BI-ANNUAL PROGRESS REPORT FOR ROUND5 GLOBAL FUND SUPPORT IN LESOTHO

REPORTING PERIOD: NOVEMBER 2006 – APRIL 2007

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MINISTRY OF FINANCE AND DEVELOPMENT PLANNING

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Abbreviations

AIDS	- ACQUIRED IMUMUNE DEFECIENCY SYNDROME
ART	- ANTIRETROVAL THERAPY
ARV	- ANTIRETROVAL DRUGS
CHAL	- CHRISTION HEALTH ASSOCIATION OF LESOTHO
DOTs	- DIRECTLY OBSERVED TREATMENT
GF	- GLOBAL FUND
GFCU	- GLOBAL FUND COORDINATING UNIT
HR	- HUMAN RESOURCE
HTC	- HIV/AIDS TESTING AND COUNSELING
IEC	- INFORMATION, EDUCATION AND COMMUNICATION
MCH	- MOTHER AND CHILD
MGT	- MANAGEMENT
MOHSW	- MINISTRY OF HEALTH AND SOCIAL WELFARE
NDSO	- NATIONAL DRUGS SERVICE ORGANISATION
NGOs	- NON GOVERNMENTAL ORGANISATION
OI	- OPPORTUNISTIC INFECTIONS
PEP	- POST EXPOSURE PROPHYLAXIS
PMTCT	- PREVENTION FROM MOTHER TO CHILD
PSM	- PROCUREMENT AND SUPPLY MANAGEMENT
PU	- PROCUREMENT UNIT
QA	- QUALITY ASSURANCE
SDA	- SERVICE DELIVERY AREA
STI	- SEXUALLY TRANSIMITED INFECTIONS
TA	- TECHNICAL ASSISTANCE
TB	- TUBERCULOSIS
UNICEF	-UNITED NATIONS CHILDREN FUND
VCT	- VOLUNTARY TESTING AND COUNSELING

PREAMBLE

This is the first bi-annual report of the Global Fund Support program under Round 5. The report attempts to highlight progress made in the implementation of activities from the round 5 support in Lesotho. It further presents an overview on the achievements, constraints and challenges experienced during the implementation. Recommendations from lessons learned also form an integral part of the report.

The report is comprised of four chapters. Chapter one deals training and skills development. Procurement of goods and services is discussed in chapter two. Chapter three dwells on human resources and lastly chapter four, budget and expenditure analysis.

BACKGOUND

In keeping with the goals of national programmes, the overarching goal of the Round 5 proposal 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 accomplished through implementation of three objectives: namely, (i) to expand and strengthen HIV testing and counseling services and post care and support, (ii) to provide comprehensive treatment of HIV,TB and STIs across all sectors, (iii) lastly to strengthen a decentralized health system that support the scaling up of coordinated HIV,TB and STI interventions

Overriding to the development of the Round 5 was consideration of current implementation capacity at different levels of the public, private and NGOs sectors in Lesotho. Thus the round 5 support seeks to undertake activities across all sectors and help build their capacity to scaling up of the multi-sectoral national response, through the strategic use of salary incentives, technical assistance and targeted training of community based workers, new cadres of health assistants and lay counselors at the community level.

The beneficiaries of round 5 supports include people living with HIV/AIDS, vulnerable groups, at risk groups like alcohol and drug user, rural population and the general population of Lesotho.

Objectives of the Bi-annual review meeting

The Objectives of the review are

- To track progress made on the implementation of round 5 workplan.

- To highlight bottlenecks and achievements in the implementation of the workplan in order to inform subsequent activities.

- To inform stakeholders of progress made towards achieving the objectives of the support.

Methodology

A desk review of all important documents was undertaken for the compilation and consolidation of the report. These documents include the proposal of round 5, monitoring and evaluation plan for the Global Fund in Lesotho, quarterly monitoring reports, status of expenditure reports and discussions with program managers and staff of GFCU.

The overall performance

The overall evaluation of performance can be classified as good taking into considerations that the majority of target indicators have been reached with positive variances. For instance, all trainings planned for the period under review have been achieved, a number of goods which were to be procured such as vehicles, and office furniture are awaiting delivery

However progress was slow in the disbursement of incentives due to identification of proper beneficiaries, revision of the rates for the different levels and cadres coupled with issues related to the inclusion of majority of the health personnel. This was done in order to increase the coverage of beneficiaries and improve the quality of service delivery.

