Annual Report for the Global Fund Support to the Kingdom of Lesotho

January 2007- December 2007

Compiled by Global Fund Coordination Unit
Ministry of Finance and Development Planning

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Abbreviations Used

AIDS	-	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ACSM	-	ADVOCACY COMMUNICATION AND SOCIAL MOBILIZATION
ART	-	ANTIRETROVIRAL THERAPY
ARV	-	ANTIRETROVIRAL DRUGS
CBOs	-	COMMUNITY BASED ORGANIZATIONS
CGPU	-	CHILD AND GENDER PROTECTION UNIT
CHAL	-	CHRISTIAN HEALTH ASSOCIATION LESOTHO
CHBC	-	COMMUNITY HOME BASED CARE
DOT	-	DIRECTLY OBSERVED THERAPY- Short Course.
FIDA	-	FEDERACION INTERNACIONAL DE BOGADAS
GF	-	GLOBAL FUND
GFATM	-	GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA
GFCU	-	GLOBAL FUND COORDINATINIG UNIT
GOL	-	GOVERNMENT OF LESOTHO
HBC	-	HOME BASED CARE
HIV	-	HUMAN IMMUNODEFICIENCY VIRUS
H.S.A	-	HEALTH SERVICE AREA
HTC	-	HIV TESTING AND COUNSELLING
KYS	-	"KNOW YOUR STATUS" CAMPAIGN
M&E	-	MONITORING AND EVALUATION
MOET	-	MINISTRY OF EDUCATION AND TRAINING
MOHSW	-	MINISTRY OF HEALTH AND SOCIAL WELFARE
MOGYSR	-	MINISTRY OF GENDER YOUTH AND SPORTS RECREATION
NAC	-	NATIONAL AIDS COMMISION
NDSO	-	NATIONAL DRUG SERVICE ORGANIZATION
NGOs	-	NON-GOVERNMENTAL ORGANIZATION
NSP	-	NATIONAL STRATEGIC PLAN (2006-2011)
NTP	-	NATIONAL TUBERCULOSIS PROGRAM
NUL	-	NATIONAL UNIVERSITY OF LESOTHO
OIs	-	OPPORTUNISTIC INFECTIONS
OVC	-	ORPHAN AND VULNERABLE CHILDREN
PEP	-	POST EXPOSURE PROPHYLAXIS
PLWHAs	-	PEOPLE LIVING WITH HIV/AIDS

PMTCT	-	PREVENTION OF MOTHER TO CHILD TRANSMISSION
PR	-	PRINCIPAL RECIPIENT
SR	-	SUB RECIPIENT
STIs	-	SEXUALLY TRANSMITTED INFECTIONS
THPC	-	TRADITIONAL HEALTH PRACTITIONERS COUNCIL
VCT	-	VOLUNTARY COUNSELING AND TESTING
WHO	-	WORLD HEALTH ORGANIZATION

Executive Summary

The Global Fund to Fight AIDS, TB and Malaria have been supporting the government of Lesotho since 2004 on two diseases HIV/AIDS and TB since Malaria has not caused any major concern to this cold weather country. The Ministry of Finance and Development Planning has been chosen by Country Coordinating Mechanism (CCM) the governing board of the fund in Lesotho to coordinate and manage the grants on its behalf. There are 15 Sub-Recipients from Government, private and Civil Society sector who implementing grant. The implementation of the grant is country wide

The grants are divided into rounds as follows;

Round 2 HIV and TB : 2 ½ years period grant $319 Million (2007-2009 June)

Round 5 HIV : 2 years period grant $10,130,000 Million (2006-2008)

Round 6 TB : 2 years period grant $2 Million (2007 July -2009 June)

Since receiving the HIV and AIDS in March, 2007, 12 organizations have been supported with funds to carry out implementation at the community level.

These organizations with their components of implementation are as follows:

- Peka Development Group, Skillshare, LENEPWHA, Lesotho Red Cross and Hope of the World who are focusing on OVC and PLWAs support.
- FIDA which is focusing on PLWHA and OVC rights,
- Cross Roads, MGYSR, Plot Point,
- MOET focusing on Bursaries for students at High schools and vocational training
- NAC focusing on governance and M&E systems
- Ministry of Health and Social welfare focusing on Prevention and Care and Treatment and TB Component as a whole.

