BI-ANNUAL REPORT FOR THE GLOBAL FUND SUPPORT TO THE KINGDOM OF LESOTHO

JUNE 2008

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

TABLE OF CONTENTS

ABBREVIATIONS

ACSM	-	ADVOCACY COMMUNICATION & SOCIAL MOBILIZATION
AHC	-	ADOLESCENT HEALTH CORNER
AIDS	-	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ART	-	ANTIRETROVIRAL THERAPY
ARV	-	ANTIRETROVIRAL DRUGS
CBO	-	COMMUNITY BASED ORGANIZATIONS
CCM	-	COUNTRY COORDINATINIG MECHANISM
CDC	-	CENTERS FOR DISEASE CONTROL
CFCU	-	GLOBAL FUND COORDINATINIG UNIT
CGPU	-	CHILD AND GENDER PROTECTION UNIT
CHAL	-	CHRISTIAN HEALTH ASSOCIATION OF LESOTHO
CHWs	-	COMMUNITY HEALTH WORKER
CPT		COTRIMOXAZOLE PREVENTIVE THERAPY
CTBC	-	COMMUNITY TB CARE
DOTS	-	DIRECTLY OBSERVED TREATMENT
DRS	-	DRAG RESISTANCE SURVEY
ETR	-	ELECTRONIC TB REGISTER
FIDA	-	FEDERATION OF WOMEN LAWYERS
FIND	-	FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS
GFATM	-	GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA
GOVT	-	GOVERNMENT
GPs	-	GENERAL PRACTITIONERS
H.S.A	-	HEALTH SERVICE AREA
HBC	-	HOME BASED CARE
HCWs	-	HEALTH CARE WORKERS
HIV	-	HUMAN IMMUNODEFICIENCY VIRUS

HTC	-	HIV TESTING AND COUNSELLING
IEC	-	INFORMATION, EDUCATION AND COMMUNICATION
IMAI	-	INTEGRATED MANAGEMENT OF ADULTHOOD AND ADOLESCENCE ILLNESSES
KYS	-	"KNOW YOUR STATUS" CAMPAIGN
LCN	-	LESOTHO COUNCIL OF NON-GORNMENTAL ORGANIZATIONS
LENEPWHA	-	LESOTHO NETWORK OF PEOPLE LIVING WITH HIV/AIDS
LTHPC	-	LESOTHO TRADITIONAL HEALERS PRACTITIONER COUNCIL
M&E	-	MONITORING AND EVALUATION
MDR	-	MULTIDRUG RESISTANCE
MOET	-	MINISTRY OF EDUCATION AND TRAINING
MOGYSR	-	MINISTRY OF GENDER, YOUTH AND SPORTS RECREATION
MOHSW	-	MINISTRY OF HEALTH AND SOCIAL WELFARE
MPH	-	MASTERS IN PUBLIC HEALTH
NAC	-	NATIONAL AIDS COMMISION
NDSO	-	NATIONAL DRUG SERVICE ORGANIZATION
NGOs	-	NON-GOVERNMENTAL ORGANIZATION
NHTC	-	NATIONAL HEALTH TRAINING COLLEGE
NTP	-	NATIONAL TB PROGRAM
NUL	-	NATIONAL UNIVERSITY OF LESOTHO
OI's	-	OPPORTUNISTIC INFECTIONS
OVC	-	ORPHAN AND VULNERABLE CHILDREN
PEP	-	POST EXPOSURE PROPHYLAXIS
PIH	-	PARTNERS IN HEALTH
PLWHAs	-	PEOPLE LIVING WITH HIV/AIDS
PMTCT	-	PREVENTION OF MOTHER TO CHILD TRANSMISSION
PPP	-	PRIVATE PARTNERSHIP PRACTITIONERS
PU	-	PROCUREMENT UNIT
PR	-	PRINCIPAL RECIPIENT
PSI	-	POPULATION SERVICE INTERNATIONAL
PSM	-	PROCUREMENT SUPPLY MANAGEMENT
QTY	-	QUANTITY

SDA	-	SERVICE DELIVERY AREAS
SRs	-	SUB RECIPIENTS
SSRs	-	SUB SUB RECIPIENTS
STIs	-	SEXUALLY TRANSMITTED INFECTIONS
TA	-	TECHNICAL ADVISER
TB	-	TUBERCULOSIS
TSF	-	TECHNICAL SUPPORT FACILITY
URC	-	UNIVERSITY RESEARCH CORPORATION
VCT	-	VOLUNTARY COUNSELING AND TESTING
WHO	-	WORLD HEALTH ORGANISATION

EXECUTIVE SUMMARY

This report presents the highlights of the bi-annual review on activities undertaken as of June 2008 on the three Global Fund grants. The compilation of this document was done through the desk review of the documents and consultations with program managers from SRs.

Round 2 Phase II (HIV / AIDS)

Under Round 2 grant (HIV/AIDS) remarkable progress was made in intensifying interventions on prevention to respond to HIV and AIDS. During the reporting period 38 157 out of school youth were exposed to life skills education. This was realized due to vigorous efforts from NGOs and Government Ministries. In the same vain, life skills education on youth at school gained momentum due to the training of 3,552 teachers and during the reporting period 177 600 children were reached with life skills education.

2 828 425 male condoms were distributed to health facilities and some support groups in order to make condoms available to sexually active populations.

Under care and treatment, progress was made in strengthening HIV and AIDS services both at the facility and community level. 223 health care workers were trained on the management of opportunistic infections and ARV. 334 community health assistants were also trained on the management of and care of HIV and AIDS. 8,971 people were put on ART treatment for the period under review.

ARV drugs, drugs for OIs and PMTCT were procured and distributed to health facilities to ensure that adequate stock was available to support the treatment for all patients. Home-based care kits and nutritional supplements were also procured and distributed to health facilities for support for communities.

Efforts to expand HTC services continued with the on going support of 58 HIV and AIDS counselors and 2 drivers who continue to receive remuneration to support the rolling out of HTC services at the health centre level. Additionally 186 000 IEC material promoting HTC services were distributed to the HIV and Counseling testing sites.

On mitigation, 5,545 OVCs were reached with the basic package of care and support. The basic package supported the distribution of food in the areas of Peka, Mokhotlong, Mafeteng, Berea, Quthing and Leribe. However there is an emerging challenge of a high number of dilapidated OVCs houses which are in need of rehabilitation and renovations. In addition, 21, 143 OVCs in Form A-E had received school fees support from the Government of Lesotho and Global Fund.

Round 2 Phase II (TB)

Progress was made in strengthening the National TB Programme under the round 2 grant. A five-year costed national TB Strategic plan was developed for the period 2008-2012 in line with the Stop TB strategy. This document provided the framework for annual planning of NTP activities as well as gap analysis for the Round 8 submission.

All the districts have begun to utilize the ETR. Net the TB electronic software system, since May 2008. However, full functionality of this software is not fully observed as developers are still to supply final version of the software.

During the period under review, the TB case detection rate achieved was 71% , while 50% of the districts managed to achieve the treatment success rate of 70% or more.

Round 5 Phase I (HIV/AIDS)

To date 547 counselors were trained on HTC, and these counselors constitute nurses, professional counselors, community counselors and HTC counselors. 143 916 people were counseled and tested country wide within the existing HTC sites.

370 health care workers were trained on management of HIV/ STI. These trainings were intended to standardize provision of HIV care across health facilities. Furthermore, l04 laboratory staff was also trained to support the diagnosis and monitoring of HIV /AIDS, the trainings also included diagnosis protocols, algorithms for laboratory testing and quality assurance.

IEC materials for promotion of the ART and HTC were printed and distributed to all facilities and the community. The materials were used to educate the community the importance and availability of HIV & AIDS services. HTC and ART data collection tools were also printed and disseminated to health facilities. Health products such as drugs for OIs and PEP, reagents, HIV test kits were procured and distributed to health facilities.

The construction of the ART centre at Botha Bothe has been 80% completed. Work has been started on the construction of the ART centre at Paray Hospital. Procurement of equipment and furniture for the two centers had been initiated.

Support continued to be provided to the human resource through the provision of incentives for 1,480 health professionals and 1005 community health workers and 126 health workers receiving salaries at different cadres and levels.

Round 6 Phase (TB)

Capacity building continued to be strengthened on advocacy, communication and social mobilization in the country through the Round 6 grant. 13 health educators and 13 drivers had been recruited and deployed at central and district level as part of strengthening ACSM activities for communities. Additionally, procurement of 10 vehicles, equipment and furniture were procured and distributed to all district.

20 Microscopists were recruited and deployed at the districts to support laboratory services. Equipment such as microscopes, incubators, autoclave and dryers were part of support for the laboratory department.

A total of 825 community health providers from all the ten districts were trained by PIH as one of the sub-sub recipients. URC also supplemented by training 57 lay counselors for facilitating HIV testing and counseling in TB clinics.

CHAPTER1

1.1 INTRODUCTION

This report outlines the progress and results attained of the Lesotho's Global Fund HIV & AIDS and TB grants namely; Round 2 Phase II HIV and TB grant, Round 5 phase I HIV grant and Round 6 TB grant. The aim of the report is to track progress made towards implementation of activities, the set targets as well as performance of the budget as portrayed in the grant agreements. The report further presents achievements, constraints and challenges realized during the implementation period. Recommendations from lessons learned also form an integral part of the report.

The report is organized into 4 chapters. The first chapter gives an overall background for all the Global Fund grants in Lesotho as well as the grants management. Chapter two will give details on progress updates from January to June 2008, for Round 2 phase II, and this will be divided into two sections, section 1 being HIV component and section 2 for TB component. Chapter three will discuss Round 5 Phase I from November 2007- to April, 2008 a six monthly progress

1.2 BACKGROUND INFORMATION

The Global Fund to fight AIDS, TB and Malaria has been supporting the government of Lesotho in the struggle against HIV/AIDS and TB since 2004. 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 various Sub-recipients from government, private and Civil Society sector implementing activities and they are geographically distributed country- wide.

The following presents the snapshot of what is contained in each grant agreement:

Round 2 Phase II HIV and TB: 2 ½ years period grant $-22,407,590 Million (HIV –$ 19,061,600 & TB - $3,345,990) (March 2007-2009 June)

Round 5 HIV : 2 years period grant $10,013,382.90 Million (Nov06 - Oct 2008)

Round 6 TB : 2 years period grant $3,742,471.54 Million (2007 July – 2009 June)

Round 7 HIV : 2 years period grant $ 10, 626,665 Million (2008 July – 2010 June)

1.3 GRANT MANAGEMENT

The Ministry of Finance and Development Planning, the Principal recipient (PR), manages the grants through the Global Fund Coordinating Unit as the project management unit. GFCU continues to get support from the Procurement Unit of the Ministry of Health and Social Welfare for procurement of health goods and non health goods.

In order to enable it to perform its duties efficiently and effectively, the GFCU has been strengthened with additional staff in areas such as Monitoring and Evaluation (M&E), Finance, procurement and communications.

Monitoring and evaluation

Monitoring and Evaluation plan was reviewed and revised in order to incorporate all grants through the support of Technical Service Facility (TSF). Furthermore, M&E Officer was engaged to strengthen the M&E section within the unit. The M&E training for the Sub Recipients was also conducted under the facilitation of TSF. This training was intended to build capacity of the Sub Recipients on M&E requirements.

Financial Management

Since 2004, the institutional arrangements on fiduciary for the financial management of sub-recipients (SRs) were performed on behalf of the PR by the Project Accounting Unit (PAU) of the Ministry of Health and Social Welfare. This situation has since been reversed. In June 2008 the Finance Manager was engaged to build capacity within the finance section, and this resulted in all the accounting duties being transferred back to the PR. Efforts to implement an integrated accounting and financial management information system for PR were initiated during the period. This system is aimed at generating robust financial information in terms of reports, financial analysis and resource tracking for the Government counterpart and Global Fund grants and will also be linked to monitoring and evaluation of the grants.