For the reporting period funds disbursed was to tune of $ 2,295,852.17. This budget excludes $473,443.41 earmarked for the procurement of health products.

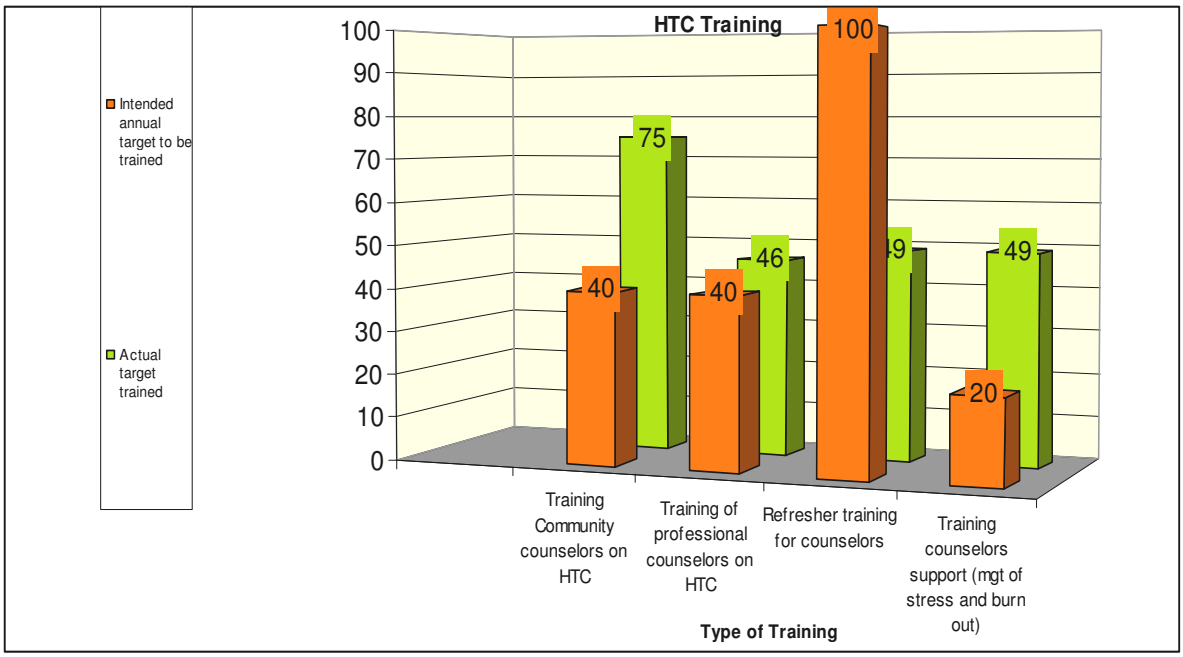
CHAPTER1: Training and Skills Development

Introduction

Training forms an important component of the Round 5 support in Lesotho. Different trainings for health personnel were planned and implemented during the period under review. The purpose of the trainings were to improve and strengthen management skills on counseling and testing for caregivers, health care workers, and victims of sexual assault through provision of PEP), and providing psychosocial support. Additionally, the trainings were conducted in order to increase the capacity of health workers to provide comprehensive treatment of HIV and TB in the public, private and NGO sectors, and to strengthen integrated management of diseases linked to HIV infection, including STIs, TB and other opportunistic infections, as well as prevention for key groups at risk for TB-HIV co-infection.

Below is the bar-chart depicting the groups of trainees with regard to counseling and testing and the level of achievement.

1.1 Training on HIV/AIDS testing and counseling



Achievements and challenges
As depicted on the bar chart, of the four trainings conducted on counseling and testing, annual targets for three trainings have already been exceeded. Where targets have not been reached it is envisaged that in quarter three such targets will be met.

Planning and implementation of these trainings need to improve as most of them were towards the each quarter.

1.2 Training on Integrated Management of HV/STI

SDA	Type of training	Intended annual target to be trained	Actual target trained
2	Training of health workers on STI case management using guidelines	120	46
5	Training of health care providers in ARV management and OIs	250	325
5	Training of health care providers in ARV management and OIs (Advanced course)	50	32

Achievements and Challenges
As indicated from the table above, of the three trainings undertaken, targets were overachieved only in one training. Targets for the other trainings will be achieved in quarter three and four.

