate.

FAWU has recognised that it does not have a clear policy on how to deal with the HIV/AIDS epidemic and would welcome an industry-driven initiative. It is investigating drawing up its own policy.

FAWU says programmes are implemented on an individual company-by-company basis. While workshops and tripartite discussions between employer organisations, labour and government have taken place, there has been little action. A concern was raised about the 2% set aside in the government's budget for HIV/AIDS interventions and that the industry has not seen much of this 2%. The suggestion was that as 99% of the employees in the industry are women, at least 1% should be able to be sourced from the Ministry of Employment and Labour for an industry initiative.

FAWU suggested that areas of focus for an industry initiative should be:

- Training programmes;
- Treatment and drugs; and
- Reporting mechanisms and accountability.

FAWU's recommended that all parties

should contribute to the project and that an independent account be set up, controlled by a tripartite (employer organisations, labour organisations and government) agreement. All parties would contribute to the fund.

From a labour perspective, FAWU indicated that it would be willing to consider offering a portion of the R10.00 membership fee per employee per month to the AIDS project. While no definite commitments were given, the amount of R2 per employee per month was mentioned.

Lesotho Clothing and Allied Workers Union

LECAWU, the oldest of the trade unions, represents approximately 5 500 members. Subscriptions to the union are R10.00 per employee per month, with no funeral or other benefits. In six companies, the union has been successful in getting stop-orders. The union has one general secretary, one deputy secretary, one project co-ordinator and five agents. The co-ordinator oversees projects in the areas of:

- HIV/AIDS;
- Gender;
- Capacity building of staff;
- Collective bargaining; and
- Leadership and management.

The textile and apparel industry is the largest private sector employer in Lesotho. The sector pays out approximately \$80 million in wages each year and it is suggested that a significant amount of the wages earned are used to support family and dependants in poorer rural areas. Research showed that 33.7% of the workforce in the Lesotho apparel industry was HIV/AIDS positive and, in the age category 30-39, 38.5% were found to be HIV/AIDS positive. This results in lower productivity and higher costs, which challenge Lesotho's competitiveness and ability to procure foreign investment.

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According to the Association of Lesotho Employers, there are no treatment programmes in the apparel and textile industry and the largest constraint is funding.

Similarly to FAWU, the union reports that in companies where they have recognition agreements, the working relationships are good, whereas in companies where there are no recognition agreements, relationships are much more difficult. LECAWU highlighted the need for training trainers and employee awareness, but have found it difficult to implement any of these programmes as employees are not given time off work to attend training and are not paid for days when they attend training with the union. Training is further constrained by short lunch breaks.

LECAWU reports having strategic relationships with the ILO HIV/AIDS programme, the PSCAAL programme and the Ministry of Trade and Industry. In 2004 its focus was mainly on creating awareness around HIV/AIDS and its various projects. Last year saw the start of implementation. Areas of focus are:

- HIV/AIDS policy within LECAWU;
- HIV/AIDS co-ordination: Establishing people as focal points in each of the factories who will be responsible for HIV/AIDS issues and helping integrate these into the gender and health and safety committees;
- Promoting the ILO workplace programme and code of conduct

- Training of trainers, peer educators and management;
- A resource centre; and
- Voluntary testing and counseling centre.

The general perception of the union leadership is similar to that of FAWU in that most HIV/AIDS initiatives have been haphazard and have happened in isolation. Given this, the union would support a co-ordinated approach within the industry. LECAWU is in negotiation with the Participatory Alliance for Care and Treatment about human and financial resources for its HIV/AIDS programme and, should this be finalised, LECAWU could potentially offer human resources and office space to the project. At present the union sets aside 10c per employee per month for training, which amounts to roughly R500.00 a month, which could possibly be contributed to a co-ordinated programme.

ILO HIV/AIDS Workplace Programme

The ILO Workplace Programme has been core to interventions implemented in the industry.

The ILO is a UN agency specialising in the promotion of social justice and internationally recognised human and labour rights. As part of

its mandate, it provides technical assistance, training and advisory services to independent employers' and workers' organisations, as well as governments.

The HIV/AIDS programmes in Lesotho fall under the international HIV/AIDS workplace education programme.

The ILO has targeted 12 companies within which to work, but is hoping to expand this. Two of these 12 companies fall within the textile and apparel industry, namely Precious Garments and Springfield Footwear. The aims of the programme are to provide support to these companies to put into place workplace policies and programmes. The starting point is the setting up of a committee in each of the companies which will steer the HIV/AIDS programme and the drafting of an HIV/AIDS policy in English and Sesotho. This committee is to comprise members of top and middle management as well as shop floor representation.

The ILO is also working with trade unions through COLETHU, a trade union federation, where representation from the affiliates of this organisation attend training. The aims of the programme include:

- Improved co-ordination and co-operation between the tripartite constituents;

The national programme director for the ILO indicated that the organisation would be interested in becoming involved in a private sector response to HIV/AIDS within the textile and garment industry.

- Improved national level policy framework related to HIV/AIDS at the workplace;
- Increased capacity of tripartite constituents to develop and implement workplace policy programmes;
- Develop and implement comprehensive HIV/AIDS policy and programmes in 12 targeted workplaces;
- Once capacity is established, to launch behaviour change communication programmes in the workplace
- Establish collaborative arrangements to facilitate access by workers to care and support services; and
- A comprehensive sustainability plan for continued action in Lesotho.

The national programme director for the ILO indicated that the organisation would be interested in becoming involved in a private sector response to HIV/AIDS within the textile and garment industry. In the industry stakeholder forum, the national programme director suggested that the ILO's role in such an initiative could be to drive co-operation and collaboration as well as facilitate policy development, implementation and mobilise resources (both technical and financial) as well as quality assurance.

Brands and retailers (Specifically Levi Strauss and Gap Inc)

The buying power of the brands puts them in a strong position to motivate for action over HIV/AIDS within the Lesotho apparel and textile industry. A key area that the brands could push is compliance with minimum industry standards for HIV/AIDS programmes and interventions.

Levi Strauss

Any support for HIV/AIDS initiatives is driven through the Levi Strauss Foundation. This foundation consists of a core of five full-time staff and considers proposals and projects across a broad range of corporate social responsibility issues. The main task of this team is to investigate projects which are worth investing in.

The general approach of the foundation is to invest in programmes which are already up and running, where the foundation can simply plug into what already exists. The foundation seldom initiates programmes itself. The support is mainly financial and any programme requesting more than \$50 000 has to be approved by the foundation board.

In an interview with the regional

compliance auditor for Levi Strauss it was reported that the foundation is working with the SWEAT (Sex Workers and HIV/AIDS) programme in Cape Town but has not done anything for HIV/AIDS in Lesotho. The foundation was looking to do something small before the end of 2005 in Lesotho for HIV/AIDS, with a view to being open to bigger proposals in 2006. For the foundation to invest, the programme must be a private sector-driven response, it must be an integrated and comprehensive response, it must be long term with strict criteria for measurement, and it must also be mainly focused on women.

Gap Inc

In a meeting with two compliance auditors for Gap it was agreed that a co-ordinated and strategic approach to the AIDS pandemic in Lesotho was sorely needed. The general sense from the auditors was that companies do not know where to start when it comes to HIV/AIDS programmes and thus fail to start at all. Gap has in the past funded a part of the PSCAAL programme and has indicated its interest in seeing a more formal document and proposal coming out of this research process. Gap indicated that they could participate in two ways:

- Incorporate compliance for

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The textile and apparel industry: employer organisations, labour organisations, brands and retailers

As the textile and apparel Industry is such a key industry to the economy of Lesotho, it is one of the first industries that is approached to participate in a range of projects.

workplace HIV/AIDS programmes into its audits.