Expenditure on grants is as follows; Round 2 Phase II HIV 57%, Round 2 Phase II TB 68 %, Round 5 Phase I HIV 98 % and Round 6 TB 9%.

The overall performance of Round 2 HIV/AIDS grant scored B1 rating in programmatic achievement and financial management. Eight (8) out of twelve (12) indicators were achieved over 100% thus exceeding annual targets. Round 2 TB grant achieved B1 rating due to slow expenditure. Four of the six indicators surpassed their indicators. While the remaining two achieved over 80% of their annual targets. The annual performance of the Round 5 Phase I HIV/AIDS grant was initially rated but later B1 due to excellent programmatic achievements visa vis low expenditure. Eight (8) out of thirteen (13) indicators were achieved over 100%. The other five indicators met 80 % of the annual targets.

BACKGROUND INFORMATION

1. INTRODUCTION

This report is an outline of the annual progress and results attained from the 2007 implementation of the four Lesotho's Global Fund TB and HIV & AIDS Grants. The grants under review are Round 2 Phase II HIV, Round 5, Round 2 phase II TB and Round 6. The first two grants focus on HIV and AIDS while the latter two centres on TB. The aim of the review is to track progress made towards achievement of indicators as per the grants agreements. Equally important the report will highlight the grants successes, constraints and challenges encountered in the precedent year.

The overall objectives of the annual review are:

- To assess performance of the grants using performance indicators as portrayed in the grants agreements;
- To assess the performance of the budget versus the expenditure within the review period.

The report is organised into three sections that focus on the grant management, the grants performance indicators, and the overall budget versus expenditure details.

The report is arranged into four chapters specific to each round / grant thus the report structure is detailed as follows:

Chapter 1: Grant Management

Chapter 2: Performance on Round 2 grant: HIV/AIDS & TB

Chapter 3: Performance on Round 5 grant: HIV/AIDS

Chapter 4: Performance on Round 6 grant: TB

Chapter 5: Budget and Expenditure Analysis

Chapter 6: Conclusions

CHAPTER 1

1.1 GRANT MANAGEMENT

The management of the grants is coordinated by Principal Recipient through the Global Fund Coordinating Unit (GFCU). It performs its coordinating role with the support of the Ministry of Health And Social Welfare through two units being the Procurement Unit and the Project Accounting Unit. The procurement of non-health and health products are undertaken by the procurement unit and NDSO respectively. The financial management of the grants is carried out by project accounting unit. The GFCU also acts a clearing unit for implementation of all grants activities.

1.2 Procurement and supply chain management systems

During this review period, health products procured included ARV drugs, drugs for OI's drugs for Post Exposure Prophylaxis, Home based care kits, Reagents, condoms for males and females, Nutritional Supplements and HIV and AIDS test kits. The summary of the health products procured in 2007 is tabled.

PRODUCT	ROUND	BUDGET	EXPENDITURE
Reagents	2	$82,707.00	$52,431.00
ARVs	2	$1 047, 523.00	$957,281.80
Condoms	2	$149, 068.00	$68,172.37
Home Based Care Kits	2	$200, 000.00	$78,259.00
Nutrition Supplements	2	$75, 000.00	$10,000.00
Drugs for OIs	2	$100, 000.00	$16,551.99
HIV and AIDS test kits	5	$327, 349.48	$300,364.03
Laboratory Supplies,reagents, test kits needs	5	$327,600.00	$300,364.03
Drugs for OIs	5	$209, 141.05	$0.00
Drugs for PEP	5	$98 250.00	$81,093.06
Drugs for STIs	5	$10 000.00	$0.00

1.3 Monitoring and evaluation systems

During the period under review the M&E assessment was conducted for both PR and SR through the support of Measure evaluation by holding a workshop for both HIV and AIDS and TB stakeholders on 12th February, 2007. The outcome of the assessment was the development of the capacity building M&E Action Plan for both the PR and SR.

In addition, tools on HBC and OVC were developed for use to monitor quality of services delivered (HBC & OVC). The MOHSW was also supported to reprint and distribute ART, PMTCT, and HTC registers to all districts. Data verifications tools were developed and are now being used by GFCU during verification.

