MINISTRY OF FINANCE AND DEVELOPMENT PLANNING

EIGHTEEN MONTHS PROGRESS REPORT FOR ROUND SIX GRANT

REPORTING PERIOD: JUNE 2007 – DECEMBER 2008

COMPILED BY: GLOBAL FUND COORDINATING UNIT

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LE OF CONTENTS

Abbreviations

AIDS	- ACQUIRED IMMUNE DEFECIENCY SYNDROME
ACSM	- ADVOCACY, COMMUNICATION AND SOCIAL MOBILISATION
AFB	- ACID FAST BACILLI
ART	- ANTIRETROVAL THERAPY
ARV	- ANTIRETROVAL DRUGS
CHAL	- CHRISTIAN HEALTH ASSOCIATION OF LESOTHO
DOTs	- DIRECTLY OBSERVED TREATMENT
DHMT	- DISTRICT HEALTH MANAGEMENT TEAM
GF	- GLOBAL FUND
HIV	- HUMAN IMMUNODEFICIENCY VIRUS
HTC	- HIV/AIDS TESTING AND COUNSELING
IEC	- INFORMATION, EDUCATION AND COMMUNICATION
MOHSW	- MINISTRY OF HEALTH AND SOCIAL WELFARE
OIs	- OPPORTUNISTIC INFECTIONS
PR	- PRINCIPAL RECIPIENT
PIH	-PARTNER IN HEALTH
PSM	- PROCUREMENT AND SUPPLY MANAGEMENT
QA	- QUALITY ASSURANCE
SDA	- SERVICE DELIVERY AREA
SR	- SUB-RECIPEINT
TA	- TECHNICAL ASSISTANCE
TB	- TUBERCULOSIS

CUTIVE SUMMARY

le in the implementation of the Round 6 grant over the period of 18 months i.e from July 2007- December 2008. During its compilation various document were reviewed, consultations with relevant stakeholders were also carried out to embrace involvement of stakeholders. The benefit of embarking on these wide consultations was to promote consensus and ownership of this report.

The highlights of report indicates that grant has tremendously impacted positively on empowering communities on TB issues through the production and distribution of 20 000 IEC materials, erection of 9 billboards containing information on TB messages which encouraged people to come for TB services on the nearby facilities. It is envisaged that these IEC materials will increase demand for TB services as a result of the awareness created.

The grant also strengthened Health Education (HED) with the engagement of 13 health educators throughout the country. These personnel are driving the implementation of Advocacy, Communications and Social Mobilization (ACSM) activities. Office Equipment and furniture was provided to reinforce the infrastructure of this division.

Capacity building at the community level was carried out with the training of 1230 community health workers on the community TB care as well TB/HIV collaborative activities. 58 community leaders were also trained on the social mobilisation and communication; these trainings are intended to increase the knowledge of community leaders on TB and HIV/AIDS issues and to promote greater involvement of the leaders on health care issue in particular TB and HIV issues.
Efforts to improve the quality of services at TB clinics and ART sites were executed under this grant. 691 health care workers were trained on HIV counselling and testing, HIV/AIDS care and support and referral mechanisms for TB/HIV.

On procurement of goods, the laboratory was strengthened through the refurbishment of laboratories at Mafeteng, Quthing and Queen Hospitals. Equipment was also provided for all laboratories in the country. The laboratory personnel were also strengthened through the engagement of the 20 microscopists.

TB/HIV collaborative activities were gained momentum under the support of this grant. 11, 458 TB patients received counselling and testing and this indicator exceeded the target by five times. 7272 HIV positive TB patients have been provided with cotrimoxazole preventive therapy against the set target of 1200. During reporting period, 2064 HIV positive eligible TB patients were provided with ART exceeding the target more than five times.

In general, the grant experienced low expenditure which may be attributed to delays in certain activities. However, in summary, it can be concluded that the Round 6 grant has played an important role in implementing the Lesotho National TB/HIV strategic plan, 2008 ï 2012, whose vision is to provide comprehensive, client-oriented prevention, care and support services for the benefit of people living with HIV/AIDS and TB in Lesotho.

DUCTION AND BACKGROUND

1.1 Introduction

This report presents progress and results realized from the implementation of the Round 6 (Phase I) grant during the eighteen (18) months i.e. from June 2007 to December 2008. The report attempts to consolidate achievements, constraints and challenges observed during the execution of activities of this grant. The financial performance of the grant is also be analyzed to provide an in-depth overview on the overall performance of the grant and finally the recommendations and conclusion are reflected in the report.