- Provide support for a co-ordinated and strategic response through the MFA Forum.

Commitments to financial resources cannot be made until a full project plan and proposal is submitted to San Francisco for approval.

Both brands have taken a non-competitive stance to working in the field of HIV/AIDS and would not consider it a problem being involved in the same industry project with a range of stakeholders.

Broad industry comments

- The textile and apparel Industry is under pressure both socially and economically. While the motivation for an industry-driven HIV/AIDS intervention is apparent from both employer and labour organisations, all parties agree that there is limited funding within the industry itself to support the process.
- Efforts to address the HIV/AIDS epidemic in the textile and apparel industry have been unco-ordinated and lacked strategic planning.
- Planning sessions and workshops have been held in different levels and forums, however, there

seems to have been little action and a definite gap between ideas and implementation. Any industry LTI will have to address this gap and ensure effective and professional delivery of services and treatment.

- There is no one obvious choice of organisation that in its present capacity could house and drive an industry-wide HIV/AIDS intervention. Any attempts to initiate a LTI for HIV/AIDS in the textile and apparel industry would require significant internal capacity building of the host organisation as well as substantial funds for the project.
- Because of the lack of co-ordination, individual textile and apparel factories are being approached to participate in a range of HIV/AIDS-related activities. In one instance the team could not meet with one of the biggest textile companies as the CEO was already seeing six different groups of HIV/AIDS consultants that day.
- As the textile and apparel Industry is such a key industry to the economy of Lesotho, it is one of the first industries that is approached to participate in a range of projects. While projects can be extremely value adding if done strategically, timed properly, planned practically and meet the demands and needs of the

industry, if not done in this way they can undermine productivity and become burdensome.

- There are few benchmarking or assessment measures in place which could indicate the effectiveness or impact of the HIV/AIDS initiatives already undertaken in the apparel industry. It is therefore difficult to assess the success of any programmes in place.
- Where policy development has taken place, inappropriate levels of staff have often been co-opted to participate, thus meaning that there is not sufficient management buy-in.
- Daily incentivising of staff to achieve production targets means staff taking shorter lunch and tea breaks, thus allowing less time for training even if it were to take place during these times.
- In some companies training is not a shared cost between employee and employer. Reports indicated that employees were not given time off work to attend training, and if they were, they were not paid for the time they were not working.
- One of the commitments which the industry, through LTEA, has made is to make both time and venues available for training. This would need to be strictly adhered to for the success of any

Several proposed and several established HIV/AIDS-related LTIs were reviewed to inform the design of an intervention for the Lesotho apparel industry.

kind of awareness raising or peer educator components.

Company C, Insurance-based prevention and treatment proposal.

Review of HIV/AIDS LTIs

Several proposed and several established HIV/AIDS-related LTIs were reviewed to inform the design of an intervention for the Lesotho apparel industry.

The interventions were grouped in two broad categories:

- **Treatment-centre based models:** These are models which implement HIV/AIDS programmes from a treatment clinic basis. Programme participants travel to a single centre to receive counselling, testing and treatment. The two models reviewed were Centre A in Lesotho and Centre B in Durban.
- **Network-based models:** These models use a network of resources, with a professional, technical and managerial hub which oversees the delivery of services. One comprehensive model was reviewed, the Company A model, as well as two potential service providers' proposals on the delivery of treatment services. These were Company B, Lesotho apparel industry HIV/AIDS treatment programme proposal, and

The models were analysed in the following categories:

- Background;
- Description of operations, programmes and services;
- Strategic partnerships;
- Operational structure and corporate governance;
- Financial management structure; and
- Implementing partners.

The proposals are analysed in the following categories:

- Background
- Description of services proposed
- Additional features
- Aspects of HIV/AIDS care and treatment not catered for in the proposal

One of the models and two of the proposals were also economically analysed and compared to one another to determine cost drivers, and to provide a benchmark for the budgeting of a possible LTI.

On the basis of the results, as well as incorporating the analyses on local capacity and buy-in of various stakeholders, a proposed model was developed.

A close-up photograph of a person's arm wearing a white t-shirt. The background is a blurred outdoor setting, possibly a sports field or stadium, with a white pole visible in the distance. The lighting is bright, suggesting daylight.

SECTION 5 – A PROPOSED MODEL FOR A LONG-TERM INTERVENTION IN THE TEXTILE AND APPAREL INDUSTRY IN LESOTHO

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WALAEFA

SECTION 5

A proposed model for a long-term intervention in the textile and apparel industry in Lesotho

A forum representing these parties needs to be set up to oversee the establishment and implementation of the proposed LTI.

There are no large private industry level HIV/AIDS interventions in Lesotho.

Workplace interventions in place are confined to a few individual firms, primarily subsidiaries of South African companies. Therefore, there was no blueprint model within Lesotho that could be easily adapted for the apparel industry. Instead, the research team conducted a comprehensive review, presented in the previous section, of selected Lesotho and South African HIV/AIDS intervention models and proposals.

The purpose of presenting this model is twofold. Firstly, the design proposal may be used to develop a prospectus for funding and to draw up tender specifications in the call for proposals. Secondly, it may be used as a template against which to determine the quality and comprehensiveness of tender submissions.

Key principles

The following principles underpin the proposed HIV/AIDS intervention proposal:

- An HIV LTI for the apparel industry in Lesotho is necessary and needs to be implemented as soon as possible. This is

because the prevalence of HIV is already high in the employee population and these individuals will all need care and treatment as they develop symptoms of AIDS. In addition, those that are not infected with HIV remain at high risk as most employees are young, female and many are migrants. At present the government is unable to address the unmet needs of the apparel industry workforce.

- Although there are a number of challenges, an LTI is feasible. We have identified these challenges and addressed them in this proposal.
- A comprehensive intervention will take in prevention, treatment and care components, however, there is no single service provider that is able to offer this at present. Instead, a variety of service providers will need to have their services managed and integrated to implement a cost-effective and appropriate intervention.
- There is no existing institution in Lesotho that is optimally suited and ready to take on a large-scale intervention of this nature.
- There are a variety of role players and interested parties (companies, trade unions, employer organisations, brands, NGOs, donors and government) that are not working together in a co-ordinated manner.

A forum representing these parties needs to be set up to oversee the establishment and implementation of the proposed LTI.

- For the above reasons, it may be preferable that the LTI develops over time rather than as a one-off large-scale, unitary intervention. While a master plan for the intervention should guide the process, it is probably best from a logistic and feasibility viewpoint to start small and then scale up.
- It is proposed that, while the intervention will be funded and run primarily by the private sector, there should be close collaboration with the government of Lesotho in particular the National AIDS Commission and the Ministries of Health and Social Welfare, Employment and Labour and Trade and Industry. This for two key reasons. Firstly, the government has significant resources and services that may be used by the intervention including laboratories, free TB drugs, fluconazole (for treating fungal infections) and potentially ARVs. Secondly, at some future stage the government will have to take over responsibility for the care of apparel workers and therefore needs to be part of the initiative from the beginning.
- In the costing of this model it was

The project should be framed within the conceptual approach of 'mainstreaming'. Mainstreaming of HIV/AIDS in the workplace essentially refers to a process whereby the sector considers at a strategic level all the ways in which it may be effected by the epidemic and how it may be effecting the epidemic.

assumed that there would be no funding or provision of drugs by the government. This was done so that the true costs of the model could be estimated and because government input cannot be guaranteed.

