USAID | SOUTHERN AFRICA
FROM THE AMERICAN PEOPLE

RFI NUMBER:	**RFI-674-22- Key Populations in Lesotho**
SUBJECT:	**Request for Information for USAID/Southern Africa HIV Prevention and Control Among Key Populations in Lesotho**
ISSUANCE DATE:	**November 22, 2021**
RESPONSE DUE DATE:	**December 08, 2021, 5:00 pm Lesotho local time**
RESPONSE TO:	**nboayue@usaid.gov, asathekge@usaid.gov and steffo@usaid.gov**

The United States Government, represented by the U.S. Agency for International Development (USAID) Mission in Southern Africa is seeking feedback from potential responsible local (Lesotho) and/or international consortium led by local organizations. The purpose of this request for information (RFI) is to solicit feedback, comments, and offer suggestions for improvement or clarifications of the draft Activity description. (Attachment B).

USAID Lesotho is considering an Activity to support a package of behavioral, clinical and biomedical services that will contribute to the attainment and thereafter sustaining of HIV epidemic control amongst the key populations in Lesotho. The purpose of this Activity is to contribute to the reduction of HIV risk and transmission and improvement of the care and treatment among key populations that include but are not limited to female and male sex workers, men who have sex with men (MSM), people who inject drugs (PWID), People in Prisons (PiP) and transgender (TG) persons as part of the strategies to maintain epidemic control. The Activity will contribute to the UNAIDS ambitious 95-95-95 fast-track target: 95% of those people living with HIV know their status, 95% of PLHIV are on antiretroviral therapy (ART), and 95% of PLHIV on ART have achieved viral suppression (VS) and the UNAIDS accelerated HIV Prevention Roadmap 2020.

The anticipated activity is intended to support the Government of Lesotho's (GOL) vision of attaining an AIDS-free generation and ending TB by 2030. USAID anticipates a five (5) year activity with a total estimated range of funding between $10M-$25M. The anticipated implementation area are the districts of Maseru, Berea, Mafeteng and Leribe in Lesotho.

This is a Request for Information (RFI) and is issued for information and planning purposes only. It does not constitute a Request for Proposal (RFP) or Request for Application (RFA) or a commitment to issue an RFP/RFA in the future. This RFI does not commit the U.S. Government to contract for any supply or service whatsoever. Further, USAID/Southern Africa is not at this time seeking application or proposals and will not accept unsolicited applications or proposals. Respondents are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future RFP/RFA, if any is issued. USAID reserves the right to incorporate any, some, or none of the comments received from this RFI into any subsequent solicitations.

This RFI can be downloaded from the following websites: http://www.grants.gov, http://www.BETA.sam.gov; or US Embassy Maseru grant opportunities page:

https://ls.usembassy.gov/education-culture/grant-programs/. All responses (feedback, questions and other submissions) regarding this announcement will ONLY be accepted via email to the addresses indicated on the cover page and must use the subject line **"Response to RFI-674-22-Lesotho-KP "*Organization name*"".** You will receive only an electronic confirmation acknowledging receipt of your response. Responses to individual feedback or questions is not anticipated. Please submit your response in Microsoft Word or Adobe Acrobat formats.

USAID may, at its sole discretion, decide to host a stakeholder consultation meeting. Any such meeting would be conducted virtually and would likely occur during the month of January 2022. Respondents to this RFI should indicate their desire to attend a stakeholder meeting and should provide up to two (2) points of contact that can be contacted (name and email address). Details regarding specific date, time, venue, and registration instructions will be emailed to interested respondents and posted as an amendment to this RFI.

Thank you for your interest in USAID's activities.

Sincerely,

/S/

Nya Kwai Boayue
Regional Agreement and Contracting Officer
USAID/Southern Africa

ATTACHMENTS
Attachment A: Requested Response
Attachment B: DRAFT Activity Description

ATTACHMENT A

REQUESTED RESPONSE

USAID/Southern Africa requests the following on the RFI:

- Comments, suggestions, and enhancements on design of the activity as laid out in the DRAFT Activity Description.
- Capability statements from interested local organizations; to include:
    - Name, email address, and address of organization
    - General organization information
    - Statement of capabilities (including organizational chart, key employees and technical capabilities)

In addition, USAID/Southern Africa requests feedback on the following questions. Respondents may choose to provide feedback on different aspects of the RFI, if desired. General comments and feedback on the activity description and scope are welcomed. When preparing your response to the following questions, please ensure comments are concise and specific to the question asked. A response to each question is not required.