CHAPTER 2

Round 2 Phase II: HIV/AIDS and TB

2.1 Introduction

This chapter focuses on the Round 2 grant implementation and is divided into two sections. The first section deals with HIV/AIDS component, while the latter looks at the TB component. The HIV/AIDS component is divided into four thematic areas; Prevention, Care and Treatment, Mitigation as well as Governance and Monitoring and evaluation. The TB component is composed of six objectives.

2.2 Overall Performance

The overall performance of both the HIV/AIDS & TB components during the reporting period scored "B1 rating for programmatic achievements and the financial management. It was also observed that the programmatic performance outweighed the financial performance.

2.3 SECTION ONE: HIV & AIDS COMPONENT

2.3.1 Thematic Area: Prevention

This thematic area consists of three objectives and six indicators as outlined below. The annual performance demonstrates that four out of the six indicators exceeded their annual targets.

Key Results

Objectives	Performance Indicators	Annual Target	Annual Results
1. To expand life skills and peer education and HIV/AIDS prevention services to adolescent and pre-adolescent young people with specific focus on girls by 80% in 2007.	1.1 Total number of young people in school taught life skills education	49 455	16 587
	1.2 Total number of young people out of school taught life skills education.	14 001	58 455
2. To expand access of condoms for sexually active youth by installing condom vending machines in 70% of all youth friendly corners in the HSAs by 2007.	2.1 Condom Distribution	3 000 000	8 012 442
3. To reduce the proportion of infants infected by 20% by establishing PMTCT	3.1 Number of pregnant women counselled and tested for HIV	8 000	19 808

programme in the HSAs by 2008.	within a PMTCT setting.		
	3.2 HIV infected pregnant women receiving a complete course of ART prophylaxis to reduce the risk of MTCT	2 800	3511
	3.3 % of infants born to HIV mothers receiving ARV prophylaxis	90%	71%

Life skills education for youth in school underperformed in 2007 because 34% of the set target was achieved. The current level of performance is expected to improve in 2008 due to 4322 teachers trained in 2007.

The exceptional performance on life skills education on out of school youth is expected to be maintained due to the currently functioning nine (9) youth resource centres under the guidance of Ministry of Gender and Sports Recreation. The centres are operated by 60 volunteers who are provided with incentives.

Health workers at facility level were recently trained on the revised data collection instruments on PMTCT. It is therefore expected that this will further improve PMTCT performance in 2008.

2.3.2 Thematic Area: Care and Treatment

Care and Treatment is constituted by three objectives and three indicators to guide the implementation of activities. As reflected on the table below all the set targets were met in 2007.

Objectives	Performance Indicators	Annual Target	Annual Results
1. To provide services of continuum of care in 100% of HSAs in Lesotho by 2007.	1.1 Number of people living with HIV and AIDS receiving community home based care and support	3 000	43 552

2. To provide ARVs therapy to 50% of clinically eligible PLWHAs by 2007.	2.1 Number of people receiving ART treatment	10 000	15 529
3. To establish VCT services in all 10 districts by 2007	3.1 Number of people provided with HIV testing and counselling services.	200 000	191 033

Performance has been satisfactory on HBC activities and this is due to involvement of MOHSW,CBOs and NGOs in the provision of HBC services.

The number of ART sites increased from 68 sites in December 2006 to 104 in 2007. As part of strengthening the ART programme an electronic database for HIV and AIDS information was developed though not completed. It is anticipated that when complete the database will significantly improve the quality of HIV and AIDS data.

HTC targets were not met due to the low uptake of KYS and inconsistent submission of data by facilities.

2.3.3 Thematic Area: Mitigation

This area is implemented through two broad objectives and three indicators were used to measure performance.

Objectives	Performance Indicators	Annual Target	Annual Results
1. To scale up the provision of a basic package of care, support and protection to 60% of orphans and vulnerable children by 2007	1.1 Total number of OVC receiving a basic package of care and support.	22 500	22 198
	1.2 Total # of OVC provided with financial support to attend high school	2 000	1 873
2. To increase the general awareness of human rights of PLWHAs in Lesotho by 40% by 2007.	2.1 Number of individuals reached with outreach programs focusing on the human rights of PLWHAs	500	1409

The budget allocated for schools fees in 2007 on OVCs was able to meet 94% of the annual target.