The report is structured into three main categories, the grant activities, performance indicators and the financial performance of the grant.

1.2 Background

The goal of the Round 6 grant is to reduce morbidity and mortality due to Tuberculosis in Lesotho by 10% every year from 2007-2011. The grant implements activities based on two objectives: namely, (I) to empower people with TB and communities to provide treatment, care and support to TB patients and (ii) to address TB/HIV through TB/HIV collaborative activities in all sectors. The goal and objectives of this grant are congruent with national health strategies, particularly the DOTs expansion plan and Kingdom of Lesotho national TB/HIV strategic plan 2008-2012

The first objective attainment is composed of the implementation of the following main activities;

- Baseline Studies on Community Participation on TB Care
- Strengthening of National TB Program Central Office and Health Education Division capacity to spearhead TB Advocacy, Communication, and Social Mobilisation (ACSM) activities.
- Improving and strengthening lab infrastructure and health education infrastructure by procuring equipment.
- Conducting countrywide sensitization activities in communities on TB issues
- Training of Health Care Workers on how to involve communities in TB Care
- Improve TB knowledge of community leaders (chosen from local governing authorities) through TB Education seminars

ices to vulnerable populations by mapping populations and

uation

- Improving referral system of TB suspects by communities to TB services
- Establishing or upgrading infrastructure of laboratory services
- Providing laboratory equipment and supplies necessary for TB diagnostics for all HSA laboratories
- Strengthening capacity building for laboratory personnel
- Support TB operational research

Main activities identified towards the achievement of the second objective focused on:

- Providing HIV testing and counselling Services to all TB patients with all health centres
- Introducing HIV prevention methods in TB clinics
- Introducing cotrimoxazole prophylaxis
- Training of Health Workers in TB Clinics to provide HIV/AIDS care and support
- Training health workers on referral TB/HIV mechanisms

R 2: GRANT ACTIVITIES

This chapter looks at the implementation of the grant activities as articulated in the workplan. It is composed of four sections namely training and skills development of the different health personnel and non-health staff, Procurement of goods and services for strengthening of the laboratory and health education services, human resources and finally research and ACSM activities.

Section 1 deals with all the trainings accomplished to strengthen the health sector personnel to deliver quality HIV/AIDS and TB services. Section 2 covers all procurement of goods and services for the health infrastructure development and system strengthening for delivering quality laboratory services and ACSM services at all levels. Procurement of goods and services consists of health and non-health products. Non-health products component include development of the guidelines on community TB care, conducting weekly radio TB education programs and monthly TV spots for TB, printing and distribution of pamphlets, leaflets and posters on TB issues for distribution at the community and health care level, development of IEC TB Billboards. This section also includes procurement of equipment and vehicles for strengthening both the health education and laboratory services at central and district level and refurbishing and upgrading of the laboratories for provision of quality services. Health products in this grant refer to laboratory reagents and consumables. Section 3 looks at Human resource, covering the recruitment and remuneration of essential staff for the laboratories and health education Division at both central and district level. Finally, Section 4 deals with research and ACSM activities.

Section 1: Training and skills Development

Trainings under this grant are categorized into three broad areas namely short term and long-term trainings and participation in international conferences.

Short- term trainings

The first batch of trainings was provided to journalists. This training focused on TB issues focused on creating awareness on the TB/HIV situation in Lesotho, the role of media in carrying forward the Stop TB messages especially on issues to do with treatment literacy in improving adherence and treatment success rate.

imed at improving TB knowledge at the community level e include trainings for community Health workers on TB/HIV issues, referrals and proper care of TB patients at community level, training of community leaders on social mobilization and communication and TB/HIV collaborative activities.

The third batch of trainings conducted was directed to professional health workers. These incorporated training of laboratory workers on drug sensitivity testing and culture, training of health care workers on HIV counselling and testing, care and support and referral mechanisms for TB/HIV. The trainings are intended to improve the capacity of Health sector personnel in the delivery of TB/HIV activities. The picture below illustrates the TB Officer providing TB patients with Health education on TB/HIV activities.