1. Please provide feedback on proposed activity objectives and comment whether they address the priorities for KPs in Lesotho
2. In your perspective, what do you consider to be the major barriers to the attainment of 95, 95, 95 among key populations in Lesotho and what considerations should be made in the design of the activity to address the barriers?
3. What implementation challenges do you envision, including those related to the global COVID-19 pandemic? How can these challenges be mitigated during program design and implementation?
4. What is your take on embedding some limited clinical aspects such as community based ART initiation and refills within the KP activity?

ATTACHMENT B

ACTIVITY DESCRIPTION

II. BACKGROUND

A. Introduction

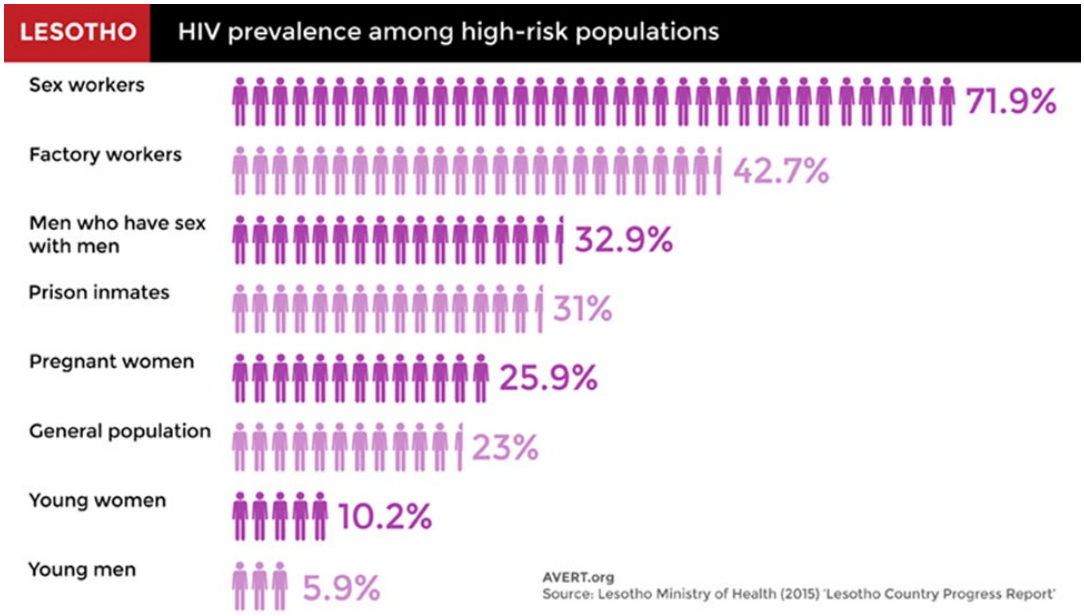
The purpose of the Lesotho KP Activity is to contribute to the reduction of HIV risk and transmission and improve care and treatment amongst key populations in pursuit of epidemic control in Lesotho. The Lesotho KP Activity will support primary HIV prevention among KPs, support the UNAIDS 95-95-95 fast-track targets of 95 percent of key populations living with HIV (KPLHIV) know their status, 95 percent of KPLHIV who know their status are on antiretroviral therapy (ART), and 95 percent of those KPLHIV on ART have achieved viral suppression (VS) as well as support the UNAIDS 10-10-10 targets where less than 10% of countries have punitive legal and policy environments that deny or limit access to services, less than 10% of people living with HIV and key populations experience stigma and discrimination, and less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence. USAID wants to provide select technical assistance and support at national, district, facility and community levels, and seeks to support implementation in the districts of Maseru, Berea, Mafeteng and Leribe.

B. Current statistics and epidemiology

Whereas HIV prevalence is high in the general population in Lesotho, there are disparities on the HIV disease burden among various subpopulations in the country. Sex workers, men who have sex with men, and adolescent girls and young women are disproportionately affected by HIV and AIDS in Lesotho. In 2020, HIV prevalence among women stood at 26.1% compared to 16% among men for the age group 15-49 year[1]. The Lesotho Country Progress Report of 2015 indicates for instance that female sex workers in Lesotho have an extremely high prevalence for HIV estimated at 71.9%. HIV prevalence among men who have sex with men is estimated at 32.9%[2].