The satisfactory performance on outreach programs was due to the involvement of LENEPWHA, FIDA and CGPU. Awareness on the rights of PLWHAs and OVCs was created through the training of paralegals.

2.3.4 Thematic Area: Governance

Governance interventions were directed towards capacity building of Government Ministries in the national response to HIV /AIDS as well as strengthening of M&E systems from community to the national level.

Objective 1: To operationalize and strengthen NAC coordination mandate in the implementation of NSP 2006-2010

The National Coordination Framework has been developed. Trainings were conducted for line ministries on workplace programmes and policies. However there have been delays in the implementation of the workplace programmes.

Objective 2: To establish and strengthen NAC coordination units in all public sectors and at least 80% private sector and NGOs sector.

During the reporting period M&E training was provided to focal persons from private sector, NGOs and Line Ministries.

Objective 3: To strengthen the capacity of the District HIV/AIDS coordination mechanism in all the sectors.

The PR disbursed grants for CBOs to NAC to coordinate implementation. There was a delay in the disbursement of these grants to CBOs due to the finalization of the Essential Service Package.

Challenges

- Inconsistent and late reporting from facilities offering ART and HTC services. This challenge lead to underperformance on some indicators
- Delays in the disbursements of grants to CBOs which ultimately means delayed implementation.

2.4 SECTION TWO: TB COMPONENT

2. 4.1 Introduction

This section reflects the progress in the implementation of tuberculosis control activities supported by the GFATM in 2007.

2.4.2 Overall Performance

The performance of the TB component in 2007 is rated B1 on the programmatic achievements but scored low in terms of expenditure. The component is based on six objectives and the related indicators.

2.4.3 Objective 1: To strengthen NTP management

Key Results

Indicator	Annual Target	Annual Results
1. Proportion of new sputum smear positive TB cases detected under DOTS	4,300	3,432 (80%)

The NTP has maintained a high level of TB cases detection as it detected 80% of its target number of sputum smear positive TB cases for the period. This translates to a TB Case detection rate of 81% as against the WHO global target of 70%.

2.4.4 Objective 2: To strengthen DOTS implementation

Key Results

Indicator	Annual Target	Annual Results
2. Proportion of Districts implementing the national five year strategic plan for DOTS expansion	10	10

Currently all the 10 districts are implementing the five year strategic plan for DOTs expansion. Supervisory visits were conducted to the districts to monitor implementation.

2.4.5 Objective 3: To improve quality of TB diagnosis

Key Results

Indicator	Annual	Annual Results

	Target	
3. Treatment success rate among TB patients receiving DOTS from Private Partnership (PPP are general practitioners expected to implement DOTS)	922 (45%)	983 (48%)

The TB treatment success rate among the patients managed by the Private Care providers declined from 75% in 2005 cohorts to 48% in 2006 cohorts mainly as a result of non-evaluation of the treatment outcomes for 40% of the 983 registered cases.

2.4.6 Objective 4: To strengthen and expand public-private partnerships in DOTS implementation

Key Results

Indicator	Annual Target	Annual Results
4. # and % of smear positive TB cases successfully treated.	3,040 (75%)	2,294 (73%)

73% of the 2,294 sputum smear positive cases registered in 2006 were successfully treated. Although this falls short of the Global target, it however meets 97% of the target set in the GFATM-supported workplans for Rounds 2 and 6.

2.4.7 Objective 5: To promote TB surveillance

Key Results

Indicator	Annual Target	Annual Results
5. Percentage of Health facilities with no reported stock-outs lasting > 1 week of nationally recommended anti-TB drugs in the preceding 12 months.	80%	100%

In June 2007, the NTP commenced the use of the Fixed-Dose Combination (FDC) anti- TB drugs donated by the Global TB Drug Facility (GDF), and systematically started phasing out the use of loose drugs. The full course of treatment per patient using the FDCs is pre-packaged in individual patient kits depending on the body weight band to simplify the process of quantification, ordering, administration and accounting of the drugs. The supply of drugs was made based on quarterly report of TB case finding including a buffer stock to forestall stock-outs. During the period of report, no stock-out of anti-TB drugs was reported.