The challenge is that the series of trainings were conducted towards the end of the quarter, and in most cases participants informed late and don't turn up as expected.

1.3 Training on Infection control policy for TB

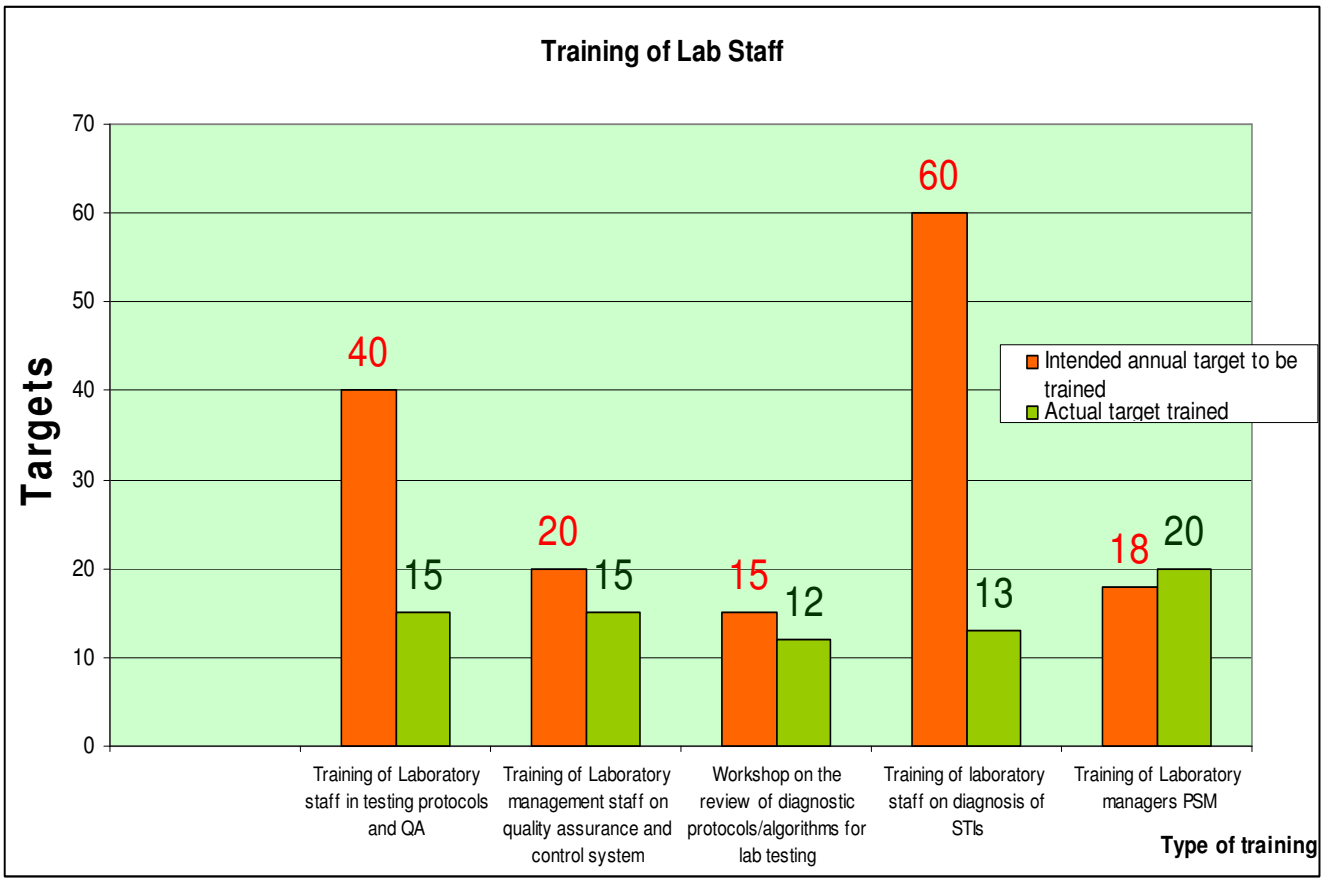
SDA	Type of training	Intended annual target to be trained	Actual target trained
2	Recruit and Train DOTs facilitators for ART and TB	100	100
6	Training of health workers on infection control policy for TB	200	52
6	Training of prisons staff on infection control policy for TB	50	26
6	Training of military/police on infection control policy for TB	50	58

Achievements and Challenges

The targets were achieved in 50% of the trainings. On the other trainings, the targets will be realized in subsequent quarters.