Lesotho's HIV epidemic is fueled by inter-relationships between behavioral and structural drivers. The primary structural drivers include social and cultural factors affecting women and girls as well as other key populations (e.g., MSM and TG) such as gender inequality, poverty or income disparities, mobility and migration, food insecurity and barriers to access of health care services, which have been worsened during the Covid 19 pandemic.

[1] UNAIDS 'AIDSinfo' (Accessed October 2021)
[2] Avert, website (Accessed October 2021). https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/lesotho



The Lesotho Integrated Bio-Behavioral Surveillance Survey (IBBSS2) of 2019 conducted in four districts of Butha-Buthe; Leribe; Mafeteng and Maseru) further reveals the high-risk factors for HIV acquisition among key populations. The survey revealed that most FSW had their sexual debut between the ages of 15 -17, were unemployed, had a high prevalence of sexually transmitted infections and had multiple sexual partners[3].

Despite the gaps among key populations, the LePHIA 2020 results indicate tremendous progress towards epidemic control. However, to achieve the three "95s", the three "10s"and maintain epidemic control in the country, it is vital that all subpopulations are reached with highly efficacious HIV prevention, care, and treatment services to increase equity and eliminate any pockets of new HIV transmission back into the general population.

Government of Lesotho and United States Government (USG) joint response

The Government of Lesotho has committed to the UNAIDS 95-95-95 goals to achieve epidemic control and has laid out key priorities in National HIV and AIDS Strategic Plan (NSP) 2018/2019 – 2022/2023[4]. Lesotho is committed to the reduction of new HIV infections in adults and children, and reduction of AIDS-related deaths and tuberculosis (TB) deaths associated with HIV and AIDS. The NSP 2018/19 – 2022/23 has highlighted the need to address the high HIV prevalence among KP in Lesotho to achieve epidemic control by the end of 2023. The NSP specifically emphasizes scaling up provision of differentiated and comprehensive HIV prevention, care, treatment, and support services for FSW, MSM and TG individuals, with the goal of reaching at least 6,000 full-time and occasional FSW, their regular clients and stable sexual partners, and at least 14,000 MSM and TG individuals and their sexual partners by end of 2023. FSW, MSM and Lesbian, Gay, Bisexual, Transgender, and Intersex Queer (LGBTIQ+) networks will be strengthened, and their capacity developed to contribute actively to

[3] Wabiri Njeri, Cloete, Allanise, Lehasa, Jeanette Bloem, Erica Kuhlik, Seutlwadi, Lebo, Petersen, Zaino, and the whole Lesotho IBBBS2 Implementation team. (2019). THE INTEGRATED BIO-BEHAVIOURAL SURVEILLANCE SURVEY (IBBSS2) FOR KEY POPULATIONS IN LESOTHO. (Female Sex Workers and Men who have Sex with Men) (Round II) Draft report. Maseru Lesotho
[4] Lesotho HIV Strategic Plan 2018-2023 http://nac.org.ls/wp-content/uploads/2019/06/Lesotho-HIV-Strategic-Plan-2018-2023.pdf.

programming for HIV, TB and STI prevention and treatment access. The NSP further highlights the need to address the structural barriers that KP face in accessing HIV services, as well as to contribute to reduction of GBV towards KP, including violence by law enforcement agents. Further, the NSP outlines the importance of strengthening the national data reporting system to be able track performance of the KP response through District Health Information Systems (DHIS2) and the Lesotho Output Monitoring System for HIV and AIDS.

USAID/Southern Africa Mission in Lesotho implements a comprehensive portfolio of activities under the U.S. President's Emergency Plan for AIDS Relief, commonly known as PEPFAR. PEPFAR has been partnering with the GOL since its inception to contribute to the reduction of HIV related morbidity and mortality. The overarching goal of the PEPFAR program in Lesotho is to expand access, by increased numbers of Basotho, to quality HIV prevention, treatment and HIV-related services in support of the revised GOL's 2018-2023 National HIV/AIDS Strategy[5], which provides the basic platform for partners to design, manage and monitor HIV programs at national, regional, and local levels in Lesotho.