2.4.8 Objective 6: To ensure effective TB treatment by institutionalizing drug sensitivity in all districts

Key Results

Indicator	Annual	Annual Results

	Target	
6. Percentage of Districts achieving TB treatment success rate of 70% or more.	6/10 (60%)	7/10 (70%)

7 out of 10 Districts were able to achieve the TB treatment success rate of 70%. This performance exceeded the annual target by 10%. This is a commendable effort as it shows that in 2008 the possibility at achieving 10 districts looks feasible.

Challenges

- Delay in the implementation of the electronic TB register due to software problems.
- Late reporting from the sub-recipients is a key challenge as some reports can be excluded from the consolidation of the program reports.

CHAPTER 3

ROUND5 PHASEI: HIV/AIDS

3.1 Introduction

The report focuses on the Round Five Phase I HIV grant and is organised into three thematic areas. The report provides a detailed account on the performance of each objective by thematic area based on the target indicators.

3.2 Overall Performance of the Grant

The overall performance of the grant was initially rated A and later B1 due to an excellent programmatic achievements visa vis low expenditure.

3.3 PREVENTION

This thematic area focuses on HIV testing and counselling services which consist of one objective and five performance indicators. The details are depicted on the table below:

Objective	Performance Indicator	Annual Targets	Annual Results
1.To expand and strengthen HIV testing and counselling (HTC) services and post test care and support services in the public, private and NGO sector	1.1 Number of people receiving HIV testing and counselling (HTC)	250,000	265,529
	1.2 % of health centres with at least one community counsellor	50%	53% (85/160)
	1.3 % of service delivery points able to administer PEP according to the national guidelines	25%	11%
	1.4 % of care providers receiving routine psychosocial support	60%	65%(70/107)
	1.5 % of responses surveyed with knowledge of HIV care and treatment services and knowing where to go to receive such care and services	80%	0%

Due to the absence of proper tool on PEP, data on PEP was inadequately collected. The MOSHW developed a tool and it was disseminated on the fourth quarter of 2007 to health

facilities.There has been a delay in the implementation of the BCC survey hence no results were recorded on this indicator.

3.4 CARE AND SUPPORT

The annual performance of this thematic area is fair, as two out of four indicators were achieved as illustrated on the table below.

Objective	Performance Indicator	Annual Targets	Annual Results
1. To increase access to quality treatment of HIV and AIDS, STI and OI's in the public, private and NGO sector	1.1 % of respondents surveyed with drugs for HIV , TB and STI's in stock and no stock outs of more than 1 week in the last 12 months	80%	O%
	1.2 # of patients receiving care for integrated management of HIV , STI & OI	250	2,378
	1.3 % of service delivery points surveyed providing integrated HIV/TB/STI management according to the national guidelines	37%	0%
	1.4 # of service providers trained to prevent & control TB using infection control guidelines	100	421

The other two indicators have not been achieved due delays in the implementation of the two surveys which were intended to inform the two indicators.

3.5 SUPPORTIVE ENVIRONMENT

This thematic area consists of one objective and four indicators. As outline on the table below, three out of the four annual targets were overachieved.

Objective	Performance Indicator	Annual Targets	Annual Results
1. Strengthen a decentralised	# of key service providers provided	90	1265

health system that supports the scaling up of coordinated HIV, STI, TB interventions	with financial incentives		
	# of AIDS care providers ,professionals & lay community counsellors provided with salaries	18	128
	# of community based care providers provided with allowances	550	560
	# of ART centres constructed	2	1

There were delays in the construction of ART centres due to budget constrains that called for redesigning of the architectural plans coupled with procurement procedure s which ought to be followed.

Challenges

Challenges that were encountered during the implementation of the grant presented below based on the different thematic areas and objectives.

- Delays in the implementation of three surveys which were meant to inform the three indicators.
- Even though the programmatic indicators have been overachieved the budget expenditure remains unsatisfactory. This is a result of slow implementation in terms of disbursing incentive's to the beneficiaries for the first quarters of the year. Moreover the budget that was allocated for the incentives does not cover every health professional thus not every one is illegible for incentives.