- Although primarily a private sector initiative, the four main groupings of role players need to be involved to optimise effectiveness and efficiency. Employees and their unions need to play an active role in developing and implementing the initiative. Civil society, NGOs and community-based organisations also need to be engaged and may potentially act as partners and even service providers. In particular, organisations representing people living with HIV/AIDS should be actively involved in prevention and treatment aspects.
- Any LTI must not conflict with the aims, objectives, strategies and guidelines of the Lesotho government.
- The successful service providers which are contracted as part of this initiative should put significant emphasis on building local capacity within Lesotho at all levels of the intervention. Any tender application should explicitly state how the service provider will build capacity in the

private, civil and governmental sectors.

- There must be transparency in how the proposed intervention is to be implemented and budgeted for. In particular, profit, management and overhead costs must be identified in the proposal and structured according to the proposed budget framework.

HIV mainstreaming for the Lesotho apparel industry

We propose that this project be framed within the conceptual approach of 'mainstreaming'. Mainstreaming of HIV/AIDS in the workplace essentially refers to a process whereby the sector considers at a strategic level all the ways in which it may be effected by the epidemic and how it may be effecting the epidemic.

Through mainstreaming, a comprehensive and appropriate HIV/AIDS strategic plan can be tailored to the capacity and competitive advantage of the particular sector, in this case the Lesotho apparel sector.

Organisational structure and governance

The diagram on the next page depicts a possible organisation structure for a long-term HIV/AIDS

programme within the textile and apparel industry in Lesotho. It is envisaged that the programme will be set up as a not-for-profit organisation falling under the governance of the host organisation and the project steering committee. The various roles and levels of the organisation structure are explained below.

Levels of the organisational model

From an organisational structure and governance perspective the model operates at three levels. It is important to recognise that the levels do not operate in isolation and there must be clear channels of communication and collaboration between all three for the model to be effective.

The first level is a political/ stakeholder management level aimed at ensuring good corporate governance and the commitment of important key stakeholders. By ensuring that there is high level support for the programme the project gains credibility as well as a higher chance of success.

Role of the host organisation

The role of the host organisation is to ensure that this response is a private-sector driven project within the apparel industry in Lesotho.

PROPOSED MODEL

HOST ORGANISATION: LTEA

PROJECT ADVISORY COUNCIL

- LTEA representatives
- Programme director
- Fund manager
- Funder/donor representative
- Brands and retailer representatives
- Representative of an employer association other than LTEA
- Labour representatives
- ComMark Trust
- Government (MoHSW, MEL, MTICM)
- NAS/NAC
- International Labour Organisation (ILO)
- Global Business Coalition (GBC)

**M AND E
COMMITTEE:**

CORPORATE GOVERNANCE

PROGRAMME MANAGER

**FUND
MANAGEMENT:
PROMINENT
INTERNATIONAL
ACCOUNTING
FIRM**

MEDICAL MANAGER

PROJECT ADMINISTRATOR

PROJECT CO-ORDINATOR

FRONT OFFICE DESK/RECEPTIONIST

CORE MANAGEMENT TEAM

Provider/s for assessment and benchmarking:

- Seroprevalence/ VCT studies
- KAP surveys
- Cost impact analysis

Provider/s for prevention programme:

- Mainstreaming/management training
- IEC
- Peer education
- Condom distribution
- Treatment of STI's
- HTC/VCT
- PMTCT
- Research/ policy formation

Provider/s for disease management:

- Care & Treatment Centre
- Network of healthcare practitioners
- Integration with government and other private sector services
- Care and treatment protocols

OUTSOURCED SERVICE DELIVERY

The buy-in of individual companies is important to the success of the project and its efficient and effective roll-out.

The host organisation will need to play a critical role in advocating support for the project at an industry level and will need to build strong relationships with individual companies. The buy-in of individual companies is important to the success of the project and its efficient and effective roll-out. The Lesotho Textile Exporters Association is the largest industry body and already has some infrastructure in place and the motivation to drive an HIV/AIDS programme within the apparel industry. The association should be considered a possible and viable host organisation.

Role of the Project Advisory Council

The Project Advisory Council will oversee all the project components, assisted by the monitoring and evaluation (M&E) committee, through, inter alia:

- Approval of the annual operational plans;
- Approval of the annual budgets;
- Approval of budgetary reallocations;
- Approval of staff management policies;
- Regular reporting on the project's progress to relevant stakeholders and partners such as funders; and
- Provide policy guidance to

the project director and the management team.

Possible parties for the council have been depicted in the model on the basis of the research team's interactions with the various organisations. Depending on the final role of each of the stakeholders this may change. The council should not be exclusive and may decide to form other strategic partnerships with stakeholders that may not necessarily sit on the board. It is important to recognise, however, that this body cannot become involved in the day-to-day running of the project. Essentially the council will provide an accountability mechanism to ensure that the project is sustainable and effective. The project director should be mandated to manage and implement the project and should be given enough authority to do so.

Whenever there are steering committees there is the danger that a project may get derailed as a result of red tape and poor decision making. The decision making of this body should be clearly delineated in its constitution and it should not meet more than on a quarterly basis. It is critical that the steering committee does not get over-involved in the implementation of the project.

Role of the monitoring and evaluation committee

It is envisaged that the M&E committee could potentially be outsourced to an unbiased, objective service provider or monitoring organisation. The role of the committee would be:

- Developing a set of key indicators, along with numerators, denominators and data sources for patient monitoring and overall programme monitoring;
- Ensuring that these indicators are mainstreamed and built into every component of the project;
- Ensuring that indicators and reporting meet requirements for funds such as PEPFAR and Global fund in the event that applications may be made; and
- Ensuring that M&E meets international standards of good practice. Possible measurement methods might include review of industry programme, interviews/review of records, treatment and care facility surveys, individual company surveys, special studies.

Project management level

This level provides for the general running and management of the project on a daily basis. It is important to note, however, that the

SECTION 5

A proposed model for a long-term intervention in the textile and apparel industry in Lesotho

The programme director is a key appointment in this model and will serve as the chief accounting and executive officer of the project.

role of the programme director sits between the project management level and the political/stakeholder management level.

Role of the programme director

The programme director is a key appointment in this model. It is envisaged that the candidate for this position would have:

- Strong financial acumen and analytical thinking;
- Excellent presentation and negotiation skills; and
- Extensive experience in managing comprehensive HIV/AIDS projects which cover the broad spectrum of workplace programmes including assessment, prevention, treatment and care.

The programme director shall serve as the chief accounting and executive officer of the project. The director will be responsible for the management of all the activities of the project, which will include:

- Presentation of the budget to the project steering committee;
- Authorisation of project expenditure;
- Budgetary control, by ensuring that expenditure is incurred for only approved items and within budgetary limits/ceilings;

- Development of sustainability plans;
- Promotion of the project and continuing fundraising within the broader donor, government and industry sectors; and
- Contracting and reviewing independent service providers.

The programme director will be assisted by a project administrator and project co-ordinator. The project administrator will mainly be responsible for the general administrative functions of the office and project, including but not limited to:

- Custody of petty cash for expenditures, in respect of which a cheque requisition is not necessary;
- Processing of requisition forms, or facilitation thereof, to ensure that items acquired are in line with the project requirements and approved budget; and
- Payroll.

The project co-ordinator will be required to strategically co-ordinate the various components and service providers of the project ensuring that companies are implementing comprehensive workplace programmes and not adopting a pick and choose approach. In addition, they will be responsible for setting realistic targets for components,

especially concerning awareness and prevention. The co-ordinator will be required to have an ability to troubleshoot and manage both the providers and the individual industry companies and report back to the programme director.

Role of the fund manager

The fund manager will provide financial management and accounting services to the project. The fund manager will be responsible for drawing up the financial procedures manual, and subsequently ensure compliance therewith. It is envisaged that the role of fund management will be outsourced to one of the major regional auditing firms. The fund manager will:

- Lay down procedures for the budgetary management process;
- Ensure adherence to procedures in the procurement of goods and services;
- Ensure compliance with the procedures in the approval and disbursement of funds;
- Ensure that expenditure is in line with approved budget;
- Ensure that there is adequate funding at all times for the project activities to be undertaken. In this instance the fund manager should prepare appropriate cash flow projections;

Once all the relevant organisational structures and service providers have been recruited and are operational the project will run independently.