Furthermore, processes have been initiated to engage Procurement officer, who will be responsible for coordinating and monitoring the Procurement supply management plan (PSM) as well as undertaking procurement activities of the PR.

Communications and Information

Progress has been made towards the engagement of the communication officer whose role would include promoting Global Fund support to Lesotho. In addition the website has been developed to provide information to the general public and stakeholders on Global Fund activities in Lesotho. The website will formally be launched before the end of the year.

The next Chapter will discuss performance of Round 2 Phase II grant which is composed of HIV and TB activities.

CHAPTER 2: PERFORMANCE ON ROUND 2 PHASE II GRANT

2.1 INTRODUCTION

This chapter discusses Round 2 Phase II which is composed of HIV and AIDS and TB components. It is divided into two sections; section 1 deals with HIV and AIDS and section 2 deals with TB. HIV and AIDS component is divided into 5 thematic areas namely, Prevention, Care and Treatment, Mitigation, Governance and Monitoring and Evaluation. The section will further presents the six monthly cumulative performance indicators as well as the financial performance, challenges and successes achieved.

The TB component is subdivided into six grant objectives, presentation of the six months cumulative performance indicators, financial performance as well as the challenges and success attained in this reporting period.

2.2 BACKGROUND INFORMATION (HIV AND AIDS, TB)

The overall goal of Round 2 Phase II is to strengthen prevention and control of TB and HIV and AIDS in Lesotho. This grant aims to intensify prevention among the youth (age group 10-25 years), strengthen community capacity to cope with the pandemic, mitigate the impact of AIDS among People Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVCs). The grant intension was also to provide ART treatment and strengthen the national management structures in the delivery of HIV/AIDS services.

HIV and AIDS program activities include the scaling-up of the interventions for prevention, care and mitigation in support of, and in addition to, the existing ongoing interventions under the National HIV/AIDS Strategic plans; expansion of life skills, education and training, condom distribution; Strengthening the hospital services and home based care for PLWHAs; scaling up provision of the basic package of care, support and protection for the infected and affected population; operationalization and strengthening of the newly established National AIDS Commission.

Round 2 TB grant focuses on strengthening the infrastructure, systems, tools and building the capacities of the various role players involved in the fight against TB, including service providers and local communities. The main objectives of the program encompasses strengthening the National TB program (NTP) management and Directly Observed Treatment (DOTS) implementation; improving the quality of TB diagnosis, expanding

Public-Private Partnership in DOTS implementation, promoting TB surveillance and ensuring effective TB treatment.

Specific interventions for the TB component include reviewing pre-service DOTS curriculum and conducting pre-service and in-service trainings for Health Care Workers, including laboratory personnel, traditional healers and Private General Practitioners; Strengthening the quality assurance system, procuring reagents for improving diagnosis; Operationalising the Electronic TB Register for good quality data and Drug Resistance Survey.

2.3 OVERALL PERFORMANCE (BOTH HIV/AIDS AND TB)

The overall performance rating of Round 2 HIV and AIDS as rated by GFTMA was B1 for the reporting period. This rating was based on programmatic and financial performance. The conditions precedents to the disbursement of the funds for the following period were all met, except the condition on establishment of patient electronic system, which was reported to be on progress. The Round 2 TB grant accomplished the overall rating of B1 as well, and had met all the conditions which were precedent for disbursement.

SECTION ONE: HIV AND AIDS COMPONENT

This section reflects the progress in the implementation of HIV and AIDS activities as of the Period 1st January 2008 to 30th June 2008.

2.4 GRANT ACTIVITIES

HIV and AIDS component is divided into 5 thematic areas namely, Prevention, Care and Treatment, Mitigation, Governance and Monitoring and Evaluation. The grant activities for each thematic area are discussed in detailed below.

2.4.1 PREVENTION

The Prevention thematic area, focuses on expanding life skills, peer education training and HIV and AIDS prevention services to the youth by supporting youth resource centers, adolescent health corners and reproductive health facilities, implementation of life skills/ peer education programme for both out of school and in school youth as well as strengthening of youth organizations to improve behavior change and communication.

The component also focuses on expanding access to condoms to sexually active youths and to reduce the proportion of infants infected with HIV through training health facilities personnel and procurement of PMTCT drugs.

Refurbishment of Youth Resource centers:

Six youth resource centers in four districts (Leribe, Mokhotlong, Berea, and Maseru) were refurbished and are now fully functional. 60 youth leaders from this center continue to receive incentives to the tune of $100 on monthly basis. It is envisaged that by the end of the year the youth centers in Qacha's nek and Mohale's Hoek will be completed as they currently being refurbished. 21,868 out of school youths were reached with life skills

trainings at these resource centers. These trainings comprise of peer education which includes life skills, general counselling skills, computer skills and gender sensitization on sex and sexuality. Additionally, activities performed at youth resource centers include income generation and food security, outreach activities and empowering youth through sports and recreation.

Figure 1: shows one of the resources centers (T.Y. Youth Resource Center) renovated under GF Round 2 and one of the life skills training session held in this center.

Life skills/peer education programme for out of school adolescents/youth

Five sub recipients trained a total of 38,157 youths on the life skill education programme targeting out of school adolescents. In particular the Ministry of gender, youth and sports and recreation (MGYSR) have reached 21,868 youth through the youth resource centers , Cross Roads contributed 15,513, Peka Development Group attained of 665, Monna ka khomo (Lesotho herd boys association) trained 80 and finally Plot Point reached 31 youths. Methods used by these organizations to reach the youth included trainings conducted in the resource centers, Drama, edutainment, traditional dances and plays, involvement of the youth in sports and other recreational activities as well as engaging them in agricultural activities.

Figure 2: Shows Edutainment session for youth at the national University of Lesotho and traditional dancing as part of the life skills education

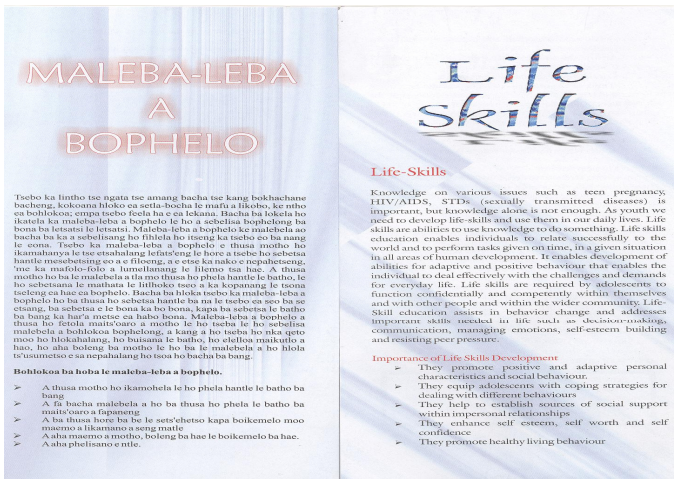
Life skills/peer education programme for in school adolescents/youth

The Life skills / Peer Education programme with specific focus on HIV and AIDS issues, targeting primary and secondary youths, was incorporated into the school curriculum by the Ministry of Education since 2005. 3,552 teachers at primary and secondary level were trained on the HIV integrated curriculum during the period under review. The number of Primary and secondary adolescents and youths taught life skills as a result of the teachers training on the revised curriculum, has increased dramatically from 31,675 to the total figure of 177,600 under this period.

Adolescent health corners and reproductive health

Two Adolescent Health Corners (AHC), Lithipeng and Phamong clinics were established and equipped with furniture. Community sensitization trainings on AHC services in Lithipeng and sexual abuse awareness sessions for the youth in Mafeteng were also done. 80,000 English and Sesotho IEC materials on reproductive health issues focusing on teenage pregnancy, PMTCT, Pre-natal care, signs of pregnancy and life-skills were printed and distributed. The English and Sesotho samples of the IEC materials are shown below.

Figure 3: Shows Life-skills IEC materials printed in English and Sesotho for the youth.



Youth organizations strengthened to improve BCC

Plot Point PTY (LTD) developed an effective community mobilization strategy to sensitize Basotho to change their perception and outlook with regard to knowing their HIV status through the production of a 26 episodes Radio Drama titled 'Tholoana tsa Tsebo' (i. e. results of knowledge) as well as the production of One Hour Film titled 'Kau la Poho'. The Radio Drama was broadcasted for 15 minutes on two local radio stations namely, Mo-afrika FM and Radio Lesotho from August 2007 to March 2008. It is anticipated that the rate of testing for HIV will accelerate following the radio broadcast among both the young and old audience

Figure 4: shows the actors in studio during the recording of "Tholoana Tsa Tsebo"radio drama AND a community member undergoing HIV testing at Thabana-Morena after listening to the radio drama.

Figure 5: Shows the community members in Thabana-Morena, Mafeteng listening to Radio Lesotho during the afternoon (13h45) Radio Drama broadcast

"***Kau la Poho"*** was written and filmed from December 2007 to March 2008. The film addresses some crucial HIV & AIDS issues such as Stigma, OVC's, Home based care, PMTCT, ART, KYS, and Prevention. The film project carried an element of capacity building in it as many people were trained in filmmaking processes such as, sound operation, camera operation and editing.

Figure 6: Shows some of the scenes of the "Kau la Poho" Film which, will be disseminated for public viewing.

This film will be distributed to all the strategic places in the country in DVD format and VHS format .The intention is to replicate 1000 DVDs and 300 VHS copies which will be distributed to 17 adolescent health corners, 10 VCT New Start centers, 10 hospitals, 20 health centers/clinics, youth resource centers, ART/HTC centers and other relevant stakeholders. The film will also be broadcast on national television and will be made available to the public.

BCC and Condom Promotion

2,828,425 male condoms were distributed by PSI and NDSO to health facilities throughout the country as well as some support groups in the community including privately owned health facilities with the intention of expanding access and availability of condoms to sexually active populations.

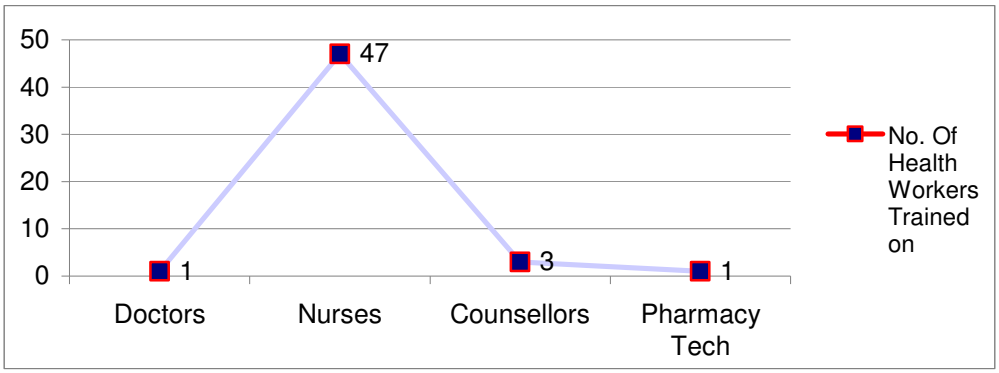
Table 1: Illustrates the number of condoms distributed by organizations during the period January and June 2008:

Name of organisation	Number of condoms distributed
1. PSI	2,133,913
2. NDSO	694,512
Total	**2,828,425**

PMTCT programme

52 health workers were trained on PMTCT issues with the aim of providing quality and effective PMTCT services at all stages of care.

Figure 7: Health Workers trained on PMTCT during the period January to June 2008



The training for Health care workers emphasizes on effective prevention of mother to child transmission.

2.4.2 CARE AND TREATMENT

Care and treatment thematic area places emphasis on the provision of services for continuum of care from the community level up to the hospital level through-out the country. In addition, the thematic area discusses issues pertaining to the VCT services in all districts coupled with the provision of chronic HIV care and ARV therapy to the clinically eligible PLWHAs.