The priority commitments of the National HIV Strategy 2018 (under revision) are; reduced new HIV infections from 13,300 in 2017, by at least 50% by 2023, reduced AIDS related deaths by 50% by 2023, from 4900 in 2017, mother to child transmission of HIV eliminated, from 11.3% to less than 5%, by 2023 and improving the efficiency and effectiveness of the national response planning, coordination and service delivery. In addition, Lesotho is committed to end TB by 2030 through the National TB Strategic Plan (NSP, 2019-2023) through reducing the overall mortality of TB by 75 percent and reducing the overall incidence of TB by 50 percent. The shared priority of the GOL and the U.S. is to reduce the number of new HIV infections in Lesotho by building local partnerships to strengthen the technical capacity of in-country partners to sustainably implement effective prevention, care, and treatment interventions.

PEPFAR partners also provide technical assistance to the GOL to define strategic plans and policies that guide the implementation and monitoring of HIV/AIDS and other health projects, as well as ensuring high-quality, state-of-the-art service delivery. In Lesotho, the current PEPFAR strategy focuses on the saturation of high-quality, HIV and TB prevention, care, and treatment services through a client-centered approach.

[5] https://www.state.gov/wp-content/uploads/2019/09/Lesotho_COP19-Strategic-Directional-Summary_public.pdf

PEPFAR Lesotho, through the USAID and the United States Centers for Disease Control and Prevention (CDC), together with the Global Fund to Fight AIDS, TB, and Malaria (GFATM), continues to provide most of the support for KP programming in Lesotho. Community-based HIV prevention services for KPs are conducted by USAID in three of the 10 districts while the other seven districts are covered by GFATM. The CDC and Department of Defense fund the Population Services International (PSI) Lesotho to implement high-quality and targeted community based HTS and the Lesotho Defense Force respectively, to reduce the number of new HIV infections and other sexually transmitted diseases among active military personnel, their families, and the civilian communities. The USAID-funded Providing Universal Services for HIV/AIDS project, implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), provides HIV and TB treatment to KP with support from the Lesotho Planned Parenthood Association (LPPA). Additionally, Jhpiego has previously implemented PrEP for KPs in Maseru, Berea, and Leribe districts

III. SCOPE OF SERVICES AND RESULTS

HIV Prevention and Control Among Key Populations in Lesotho Activity

Overview
Building upon the successful investments in Key Population programming from the USAID-funded, Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project (2014 – 2020) and the Meeting Targets and Maintaining Epidemic Control (EpiC) Project and other bilateral activities, Lesotho KP Activity aims to break through remaining, persistent barriers to the 95-95-95 goals and promote person- centered self-reliant management of HIV prevention and management among key populations. In response to USAID Mission and country needs, the Activity should deliver efficient, affordable, results-based technical assistance (TA) and direct service delivery (DSD) tailored to context in the target districts in Lesotho.

The Activity has three key objectives, which focus on filling existing HIV prevention, case finding, and treatment gaps, and on building long-term sustainability to attain and maintain epidemic control. Activities under Objectives 1 and 2 will focus on supporting key population HIV response in Maseru, Berea, Mafeteng and Leribe. Activities under Objective 3 will focus on building service delivery capacity and leadership of the MoH at national and district level.

1) **Increase equitable access to and utilization of quality KP-competent HIV prevention and treatment services to achieve 95-95-95 across all key population groups (by age, sex, risk profile).**

2) **Promote structural interventions that impact access to HIV services -- addressing policies and national guidance that mitigate KP and HIV-related stigma, discrimination and violence in health services, other social service settings, and Basotho communities/society in general to achieve the UNAIDS 10-10-10 social enabler targets.**

3) **Increase knowledge and tracking of HIV related strategic information amongst KPs and support the MoH's capacity to provide strategic oversight and stewardship of KP services in Lesotho.**

The Lesotho KP Activity will implement a person-centered, human rights approach to reach key populations with biomedical HIV prevention, testing, and treatment services with high impact, high yield, high quality, HIV services. Furthermore, the Activity will tailor approaches to reach particular sub populations, including but not limited to, KP-men, KP-women, KP-adolescents, KP-pregnant and breastfeeding women, and their families, addressing their unique needs, contexts, adaptation of healthy behavior and health seeking behaviors. The Activity must incorporate specific strategies to reach populations with low testing, linkage to treatment and/or prevention, retention, and viral suppression.