- Prepare timely and accurate reports of expenditure, and compare the same against the budget; and
- Subject the financial statements of the project to financial audit.

The fund manager may or may not house the funds.

Role of the medical manager

The medical manager will oversee the medical components of the project especially the VCT/HTC and the disease management. The medical manager will ensure that:

- The national guidelines for healthcare and treatment of HIV-positive patients are adhered to and kept updated;
- That professional and ethical standards of treatment and care are being met;
- That the referral system into other government based facilities is efficient and effective;
- That the service providers in these areas are delivering timeously and within the best interests of the patients and the industry; and
- Where appropriate, if a walk-in clinic is set up the medical manager may oversee or even provide sessions or consultations and treatment.

The clinic manager will be supported by a receptionist/front-office person.

Role of ComMark Trust

It is envisaged that once all the relevant organisational structures and service providers have been recruited and are operational the project will run independently. Nevertheless there is a need in the interim for a neutral third party to drive the marketing of the project, source seed funding, recruit the management structure and begin the tendering process.

As this is a high-profile project and would be one of the biggest comprehensive industry workplace and treatment projects in the world, it is important that these critical decisions are made efficiently.

Given ComMark's reputation in the textile and apparel Industry as well as its good relationship with the LTEA, it is recommended that ComMark facilitate this process.

To this end it is recommended that ComMark:

- Develop a prospectus for the LTI;
- Begin marketing the LTI in strategic forums;
- Begin raising seed funding for the project – that is raise the minimum level of funding

required prior to the appointment of permanent staff and independent service providers;

- Lead the establishment of the LTI including establishing the legal persona of the LTI;
- Establish the stakeholder steering committee (PSC);
- Make senior management appointments in conjunction with the stakeholder steering committee; and
- Develop tender documents in conjunction with the PSC and project management and recruit independent service providers.

Service delivery level

To ensure a professional response, most of the service delivery components are viewed as being outsourced. It is recommended that all outsourced services (including the fund management component) be sent out for tender. The costing of the final model, given various scenarios, will give an indication of the expected costs of the outsourced components and should provide a benchmark for the tendering process.

The full description of the model and required services clearly indicates minimum standards for providers in each of the areas.

It is important to note that while

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All components of this LTI must be linked to a specific monitoring and evaluation plan.

NGOs can play an important role in service provision, it must be on the basis that they provide services at market-related prices and to the same degree of professionalism as any other private service provider. This, however, does not preclude them from using their own donor funds for development of their resources and capacity building. In other words all service providers should sell their services to the LTI on a fee-for-service basis. In this way, when service providers do not deliver, be they NGOs or private organisations, they can be replaced.

A list of possible implementing partners has been developed. This list is by no means exhaustive and cannot guarantee the quality of the providers but does provide some alternatives.

Assessment components of the model

All components of this LTI must be linked to a specific monitoring and evaluation plan. However, M&E at the level of specific interventions (eg. condom provision, peer education programme) usually will determine only the impact of that particular component. To assess the overall effect of the intervention, a more comprehensive system of M&E is required.

An underpinning principle of the model is that all M&E systems, data collection and standards will be aligned with those of the government of Lesotho and will provide feedback into the government systems in an efficient and effective way.

There are a variety of M&E approaches and tools that, when used appropriately and in combination, can accomplish this task. A common weakness of HIV/AIDS interventions is that the impact cannot be determined because there is no baseline against which to measure changes over time. Frequently, money and other resources are thrown at the problem in the absence of an appropriate M&E system with the result that the effectiveness of the programme cannot be assessed.

For this reason, an overall M&E framework should be devised and established to monitor and determine the actual effectiveness of the intervention. The following tools will be able to accomplish this goal.

Baseline and repeated KAP, HIV incidence and prevalence studies

The purpose of conducting HIV surveillance studies is to produce

reliable HIV-prevalence data that will be used to determine the present situation and changes over time. Additionally, an understanding of knowledge, attitudes and practices (KAP) will inform interventions within the workplace and highlight possibilities for linkages to external services.

Information rich

An HIV prevalence study linked to a KAP survey provides better information on the HIV patterns within the organisation. For example, which job band has the highest level of HIV? Is HIV concentrated in certain regions or factory plants? Do employees have enough knowledge about HIV? Are employees accepting of HIV-positive co-workers or are there high levels of stigma that need to be addressed? Is there a high level of HIV among recent recruits, possibly linked to people seeking out a company that is perceived to provide care for staff with AIDS? What are perceptions of existing internal HIV/AIDS policies and programmes? Such questions can be answered by using this approach.

Baseline data

Information obtained will serve as a baseline against which to measure changes in HIV prevalence over time as well as improvements in

HIV-prevalence results combined with knowledge of the trajectory of the epidemic over the last 15 years can be used to model and forecast likely HIV-prevalence.

knowledge, attitudes and behaviours and HIV/AIDS interventions.

Informing strategic interventions

Understanding of prevalence and KAP informs the strategic design of HIV/AIDS interventions. Access to strategic HIV information may also inform short and long-term company policy.

Voluntary testing take-up

A prevalence study provides an ideal opportunity to increase the organisation's up-take of VCT/HTC. Employees who have provided specimens for surveillance testing are motivated to come back for their results and the additional cost of the counselling is small in the overall scale of the research costs. Also, whereas most stand-alone VCT/HTC campaigns run for months or years and often have low up-take, the consultants' experience is that, using this approach, over a period of a couple of weeks the up-take is high. This is probably because employees are exposed to HIV/AIDS education as part of the preparation and have already given a sample for surveillance testing and filled in a questionnaire along with everyone else and so there is a momentum that assists to encourage employees to "go the whole way" and obtain their HIV results.

Using data for further research

While the prevalence survey provides useful data for planning, it can also serve as the basis for a more in-depth understanding of the impact of HIV on the company. Examples of other research include:

- **Modelling and forecasting:** HIV-prevalence results tell us about the situation at one point in time. This data, combined with knowledge of the trajectory of the epidemic over the last 15 years, can be used to model and forecast likely HIV-prevalence levels for the next 10 years.
- **Scenario setting:** The forecasting can take into account potential prevention interventions (such as successful prevention interventions or providing ARTs) so that planners can determine how cost effective various interventions may be.
- **Cost impact of HIV:** Economists are able to use company HR data to determine the cost of a case of AIDS to the company. This data, combined with the prevalence data, may be used to determine the overall costs of HIV to the company. In addition, a cost impact analysis provides guidance to companies and the industries about how to minimise the cost of future HIV infections in their workforce and to inform individual companies and the

industry about the relative value of investing in HIV/AIDS treatment. It is not necessary for every company to engage in this type of analysis, but rather it is recommended that a representative sample be chosen, the results of which can be extrapolated to the industry at a broader level. Usually one to two small, one to two medium and one to two large-sized companies are used. Ideally the sample should include subsectors, which may differ from one another and have implications for cost variance.

Prevention components of the model

There is a substantial body of literature on what should be in a workplace HIV/AIDS prevention programme. Listed below are the principles that underpin these programmes and this is followed by details on the specific components that should be contained in an LTI for the apparel sector:

Determining and costing an HIV/AIDS prevention programme for the apparel sector

The size and scope of any workplace HIV/AIDS programme is dependent on the size of the company or sector

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For the LTI to be successful it has to have the support of management and union leadership at all levels. Managers and union leaders have to know the facts about the epidemic, what the laws and sector policies are about HIV/AIDS and why and how the LTI will be implemented.

and on the nature of its activities. While it would be inappropriate to require a small factory with a handful of staff to have an elaborate HIV/AIDS programme with peer education programmes, impact assessments and such like, it should be a reasonable expectation for larger concerns.