However, the main challenge was that the allocated budget for the trainings (health workers, prisons staff and military) was inadequate. Recurrent budget from the TB programme was used to supplement the budget.

1.4 Training of Laboratory staff on Integrated Management of HV/STI



Achievements and Challenges

As shown from the bar chart above, trainings for laboratory staff were not implemented as planned. For example 13 instead of 60 laboratory staff were trained on Lab diagnosis of STIs. The Intended targets were achieved in one of the five trainings planned.

The available budget was meant to cover the periods under review hence the target will never be met.

CHAPTER 2: PROCUREMENT OF GOODS AND SERVICES

Introduction

The round 5 grant further focus on health infrastructure development and support, including strengthening of the procurement and supply management system for service delivery. Information, Education and Communication (IEC) for HIV care and treatment forms another area of development supported. Procurement of goods and services is divided into four (4) categories, and these are IEC and protocols for HIV, vehicles, equipment and construction of ART centers as well as health products.

2.1 Procurement of IEC and protocols for HIV

Provision was made for the procurement of IEC material on HTC/VCT and availability of ART. During the reporting period 5000 pamphlets on Thuso e teng, availability of ARVs and PMTCT services were printed and distributed to district government and CHAL hospitals, ATR clinics, MCH clinics, private practitioners and private counselors.

To this end 2500 wall chart protocols on administration of PEP were printed and distributed to government and CHAL hospitals as well as private practitioners.

Efforts to promote understanding of HIV/AIDS care and treatment literacy continued through printing and distributing of 3000 posters by the HIV/AIDS Directorate. The availability of this information is intended to enhance knowledge of the community about ARVs and the importance of adherence to treatment as well their toxicity. The material was distributed to government, CHAL hospitals and community health workers.

200 Consent and client intake forms, 100 referral forms and cross sectional monthly reporting books were printed and distributed to all HTC sites.

For purposes of HIV patient monitoring, 60 000 ART cards, 200 pre-ART and 200 ART registers, 75 cohort analysis report boards were printed and distributed to ART clinics country wide.

2.1 Procurement of vehicles, equipment and construction of ART Centers

2.1.1 Procurement of vehicles

Nine (9) vehicles have been procured and awaiting delivery and registration. These vehicles will be used by HSAs to support ART programs in the transportation of samples and drugs as well monitoring at the district level. Additionally, 10 drivers have already been recruited. One half ton tuck has also been procured and delivered to NDSO. The truck will be used by NDSO for transportation and distribution of drugs.

2.1.2 Furniture procured and distributed to ART Centers

Description	Quantity	Berea	Quthing	Thaba-Tseka	Paray	St James
Ordinary Desks	14	5	5	2	1	1
High Back Chairs	20	8	8	2	1	1
Reception Desks	5	1	1	1	0	0
Visitors Chairs	93	17	17	4	2	2
Filing Cabinets	18	4	4	4	1	1
Executive Desks	6	3	3	0	0	0
Glass Door Bookcase	12	3	3	1	1	1
Television	3	1	1	1	0	0
VCR	3	1	1	1	0	0
Refrigerator	3	1	1	1	0	0
Dust Bins	46	8	8	6	1	1
Electrical Heaters	24	9	9	4	1	1
Eletric Furns	24	9	9	4	1	1
Benches	24	6	6	0	0	0

Source: Procurement unit

The above table illustrates office furniture procured but not yet delivered by the supplier. The table further shows items, by quantity and their respective duty stations.

2.1.3 Medical Equipment Procured.

The table below shows medical equipment procured for ART clinics located within hospitals, such as Queen II, Berea, Leribe, Butha Buthe, Mokhotlong, Qacha'snek, Quthing, Mohale's Hoek and Mafeteng. However it should be noted that by the end of the reporting period such equipment had not been delivered to the respective hospitals.

Medical Equipment for ART Centers

Item	Quantity
Examination kits	5
Sphymenometer	15
Adult//Child stethoscope	5
Adult Scale	5
Baby Scale	5
Foot Stool	18
Glucometer	5
Trolley Dressing	15
Drug Cupboard	18
Examination Couch	32

2.1.4 Procurement of Health Products

Processes for procurement of health products have been initiated. NDSO was selected to procure home based care kits and adverts were issued for suppliers to tender for this. Regarding the OI, reagents purchase order has been delivered to suppliers for procurement. ARV Mission Parma was selected to provide ARV drugs, while UNFPA is also in process to process the condoms. All these are expected to be delivered during the third quarter.