The Activity will be Lesotho PEPFAR's primary support for key populations and will strengthen bidirectional linkages and relationships with communities and health units. Facility and community level support across the supported districts must cover the continuum of integrated HIV prevention, treatment and care including but not limited to HIV testing, PrEP, ART treatment and adherence and retention in care, SRH (STI screening and treatment, provision of contraceptive commodities, referral for VMMC, provision of condoms and lubricant, screening and management of GBV, and mental health care). Children of program beneficiaries will be screened and linked to the OVC program for access to socio-economic and child protection services. This Activity will provide national-level technical assistance to bolster MoH's strategic oversight and stewardship for key population programming in Lesotho.

Objectives, Illustrative Results and Activities

The draft Lesotho KP Activity description reflects the urgency to accelerate and broaden the reach of the HIV prevention and treatment services amongst key populations to achieve and sustain epidemic control.

Assuring 95-95-95 among all key populations is paramount, as well as preventing new infections including ensuring early treatment for the newly diagnosed HIV positive client and their partners, identifying, and initiating those who are HIV positive and not on treatment, and assuring high impact prevention options for all key populations. Clear accurate information about HIV transmission, and the bouquet of prevention options suitable to an individual's needs at different times in their life cycle must be available and actively provided at all entry points, and most important effective supported linkages to all prevention, treatment, care, and integrated services must also be facilitated and assured at all entry points. The three objectives are mutually reinforcing and designed to place the client at the center and contribute to the GOL goal to achieve and sustain epidemic control. The section below provides descriptions, indicative results, and activities for each objective.

Objective 1: Increase access to and utilization of quality KP-competent HIV prevention and treatment services to achieve 95-95-95-95 across all key population groups (by age, sex, KP group).

This Activity must strengthen comprehensive community-based HIV prevention services to meet the needs of various categories of KPs. These services include HIV testing, Recency testing, provision of PrEP and other biomedical prevention interventions such as dapivirine ring whenever available, referral for voluntary medical male circumcision, STI screening and referral, provision of voluntary and informed choice contraceptive commodities and provision of condoms and lubricants.

Lesotho KP Activity must work collaboratively with communities and community-based partners to assure case finding, linkages and increased demand for HIV services among KPs.

Potential implementers must coordinate with supply chain, laboratory and health management information systems and programs in the supported districts to ensure a steady supply of commodities such as PrEP, lubricants, HIV testing kits, condoms to ensure continuity of services. Working in collaboration with clinical implementing partners, this Activity must strengthen the bidirectional community -facility referrals for KPs living with HIV to achieve the three "95s". These services include; Referral of KPs living with HIV to ART care, early ART initiation, retention in care and viral suppression.

Objective 1 Illustrative Results:

Objective one will focus on HIV and associated health service delivery to achieve the 95-95-95 goals. Illustrative results and areas of consideration include, but are not limited to, the following.

1. Improved access to HIV biomedical prevention services for KPs
2. At least 95 percent of KPLHIV are aware of their status.
3. 100 percent linkage to ART care, including OVC screening for beneficiaries aged <19 years
4. At least 95% of KPLHIV on ART are virally suppressed
5. Improved regular STI screening and improved linkages to sexual and reproductive health and rights (SRHR) services for KP
6. Established harm reduction strategy for people who inject drugs.
7. Healthy behavior adopted by target individuals such as consistent condom use
8. At least 95 percent of all KP at risk of acquiring HIV have access to people-centered and effective HIV combination prevention options.

Objective 1 Illustrative activities

Illustrative activities and areas of consideration include, but are not limited to, the following:

1. Implementation of confidential KP-competent HIVST and targeted HIV testing of high-risk KP individuals to increase HIV testing coverage and case finding.
2. Increase the demand, uptake, and continuity of high-risk HIV negative KP on pre-exposure prophylaxis (PrEP).
3. Offer high quality ART and PrEP through differentiated service delivery (DSD) models such as community centers, mobile units, or community pick-up points.
4. In collaboration with the clinical partners, implement evidence-based interventions to retain at least 95% of KPLHIV on ART.
5. The KP program will take lead on all community-based continuity of treatment activities, including use of linkage navigators as retention case managers, U=U peer educators, and active tracking to re-engage KPLHIV back into care.

Objective 2: Promote structural interventions that impact access to HIV services -- addressing policies and national guidance that mitigate KP and HIV-related stigma, discrimination and violence in health services, other social service settings, and Basotho communities/society in general to achieve the UNAIDS 10-10-10 social enabler targets.

The second objective will focus on easing access to services. Illustrative results and areas of consideration include, but are not limited to, the following.