CHAPTER 4

ROUND 6 PHASE I: TB

4.1 Introduction

This report reflects the bi-annual performance of the Round 6 grant on planned activities.

4.2 Overall Performance

The overall performance of the grant was rated B1 for programmatic achievements and financial management combined. This performance builds on the successes of the Round 2 grant.

4.3 Objective 1: To empower people with TB and communities to provide treatment, care and support to TB patients.

Key Results

Indicator	Jul 07 - Dec 07	
	Bi-annual Target	Bi-annual Results
1. # of new smear positive cases detected every year	3,140	3,432
2. # and % of smear positive cases that successfully completed treatment among the new smear positive TB cases registered in specified period	2,280	1,719 (75%)
3. # of community health workers trained in community based TB care and referrals	200	91
4. # of TB suspects referred by community health workers	500	0
5. # of community health workers trained in TB care, TB/HIV collaborative activities and referrals	230	55

The targets for TB case detection and treatment for the Rounds 2 and 6 TB have been aligned both in terms quantitative measure as well as timing. Therefore the achievements reflected under the Round 2 above are consistent with the round 6 performance as well.

The training of Community health workers in community TB care was conducted with assistance of the University Research Corporation (URC). A total of 146 Community Health Care providers were trained form all districts, of which 90 were lay counselors for facilitating HIV testing and counseling in TB clinics.

4.4 Objective 2: To address TB/HIV through TB/HIV collaborative activities, which focuses on strengthening already on-going activities – supporting training in HTC, development of referral mechanisms, mapping out pockets in the country with populations at risk of contracting TB.

Key Results

Indicator	Jul 07 - Dec 07	
	Bi-annual Target	Bi-annual Results
1. # of registered TB patients who receive HIV testing and counselling.	400	6 223
2. # of HIV positive patients who receive cotrimoxazole preventive therapy during treatment	240	3490
3. # of HIV positive TB patients who receive ART	72	907

Overall, 6,223 out of the 12, 258 newly detected TB patients were tested for HIV of which 4,974 (80%) were found to be positive.

Provision of Cotrimoxazole preventative therapy (CPT) to HIV positive TB patients has been scaled up in all the districts. The total number of TB patients provided with CPT in the year was 3,490 (70%).

Access to ART has been scaled up significantly in the reporting period. A total of 907 (18%) HIV positive TB patients detected in the year were initiated on ART.

Challenges:

- Lengthy process of engaging technical assistance or consultancies to execute the critical studies that were planned with the view to provide baseline information which underpins the execution of other activities e.g. ACSM.
- Late submission of reports by some Sub-implementers resulting in delayed disbursement requests and release of funds, thereby affecting implementation and expenditure.

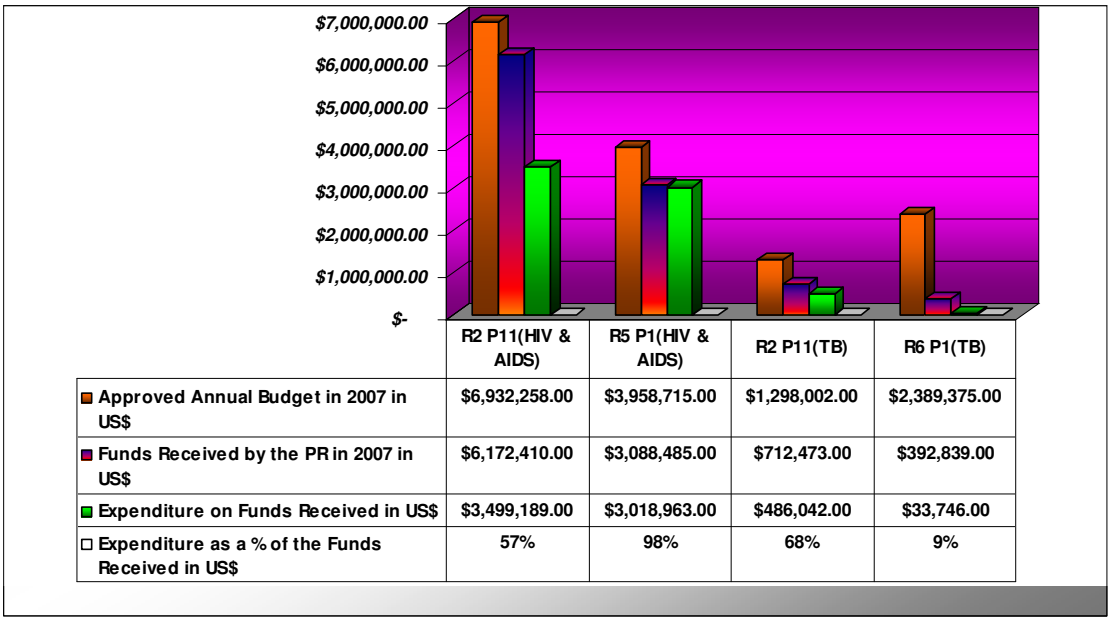
CHAPTER 5
BUDGET AND EXPENDITURE ANALYSIS