2.1.5 Construction of the ART Centers

Architectural plans and cost estimates have been prepared for the construction of ART centers. Tendering documents are on process to engage the contractors to renovate ARV centre in Butha-Buthe. This is the ARV centre which will be rehabilitated through GFTAM money as against the two proposed. The reason for deviation was the shortage of funds available. Through UNICEF support, the second ART centre in Leribe will be refurbished and rehabilitated in order to meet the target.

2.1. 5 Procurement of computers, printers and flash disks

According to the workplan 10 computers, 10 printers and 20 flash disks were to be procured for the District HIV/AIDS Officers. However due to budget constraint only 10 computers and 20 flash disks were procured and distributed. The 10 printers were procured and distributed using the STI/HIV and AIDS Directorate recurrent budget.

Challenges and Achievements

IEC material and protocols were printed and distributed as planned. Computers and flash disks for data storage were procured and distributed to respective officers.

By the end of quarter one, nine vehicles and one half ton truck were suppose to be procured, delivered and forwarded to their respective duty stations. However, during the reporting period, the initial procurement process had just commenced hence delivery of vehicles for both quarters were not fulfilled although drivers were already recruited. The half ton truck on the other hand has been delivered to the NDSO

Budget allocated for construction of two ART centers was to tune of US$ 300,000.00, which was found to be insufficient to even build one ART centre. In addition the process of implementing this activity was extremely slow, despite the fact that funds were available. It is important to note that this activity forms one of the core indicators in determining progression from phase 1 to phase 2. Looking at the schedule for implementation of this activity, the target will not be met.

Procurement process of medical equipment and furniture for ART centers at the district level was completed. However the delivery was not done by the end of the reporting period

Chapter 3: Human Resource
Introduction

The human resource component seeks to support the scale up of the comprehensive HIV/TB care at the district hospitals. The intention is to build capacity of the primary health care infrastructure by hiring new staff, offering 20% supplement (incentives) to the employed health workers and providing allowances for community based workers. It is hoped that his improvement in the strengthening of the health system would have far-reaching and equitable effects by bringing the care to the level of the community, easing the caregiver burden in the home and increasing access to care.

3.1 New staff recruited

SDA	Position	Intended annual target to be recruited	Actual target recruited
7	One Year TA for implementation of HR strategy	1	0
8	Drivers (to *be place at the districts)*	9	10
10	Central Monitoring and Evaluation (*based at HIV/AIDS Directorate)*	1	1
10	Professional Counselors (*Placed at HTC centers*)	36	55
10	Nurse Clinicians *(at health facilities)*	18	16
11	Procurement Officers *(one to be placed at PU and the other at NDSO)*	2	0
11	Driver *(placed at NDSO)*	1	1
11	Storekeeper (*placed at NDSO)*	2	2
11	Pharmacy Technician (*placed at NDSO)*	1	
11	6 months TA for operationalization of procurement mechanism (*to be placed at NDSO)*	1	0

The majority of the required personnel had been recruited by the end of the reporting period as indicated above. Notably, the recruitment of professional counselors scores the highest in terms of targets. This was achieved through the revision of salaries of this cadre and the inclusion of all levels of the counseling cadre. Instead of recruiting 36 professional counselors 22 were engaged coupled with 11 basic counselors and 22 assistant counselors resulting in a total of 55 counselors recruited. Therefore the budget allocated for 36 professional counselors was reprogrammed to cater for 55 counselors.

A proposal was made towards reprogramming of funds earmarked for the appointment of the TA for the implementation of HR strategy. This was decided after it was established that MOHSW is already supported in this regard.

NDSO is currently supported by World Bank for the operationalization of procurement mechanism and this support comes to an end in September 2007. For purposes of continuity it was agreed that the same TA be engaged under the round 5 support for the period of six months with effect from October, 2007 instead of January 2007.

Recruitment processes for two procurement officers were on going during the reporting period. It has planned that they will be engaged in the subsequent quarter.