Continuum of Care Services

A total of 223 health care workers were trained on the management of opportunistic infections and ARV treatment and diagnosis. Issues covered in the training include chronic HIV care with ARV therapy, counselling, general principles of chronic care, acute care as well as palliative care. This course has contributed significantly to the rolling out of ART to patients who are clinically eligible. In addition, drugs to treat common opportunistic infections were procured to ensure that health facilities had adequate stock to support the need of PLWHAs. Provision of laboratory services were strengthened, through the procurement of lab reagents and consumables for HIV testing, determining of CD4 cell counts, viral load and other relevant tests for HIV diagnosis and patient assessment in order to improve analysis and management of HIV and AIDS .

Community Based Care

334 community health assistants in five districts (Maseru, Butha Buthe, Thaba Tseka, Berea and Mafeteng) were trained on the management of and care of HIV and AIDS. The training capacitated the participants with knowledge on HIV prevention, treatment care and support. Problem solving skills for addressing community specific issues related to community based HIV management were also imparted to the community health assistants. Furthermore, the community health assistants were trained on the importance and utilization of home based care kits. To date 2,200 home based care kits and 33,600 nutritional supplements were procured and distributed to health facilities. Detailed specifications on the components of the kits are reflected in Annex A.

HIV testing and counselling services

HTC trainings were conducted whereby 61 HIV and AIDS counsellors were trained. Topics covered included immunology, facts about HIV and AIDS, progression from HIV and AIDS stage, treatment, care and relations issues, adherence, stigma and discrimination, the concept of counselling and counselling principles, counselling skills, communication skills, pre-test and post-test counselling, couple and group counselling, HTC in PMTCT, counsellor self care, self awareness, legal and ethical issues related to HTC as well as record keeping of all HTC sessions.

186,000 information, Education and Communication materials on HIV counselling and testing were printed and distributed to the testing sites. These comprised of 135,000 pamphlets and 51,000 "know your status" bangles. The IEC materials were produced to encourage the public to test for HIV and also increase knowledge as to where to get post-test services such as antiretroviral treatment, prophylaxis for other common opportunistic infections and prophylaxis to prevent mother to child transmission.

58 HIV and AIDS counsellors and 2 drivers continued to be supported with salaries in order to accelerate provision of Counselling and testing services in the country. VCT as well as provider initiated counseling and testing have been introduced in all districts and the services have been linked to the Continuum of Care Services for PLWHAs, the ARV program, the PMTCT program as well as the support services in communities for those who are positive through referral mechanisms.

2.4.3 MITIGATION

This thematic area concentrates on interventions to mitigate the impact of HIV/AIDS on children by scaling up accepted interventions to meet their minimum basic needs. Government and civil society organizations have to work together to respond adequately and aggressively in order to scale up the provision of a basic package of care, support and protection of orphans and vulnerable children. Community- and faith-based groups are actively sensitized and mobilized for support.

OVCs receiving care and support

In this reporting period five organizations were actively involved in providing basic package to 5,545 OVCs. Skills Share International provided nutritional support through distribution of food packages, educational support by providing school uniforms and agricultural tools to 94 OVC households. This was achieved through the engagement of six support groups at community level. LENEPWHA continued to be supported with funds for continuity in the running of their office and remuneration of staff, as well as funds to support the PLWHA and OVC. To date LENEPHWA had managed to provide basic packages to 50 OVCs.

Hope of the World, a faith-based organization assisted 687 orphans with food parcels. In addition 129 pastors were trained to mainstream HIV and AIDS, including community sensitization on OVC issues and subsequently 286 members of the congregation were sensitized on OVC care and support. This organization has again distributed clothes to these orphans through the support from Switzerland Pentecostal Mission, hence proving to be a conduit of support to the OVCs in the communities. At community level Peka Development Group is highly active in sensitizing and mobilizing communities on OVCs as well as producing and supplying food packages, seedlings and training to OVCs to promote sustainability of food security within their households. This group supplied 216

OVCs with the food packages as well as renovating dilapidated houses of OVC within Peka Areas. PLWHA and OVCs are engaged in order to encourage ownership of the project at community level.

The Lesotho Red Cross Society provided 4,498 OVCs with basic packages of Care and Support. The distributions were done with the involvement of community leaders such as the chief and local government councilors to authenticate the process and enhance a caring network to OVCs. The support towards OVCs (especially food packages) is contributing positively on the livelihoods of the OVCs; however there is an emerging challenge of dilapidated OVC houses in which are in need of rehabilitation and renovations.

Figure 8: Shows one of the OVCs receiving her food package from Lesotho Red Cross society in Lekokoaneng in Berea district.

PLWHAs receiving advocacy skills training for human rights

As part of their mandate, LENEPWHA sensitized communities on PLWHA's rights and the specific actions to take in case of abuse by distributing educational materials. The IEC materials contained information on relevant laws and policies, lobbying for expansion of legal aid services linking abuse and promoting activism against all abuses of rights of PLWHAs. This was also supplemented by conducting three community gatherings for support groups in Berea, Leribe and Semonkong where 209 people were reached. In addition LENEPWHA conducted a radio programme and a television programme to accentuate awareness of the rights of PLWHA. Five thousand booklets on "Marriage Law/Family Law" were simplified and translated into Sesotho and were distributed in collaboration with Lesotho Federation of Women lawyers (FIDA).

FIDA embarked in disseminating the revised sexual offences act of 2003 in the southern region of the country. The new act has introduced a new way of looking at crime and the protection of victims of sexual offences have been heightened by introduction of certain factors such as compulsory HIV test of crime perpetrators, rights of the complainant and abolition of cautionary rule. During the review period, dissemination of sexual offences act in two districts has been completed, covering four schools from each district. In Mohale's Hoek 650 pupils were reached in Mohale's Hoek High school, 350 in Morifi High school, 149 in Bethesda High school and 500 in Paul IV High school, adding to 1,649 in total. In Quthing 2,400 pupils were reached and this constitutes 400 from Trinity High school, 550 from Mopholosi High School, 800 from Masitise High school and 650 from Moyeni High School.

800 simplified and translated copies of the Act were distributed and is on going. A total of 4,049 school youth have been reached through this Sexual Offence Act 2003 dissemination. FIDA will continue with dissemination of the Act, conduct visits and to other districts.

Figure 9: Shows legal awareness session conducted by FIDA at Bethesda High school in Mohale's Hoek

In collaboration with Child and Gender Protection Unit (CGPU), FIDA held public gatherings in five districts where 900 people were reached. Topics covered in these legal education gatherings included marriage laws, inheritance laws, sexual offence Act, children's protection Act and lastly the rights of people living with HIV and AIDS. Eighteen radio programmes were also aired by FIDA in different radio stations to create awareness on laws that affect orphans and women. Follow up monitoring and supervision were accomplished using focus group discussions of 105 community leaders in four districts to assess programme effectiveness. In addition 1,200 reporting tools were printed and 520 were distributed to paralegals in Maseru, Mafeteng and Mohale's Hoek to capture data on violation of human rights cases.

Figure 10: Shows Public gathering by FIDA and CGPU at Ha-potsane in Mohale's Hoek District.

2.4.4 GOVERNANCE

The area of focus for the governance thematic area centers around strengthening the coordinating bodies' abilities to effectively and efficiently coordinate the implementation of the GFATM grants , and the capacity of the district HIV/AIDS coordination mechanisms emphasis on strengthening civil society organizations as well as the network of effective PLWHA groups.

The ministerial action plans have been reviewed and updated through the support of GF, and this was facilitated by NAC to ensure that the plans would be developed in line with the National HIV Strategic Plan technically. As a result of updating of these action plans, 10 ministerial action plans have been approved for funding to the tune of M6, 5000,000 through the support of NAC. Cabinet approved the Public sectors workplace guidelines on HIV and AIDS through the coordination of the Ministry of Public Service. The Ministry of Public Service is currently in the process of aligning the guidelines to the human resources policy. Once completed, the guidelines will be disseminated within the public sector in order to ensure consensus and ownership by all ministries. Moreover the labour code and guidelines are in process of being translated into Sesotho through the ministry of Labour and employment.

2.5 PERFORMANCE INDICATORS

Performance of the round 2 (HIV) is routinely monitored through four broad thematic areas. These are prevention, care and support, mitigation and governance and each thematic area consists of a set of indicators and targets guiding the implementation of the grant.

2.5.1 PREVENTION

This thematic area comprised of three objectives and six performance indicators. As indicated on table 2, Cumulative performances in five of the six indicators have surpassed their cumulative targets to date. Zero bi-annual target means that the set targets were exceeded before the review period as indicated by the cumulative results. Eventhough the targets have been reached and surpassed some activities are still going on to enhance prevention of HIV among the communities.

Table 2: Shows Bi-Annual and cumulative targets and results for prevention component

Objectives	Indicator Definition	Bi-annual target	Bi-annual results	Cumulative Target to date	Cumulative Results to date
1. To expand life skills and peer education and HIV/AIDS	1.1Total # of young people in school taught life skills education	68,325	177,600	100,000	209,275

prevention services to adolescent and pre-adolescent young people with specific focus on girls by 80%.	1.2 Total # of young people out of school taught life kills education	0	38,157	380,000	472,930
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.	2.1 Condoms distributed to sexually transmitted population	0	2,828,425	20,000,000	24,309,388
3. To reduce the proportion of infants infected by 20% by establishing PMTCT programme in the HSAs by 2008.	3.1 Number of pregnant women counseled and tested for HIV within PMTCT setting	0	12,939	35,000	66,066
	3.2 HIV infected pregnant women receiving complete course of ARV prophylaxis to reduce the risk of MTCT	946	3,647	9,000	11,701

During the month of January 2008, which is the school holidays, MOET conducted trainings of teachers on the revised School curriculum which incorporated HIV issues. As a result of these series of training of teachers, pupils from Standard 4 up to Form C have been exposed to life skills education, and this has resulted to the 177,600 pupil reached.

MOHSW engaged PSI to assist in the distribution of 3,000,000 condoms which were procured through the support of GF. PSI, NDSO and MOHSW managed to distribute 2,828,425 condoms to all workplace, support groups at community level as well as health facilities. In addition to the three organizations, Skills Share International and Red Cross Lesotho distributed condoms to their support areas

2.5.2 CARE AND TREATMENT

Care and treatment encompassed three objectives and three indicators for monitoring implementation of activities. The three indicators exceeded both their bi-annual and cumulative targets.

Table 3: Shows Bi-Annual and cumulative targets and results for Care and Treatment component

Objectives	Indicator Definition	Bi-annual target	Bi-annual results	Cumulative Target to date	Cumulative Results to date
1. To provide services of continuum of care in 100% of HSAs in Lesotho.	1.1 Number of people living with HIV and AIDS receiving community home based support care and support	20,000	27,972	85,000	137,720
2.To provide ARVs therapy to 50% of clinically eligible PLWHAs by 2007	2.1 Number of people receiving ART treatment	3,000	8,971	23,000	31,699
3. To establish VCT services in all 10 districts	3.1 Number of people provided with counseling and testing	50,000	124,765	350,000	447,866

During this period 27 972 people were provided with HBC services. This may be attributed to active involvement of NGOs and International organizations in the provision of HBC services.

The number of health facilities providing ART services increased from 104 to 134 from December 2007 to June 2008. The increase in the number of facilities has contributed to the increased ART treatment.

With regard to HTC services, 124 765 people received counseling and testing services during the reporting period. The good performance may be attribute to HTC trainings provided to health workers and the community health workers, as well as the campaign on know your HIV status conducted by the MOHSW.

2.5.3 MITIGATION

This thematic area is constituted by two objectives and three indicators to guide performance in this area. Two of the three indicators exceeded their bi-annual targets. Only one indicator exceeded the cumulative targets to date.