5.1 Budget analysis of the grants

The programmatic performance of all grants has been good. However, spending rate remains low. The low expenditure is partially due to slow spending on health commodities.

Overall the GF Secretariat has confirmed that from the beginning of 2008, Round 2 HIV and AIDS reports will be submitted bi-annually. This is due to good sustained performance of the grant in terms of financial spending and positive trend on indicators performance.

Figure 1



	R2 P11(HIV & AIDS)	R5 P1(HIV & AIDS)	R2 P11(TB)	R6 P1(TB)
Approved Annual Budget in 2007 in US$	$6,932,258.00	$3,958,715.00	$1,298,002.00	$2,389,375.00
Funds Received by the PR in 2007 in US$	$6,172,410.00	$3,088,485.00	$712,473.00	$392,839.00
Expenditure on Funds Received in US$	$3,499,189.00	$3,018,963.00	$486,042.00	$33,746.00
Expenditure as a % of the Funds Received in US$	57%	98%	68%	9%

5.2 HIV AND AIDS Funds disbursed to Sub Recipients in 2007 by the PR

Organization	Component	Overall budget	Funds disbursed to date
LENEPWHA	Mitigation	M1,114,996.00	M984 984.73
NAC	Governance	M2,721,750.00	M2, 153 518.71

MOET	Mitigation and Prevention	M8,089 000.00	M7, 399,304.48
Peka Dev Group	Mitigation	M734,432.82	M 699 044.33
Plot Point PTY LTD	Prevention	M743,669.00	M 630 799.23
SkillShare International - Lesotho	Mitigation	M444,500.00	M316 489.00
FIDA	Mitigation	M736,473.00	M736, 473.00
Lebone Consultants	Prevention	M59,000.00	M59 000.00
Hope Education Project Lesotho	Prevention and Mitigation	M789,000.00	M536 023.00
Crossroads Lesotho	Prevention	M730,000.00	M731,114.39
MYGSR	Prevention	M2, 281,800	M1, 540,00.00
LCN		M500,000.00	M122,000.00
MOHSW	Prevention, Care and support, mitigation	M18, 341,868.00	
National Association of the Deaf People - Lesotho	Prevention	M300 000.00	M300 000.00

***5.3* TB grant Sub-contracts signed with various organizations for implementation in 2007**

Organization	**Component**	**Overall budget**	**Funds disbursed to date**
CHAL	TB	M419 892.00	M89 832.00
NUL	TB	M434 000.00	M272 000.00
THPC	TB	M571,992.00	M315 000.00

CHAPTER 6

Conclusion and recommendations

All grants have maintained stable performance of B1 rating which is classified as good performance with room for improvement. Nonetheless, all grants experienced slow expenditure due to procurement of health and non-health products, disbursement of incentives, delays in the implementation of programmatic activities.

The good performance of the grants can be attributed to consistent and smooth communication between the PR and SRs. The implementers also demonstrated ability, competency and commitment to implement activities as planned.

However, it is prudent that procurement related activities are initiated on time to accommodate procurement processes that are some time lengthy due to the nature of the products. Coherent planning is necessary to ensure balance between programmatic and financial achievements.

The Ministry of Finance and Development Planning/Global Fund Coordination Unit appreciates involvement of partners in making this a success in 2007 and still expects the similar support for 2008 onwards.