Figure 1: Health education session for TB patients by TB officer in Mafeteng Hospital

The table below shows the trainings performance in terms of targets and actual results achieved from June 2007 to December 2008 from the two objectives.

gs under objective 1 & 2

Main activity	Type of training	Q1-Q6 Target	Actual results to date	Ratio
4	**Journalists trained on TB issues**	**40**	**40**	**100%**
5	**Community health workers trained on community TB care (120 per district)**	**900**	**1230**	**137%**
6	**Community leaders trained of social mobilization and communication**	**384**	**58**	**15%**
11	**Laboratory staff trained on drug sensitivity testing and culture.**	**80**	**30**	**38%**
13, 16, 17	**Health Care workers trained on HIV counselling and testing, HIV/AIDS care and support and referral mechanisms for TB/HIV**	**590**	**691**	**117%**

Trainings for main activity 4, 5, 13, 16 and 17 achieved more than 100% of the target. There was a delay in the execution of main activity 6 as the district health educators were engaged only in the fourth quarter of the grant; hence, only 15 % of the target was reached. It is envisaged that the target will be reached within the remaining period of the phase 1 grant as also indicated by the health educators plans.

Trainings for Laboratory were also delayed due to the on-going Drug Resistance Survey (DRS) in which laboratory personnel are the primary implementers. These trainings will commence when DRS data collection ends. One laboratory technologists was sent to attend IUATLD course for 3 weeks in Tanzania as one of the initiatives to build capacity for the TB programme in Lesotho.

capacity for health education division and laboratory with regards to TB and HIV/AIDS. In the reporting period, three people were sent for long term training. One Health Education Officer has been studying MSC in Public Health promotion in Leeds University in United Kingdom (UK) from 2007 and two laboratory technologists have enrolled in South Africa to pursue Bachelor of Technology in microbiology in July 2008.

Participation in international conferences

The National TB Program Manager was able to participate in 2 international conferences. The manager attended the 39th international Union Conference in Paris on Lung Health and a comprehensive training for programme managers offered by World Health Organisation in Sondalo Italy. These two conferences were in line with capacity building program for NTP and provided an opportunity for networking with relevant stakeholders from other countries. Reports from these international conferences were circulated to relevant departments.

Challenges

The main challenge on the trainings relates to laboratory staff who could not participate in planned trainings due being actively involved on the on-gong Drug Resistance Survey.

Section 2: Procurement of goods and services

This section illustrates procurement of essential health and non-health products for strengthening laboratory infrastructure as well as ACSM activities at the district level. Non Health Products that were to be procured included Information, Education and Communication (IEC) TB posters for health centres, hospitals, health posts, and community locations; printing of pamphlets, leaflets and posters on TB issues for the community and erection of IEC TB Billboards, conducting weekly and monthly TB education radio and TV spots respectively.

Other non-health products include equipment and vehicles for strengthening both health education and laboratory services at central and district level and Refurbishing and upgrading the laboratories for provision of quality services. Procurement of health products entailed laboratory reagents and consumables for diagnostic tests for TB and monitoring of HIV positive TB patients.

terial

relies on the passive reporting of symptoms which to a large extent is dependent on voluntary presentation and motivation of an individual for recognizing the symptoms as well as cultural and social factors. It has been further reported that poor health education and awareness about Tuberculosis to the public adversely impede progress towards reducing the burden of TB in the country. As way of creating awareness of TB to the public, the grant supported a variety of key awareness activities as outlined below.

5 000 IEC TB posters were purchased and distributed to health corners, health centres, hospitals and community locations. These IEC materials contained information on TB services available for health facilities, symptoms of TB and encouraged people to come forward for services. 800 pins with IEC TB messages were printed and offered to TB patients from facilities. The key message shown on the pin was that ñlefuba lea phekolaò meaning that TB is curable.

20 000 leaflets on TB messages were printed and distributed in the 10 districts. Messages articulated information on benefits of adherence on treatment, side effects of TB drugs, modes of transmission of the disease, symptoms and prevention of TB

Figure 2: Sample of the IEC material on TB

As an endeavour to create awareness on TB issues countrywide, billboards with TB messages were erected in the nine districts out of ten. Messages displayed on the billboards informed the public about all TB services offered from the health facilities. Key to the messages is that TB treatment is free and curable. It is envisaged that the presence of these billboards will increase demand for TB services as more people come for services as a result of the awareness created.

Figure 3: Billboards erected in nine districts

Weekly and monthly radio and television spots were conducted and are still on going. The spots provide the general public with TB information on symptoms of TB, availability of TB services and the importance of adhering to TB treatment. The spots present an interactive session where Health Care Workers are able to respond to issues where people require some clarifications. Both the radio and television programs have been successful as indicated by the participation of the public during the programmes.