Table 4: Shows Bi-Annual and cumulative targets and results for mitigation component

Objectives	Indicator Definition	Bi-annual target	Bi-annual results	Cumulative Target to date	Cumulative Results to date

1. To scale up the provision of a basic package of care, support and protection to 60% of orphans and vulnerable children.	1.1 Total number of OVCs receiving a basic package of care and support	4,500	5,545	78,000	69,768
	1.2 Total number of OVCs provided with financial support to attend High School	2,000	21,143	2,000	21,143
2. To increase the general awareness of human rights of PLWHAs in Lesotho by 40%.	2.1 Number of individuals reached with outreach programs focusing on the human rights of PLWHAs	500	5,528	1,500	7,229

5 545 OVCs received basic package support in terms of shelter (renovation of houses) food packages and school Uniform distributed by LRC, PEKA Development Group, Skills Share International through their support groups in the Quthing and Leribe districts.

The Grant supported school fees and examination fee for Form D&E pupils, reaching 1,888 OVCs. The government of Lesotho also contributed to the support of t 19,255 OVCs who were in form A-E.

2.6 ROUND 2 HIV/ AIDS FINANCIAL PERFORMANCE

This section account for Round 2 Phase II, HIV and AIDS grant funds spent during the reporting period (January to June 2008). The budget and expenditure will also be demonstrated according to Global Fund specified categories.

Table *5: Shows R2PII HIV/AIDS budget vs. expenditure from January to June 2008.*

Category	Budget	Expenditure ($)	% expenditure
Human Resources	535,376	304,853.06	57%
Training	322,279.00	383,688.07	119%
Health Products	480,544.00	283,811.41	59%

Medicines and pharmaceutical products	3,566,629.00	2,245,041.85	63%
Infrastructure and equipment	368,671.00	54,082.51	15%
Communication Materials	127,517.00	24,136.89	19%
Monitoring and Evaluation	86,024.00	10,916.33	13%
Living Support	1,169,605.00	770,264.51	66%
Planning and Administration	24,000.00	21.047.68	88%
Disbursement to the Sub-recipients	1,401,124.00	301,782.99	74%
Total	**8,081,769**	**4,399,078.55**	**54%**

As the table above depicts, out of $8,081,769 budget for the period, only $5, 132,552.68 was spent. The variance was low due to under-spending on IEC materials, payment of ARV drugs, OIs, nutritional supplements, home based care kits and reagents, Condoms and PMTCT drugs. This was caused by the delays in the delivery of these goods. Furthermore additional list for OVCs is yet to be provided by the MOET for payment of school fees, as a result is this contributed to high variance as shown above. Lastly, resignation of some of the Counselors and the delay in their replacement caused variances in the human resource category.

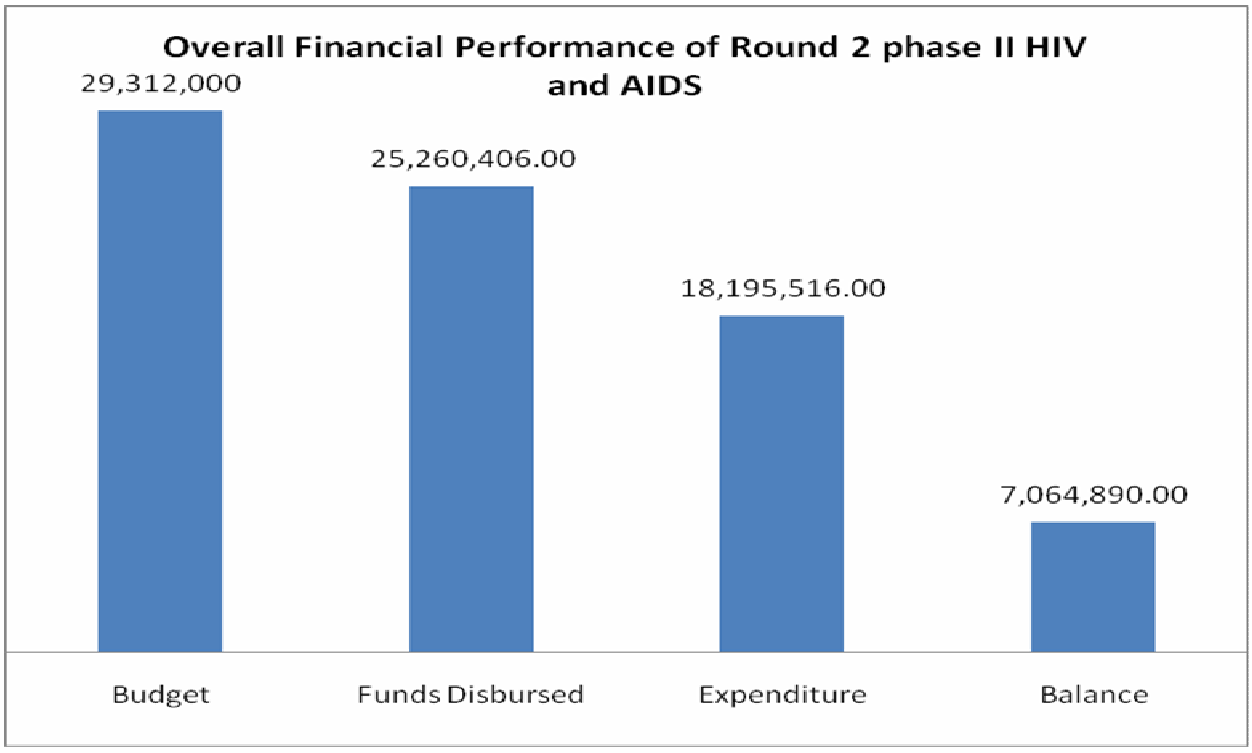
Table 6: Shows expenditure versus *overall budget to Sub Recipients from 2007 to June 2008 by the PR*

Organization	Component	[1]Overall budget(M)	Funds disbursed to date(M)	% expenditure versus overall budget to date
LENEPWHA	Mitigation	1,114,996.00	984,984.73	88%
NAC	Governance	2,721,750.00	2, 153 518.71	79%
MOET	Mitigation and Prevention	8,089,000.00	8,053,051.53	99%
Peka Development Group	Mitigation	734,432.82	614,655.88	84%
Plot Point PTY LTD	Prevention	743,669.00	737,627.73	99%
SkillShare International – Lesotho	Mitigation	444,500.00	316,489.00	71%
FIDA	Mitigation	736,473.00	736,473.00	100%
Hope Education Project Lesotho	Prevention and Mitigation	789,000.00	536,023.00	70%
Crossroads Lesotho	Prevention	730,000.00	731,114.44	100%
MYGSR	Prevention	4,897,800.00	3,588,002.10	73%
LCN	Governance	509,934.00	309,233.28	61%
MOHSW	Prevention, Care and support,	18,341,868	M19,048,817.20	

[1] Overall budget of the sub-recipients does not include grant extensions.

	mitigation			
National Association of the Deaf People - Lesotho	Prevention	600 000.00	450,000.00	67%
Red Cross Society - Lesotho	Mitigation	725,257.96	752,257.96	100%
TOTAL		**M41,178,680.78**	**M36,858,729.65**	**89%**

89% of funds had been spent by SRs in line with activities proposed and agreed-upon with the PR. The variance on spending may be due to non compliance of SR not reporting to PR on funds spent. The reason may include SSR not reporting back to SR on the use of funds as provided.



72% of the funds disbursed for Round 2 phase II HIV and AIDS component were utilized leaving a balance of $7,064,890.00. However, other funds, especially on procurement issues have already been committed and payments will be done

SECTION TWO: TB COMPONENT

This section reflects the progress in the implementation of tuberculosis activities during the Period 1st January to 30th June 2008.

2.7 GRANT ACTIVITIES

The support for TB component on Round 2 phase II on Round focuses on six objectives. These include strengthening the National TB Control Programme management through development and implementation of policy update and DOTS expansion strategic plans in all HSAs, strengthening DOTS implementation through training health workers and extension workers involved in TB and improving quality for TB diagnosis through

establishment of quality control system in the majority of laboratories. It also comprises of strengthening and expanding public-private partnership in DOTS implementation through training of private doctors and registered traditional doctors, strengthening NTP management by ensuring that the HSAs use TB surveillance data for M&E and ensuring effective TB treatment by institutionalizing Drug Sensitivity surveillance in at least 15 HSAs. The following subsections discuss these objectives in details.

2.7.1 STRENGTHEN NATIONAL TB PROGRAMME

This objective aims to strengthen national TB programme capacity through updating of national TB policy, finalizing the development of the TB Strategic Plan and updating of Pre-service curricular of health training institutions to reflect DOTS.

During the period, final review of the updated of the TB Policy, DOTS Expansion Strategic plan as well as the TB/HIV Strategic Plan was carried out by technical partners of the NTP including WHO, URC, PIH, Baylor Pediatric Clinic and the US Centers for Disease Control (CDC). A five-year costed national TB Strategic plan was developed for the period 2008-2012 in line with the Stop TB strategy. This document provided the framework for annual planning of NTP activities as well as gap analysis for the Round 8 submission. The finalization of the TB manual facilitated the development of the National MDR/XDR-TB guidelines as well as review of the MDR TB Chronic Care and DOTS training materials in line with current WHO recommendations. Dissemination of these documents to all stakeholders will take place after the Ministry's final approval.

In collaboration with the National University of Lesotho (NUL), the pre-service curriculum of the National Health Training College (NHTC) was reviewed, pre-tested and finally adopted. Following the adoption a total of 41 tutors from five health care training institutions (27 from NHTC, 9 from St. Joseph's, 2 each from Maluti and Morija and 1 from Tsakholo) were trained on the new curricular. During the review period 68 nursing students from NUL Roma and Tsakholo nursing schools were trained on DOTS using the new curriculum. Seven training schools were supplied with textbooks and other teaching materials.

2.7. 2 STRENGTHEN DOTS IMPLEMENTATION

This objective emphasizes on strengthening DOTS implementation through training health workers and extension workers involved in TB. DOTS training manuals were adapted from the generic WHO training modules for health facility staff training. The review of these materials is currently being done in line with the new NTP Policy document.

Training Health care Workers (HCWs) on DOTS implementation focused on pharmacists, environmental health assistants and uniformed personnel from the army, police and correctional services. During the reporting period 46 Medical Officers and pharmacy staff, 53 nurses, 35 Health inspectors and 54 uniformed service personnel were trained. CHAL conducted training in 4 Districts where a total of 96 CHWs and 23 Health Care workers were trained. To date 849 Community Health workers have been trained throughout the 10 districts of the country.

The Lesotho Traditional Health Practitioners Council (LTHPC) made remarkable progress in scaling up training of traditional care providers during the period on TB diagnosis and

referral mechanisms. Training activity covered all the 10 districts. A total of 619 traditional care providers were trained from all the 10 districts.

Figure 11: Shows some of the traditional health practitioners with facility health workers during the training on TB issues in Maseru district

2.7.3 IMPROVE QUALITY OF TB DIAGNOSIS

Laboratory services play a major role for appropriate diagnosis and treatment of TB. During the review period, the laboratory witnessed significant strengthening with the installation of the MGIT 960 liquid culture system and the solid culture using the L-J media as part of establishing mycobacterial culture services at the Central Laboratory. Establishment of a Quality Assurance system is an inherent component in ensuring quality laboratory results for effective treatment.

Figure 12: Shows the new MGIT 960 liquid culture machine for TB procured for Central Laboratory

The Central laboratory continued to conduct On-site evaluation and support visits to peripheral laboratories to strengthen quality assurance of AFB microscopy. Training of the 30 microscopists recruited was conducted and have since posted to their work stations in January 2008. Foundation for innovative new diagnostics (FIND) has provided support by providing technical assistance to the laboratory to further strengthen the Quality Assurance activities.