Mainstreaming HIV into the sector and factories

For the LTI to be successful it has to have the support of management and union leadership at all levels. Managers and union leaders have to know the facts about the epidemic, what the laws and sector policies are about HIV/AIDS and why and how the LTI will be implemented.

The aim of this component is to provide HIV/AIDS training to managers and union leaders in the organisations on HIV/AIDS policies, the potential impact of HIV/AIDS to organisations and its workforce, and the best practices in HIV workplace programmes and strategy and how to mainstream HIV into the organisation.

The effectiveness of the subsequent prevention, care and treatment components of the LTI proposed below will depend on how effectively HIV/AIDS is mainstreamed into the organisation. This is

because mainstreaming provides the conceptual, policy and programmatic framework around which the whole LTI hangs.

The aim of the training programme must be to create managers and union leaders that are knowledgeable and informed, and support the implementation of the HIV/AIDS LTI into the sector and individual factories. By understanding HIV/AIDS, managers will realise the importance of sustainable practices, and create an environment free of discrimination and intolerance.

Service providers who plan to offer this high-level training must indicate:

- What track record they have in the field;
- What methods and training techniques will be used;
- What calibre of person will conduct the training; and
- How follow-up and M&E will be managed.
- Is there a plan to develop Industry wide guidelines and good practise?
- Is there a plan to review these guidelines in a systematic and ongoing way?
- Is there a plan as to how these will be mainstreamed into individual companies, and,
- Does the plan convert policy into procedures?

Information, education and communication materials

As with condoms, a limited range of these materials are provided for free by government. As a minimum, even small factories should access a supply of the key materials and make them available to staff. NGOs and the private sector also have additional information, education and communication (IEC) materials.

Low levels of literacy limit the usefulness of pamphlets and books and so alternative and innovative approaches are needed. For example, many institutions host theatre companies that have productions on HIV/AIDS-related themes.

Service providers should indicate how they plan to procure, distribute and monitor the use of IEC materials in the apparel sector.

Peer education programmes

The workplace KAP study on apparel employees showed that levels of knowledge were poor and this finding underpins the importance of establishing peer education programmes.

Research has shown that individuals learn better from peers than from “experts” who are parachuted in to deliver talks.

A diagnosis of HIV is no longer the automatic death sentence it once was.

Because of this, many larger institutions have implemented peer education programmes whereby staff are trained about HIV/AIDS and receive support in providing an information service to their colleagues. A variety of NGOs and private sector factories provide these services in different ways. The most common problem with such programmes is that peer educators do not receive continuing support, which results in the programme dwindling.

Potential service providers need to provide details on:

- The content of their peer education programme,
- Who will deliver it?
- How will it be presented?
- How will peer supporters be supported after training?
- What materials will be provided to the peer educators, and
- How supervision, monitoring and evaluation will be conducted.

Condoms

Condoms are provided free by the government and all factories should make condoms easily available to employees. These should be available in more than one setting and in places where they can be accessed in private such as rest rooms. In larger factories that have

retail facilities on site (takeaway foods, a small shop, etc) may consider having one of the social marketing companies (eg. Lovers Plus) selling condoms through the retail outlets.

Service providers should indicate how they plan to procure, distribute and monitor condoms in the apparel sector.

Treatment for sexually transmitted infections

Lesotho has adopted the syndromic approach to the treatment of sexually transmitted infections (STI) and this has been implemented across the country by the MoHSW. Most government clinics stock the appropriate medications and nurses know how to treat people with STIs and so this makes government clinics the facility of choice for STI healthcare. Studies in South Africa have shown (and it is unlikely to be different in Lesotho) that GPs are not likely to provide the optimal treatment. This is in part due to the perverse incentive that dispensing GPs have to face whereby their profit margins are increased if they give cheaper (and often inferior) medications. Employees need to know that STIs put them at greatly increased risk of transmitting and acquiring HIV.

It is anticipated that once the treatment component of this project is established, employees will be able to access state of the art STI treatment through the programme.

Service providers that are tendering for the care and treatment component of this LTI, must indicate how they plan to manage STIs. Specifically, details must be provided on whether or not the syndromic approach will be used, what diagnostic tests will be used, and what treatment regimens will be implemented.

Voluntary counselling and testing for HIV

VCT/HTC has been labelled as the gateway to prevention and care. Knowing and coming to accept one's HIV status enables more informed planning for the future, including for one's dependants. If a person is HIV negative then he or she can rejoice with this knowledge and ensure that he or she is never again exposed to infection in the future through practising safe sex 100% of the time.

Alternatively, if a person is diagnosed HIV-positive, he or she can enter a comprehensive treatment programme and a diagnosis of HIV is no longer the automatic death sentence it once was. Programme experiences have also shown

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Voluntary counselling and testing has been labelled as the gateway to prevention and care. Knowing and coming to accept one's HIV status enables more informed planning for the future, including for one's dependants. If a person is HIV negative then he or she can rejoice with this knowledge and ensure that he or she is never again exposed to infection in the future through practicing safe sex 100% of the time.

that VCT/HTC is one of the factors that helps to reduce stigma and secrecy surrounding HIV/AIDS. For these reasons, facilitating access to VCT/HTC for apparel employees must form a part of this LTI.

We believe that it is important that VCT/HTC should be provided by the same service provider that will be offering care and treatment. This is because there should be a seamless link between VCT/HTC and entering the care programme.

Service providers must indicate how VCT/HTC will be implemented. Specifically, it must be clear:

- How beneficiaries will access VCT/HTC (e.g. through campaigns or by passively attending the clinic);
- What the content of the counselling will be;
- Who will do counselling (e.g. nurses or lay counsellors)?
- What their minimum training criteria for counsellors will be
- What additional tests will be done (e.g. CD4, viral load)?
- What the algorithms for patient management will be – based on clinical assessments and laboratory test results.
- How the voluntary counselling and testing process will be supervised, monitored and evaluated.

Prevention of mother-to-child transmission of HIV

In Africa, in the absence of a PMTCT programme, it is estimated that between 25% and 40% of infants born to HIV infected mothers become HIV infected and half of these children will die before their second birthday.

Lesotho has initiated a PMTCT programme and all women should now have access to the programme through government clinics and hospitals. The national protocol for PMTCT provides for short course ARVs (Nevirapine) around the time of delivery for the mother and child. Studies have shown that this intervention reduces HIV transmission at birth by up to 50%. In addition, as access to ARVs increases, mothers on HAART will have an even lower chance of transmitting HIV because their viral loads will be dramatically reduced.

However, an effective PMTCT programme is much more than simply giving Nevirapine to mothers and children and a comprehensive programme consists of:

- Prevention of HIV infection in mothers;
- Prevention of unwanted pregnancies; and

- Prevention of HIV transmission to the infant

Prevention of transmission of HIV through pregnancy and breast-feeding includes:

- STI screening and treatment;
- Prophylactic treatment with ARVs;
- Avoidance of unnecessary invasive obstetrical procedures; and
- Alternatives to breastfeeding.

These services cannot be implemented in a vacuum and need to be located in a setting where there is adequate antenatal, delivery and post-natal care.

Employees need to know about the benefits of PMTCT and have their access to this programme facilitated. This may be achieved by:

- Informing all potential beneficiaries about the relevance and benefits of the PMTCT programme; and
- Providing beneficiaries with information as to how they may access PMTCT services.

Although PMTCT has been included in the prevention component of the model, it actually fits in better with the care and treatment section as the foundation of PMTCT is providing ARV drugs.

