

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	LSO-607-G04-T			
Progress Update - Reporting Period:	Cycle:	Quarter	Number:	16
Progress Update - Period Covered:	Beginning Date:	1-Apr-2011	End Date:	30-Jun-2011
Progress Update - Number:	16			

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 per 100000 population	National Program	Y-cumulative annually	Yes - Top 10	699	2010	324	318	98%	There was a slight drop in notification this quarter. The programme has identified four districts whose performance was not satisfactory and these are Maseru, Leribe, Mafeteng and Berea. The National TB programme is currently visiting the districts to look at the possible factors contributing to these performance. Thereafter appropriate action will be taken to improve the performance.
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	1827(85% of P11 cohort)	1147(64%)	63%	Out of 842 sputum positives in the cohort, 465 were cured while 76 completed treatment successfully. 100 patients died while on treatment and this constitutes 12% of the cohort.
1	1.3	# of TB suspects referred by community health workers	National Program	Y-over program term	Top 10 equivalent	N/A	2006	2000	1148	57%	One of the key responsibilities of the community health workers is to refer TB suspects for services in the public health facilities. These CHW have received capacity for undertaking outreach activities at community level in order to increase demand for TB services within facilities. The training focused on empowering the CHW with skills necessary to promote TB services at the community level and adherence support for TB patients. Even though Community Health Workers continue to refer and support the Patients at community level, most TB patients when suspecting to having contracted TB, their first contract for treatment is automatically to the health center rather than to consult the Community Health Worker, the reason for the low achievement..
1	1.4	# of Community Health Workers trained on community TB care and Referrals	National Program	Y-cumulative annually	Yes - Top 10	2563	2008	NA	220	NA	No trainings were conducted in P16. Trainings of the health care workers will commence in P17. The focus of the trainings is to empower the community health care workers with skills on dealing with the co-infected and infected TB patients within their communities, to reduce stigma and discrimination of TB/HIV among the communities, to provide basic care on TB patients including those that are HIV positive. To provide home base care to all the TB patients. They also are trained on strengthening referrals of TB suspects within their communities.
2	2.1	# of health workers trained in Community TB care, TB/HIV collaborative activities	National Program	Y-cumulative annually	Yes - Top 10	868	2009(June)	NA	41	NA	The health care workers who were trained during the reporting period were the HTC counselors. The objectives of the training was to equip them with skills on TB infection control, active screening of TB in all cadres, IPT implementation and TB care and management
2	2.2	# of community leaders trained on social mobilization and communication	National Program	N-not cumulative	Yes - Top 10	58	2008	NA	-	NA	Performance on this indicator is not due for reporting. However the trainings are intended to capacitate the community leaders with skills to implement advocacy and social mobilization activities for TB and HIV/AIDS. They are focusing on causes and symptoms of TB and HIV/AIDS, the relationship between HIV/AIDS and TB, procedures for detecting TB suspects, the importance of HIV testing and counseling, community sensitization on TB and HIV. One training of the community leaders is scheduled for the upcoming quarter as part of acceleration of trainings
2	2.3	# and % of districts with written social mobilization and communication plans	National Program	Y-cumulative annually	No	100%	2009(June)	100%(10)	100%(10)	100%	The plans articulate the advocacy and social mobilization activities to be implemented at the district level. These activities are coordinated by District Health Educator at the district level. The main activities include community sensitization on all health issues particularly HIV/AIDS and TB. In P15 only three districts had not submitted their final ACSM plans and in P16 those three districts namely maseru, Botha Bothe and Mhale'shoek were able to submit.
2	2.4	Proportion of PTB cases detected through smear microscopy	National Program	Y-cumulative annually	Yes - Top 10	55%(NSP)	2008	76%	72%	95%	In order to reach the target the number of PTB cases with smear not done should fall. The National TB programme is currently visiting facilities to ascertain challenges and develop workable interventions to improve performance on this indicator.
2	2.6	# of registered TB patients who receive HIV testing and counseling	National Program	Y-cumulative annually	Yes - Top 10	11458	2008	4955	4732	95%	HIV testing and counseling is provided to TB patients under TB/HIV collaborative activities. HTC is a gateway to HIV care for TB patients.
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%	91%	91%	According to policy, all HIV positive TB patients are given cotrimoxazole preventative therapy irrespective of the CD4 count. However, 1586 out of 1786 patients were put on CPT in P16. Cumulative figure of patients on CPT is 3203 out of 3603 HIV positive patients.
2	2.8	Proportion of HIV positive TB patients who receive ART	National Program	Y-cumulative annually	Yes - Top 10	2064	2008	40%	34%	86%	601 HIV Positive TB patients were put on ART in P16. Cumulatively 1238 of 3603 HIV Positive patients are on ART. However, the new guidelines state that all positive TB patients should be provided ART, the programme expects an improvement in this indicator as shown by the current performance.

* 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 over 100% of the intended target. Four(4) indicators scored least 90 of the target. One(1) indicator recorded 86% of the target. Two(2) indicators reached ,63% and 57% respectively. There is an improvement on the number of TB suspects referred by the community health workers.