2.7.4 STRENGTHEN AND EXPAND PUBLIC-PRIVATE PARTNERSHIPS IN DOTS IMPLEMENTATION

The Public-Private partnership initiative geared towards engaging Private Practitioners to collaborate with the NTP to provide high quality DOTS services has been reinforced to increase access to TB treatment. Quarterly coordination meeting was held with the Private clinicians and re-imbursement for successfully treated TB patients was done accordingly. Furthermore, two meetings were held with private practitioners during the period where progress and challenges of managing TB patients in the private sector was discussed. The forum was also used to provide orientation on the issue of MDR and XDR-TB. The modalities for re-imbursement of GPs were also agreed upon and expected to commence in July 2008.

2.7.5 PROMOTE TB SURVEILLANCE

The implementation of the Electronic TB Register (ETR.Net) commenced in all districts in April 2008. The take-off of this activity was facilitated by the CDC who committed to fund the International Service Agreement for the software, which will afford the NTP with technical support. In order to build capacity for central and district level staff one NTP Staff member is still pursuing an MPH course at the University of Cape Town and is about to

complete the last lap of the course. Payment of Incentives to district staff has commenced following a review of this activity by MOHSW as well as providing salary top up for the NTP manager and maintaining the position of TB Advisor.

The NTP Central Unit team has continued to provide quarterly supervisory support to the District level, who in turn supervises health facilities on a regular basis. All districts were visited at least twice during the period of review. In addition, the Surveillance Officers from the Central level have conducted quarterly data verification visits to enhance data quality.

2.7.6 ENSURE EFFECTIVE TB TREATMENT

The anti-TB Drug Resistance Survey (DRS) is currently ongoing. As part of the process, the survey tools were finalized in January 2008, followed by training and piloting in 5 districts in March 2008. The pilot study provided necessary information to review the tools and training materials for the main study which commenced in June 2008. A consultant was recruited to coordinate the study and is currently functioning in that capacity.

Figure 13: Shows (a) the DRS Coordinator compiling quarterly report, (b) sputum samples from the districts and (c) DRS documentation

(a) (b) (c)

2.8 GRANT PERFORMANCE INDICATORS

The grant implementation is monitored periodically using the following indicators.

2.8.1 STRENGTHEN NTP

Table 7: Shows Bi-Annual and cumulative targets and results for strengthening NTP

Indicator	Bi-Annual		Cumulative	
	Intended Target	Achieved Results	Intended Target	Achieved Results
Proportion of new sputum smear positive TB cases detected under DOTS	1654(65%)	1800(71%)	1654(65%)	1800(71%)
Proportion of Districts implementing the national five year strategic plan for DOTS expansion	10 (100%)	10 (100%)	10 (100%)	10 (100%)

The case detection rate was 71% which is 6% above target. This shows that the program is improving very well as far as case detection is concerned. All districts have, since April 2007, achieved the target as far as implementation of national five year strategic plan for DOTS expansion.

2.8.2 STRENGTHEN DOTS IMPLEMENTATION

Table 8: Shows Bi-Annual and cumulative targets and results for strengthening DOTS implementation

Indicator	Bi-Annual		Cumulative	
	Intended Target	Achieved Results	Intended Target	Achieved Results
# and % of smear positive TB cases successfully treated.	1356(78%)	1150(66%)	1356(78%)	1150(66%)
Percentage of Districts achieving TB treatment success rate of 70% or more.	5(50%)	5(50%)	50%	5(50%)
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%	80%	100%

As far as treatment success rate is concerned, we fell short of the target by 8%. However, the target for this indicator is not due until April 2009. In terms of districts achieving treatment success rate of 70% or more, the target was achieved. Performance for the indicator measuring availability was very good.

2.8.3 STRENGTHEN AND EXPAND PUBLIC-PRIVATE PARTNERSHIPS (PPP) IN DOTS IMPLEMENTATION

Table 9: Shows Bi-Annual and cumulative targets and results for strengthening PPP in DOTS implementation

Indicator	Bi-Annual				Cumulative	
	Intended Target		Achieved Results		Intended Target	Achieved Results
Treatment success rate among TB patients receiving DOTS from Private Partnership (PPP are general practitioners expected to implement DOTS)	85%	49%	85	50.7%	85	50.7%

An increase of 3.35% have been noticed during the reporting period in the success rate among patients receiving DOTS from private doctors hence indicating success in strengthening Public-private partnership.

2.8.4 PROMOTE TB SURVEILLANCE

Table 10: Shows Bi-Annual and cumulative targets and results for promoting TB surveillance

Indicator	Bi-Annual				Cumulative	
	Intended Target		Achieved Results		Intended Target	Achieved Results
Treatment success rate among TB patients receiving DOTS from Private Partnership (PPP are general practitioners expected to implement DOTS)	85%	49%	85	50.7%	85	50.7%

All districts have begun using ETR.Net since May 2008. However, full functionality of this software is not fully observed since developers are still to supply Final version of the software.

2.9 FINANCIAL PERFORMANCE (TB COMPONENT)

This section will account for grant funds spent under Round 2 Phase II, TB during the reporting period (January to June 2008). The budget and expenditure will also be demonstrated according to Global Fund specified categories.

Table 11*: Shows R2PII TB budget vs. expenditure from January to June 2008 according to categories.*

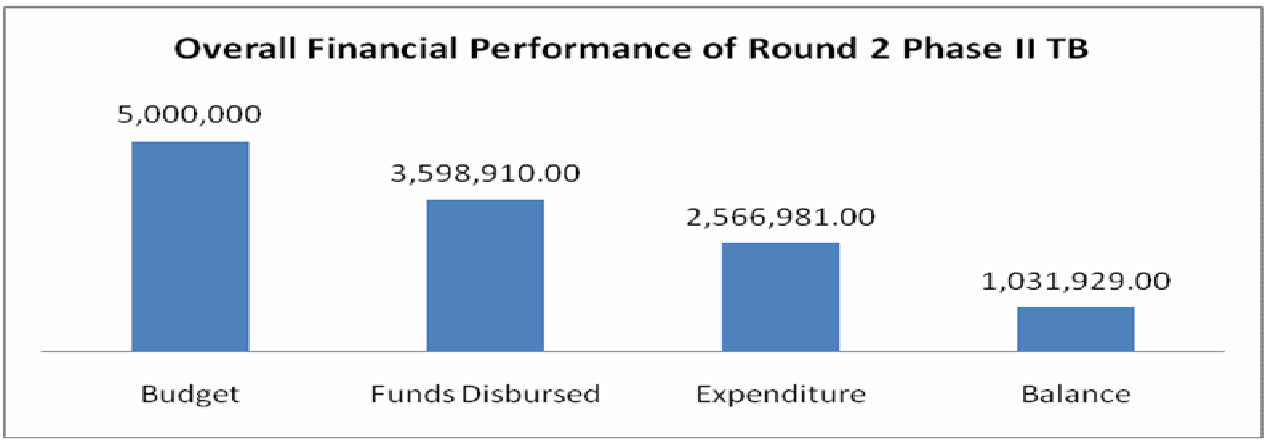
Category	Budget ($)	Expenditure ($)	% expenditure
Human Resources	87,666.00	14,244.07	16%
Technical Assistance	47,500	52,321.97	110%
Training	281,297.89	55,042.13	19%
Health Products	190,000.00	9,000.78	5%
Infrastructure and equipment	0	19,216.41	
Communication Materials	6,000.00	2,481.59	41%
Monitoring and Evaluation	65,707.00	12,784.08	19%
Planning and Administration	13,360.00	12,759.16	96%
Overheads	39,750.00	1,163.53	3%
Disbursement to Sub Recipient	52,089.00	49,775.72	96%
Total	**783,371.00**	**218,789.44**	**28%**

Turnover of staff within the NTP resulted in funds not fully spent. Furthermore there had been delays in paying incentives as MOHSW had to reverse a decision to pay central level staff incentive but to concentrate to those at clinical level and this resulted incentives being paid very late. Initiation of reagents by laboratory has contributed to high variance. The trainings planned were done conducted due to poor coordination from central level due to turnover of staff from the beginning of the year.

Table 12*: Shows expenditure versus funds disbursed to Sub Recipients of MOHSW TB grant from to date (From 2007 to June 2008)*

Organization	category	Overall budget (M)	Funds disbursed to date(M)	% expenditure versus disbursement to date

Christian Health Association of Lesotho	Training	1,606,909.00	89,832.00	100% (89,832.00)
National University Of Lesotho	Training	1,578,400.00	227,119.00	100% (227,119.00)
Traditional Healers	Training	2,688,980.00	519,251.75	100% (519,251.75)
Total		**5,874,289.00**	**836,202.75**	**100% (836,202.75)**



71% of the funds disbursed for Round 2 phase II TB component were utilized leaving a balance of $1,031,929.00. However, other funds, especially on procurement issues have already been committed and payments will be done in the next quarter. Trainings for this component started slowly due to high turn-over of staff in the NTP programme. In order to speed up the implementation of trainings, MOHSW engaged some NGOs as sub-sub recipients to carry out trainings for health care workers.

2.10 CHALLENGES

One of the major challenges which had influenced grant implementation had to do with delay in payment of service providers following an implementation of an activity as a result of submission of insufficient information to the finance department. This was also addressed through the workshop organized for finance officers.

A gap in the NTP Programme leadership posed a significant challenge to implementation of planned activities in the beginning of the year. This was occasioned by the disengagement of the then NTP Manager during the first quarter of the year 2008, and the replacement being effected by May 2008.

Inability of the programme to track financial spending and performance had posed a challenge in effective budget utilization. This has hampered the rational use of savings to scale up activities or supplement others with limited budgetary provisions. Furthermore, the progress update and disbursement request protocol between the PR, SR and SSRs was not clearly understood resulting in delayed reporting of financial and programmatic progress by the SR and SSRs. To address these challenges, the PR and SR took steps to

develop financial tool that enables proper recording of financial transactions and monitoring of budget implementation performance. A workshop was also organized for finance officers of all implementing entities on the fiduciary and accounting issues.

Inadequate familiarity of the Programmes with the procurement processes posed challenges in getting health equipment and products timely procured. This affected the absorption of funds as well as the overall performance in terms of implementation of some planned activities. This was addressed in joint meeting of the SR's management, Programme Officers, representatives of implementing entities and the Procurement Unit where the procurement rules and procedures were explained to all stakeholders.

2.11 CONCLUSION AND RECOMMENDATIONS

Tremendous progress was made in the implementation of activities such as life skills education for out of school youth. This is attributed to the operationalisation of the youth resource centers as well as active involvement of civil society organizations in the provision life skills programmes. Efforts to accelerate and strengthen provision of PMTC T services continued through training of health care workers such as doctors, nurses, counselors and pharmacy technicians. As a result of these trainings reporting on PMTCT services has significantly improved. Performances on the program indicators demonstrate a commendable progress to date.

As a recommendation, there is need to sufficiently position the SRs to meet their contractual obligations of ensuring an effective monitoring and evaluation system at their various levels to monitor and advise on grant implementation. There is also need to clearly define the fiduciary arrangements, roles and responsibilities if each stakeholder (PR, SR and SSRs) in the programmatic and financial accounting process.

In conclusion it can be deduced that the grant has the potential to contribute to the national response.

CHAPTER 3: PERFORMANCE ON ROUND 5 PHASE I GRANT

3.1 INTRODUCTION

This chapter outlines six monthly progress and results attained from the implementation of the Round 5 (Phase I) grant from November 2007 to April 2008. The chapter is structured into three main categories; the grant activities, performance indicators and the financial performance of the grant. Grant activities section demonstrates the implementation of the activities as articulated in the work-plan and it is divided into three components namely training and skills development, Procurement of goods and services and human resources which encompasses all the objectives of the grant.

3.2 BACKGROUND INFORMATION

The goal of the Round 5 grant is to reduce the spread of HIV/AIDS, reduce morbidity and mortality, and mitigate the social and economic impact of the epidemic. This will be achieved through three objectives, which include expanding and strengthening HIV testing and counseling services and post care and support, providing comprehensive treatment of HIV, TB and STIs across all sectors, and lastly strengthening a decentralized health system that support the scaling up of coordinated HIV, TB and STI interventions.