Lesotho has initiated a prevention of mother-to-child transmission of HIV programme and all women should now have access to the programme through government clinics and hospitals. Studies have shown that appropriate intervention reduces HIV transmission at birth by up to 50%. In addition, as access to antiretrovirals increases, mothers will have an even lower chance of transmitting HIV because their viral loads will be dramatically reduced. In the context of the Lesotho apparel industry project, all employees need to know about the benefits of prevention of mother-to-child transmission of HIV and have access to this programme.

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A core component of the proposed model is a Care and Treatment Centre that will operate as the control and monitoring centre for all care and treatment. This centre will be staffed by one or more doctors who are specialists in the management of HIV.

If the care and treatment service provider offers an enhanced PMTCT for pregnant employees, then details of how this will be offered and how it will link with the government programme need to be made clear.

Research and policy formation

Research may be necessary to help plan for and mitigate the impacts of HIV, such as HIV-prevalence surveys, KAP surveys and economic impact studies. A number of private sector, NGO and academic institutions offer these services at a range of costs. These institutions could also assist in interpreting the results and turning them into appropriate policies and implementation measures.

Disease management components

Background

When reviewing potential care and treatment components for LTI proposals and models, the research team divided them into two broad categories: the institutional model and the network model.

After careful review of the various potential LTI proposals, the research team decided that the network approach was the most appropriate for the care and treatment

component of the apparel industry LTI for the following reasons:

- Employees are scattered across 40 factories in the Maseru and Leribe Districts. If HIV-positive employees had to travel to a single, central healthcare facility, this would entail travel costs plus loss of wages while away.
- It is more efficient to use existing healthcare practitioners who have facilities around the country rather than to establish a new entity at one site.
- Using a network of healthcare practitioners will require more capacity development of skills in Lesotho than establishing a single institution which may be staffed primarily by expatriates.
- There are concerns that a dedicated HIV/AIDS treatment centre may be stigmatised and that potential clients may be resistant to using such a centre as it will be perceived as a form of disclosure.

In summary, this proposal calls for the establishment of a Care and Treatment Centre in Maseru that then links to a network of healthcare practitioners around the capital and elsewhere in the country. The centre will serve as the head office and treatment monitoring centre. Because of the complexities of providing care for people with HIV-

related diseases, clinical decisions on the treatment of employees will be jointly made by the employees' healthcare practitioner and the specialists working in the centre.

Establishing a Care and Treatment Centre

A core component of the proposed model is a Care and Treatment Centre that will operate as the control and monitoring centre for all care and treatment. This centre will be staffed by one or more doctors who are specialists in the management of HIV.

The Care and Treatment Centre may be linked to another organisation outside of Lesotho for super-specialist advice but must be able to function as a stand-alone specialist treatment centre. This centre need only consist of a virtual clinic in that cases are not assessed in person but on the basis of faxed or emailed medical records and test results.

Specific details need to be given by the service provider as to how the centre will be established and operated. Specifically:

- What functions will the Care and Treatment Centre provide?
- What will the functions of the staff working in this centre be,

There is a vibrant private healthcare sector in Lesotho with many doctors who could join the network proposed in this document.

and what level and how many staff will be needed?

- How will patient record keeping and documentation be maintained? Will hard and soft copies of records be maintained?
- Will this centre have any clinical facilities and, if so, what will these consist of?
- How will communication with patients, companies and network members be maintained?

Establishing a network of healthcare practitioners

There are already a number of medical doctors (about 150) who have received training in the care and treatment of HIV. However, there are concerns in the health and social welfare ministry that not all this training is to an acceptable standard. Regardless of previous training, a network of private sector doctors who are trained to a standard acceptable to the ministry needs to be established to provide the clinical assessment component of this intervention.

The private healthcare sector

Lesotho has a thriving private healthcare sector with 64 registered medical practitioners. There is no private hospital and all private healthcare is offered in the doctor's private clinics.

Care for patients with HIV/AIDS is being provided by the private sector and it is estimated that there are approximately 2 000 people receiving such care. The South African Medical Association's Foundation for Professional Development has trained more than 150 medical practitioners in Lesotho in basic HIV care over the past two years, including nearly all the private sector doctors. However, there has not been ongoing training and it is not clear how many doctors are sufficiently trained to offer comprehensive care for HIV/AIDS nor how many practitioners comply with government criteria to be accredited providers of HIV/AIDS care.

Probably the most advanced provider of HIV/AIDS care in the private is the Healthy Lifestyles Clinic, which is run by Dr Molotsi Monyamane. The mission of the clinic is to provide accessible, affordable and acceptable specialised healthcare at primary care level. There is also an emphasis on strengthening partnerships with the government and other healthcare providers in Lesotho.

The clinic has been registered as a company in Lesotho since 2001 and the core services are curative, preventive, health promotion and management of chronic diseases, and provision of technical support to community and patient groups.

The clinic consists of a medical service, pharmacy, nursing services, community outreach programme and an administrative section.

Referrals for investigations such as pathology, radiology and hospitalisation are sent to the public hospital which is approximately 1km from the clinic. The clinic operates two satellites clinics outside Maseru.

The clinic is contracted to see the patients who are on medical aid from the following organisations: Lesotho Bank, Standard Bank, Nedbank, Total, the National University of Lesotho, World Vision, GTZ, Ireland Aid and CARE International. Interestingly, the Health Lifestyles Clinic also provides care to government employees from 10 ministries and has 300 government patients on ARVs. The programme is funded by 2% of the ministerial budget, to improve access to care for the government employees.

The HIV/AIDS programme consists of voluntary counselling and HIV testing, which is provided free of charge by a trained nurse counsellor. There is also a toll-free line where people are counselled and given advice on management. Population Services International provides counsellors and the clinic provides

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One of the first tasks of the management of this intervention will be to assess the competency and training status of the private sector doctors.

the infrastructure and medical advice for free.

Another interesting feature of the Healthy Lifestyles Clinic is the partnerships that it has with government and other sectors. The ministry of health provides rapid test strips, TB treatment and certain drugs free to the clinic and the clinic does not charge the patients for these services. Very importantly, the MoHSW has decided to provide ARVs free to the private sector and so drugs will now be free to private sector patients.

Telecom Lesotho provides the switchboard and is sponsoring incoming calls for the toll-free line while PSI provides the counsellors.

The clinic is expanding its operation to increase access to low-income clients. This will be done by constructing a clinic in the industrial area close to the textile factories in Maseru and satellites clinics in Maputsoe and Mohale's Hoek. The clinic in Maseru will also have a resource centre for operational research and a specialised medical service to administer and supervise HIV/AIDS management in the private sector.

There is no private laboratory service in Lesotho but local investors

are investigating the viability of establishing a service.

Conclusion

There is a vibrant private healthcare sector in Lesotho with many doctors that will be able to join the network proposed in this document.

One of the first tasks of the management of this intervention will be to assess the competency and training status of the private sector doctors. An accreditation system, implemented in collaboration with government, needs to be established so that all network doctors comply with minimum criteria.

Another area of attention is the provision of laboratory services. The government laboratory in Queen Elizabeth II Hospital is already stretched, with an aging infrastructure and limited capacity. It is unlikely to be able to meet the increased demand that this intervention will require. At the same time, the private sector has indicated that they are interested in establishing a private laboratory service.

The service provider needs to describe how a functioning network of existing healthcare practitioners (ie. doctors and/or clinical nurses) will be established and maintained

over the five-year period. Specifically, it needs to be stated:

- How many and from which professional strata will healthcare practitioners be drawn?
- Will only private sector or private and public sector doctors be used?
- What criteria will there be for admission to the network?
- What capacity development will be conducted for participants of the network?
- What contractual and remuneration arrangements will be made with these practitioners?
- What responsibilities will the network members and the core healthcare personnel have?
- How will communication between the core healthcare personnel and the network members be maintained?
- What supervision, monitoring and evaluation will there be of the practitioners?

