On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	**LSO-607-G04-T**			
Progress Update - Reporting Period:	**Cycle:**	Quarter	**Number:**	19
Progress Update - Period Covered:	**Beginning Date:**	1-Jan-2012	**End Date:**	31-Mar-2012
Progress Update - Number:	19			

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are targets/results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B. Programmatic Indicators

Objective No.	* Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 indicator?	Baseline (if applicable)		Intended Target to date	Actual Result to date	% achievement (Please calculate as appropriate)	Reasons for programmatic deviation from intended target and deviations from the related work plan activities
						Value	Year				
1	1.1	# of all TB cases notified	National Program	Y-cumulative annually	Yes - Top 10	13140	2010	3285	3164	96%	3164 patients were notified during P19. This is below the target possibly because of recording deficiencies. Reporting only starts at hospital level(hospitals aggregate all data in the clinics within their catchment area) and this may result in some data being lost below that level. Reporting at facility level is being piloted in maseru and mafeteng and rises in notification are
1	1.2	# and % of new smear positive TB cases that successfully completed their treatment among the new smear positive TB cases registered in a specified period	National Program	Y-cumulative annually	Yes - Top 10	760	Jan-Mar 2006 cohort	913 (85% of P15 cohort)	583 (71%)	64%	Success rate is sub-optimal because of high mortality rate (8.7%), high defaulter rate (5.7%) and 19% of patients not evaluated.
1	1.3	# of TB suspects referred by community health workers	National Program	Y-over program term	Yes - Top 10	N/A	2006	2750	1894	69%	1894 suspects were referred by community health workers. The main reason why this is below target is that not all patients go through community health workers before seeking medical care.
1	1.4	# of Community Health Workers trained on community TB care and Referrals	National Program	Y-cumulative annually	No	2563	2008	N/A	-	NA	Performance on indicator is not due for reporting. Trainings are scheduled for June 2012 becuase districts were engaged in mobilizations HPV vacinations and the actual vacinations until the of April 2012. In May 2012, two districts namely mafeteng and Qacha's nek submitted their proposals for trainings to be implemented in June 2012. Mafeteng district intends to train 90 CHW while Qacha's neke district will train 45 CHW.
2	2.1	# of health workers trained in Community TB care, TB/HIV collaborative activities	National Program	Y-cumulative annually	No	868	2009(June)	180	-	0%	Qacha'snek is expected to train 40 Health care workers in June while Butha-buthe is supposed to train 35 Health care workers on the 27 th May 2012. The delay was caused by the engagement of districts in mobilizations of districts for HPV vacinations aqnd engagement in the actual vacinations.
2	2.2	# of community leaders trained on social mobilization and communication	National Program	N-not cumulative	No	58	2008	-	33	NA	33 community leaders were trained from the Quthing district. The training focussed on ACSM for TB/HIV for community leaders. The community leaders were Lesotho Mounted Police staff and the Lesotho Correctional Services staff. Further trainings are to be conducted on the 15th May in the Butha-buthe district for Seboche Community leaders .
2	2.3	# and % of districts with written social mobilization and communication plans	National Program	Y-cumulative annually	No	100%	2009(June)	-	-	NA	Not due reporting. They will be reported in P20. The plans articulate ASCM activities to be implemented at the district and community level.
2	2.4	Proportion of PTB cases detected through smear microscopy	National Program	Y-cumulative annually	Yes - Top 10	55%(NSP)	2008	85%	79%	93%	21.8% of all Pulmonary patients were diagnosed without smear microscopy. 13% of these were diagnosed in Private clinics(PPP) hence the variance between the actual and the target.
2	2.6	# of registered TB patients who receive HIV testing and counseling	National Program	Y-cumulative annually	Yes - Top 10	11458	2008	2879	2672	93%	85% of all TB patients were tested for HIV. HTC is still voluntary and much as it is provider initiated and insisted, some patients still opt out or do it at a later stage during treatment.
2	2.7	Proportion of HIV positive TB patients who receive cotrimoxazole preventive therapy during TB treatment	National Program	Y-cumulative annually	Yes - Top 10	7272	2008	100%(2015/2015)	94%(1905/2015)	95%	95% of all HIV positive patients were on CPT. The performance falls short of the target by 5%. CPT is provided to all HIV positive TB patients as prophylaxis for prevention opportunistic infections.
2	2.8	Proportion of HIV positive TB patients who receive ART	National Program	Y-cumulative annually	Yes - Top 10	2064	2008	50%(1008/2015)	50%(1005/2015)	100%	50 % of all HIV positive TB patients were put on ART during the quarter. This was achieved through attainment of ART coverage of 50% and more in 13 facilities. Less than 50 but above 39 in three facilities and less than 40% in 3 reporting facilities.

*** Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1.1, 1.2, etc.)**

Performance on the programmatic indicators was based on 8 indicators. One indicator achieved 100% of the intended target. Four(4) indicators scored least 90 of their respective targets. Two(2) indicators reached 64% and 69. respectively. Training of health care workers was not done during the reporting period and this was due to the fact that the HCW were engaged the social mobilization of the HPV vaccination as well as the actual vaccination itself. The relevent indicator achieved 0% since the trainings were not implemented. It is envisaged that trainings will be undertaken in May and June 2012 in the districts of Butha Buthe and Qacha'snek There is an improvement on the number of TB suspects referred by the community health workers