The first objective, expansion and strengthening of HIV testing and counseling services will be achieved through increasing access to HIV testing and counseling services by providing HTC training to health workers at all levels, printing and disseminating IEC materials to promote HTC services, ART treatment and PMTCT services, printing and dissemination of HTC data collection tools, provision of PEP services and provision of psychosocial training to counselors in private, NGOs and public sectors.

Objective two which deals with provision of comprehensive treatment of HIV, TB and STI and other OI's will be attained by increasing access to quality treatment through; production and dissemination of IEC material on ARVs with more emphasize on adherence and drug toxicity, procurement of drugs to manage OIs and STIs, training of health care providers on integrated management of HIV/STI, printing and distribution of patient tools for HIV/AIDS and STIs, strengthening the laboratory services at all levels of health on diagnosis and monitoring of HIV/AIDS, STIs and OIs as well as training of laboratory staff quality assurance and control system, STI diagnosis.

Lastly this grant aims to strengthen a decentralized health system that support the scaling up of coordinated HIV, TB and STI interventions by providing comprehensive HIV/TB care at district and hospitals through recruitment of essential staff for the ART centers, provision of incentives and allowances to designated health care workers, enhancing M&E capacity at all levels, strengthening the procurement unit of MOHSW and providing essential support to drug distribution.

3.3 OVERALL PERFORMANCE

The overall performance rating of Round 5 phase 1 is A2 for the reporting period based on programmatic and financial performance. The conditions precedents to the disbursement of the funds for the following period were all met.

3.4 GRANT ACTIVITIES

This section discusses implementation of grant activities as articulated in the work-plan. It is composed of three subsections; training and skills development, procurement of goods and services and human resources.

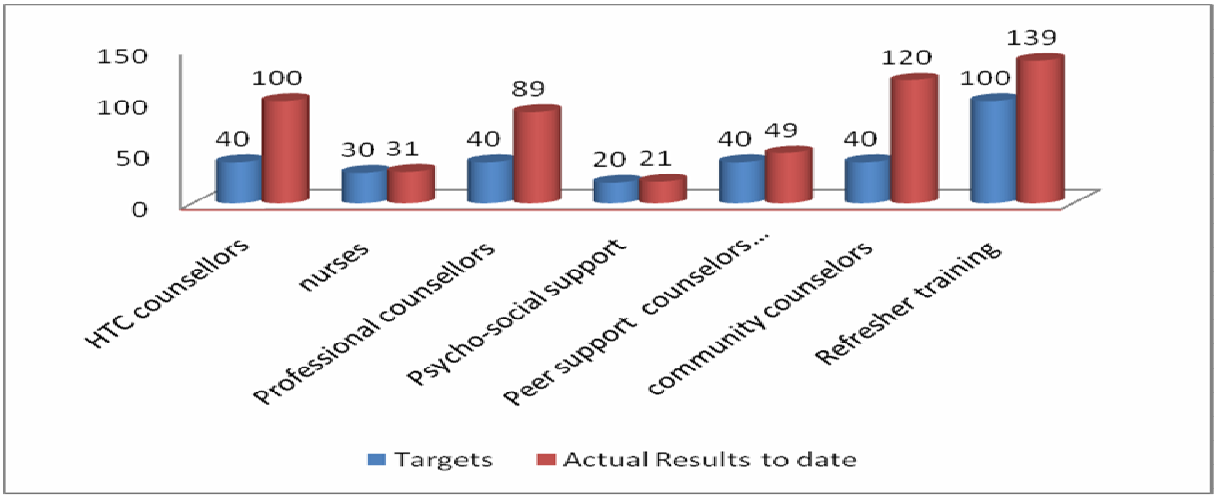
3.4.1 TRAINING AND SKILLS DEVELOPMENT

Training and skills development section deals with all the trainings executed to strengthen the health sector personnel to deliver quality HIV and AIDS services. The series of training conducted consist of three broad areas; Training of health care workers on counseling and testing, training of health workers on integrated management of HIV and training of laboratory staff on the integrated management of HIV and AIDS.

Training on HIV/AIDS testing and counseling

The aim of undertaking HIV and AIDS testing and counseling trainings was to expand and increase access to During the reporting period, psychosocial support training for managing stress and burnout was conducted whereby 37 counselors were trained bringing the total counselors trained to 549 to date. The bar chart below shows the targets and actual numbers of counselors trained for different cadres.

Figure 14: Shows trainings on HIV testing and counseling



The bar chart above shows that all the targets set achieved in all the HTC trainings. The trainings have resulted in enhancing testing and counseling skills among counselors hence expanding of HTC services at all levels.

Training on Integrated Management of HIV/STI

A total of 370 health care workers were trained in integrated management of HIV and AIDS and STIs. These trainings are intended to standardize provision HIV care across facilities and 90% of the target has been reached. The target for PEP trainings was not met as the funds allocated were insufficient, however PEP is included as one of the topics in other trainings such as HTC training and IMAI. The table below shows trainings undertaken and the actual results attained.

Table 13: Shows *results of trainings conducted on Integrated Management of HIV/STI versus targets*

Objective #	SDA	Type of Training	Bi-annual target	Bi-annual results
1	2	Training of health workers and community leaders on managing exposure to HIV(Occupational exposure & sexual assault)	200	52
2	5	Training of health workers on STI case management using guidelines	60	92
2	5	Training of health care providers in ARV management and OIs	125	186
2	5	Training of health care providers in ARV management and OIs (Advanced course)	25	40

Training of Laboratory staff on Integrated Management of HIV/STI

Trainings for laboratory staff were executed in which 104 laboratory personnel were trained. Broadly the trainings focused on capacitating laboratory staff to support diagnosis and monitoring of HIV/AIDS, STIs and OIs at all levels of care. They also included diagnosis protocols, algorithms for laboratory testing, HIV rapid testing protocols and quality assurance and control system.

3.4.2 PROCUREMENT OF GOODS AND SERVICES

Procurement of goods and services comprises of health and non-health products to strengthen and support decentralized health system. Health products include Laboratory reagents, HIV test kits, Drugs for OIs and STIs, drugs PEP , Home-based care kits and condoms. Non Health products include equipment and office furniture to equip ART centers, Information, Education and Communication (IEC) materials to promoting HTC, HIV care and ART and PMTCT services.

Procurement of IEC and protocols for HIV

During the reporting period, 10 000 pamphlets on "Thuso e teng", which promoted ART treatment services, PMTCT services as well as HTC were printed and distributed in all the 10 district to government and CHAL hospitals, ART clinics, MCH clinics, private practitioners and private counselors. The aim of distributing these IEC materials was to create awareness on benefits of knowing one's HIV status, importance of PMTCT services, as well as informing the public where to access HIV and AIDS services.

10 000 bangles on HTC were also printed and distributed to Health facilities. Clients who have undergone HIV counseling and testing are offered the bangles as a token of encouragement for knowing one's status. Fifty (50) PEP registers were also printed and distributed to all government and CHAL hospitals and private practitioners in order to enhance quality of data collected from facilities across the country.

Efforts to promote understanding of HIV/AIDS care and treatment literacy continued through printing and distributing 3000 posters by the Ministry of Health and Social Welfare. The availability of this information was intended to enhance knowledge of the community about ARVs and the importance of adherence to treatment. The materials were distributed to government health facilities, CHAL hospitals and community health workers.

In order to improve HTC data collection, 12 000 client intake forms, 10 000 Consent forms, 190 HTC monthly report books, 30 000 referral forms and 200 cross sectional monthly reporting books were printed and distributed to all HTC and ART sites. These tools were utilized for rolling-out of HIV and AIDS services to health centers and they were useful for standardizing reporting of HIV and AIDS information in public, NGOs and private facilities. 60 000 ART patients cards, 250 pre-ART and 250 ART registers, 120 client referral forms, 75 cohort analysis report boards, 100 ART chronic care appointment book , 120 Monthly cross sectional books, 60 000 pieces of encounter page were printed and distributed to ART clinics. These tools served to strengthen patient monitoring activities on day-to-day basis. The provision of these tools has enhanced collection of data on ART services.

Construction of the ART Centres

Construction of ART centre in Butha-Buthe Hospital has been 80% completed. The remaining 20% of construction is mainly to finalize the flooring and site works (i.e. parking areas, access road landscaping etc). The construction for ART center at Paray Hospital in Thaba-Tseka has commenced and the project is expected to be finalized by May 2009 as per the construction schedule.

Figure 15: Newly built Butha- Buthe ART

Equipment procured and distributed to ART Centers

Medical equipment and furniture for the two ART centers under construction have been ordered and their delivery is being awaited. Procurement of these goods is intended to enable smooth delivery of decentralized HIV and AIDS services in the country.

3.4.3 HUMAN RESOURCE

The human resource component seeks to support the scale up of the comprehensive HIV/TB care at the district hospitals, strengthen Central level and NDSO by supporting recruitment of newly positions on Monitoring and evaluation and Procurement. The intention is to build capacity at all levels of care by offering incentives to health workers

and providing allowances for community based workers as well as payment of salaries for cadres such as M&E Officer, Procurement Officers, Registered nurses and Counselors. It is envisaged that this will lead to strengthening of the health system by retaining essential health care workers for provision of quality HIV/AIDS services.

Table 14: Shows *Staff recruited*

Objective	SDA	Position	Q1-Q6 target	Actual target recruited
3	8	Drivers placed at districts	9	10
3	10	Central Monitoring and Evaluation (*based at HIV/AIDS Directorate)*	1	1
3	10	Professional Counselors *(Placed at HTC centers*)	36	55
3	10	Nurse Clinicians *placed within ART centres I hospitals*	18	15
3	11	Procurement Officers *(one placed at PU and the other at NDSO)*	2	2
3	11	Driver *(placed at NDSO)*	1	1
3	11	Storekeeper *(placed at NDSO)*	2	2
3	11	Pharmacy Technician *(placed at NDSO)*	1	1
3	11	4 months TA for operationalization of procurement mechanism (*to be placed at NDSO)*	1	1
Total			71	89

All proposed positions have been filled. Notably, the recruitment of professional counselors has outstripped the intended result due to the revised allocation of budget. This was achieved through the revision of salaries for this cadre coupled with the inclusion of all levels of the counseling cadre. Number of professional counselors recruited was revised from 36 to 22, and enabling further engagement of 11 basic counselors and 22 assistant counselors, achieving actual target of 55 counselors.

Lastly NDSO, through the support of the World Bank, engaged a TA to assist with reviewing and strengthening of the procurement mechanisms. The World Bank support ended in

August 2007and the consultancy was extended for a period of 4 months through the GF. The extension was requested to build capacity of the newly appointed NDSO staff on procurement mechanisms.

Disbursement of Incentives

The initial proposed number of different cadres to receive incentives to date was 1,458 and these included Nurses, Pharmacists, Medical Doctors and Consultants, District HIV officers and community health workers and Lay counselors. Due to challenges encountered in the initial implementation of the incentives, a decision was reached by MOHSW to provide incentives to HCW at service provision level in the district. Currently actual target reached is at 2,565 which include 1,458 health care workers at facility and 1,005 community health counselors at community level.

Table 15: illustrates list of different cadres receiving incentives

Objective	SDA	Incentives to health care providers	Q1-Q6 target	Actual results to date
3	7	Nurse (Assistants & Registered)	118	1235
3	7	Pharmacist	36	71
3	7	Medical Doctors	18	62
3	7	Lab Technologists	54	80
3	7	Consultant	1	2
3	7	District HIV&AIDS Officers	10	10
3	7	Community Health Workers	1000	1005
3	7	Lay Community Counselors	100	100
Total			1337	2565

3.5 GRANT PERFORMANCE INDICATORS

In order to measure progress and performance over the implementation period, the grant is monitored through a set of indicators and corresponding targets. This section looks at indicators that are guiding the grant implementation and is broken down into three thematic areas.