Objective 2 Illustrative Results:

1. Mental health and/or psychosocial support programming that addresses violence, trauma, harmful substance use, gender inequities is available to all KP in need.

2. Differentiated services for transgender persons are available through transgender-led community-based organizations that can deliver or co-lead the expansion of services that meet their unique needs.
3. Laws, policies and coordinated response measures mitigate the impact of stigma, discrimination and violence in services and society for key populations

Objective 2 Illustrative activities
Illustrative activities and areas of consideration include, but are not limited to, the following:

1. Establish a system to respond to violence, discrimination, abuse and harassment against people from key populations at national and district level.
2. Focused community empowerment and advocacy activities that allow KP-led and KP-competent CBOs to access technical support to expand their capacity to deliver services.
3. Engagement with government and policy makers to promote legal reform, a systematic effort to engage the law community to provide legal aid on a pro bono basis, systematic engagement with police, prison and border agents to promote the rights of KP and LGBTQI+.
4. Offering safe space and shelter for highly marginalized KPs and their children.
5. Establish a national reporting system for electronic and confidential reporting of GBV, featuring real time updates of case status, resources for counseling, aid, health services by location, etc.

Objective 3: Increase knowledge and tracking of HIV related strategic information amongst KPs and support the MoH's capacity to provide strategic oversight and stewardship of KP services in Lesotho in Lesotho.

The third objective will support stewardship of the KP program and activities aimed at creating an enabling environment for the attainment of the first two objectives. At national level, activities under Objective 3 will strengthen the MOH capacity to assure high quality key population services. This may include technical assistance, support for guideline and SOP development/updates, supporting reporting, and national and district level trainings. Illustrative results and areas of consideration include, but are not limited to, the following.

Objective 3 Illustrative Results:

1. Availability of KP focused relevant policy and guideline documents
2. National KP, Prevention and Treatment guidelines updated to reflect the WHO's 2022 Consolidated KP Guidelines, the 2021 Consolidated Guidelines on HIV, Prevention, Testing, Treatment, Service Delivery and Monitoring and the 2021 Guidelines for the Management of Symptomatic Sexually Transmitted Infections
3. KP focused indicators integrated in the national tools at all levels.
4. National level KP statistics available in DHIS2 (KP cascade monitoring, i.e., prevention, linkage, and viral load cascades)
5. KP activities integrated in national level continuous quality improvement interventions.
6. KP program updates included on the agenda for HIV TWG

Objective 3 Illustrative activities

Illustrative activities and areas of consideration include, but are not limited to, the following:

1. Support national and district level continuous quality improvement activities focused on the KP program
2. Technical assistance to support ministries' ability to meaningfully engage KP communities, monitor KP performance data and coordinate KP programming nationally
3. Support the integration of KP indicators in the national tools
4. Strengthen SI systems, including maintaining a KP district and national DHIS2 database with individual-level data.
5. Provide TA to MoH and multidisciplinary KP TWG for a harmonized KP response.
6. Engagement with government and policy makers to promote government laws and policies for social contracting, CSO and KP CSO formation, registration, and accreditation systems that allow access to domestic grants, contracts, and social health insurance reimbursement to CSOs providing services to KPs.

Geographic Focus
The place of performance is the Kingdom of Lesotho.

Guiding Principles

Alignment with GOL Priorities: The GOL leads the HIV and TB multi-sectoral response and has laid down its priorities in National HIV and AIDS Strategic Plan (NSP) 2018/2019 – 2022/2023. This Activity must align with the priorities of the GOL.

Evidence-Based Technical Assistance Approach and Interventions: The Activity recognizes that a comprehensive package of prevention and clinical services and support teams are needed to reach and sustain epidemic control and improve HIV-related patient outcomes. This new Activity will intensify and take to scale a set of proven interventions known to contribute to epidemic control.

Coordination and Complementarity with other PEPFAR Programs and Partners: Lesotho KP Activity will closely coordinate and implement programs and technical assistance with other new and ongoing PEPFAR-funded programs, the Global Fund, and other bilateral and multilateral programs.

Flexibility and innovation: The Activity should be flexible enough to adapt to a fluid environment including the impact of COVID-19.

Human rights-based HIV programming. The Activity should use a person and human rights centered approach that appreciates and sensitively responds to the diverse identities, social contexts, and practical realities of the human beings who make up the key populations.

[END OF ATTACHMENT B]