Determining the number of employees on the programme

Regardless of the scale that this project is launched – for all apparel sector employees or for a certain proportion initially – the service provider must be able to make reliable estimates as to the number of employees (and dependents if included) that are likely to be HIV infected, to volunteer for HIV testing

There are four potential groups that could contribute to the funding of the programme. These are: the donor community, the brands and retailers, the textile and apparel industry employers and the textile and apparel industry employees.

and to require pre-HAART and HAART. The appointed service provider must show how the estimated numbers needing treatment over the next five years were made and how appropriate the estimates were.

Integration of the government and private sector

This intervention will operate in an environment in which there is an ongoing roll-out of the government ARV programme and an expanding private sector initiative.

Any service provider needs to be specific as to how this initiative will interface with the government and private sectors.

- Has an assessment been made of the capacity of the government services to provide care and a plan developed for a public-private partnership?
- What evidence is there that the proposal is integrated as far as possible with existing government services?
- What evidence is there that the proposal is integrated as far as possible with existing private health services?
- Is this a purely an HIV/AIDS programme or is it integrated into other health programmes?
- What are the plans for

sustainability of the programme after the five-year period?

Care and treatment protocols

The care and treatment of HIV is a highly technical and rapidly developing field. At the same time, there are national treatment guidelines that must be followed. Any treatment programme must list the proposed treatment guidelines and algorithms. If any of these deviate from established national guidelines, then the reasons for this must be well motivated.

Are there algorithms for how employees will be identified to get onto the various components of the programme.

What treatments will be offered?

- Wellness programme
- Nutrition supplementation
- Multivitamins and other supplements
- Treatment for opportunistic infections – list illnesses and treatments
- Prophylaxis
- PMTCT
- ART
- Contraception services
- Psychological support
- Terminal illness management
- Bereavement support

- Home-based care
- Appropriate referral provisions

What are the plans for screening and managing?

- Other STIs
- TB
- OIs
- ARV resistance

Who will be providing treatment?

- At clinic/site level
- What provision for specialist back-up
- What will be provided in Lesotho and what from SA?

What is being done to maximise adherence to treatment?

- What pre-HAART adherence training will be done?
- Are adherence-related criteria for going on HAART explicit?
- What procedures will be put in place to trace treatment defaulters?

Drug procurement and distribution

- Are drug procurement and costs provided?
- Is it clear how distribution will happen?

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The model has been costed on the basis that all management, assessment, prevention and treatment components are paid by the LTI.

Laboratory testing

- What tests are being proposed?
- Are the algorithms for testing spelt out?
- Which laboratories will do the testing?

Health service infrastructure

- What facilities will be used at different levels of care and referral?

Are the following potentially problematic issues explicitly dealt with?

- Treatment and care for spouses and family members
- What happens on termination of service?

Monitoring and Evaluation

What are the proposals for monitoring and evaluation (M&E)?

- Nature, content and frequency of reports.
- Who will do the M&E – internal and external?
- What components will be subjected to M&E?
- Is a comprehensive list of indicators provided?

Is there an M&E component?

- Is an M&E framework proposed?
- Is there provision for a comprehensive technical and operations management system?
- Are indicators and means of verification proposed?

What are the methodologies for rigorous scientific reflection?

How will the project be managed?

- Who is responsible for financial management and auditing?
- What is the track record of the company on similar projects?

Budget and costs

- Overall cost of programme per client / employee?
- Is there a cost-effectiveness or cost-benefit analysis?
- What is the source of funding?
- What is the contribution of employers?
- Is there co-payment from patients?
- Laboratory costs per test?
- Percentage of spend on infrastructure.
- Percentage of spend on prevention.
- Percentage of spend on treatment.

Capacity of provider to deliver

- Proof of experience in similar projects.
- Evidence of human resources and qualifications.
- Sustainability of the organisation.

Outcomes

- People-centred: respect for human freedom and choice.
- Empowering.
- Responsive and participatory: the programme must be able to respond to and incorporate those for whom it is targeted
- Sustainable: economic, industrial, social, and environment.
- Multilevel and holistic.
- Long-term.
- Flexible.

Funding of the model

The model has been costed on the basis that all management, assessment, prevention and treatment components are paid by the LTI. This allows for quick and efficient implementation and administration. If a public-private partnership is secured with the government of Lesotho, these costs would be reduced, depending on the agreements reached.

There are four potential groups that

Of the 71 employees interviewed, 68 (96%) indicated that they would be willing to pay for antiretroviral treatment. Of the 68 who answered positively, 34% reported that they were willing to pay between M30–M50, 4% would pay between M75–M100 and 9% were willing to pay over M100.

could contribute to the funding of the programme. These are: the donor community, the brands and retailers, the textile and apparel industry employers and the textile and apparel industry employees.

The donor community

There is a strong move in the donor community towards donor harmonisation. A project of this nature would provide an ideal and practical vehicle for such harmonisation. It is anticipated that the majority of the funds for the project would need to be sourced from this community.

The brands and retailers

Levi and Gap have both indicated that they would be interested in participating in a co-ordinated approach to mitigating the effects of HIV/AIDS in the apparel industry. However, the LTI would need to be presented to the international offices for review before any financial commitments could be made.

The textile and apparel industry employers

Both ALE and LTEA indicated that the employers were not in a position to financially assist the programme. However, there could be in-kind

contributions made through allowing time off for treatment and training as well as providing venues for interventions.

The textile and apparel industry employees

Of the 71 employees interviewed, 68 (96%) indicated that they would be willing to pay for antiretroviral treatment. Of the 68 who answered positively, 34% said they were willing to pay between M30–M50, 4% would pay between M75–M100 and 9% were willing to pay more than M100.

While it must be recognised that this was a small sample of employees, the overwhelming positive response suggests that employees would be willing to contribute to a programme which offered antiretroviral treatment. FAWU also indicated that it would be willing to consider a R2 contribution out of its R10 monthly fees to pay towards the LTI. At present individuals are required to pay a M10 fee per month to access government antiretroviral services. It is likely, given the findings of the report, that individuals would be prepared to pay M10 a month for being on treatment, alternatively an across the board M2 per month.

Response of the Lesotho government to the proposed LTI

Although the proposed LTI will be a private sector-led initiative, it will only be successful and sustainable if it has the support of the Lesotho government, and the Ministry of Health and Social Welfare in particular, for the following reasons:

- Funders are unlikely to support such a large-scale intervention if it does not enjoy the full support of government.
- No intervention functions in a vacuum or is entirely self-sufficient and will therefore need to interface with other, primarily governmental, services. Accessing certain laboratory services, obtaining free or discounted drugs, referrals to hospitals, specialist services and rural health facilities all need to be managed in an efficient manner, something only possible if there is good collaboration.
- In the long term, the ministry may have to take over responsibility for the care of apparel workers and this will be an easier transition if government is a stakeholder from the beginning.

In recognition of the importance of securing the support of the Lesotho

SECTION 5

A proposed model for a long-term intervention in the textile and apparel industry in Lesotho

Senior government officials have been briefed about the proposed intervention and key government officials were interviewed throughout the duration of the project.

government for this intervention, the consultants put considerable effort into maintaining good relations with government and keeping officials updated on progress of the project. Senior government officials have been briefed about the proposed intervention and key government officials were interviewed throughout the duration of the project.