3.5.1 PREVENTION

Table 16: Shows Bi-Annual and cumulative targets and results for prevention component

Objectives	Indicator Definition	Bi-annual target	Bi-annual results	Cumulative Target to date	Cumulative Results to date
1. To expand and strengthen HIV counselling and testing (HTC) services and post care and support services in the public, private and NGOs sector.	1.1 Number of people receiving HIV testing and counselling (HTC)	50 000	143 916	300 000	416 073
	1.2 % & # of health centres with at least one community counsellor	75% (120/160)	83% (133/160)	75% (120/160)	83% (133/160)
	1.3 % of service delivery points able to administer PEP according to the national guidelines	31% (56/180)	91% (163/180)	31% (56/180)	91% (163/180)
	1.4 % of care providers receiving routine psychosocial support	-	-	60%	95%
	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%	86%

Performance in all the indicators has been satisfactory. This is witnessed through good results on all the Indicators on both bi-annual and cumulative results.

3.5.2 CARE AND SUPPORT

Care and support is constituted by one objective and four indicators as outlined below.

Table 17: Shows Bi-Annual and cumulative targets and results for Care and Support component

Objectives	Indicator Definition	Bi-annual target	Bi-annual results	Cumulative Target to date	Cumulative Results to date
2. To increase access to quality treatment of HIV and AIDS, STI and OI's in the public, private and NGO sector	2.1 % 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	-	-	-	-
	2.2 # of patients receiving care for integrated management of HIV , STI & OI	500	2 722	1 000	5 140
	2.3 % of service delivery points surveyed providing integrated HIV/TB/STI management according to the national guidelines	-	-	-	-
	2.4 # of service providers trained to prevent & control TB using infection control guidelines	75	0	175	421

Performance on this thematic area has not been presented pending the findings from the two surveys conducted by the MOHSW. During the review period the report writing of the medicines survey was in progress and it was anticipated to be completed by the end of July 2008. With regard to trainings on prevention and control of TB using guidelines

trainings were not scheduled for the period under review. Furthermore the target for phase 1 was reached in year one of the grant implementation.

3.5.3 SUPPORTIVE ENVIRONMENT

Progress on this thematic area is measured based on four indicators as depicted below.

Table 18: Shows Bi-Annual and cumulative targets and results for supportive environment

Objectives	Indicator Definition	Bi-annual target	Bi-annual results	Cumulative Target to date	Cumulative Results to date
Strengthen a decentralised health system that supports the scaling up of coordinated HIV, STI, TB interventions	3.1 # of key service providers provided with financial incentives	90	1, 458	90	1,460
	3.2 # of AIDS care providers ,professionals & lay community counsellors provided with salaries	18	126	18	126
	3.3 # of community based care providers provided with allowances	250	1,105	750	1,105
	3.4 # of ART centres constructed	-	-	2	1

On provision of salaries, incentives and allowances both the bi-annual and cumulative targets have been exceeded. Progress on the construction of ART centres has been slow as reflected on the cumulative targets.

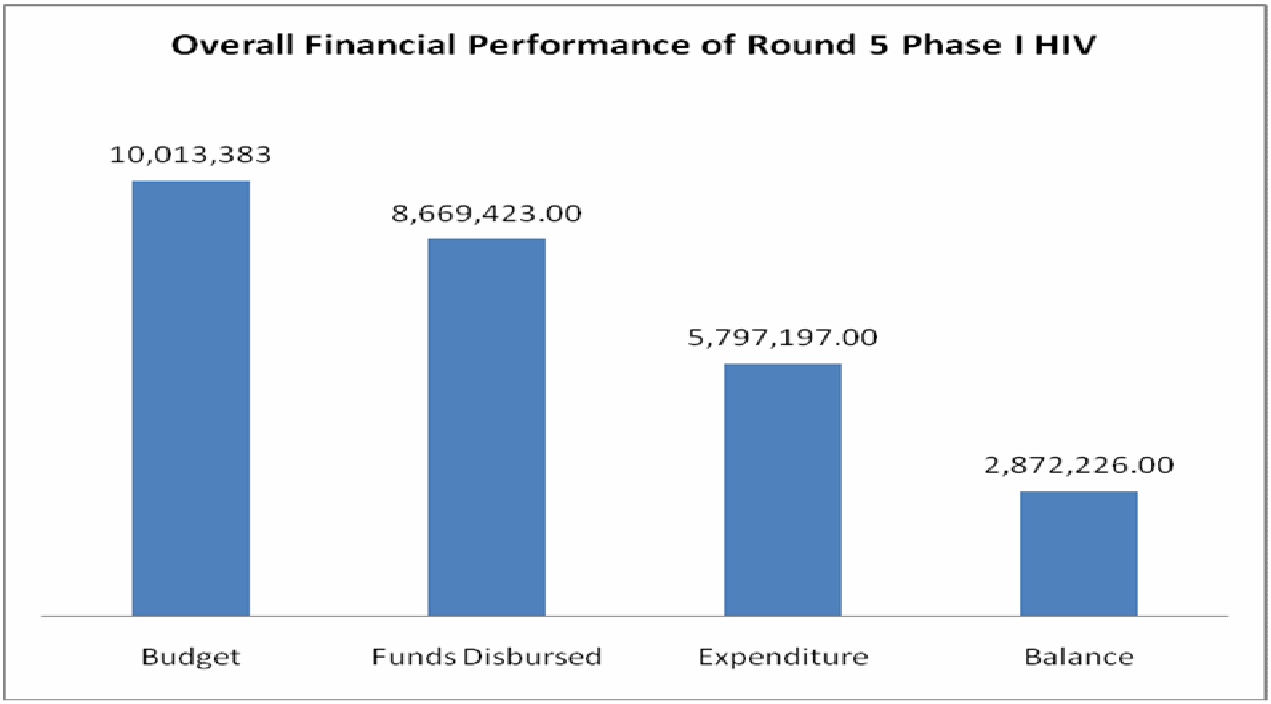
3.6 ROUND 5 HIV/ AIDS FINANCIAL PERFORMANCE

The Round 5 Phase I, HIV and AIDS grant funds spent during the reporting period (January to June 2008) will be discussed. This discussion will centre on the Ministry of Health and Social as it is the only sub-recipient for this grant. The budget and expenditure will also be demonstrated according to Global Fund specified categories.

Table 19: Shows *R5 HIVAIDS budget vs. expenditure*

Category	Budget	Expenditure	% expenditure

		($)	
Human Resources	942,220.00	1,058,340.79	112%
Technical Assistance	0	40,413.74	0
Training	270,716.83	155,420.18	73%
Health Products	343,228.84	336,505.12	98%
Medicines and pharmaceutical products	243,334.44	0	0
Procure and Supply Management	23,933.30	0	0
Infrastructure	587,866.67	304,439.59	52%
Communication Materials	19,033.33	41,870.31	220%
Monitoring and Evaluation	47,592.33	36,234.60	76%
Living support to clients	0	14,018.02	
Planning and Administration	0	932.68	
Total	**2,477,741.85**	**1,988,175.03**	**81%**



67% of the disbursed funds were utilized, leaving a balance of 2, 872,226.00. Huge amount of the balance have already been committed for construction of two ART centers. The ART center in Butha-Buthe is almost finished and payment is due to occur in the next quarter.

3.7 CHALLENGES

The major challenge and setback on the implementation of the training component included low attendance of community leaders in the planned training. In addition to this, there were insufficient funds to accommodate the proposed number as stipulated in the proposal. Majority of intended results were achieved except for trainings on laboratory diagnosis of STI and review of protocols. The reason for the shortfall included shortage of staff and right caliber to be trained in order to meet the requirements.

The main challenge with regard to procurement of goods include long tendering procedures, which have resulted in delays in the delivery of required goods, as well as payments of invoices. Moreover, insufficient budget allocated for construction of ARV centres resulted in delays to start the process, and reducing the number of ART centres in order to accommodate the required Architectural plan per ART centre per population. There have been delays in the initiation on tendering process for health products due to inadequate coordination of the PSM plan at all levels, the PR as well as the SR.

The procurement of goods and services had been slow to take off especially regarding the health products including drugs for OIs and STI. Additionally procurement of medical equipment and furniture for newly ART centers at Butha-Buthe and Paray was delayed as the structures are under construction and subsequently this had impact on the expenditure reported , as well as resulted in funds not being 100% utilized by end phase I.

3.8. CONCLUSION AND RECOMENDATION

In a summary, it can be concluded that even though programmes met with challenges during the initial implementation, majority of activities were done and targets achieved at +90 % with support from other sources of funds including the Government contribution. Furthermore, limited human resources within clinical services posed a challenge to conduct many proposed series of training planned as this disrupted provision of services to patients. The number of trainings conducted had strengthened skills for the newly hired as well as the existing health care workers for diagnosis and management of HIV and TB looking at the ever-changing technology.

The recruitment and provision of salaries for nurse clinicians and counselors has brought a positive outcome results, as Government was able to open more ART centers in the provision of comprehensive HAART services to People in need of ARV treatment and counseling services countrywide.

Based on the abovementioned findings it can therefore be deduced that the Round 5 grant has contributed to scaling up HIV prevention, treatment, care and support programmes in line with the national HIV and AIDS strategic plan.

CHAPTER 4: PERFORMANCE ON ROUND 6 TB GRANT

4.1 INTRODUCTION

This Chapter examines the six months progress for Round 6 TB Grant. The overall goal of this grant is to reduce morbidity and mortality due to TB in Lesotho.

4.2 BACKGROUND INFORMATION

The GFATM Round Six grant for TB in Lesotho aims to develop capacity for Advocacy, Communication and Social Mobilization (ACSM) in the country. This is in realization of the public health importance of TB especially with high HIV-co-infection rate and the need to maintain TB high on the political agenda as well as engaging patients and communities to actively participate in TB/HIV care provision. The Round TB 6 grant therefore supports the NTP under two broad objectives.

The first objective revolves around empowering people with TB and communities to provide treatment, care and support to TB patients. Five service delivery areas (SDAs) comprises 12 main activities which include among others conducting TB situational analyses to determine community participation on TB care, strengthening MOHSW divisions such as health education division to spearhead ACSM activities, sensitize communities on TB issues and strengthen referral systems from community level.

Objective 2 addresses TB/HIV through TB/HIV collaborative activities, which focuses on strengthening already on-going activities such as supporting training in HTC and TB/HIV collaboration and development of referral mechanisms.,

4.3 OVERALL PERFORMANCE

The overall performance rating of Round 6 is B1 for the reporting period. This rating is based on programmatic and financial performance. The conditions precedents to the disbursement of the funds for the following period were all met.

4.4 GRANT ACTIVITIES

4.4.1 EMPOWER PEOPLE WITH TB AND COMMUNITIES TO PROVIDE TREATMENT, CARE AND SUPPORT TO TB

Baseline study on community participation on TB Care
During the period under review, the recruitment of a local Consultant to conduct a Baseline Study on Community Participation on TB Care in Lesotho had been concluded and the Procurement Unit is preparing a Contractual agreement to be signed with the consultant after which work will commence.

Capacity strengthening for Health Education division to spearhead TB ACSM
13 Health educators have been recruited, 10 were deployed in the districts while 3 have been placed at the central level. 10 vehicles were procured and were being used for Health Education activities each district. In addition essential Health education equipment and materials including H/Education tents, Public address system were procured and distributed to appropriate districts.

Strengthening laboratory microscopy and health education
Laboratory equipment to equip the 13 laboratories at districts is yet to be delivered. The equipment comprises amongst others Microscopes, Incubators, autoclave and dryers. 20 Microscopists and 13 drivers have been recruited and deployed in all districts.

Figure 16: Shows newly Microscopists at work

Community mobilization activities
13 radio spots on TB issues were conducted and TB educational programmes to be aired on TV are currently being finalized and an acting group to showcase the script has been identified. The final staging of the educational programme is expected to occur later this year.