3.1Disbursement of Incentives

Incentives to health care providers	Intended Target	Actual Target reached
Nurse Assistants	100	18
Pharmacist	36	19
Medical Doctors	18	15
Registered Nurses	18	60
Lab Technologists	54	80
Consultant	1	0
Specialists	1	0
Managers	5	0
Principals	5	0
Senior	15	0
District HIV&AIDS Officers	10	10
Community Health Workers	500	140
Lay Community Counselors	50	50

Achievements and Challenges

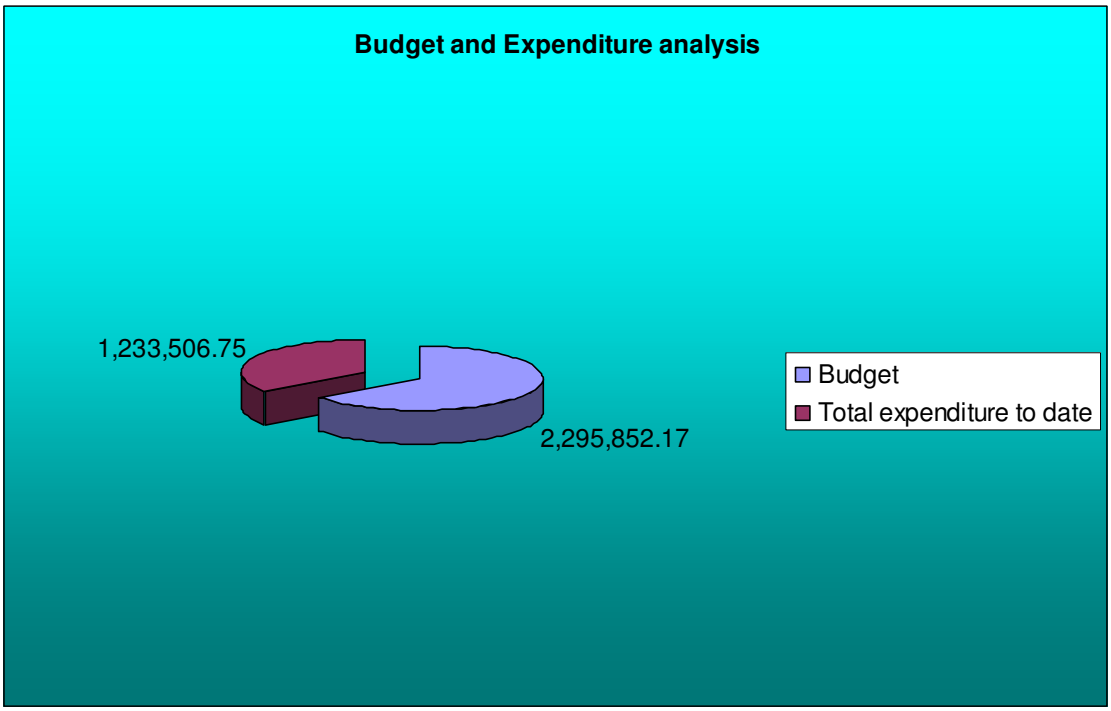
Above is the list of different cadres receiving incentives. The decision is yet to be made for the central level staff by the MOHSW.
Progress was slow in the disbursement of incentives due to identification of proper beneficiaries, revision of the rates for the different levels and cadres coupled with issues related to exclusivity of majority of the health personnel. This was done increase the coverage of beneficiaries and improve the quality of service delivery

Chapter 4: Budget and Expenditure

4.1 Introduction

An amount of USD 2,295, 852.17 was received for the implementation of activities for quarter 1&2. The table below shows the budget and expenditure for the past six months.

4.2 Budget and Expenditure Analysis



For the reporting period funds disbursed was to tune of $ 2,295,852.17. This budget excludes $473,443.41 earmarked for the procurement of health products. Total expenditure to date is $ *1,233,506.75 which is 54% of the total budget.*

Conclusion

Implementation on trainings has gone well with the exception of laboratory trainings. Looking at the performance of the six months most of the targets will be achieved at the end of the year.

On procurement of goods and services initial stages have been completed however delivery of large items such as vehicles has been a major challenge.

In terms of human resource majority of appointments have been made. However there are still positions that are to be filled. Moreover specific focus should be placed on disbursement of incentives due to the hasty implementation at hand and also taking cognizance to the fact they take the larger part of the budget.