Activities being undertaken by the Ministry of Health and Social Welfare

- HIV testing and counselling (this includes VCT/HTC and other diagnostic services);
- Psycho-social support and home-based care;
- Rolling out of ART in public and private sectors;
- Drug management, procurement and supply;
- Diagnosis and treatment of STIs and opportunistic infections;
- Provision of TB/HIV care;
- Behaviour change campaigns including peer education, condom distribution, edutainment, producing materials, advertising, and advocacy and awareness campaigns;
- Research and surveillance – HIV and STI surveillance, operational research, data and information management; and
- Monitoring and evaluation

The ministry raised the following issues about collaboration:

- There should be co-ordination with the ministry of all activities of the intervention. For example, counsellors should be trained according to ministry guidelines. No activities should conflict with government policies and practices and there should be information sharing with government.
- There needs to be an emphasis on capacity building. Government should get financial and other support for the training that it conducts. There must be funding for capacity building as part of the LTI. Government is short of professional staff and this project could contribute towards building capacity within government.
- This LTI should support the government's "Know your status" campaign.
- To prevent the overloading of existing services such as laboratories, the project should work with government in strengthening existing services. In return for receiving free ARVs, the LTI could train government staff.

Activities being undertaken by the Ministry of Labour and the Ministry of Trade and Industry

The Ministry of Employment and Labour has a draft bill on HIV/AIDS

and Employment aimed at protecting employees. The Factory Inspectorate (a target of 40 inspectors in the country) will be empowered to enforce the HIV/AIDS and Employment bill once it has become law.

The ministries have conducted HIV/AIDS campaigns in the apparel industry and these continue. These campaigns are aimed at sensitising employees and employers and consist of VCT/HTC, workplace policy and condom distribution. VCT/HTC has stopped because of lack of funds. About 3 000 employees in the apparel sector tested under this programme. A number of companies have workplace policies. The ministry has trained 26 factory-based counsellors to conduct VCT/HTC.

The following potential areas of collaboration between the ministries and the LTI were mentioned:

- Workplace policy and workplace programmes. The ministry is using inspectors for training but there is a need for trainers who are trained more in negotiation skills. The ILO has run a refresher course for inspectors.
- Collaborate to manage the problem of workers who are on treatment but do not get time off to attend the health services.

The most important outcome has been that all the representatives of government who were interviewed were supportive of the initiative.

Some have lost wages and even their jobs.

Outcomes of interviews and the workshop with government

A workshop was held on December 7 2005 in Maseru. The workshop was facilitated by Mantai Kulehile from ComMark and the consultants on the project.

The most important outcome of this has been that all the representatives of government who were interviewed and who attended the workshop were supportive of the initiative. While specific concerns were raised, this was always in the context of wanting to improve the LTI but no one proposed that it was not feasible or not needed.

A key reason underlying this support is the unusually high level of co-operation between the public and private healthcare sectors in Lesotho. In many countries there are significant tensions between the sectors. However, this does not seem to be the case in Lesotho. One indicator of this co-operation is that the government is now providing free TB drugs and ARVs to private sector doctors. To the consultants' knowledge this is unprecedented on the continent.

The intervention proposed consists

of using a network of private sector doctors in the country and hence the intervention should have access to free antiretroviral drugs, which will ensure huge cost savings for the intervention.

The way forward – recommendations

- A prospectus for the LTI needs to be developed;
- The LTI needs to be marketed in strategic forums;
- Seed funding for the project needs to be raised, which meets the minimum level required prior to the appointment of permanent staff and independent service providers;
- The LTI needs to be established as a legal persona;
- The project steering committee needs to be established;
- Senior management appointments must be made in conjunction with the stakeholder steering committee;
- Tender documents must be designed in conjunction with the steering committee and project management, and independent service providers need to be recruited;
- The project management and service providers will develop a five-year project plan with deliverables and timelines as well

as an M&E system to monitor this; and

- Begin delivery of services.

Lesotho apparel industry reference list

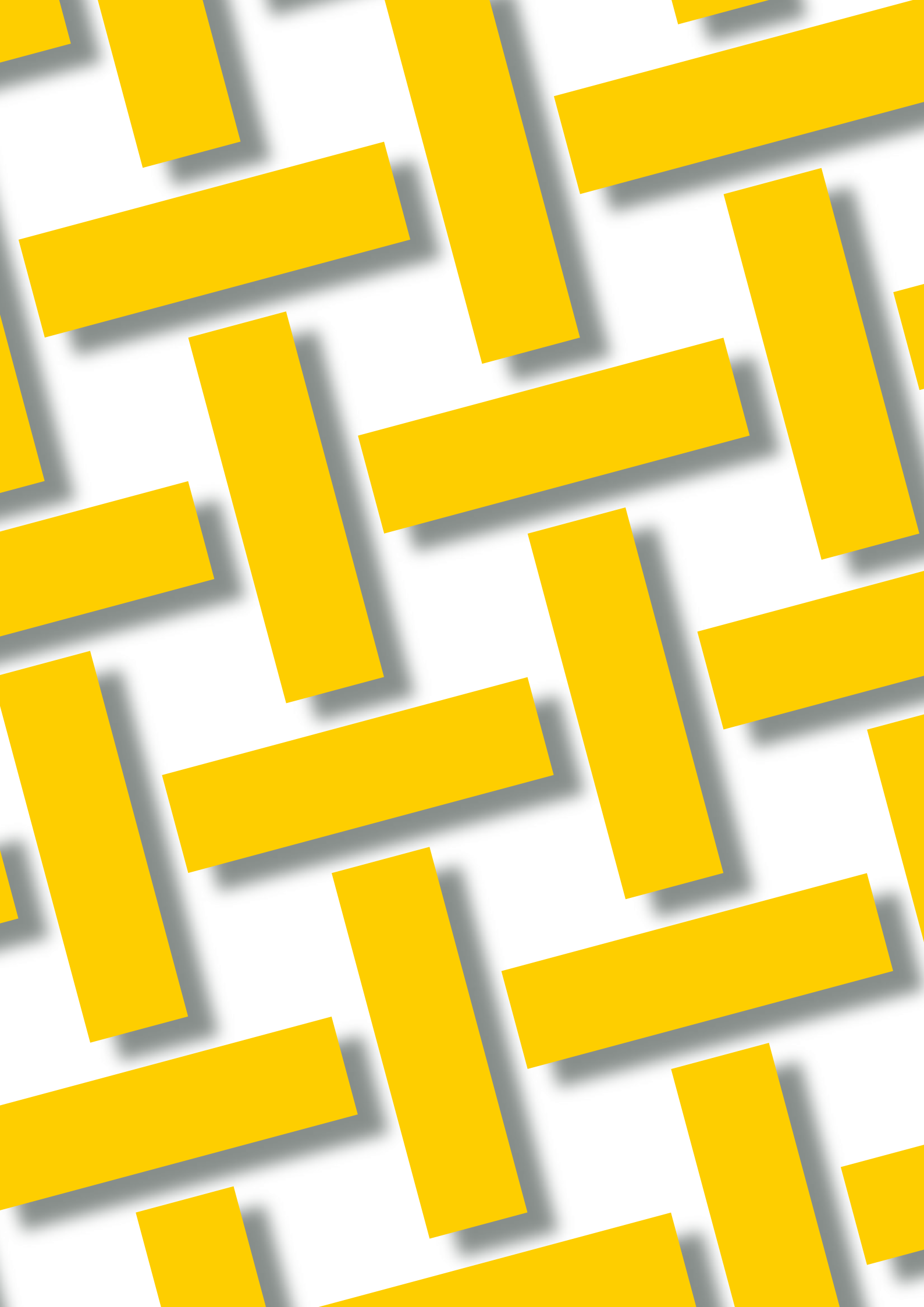
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Photographs by Franco Esposito. The
people photographed are working
in the health and apparel industries
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