A total of 825 Community Health Care providers from all districts were trained by PIH as one of the sub-sub recipients for MOHSW. The University Research Corporation (URC) also supplemented this activity by training more CHWs and Lay counselors. URC trained 57 lay counselors for facilitating HIV testing and counseling in TB clinics.

TB Laboratory infrastructure strengthening

Due to the rehabilitation of the QE II laboratory by PIH and budgetary constraints in rehabilitating Mafeteng and Leribe, a decision was taken to rehabilitate the laboratory in Quthing which was i in a state of serious need. Assessment of Quthing has been completed and procurement process for a contractor has been initiated. Since January 2008, two laboratory personnel were sent to study Master's of Public Health in the Republic of South Africa for the period of two years.

4.4.2 ADDRESS TB/HIV THROUGH TB/HIV COLLABORATIVE ACTIVITIES

Capacity strengthening for HIV care and support for HIV positive TB patients

PIH was subcontracted to facilitate and speed up TB/HIV collaborative trainings. To date 335 health care workers were trained and access to ART has been scaled up significantly.

4.5 GRANT PERFORMANCE INDICATORS

4.5.1 EMPOWER PEOPLE WITH TB AND COMMUNITIES TO PROVIDE TREATMENT, CARE AND SUPPORT TO TB

Table 21: Shows Bi-Annual and cumulative targets and results for objective 1

Indicator	Intended Target (Bi-annual)	Achieved Bi-annual Result	Cumulative Target to date	Cumulative Results to date
1. # of new smear positive cases detected every year	1075	901(71%)	1654(65%)	1800 (72%)
2. # and % of smear positive cases that successfully completed treatment among the new smear positive TB	1055(40%)	1301 (50%)	1695(65%)	1784(68%)

cases registered in specified period				
3. # of Community health workers trained in community based TB care and referrals.	600	800	1,000	1,138
4.# of suspects referred by community health workers	5,500	-	6000	-
5.# of microscopy units equipped and operational	13	15	13	15
6.# of laboratory workers trained on drug sensitivity testing and culture	40	30	40	30
7.# Of Community Leaders trained on community mobilization and Communication	128	900	256	900

The case detection rate was 71% which is 6% above target. This shows that the program is improving very well as far as case detection is concerned. Success rate has surpassed the intended target of 65%. This is a very positive step towards reduction of TB Prevalence. Cumulative figures for the indicators 1 and 2 could not be computed since they are not cumulative to the 4th quarter. The number of community health workers trained in community TB care is 200 people above target. The referral system community health workers is still been developed hence why there are no suspects referred.

4.5.2 ADDRESS TB/HIV THROUGH TB/HIV COLLABORATIVE ACTIVITIES

Table 21: Shows Bi-Annual and cumulative targets and results for objective 2

Indicator	Bi-annual Target	Bi-Annual Result	Cumulative Target to date	Cumulative Results to date

1.# of Health workers trained in community TB care, TB/HIV collaborative activities and referrals	210	125	420	335
2. # of registered TB patients who receive HIV testing and counselling	500	3,827	1000	5789
3. # of HIV positive patients who receive cotrimoxazole preventive therapy during treatment	150	2,367	600	3562
4. # of HIV positive TB patients who receive ART	40	398	175	943

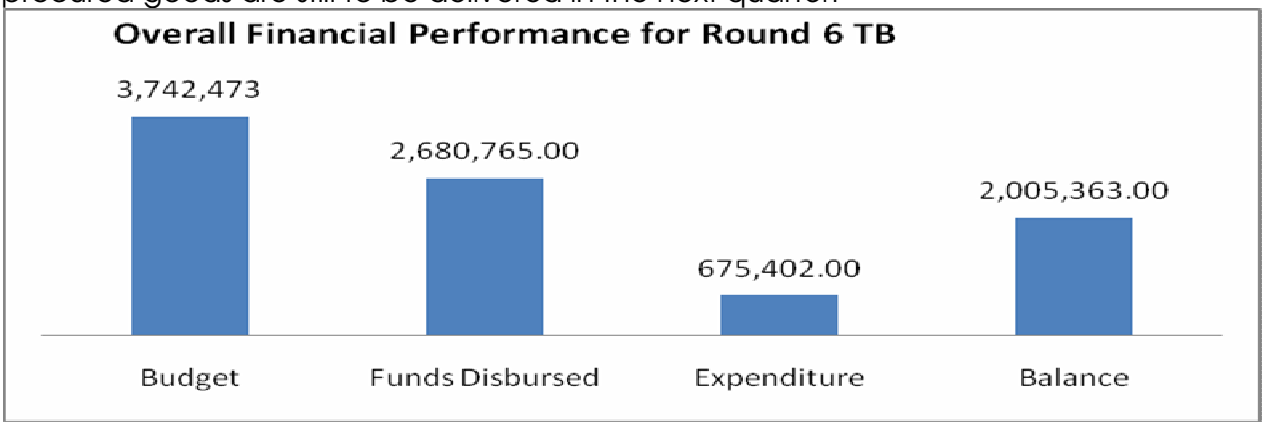
The target on training Health Workers on community based TB care fell short by 20%. However efforts are already under way to improve this. As far as number of TB patients on HTC, # HIV positive patients on CPT and those on ART we are way beyond target. This shows a successful integration of TB and HIV services.

4.6 ROUND 6 TB FINANCIAL PERFORMANCE

Table 22: Shows *R6TB budget vs. expenditure from January to June 2008*

Category	Budget	Expenditure ($)	% expenditure
Human Resources	122,137.48	132,802.32	110%
Technical Assistance	24,124.05	0	0%
Training	320,296.84	23,330.09	7%
Health Products	15,620.00	0	0%
Infrastructure	173,506.67	375,257.67	7%
Communication Materials	163,860.00	0	0%
Monitoring and Evaluation	0	10,340.17	
Planning and Administration	24,000.00	18,224.00	76%
Total	**843,545.04**	**559,954.25**	**66%**

A huge portion of this grant is directed towards procurement. Due to delayed procurement processes, only 25% of the funds disbursed were expensed as most of the procured goods are still to be delivered in the next quarter.



4.7 CHALLENGES

The challenges faced by the Round 6 grant implementation is very much similar to those expressed for R2. These include instability in NTP Programme management. Another challenge specific to R6 implementation include inadequate local capacity to conduct some of the baseline studies planned for Advocacy, Communication and Social Mobilization (ACSM) and Community TB Care (CTBC) resulted in delays in rolling out the related interventions. The consultants were eventually identified through a very lengthy process.

Major challenge faced had to with the lack of capacity in the NTP and the districts TB Coordinators had to cope with several trainings planned under the Round 6 on diverse programme areas ranging from community to district hospital level. To overcome this challenge, the MOHSW engaged a Partner (Partners in Health – PIH) who possesses the right competence to implement the trainings on TB/HIV collaborative activities.

4.8 CONCLUSION AND RECOMMENDATIONS

For the TB round 6 grant, June 2008 marks the end of year one of the first phase of grant implementation. The grant implementation, which had an initial slow start, was accelerated during the period under review. The numbers and proportion of TB cases accessing HIV Testing and Counseling (HTC), Cotrimoxazole Preventative Therapy (CPT) and Anti-retroviral Therapy (ART) have increased exponentially since the start of the Round 6 grant. This is expected to reduce the TB-related deaths, improve treatment outcomes and overall incidence and prevalence of the disease.

However, the round 6 grant implementation suffered some challenges that need to be overcomed to achieve full realization of its objectives. various recommendations are therefore proffered to accelerate implementation of absorption of the grant funds and this include conducting a Workshop on Procurement rules and procedures for Programme officials to enable development of timely and fully-compliant procurement proposals to minimize delays.

Furthermore, the monthly coordination meetings involving the Programme, Procurement Unit and implementers should occur on a regular basis. This should be accompanied by remedial measures to resolve any bottlenecks and problems identified.

OVERALL FINANCIAL PERFORMANCE OF ALL GLOBAL FUND GRANTS IN LESOTHO

Round	Budget	Funds disbursed	Expenditure	Balance
Round 2	34,312,000.00	28,859,316.00	20,762,497.00	8,096,819.00
Round 2 HIV	29,312,000.00	25,260,406.00	18,195,516.00	7,064,890.00
Round 2 TB	5,000,000.00	3,598,910.00	2,566,981.00	1,031,929.00
Round 5 HIV	10,013,382.90	8,669,423.00	5,797,197.00	2,872,226.00
Round 6 TB	3,742,471.00	2,680,765.00	675,402.00	2,005,363.00
Round 7 HIV	10,626,665.00	2,841,914.37	154,987.82	2,686,926.00
Grant Totals	**58,694,519.00**	**43,051,418.37**	**27,390,083.92**	**15,661,334.45**
All HIV Grants	**49,952,047.00**	**36,771,743.37**	**24,147,701.00**	**12,624,042.00**
All TB Grants	**8,742,471.54**	**6,279,675.00**	**3,242,383.00**	**3,037,292.00**

64% of the funds disbursed were utilized and this represents 47% of the entire overall budget. For HIV grants 65% of the funds disbursed were expended and this represent 48% of the overall budget, while for TB the expenditure versus funds disbursed is 52% and this represents 37% of the overall budget.

Annex A : HOME BASED CARE KITS COMPONENTS

Item No.	Item Description	Unit Pack	Total Packs
1	Antiseptic Skin rub (containing Chlorhexidine and Isopropyl Alcohol)	500ml	1800
2	Antiseptic bar soap (containing Chloroxylenol)	100g	3600
3	Aqueous cream	500g	1800
4	Compound Benzoic Acid Ointment (Whitfield's Ointment)	500g	1800
5	Calamine Lotion	100ml	9000
6	Chlorhexidine 1% Mouth wash	200ml	1800
7	Cotton wool roll	500g	1800
8	Cough Expectorant Mixture (with Ammonium Chloride)	100ml	3600
9	Crepe Bandage 75mm	12	1800
10	Gloves Examination, Latex Medium	100	1800
11	Gauze swabs 100*100mm 8 ply	100	3600

12	Gentian violet solution 0.5% m/v	20ml	1800
13	Household Bleach (containing Sodium Hypochlorite 3.5%)	750ml	1800
14	Methylated Spirits blue	1L	1800
15	Methylsalicylate cream 10%	500g	1800
16	Multivitamin tablets (containing vitamins A,B,C,D and E)	1000	1800
17	Mutton cloth	1 roll	1800
18	Nystatin skin cream 100,000 IU/g tube	25g	1800
19	Nystatin pessaries 100.000 IU BP	14	1800
20	Oral rehydration salts (ORS)	10	1800
21	Paracetamol 500mg tablets	100	1800
22	Paracetamol 120mg/5ml syrup	100ml	3600
23	Aprons reusable	1	3600
24	Rubber Household gloves	1pr	1800
25	Cetrimide 3% + Chlorhexidine 0.3% solution (domestic concentration)	750ml	1800
26	Scissors pair	1pr	1800
27	Small bowl galvanized	1	3600
28	Tape Micropore 24mm x 10m roll	1 roll	3600
29	Tablet dispensing bags small	100	1800
30	Tongue depressor	100	1800
31	White Petroleum Jelly with Aloe (Vaseline aloe)	100g	3600
32	Bandage w.o.w 75mm	12	3600
33	Plaster Zinc oxide 75mm	1	3600

ANNEX B: PROCUREMENT OF FURNITURE, EQUIPMENT AND VEHICLES

DEPARTMENT AND SUPPLIER	DESCRIPTION	QTY	ROUND	EXPENDITURE AMOUNT (M)

HTC sites (CHAL, GOVT)	Office Desks Office Chairs Filing cabinets Gas Heaters	43 86 43 54	R2	322,800.00
Adolescent Health Corners (Lithipeng & Phamong)	Office Desks Office Chairs Filling cabinets Ordinary Chairs Gas Heaters	4 4 4 100 2	R2	M 101,000.00