2.2 Procurement of equipment for health education division and laboratory services

Equipment have been categorised into 4 categories which include equipment for Health Education, training equipment for the laboratory, medical equipment for the laboratory and reagents and consumables as shown by the four tables below. The tables illustrate in details the equipment procured, the quantities and the facilities that received the equipment. Reagents and consumables are received by central laboratory situated at queen II hospital and the district laboratories place orders and the goods are distributed to them based on the need.

ealth Education

Main Activity	Item	QTY procured	Facilities that received Equipment
3	Filling Cabinets	10	DHMT offices in 10 districts for Health Education Office
	Chairs	10	DHMT offices in 10 districts for Health Education Office
	Desks	8	DHMT offices in 10 districts for Health Education Office
	Computers stands	8	DHMT offices in 8 districts for Health Education Office
	Mobile Computers	1	HED central office
	Desk top computers	12	DHMT offices in 10 districts for Health Education Office
	Photocopier (for Lab & NTP) / HED	1	DHMT offices in 10 districts for Health Education Office
	Public Address System	8	DHMT offices in 10 districts for Health Education Office
	Printers	10	DHMT offices in 10 districts for Health Education Office
	Digital Camera(for Lab and NTP)	3	Delivered to Queen, Mafeteng and Leribe laboratories.
	Data Projector	1	HED central office
	Display tents	8	DHMT offices in 10 districts for Health Education Office
	Digital Video Camera	1	HED central office

The procurement of this essential equipment has been of paramount importance to the HED. The main beneficiaries of the equipment were HED at DHMT offices. The Units have been strengthened to implement ACSM activities at the district level.

atory

Main Activity	Item	QTY procured	Distribution to Laboratory facilities
10	LCD Projector	3	Delivered to Central lab (Queen II), Mafeteng and Leribe laboratories.
	Lap top	3	Delivered to Central lab (Queen II), Mafeteng and Leribe laboratories.
	Colour Printer	2	Delivered to Central lab (Queen II) and laboratories.
	Scanner	3	Delivered to Central lab (Queen II), Mafeteng and Leribe laboratories.
	Text books (Lab)	140	All books were allocated to Queen II hospital laboratory 35 books of Biological Safety Procedures and practices 4th Edition. 12 books of Tuberculosis and Tubercle Bacillus 35 books Clinical Bacteriology 35 books of Essential Procedures for clinical Microbiology.
	Video Camera for central teachings	3	Delivered to Central lab (Queen II), Mafeteng and Leribe laboratories.

2.2.3 Medical Equipment for Laboratory

Main Activity	Item	QTY procured	Distribution to Laboratory facilities
10	Safety Cabinet	13	Not yet delivered
	Light Microscope	30	28 were distributed to Queen II laboratory

			2 were distributed to Mafeteng laboratory
	Teaching Microscope	4	3 were distributed to Queen II laboratory 1 was distributed to Mafeteng laboratoy
	Fluorescent Microscope	4	1 was distributed to Mafeteng Laboratory 3 were distributed to Queen II laboratory
	Labcon Oven Dryer	3	1 was distributed to Mafeteng Laboratory 2 were distributed to Queen II laboratory
	Autoclave	3	1 was distributed to Mafeteng Laboratory 2 were distributed to Queen II laboratory
	Incubator	2	1 was distributed to Queen II laboratory 1 was distributed to Mafeteng Laboratory
	Refrigerated Centrifuge	3	1 was distributed to Mafeteng Laboratory 2 were distributed to Queen II laboratory
	Deep Freezer	1	Not yet delivered
	Fridge	1	Not yet delivered
	Laboratory Chairs	24	Queen II laboratory received 4, Sehlaba. 2 chairs were also received by the following facilities; Sehlaba-thebe Health Centre, Ntsôekhe hospital, Thabana-Morena Health Centre, Bobete Health Centre, Lebakeng Health Centre, Botsôable Hospital, Mt Moorosi Hospital, Maputsoe Filter Clinic ,Nohana Clinic and semonkong clinic.
	Mask box	100	Central laboratory
	Staining racks	35	Not yet delivered
	Drying Block	35	Not yet delivered

		3	Allocated to Queen II laboratory
	TB Lab register	500	Distributed to all Laboratories (i.e Queen II, Mafeteng Hospital, Mohaleôhoek hospital, Quthing Hospital, Qachaôsnek Hospital, Tebellong Hospital, Paray Hospital, St James Hopsital, Mokhotlong Hospital, Butha Bothe Hospital, Seboche Hospital, Motebang Hospital, Mamohau Hospital, Berea Hospital, Maluti Hospital, Scott Hospital and St Joseph Hospital.
	Sputum exams request forms	200,000	Distributed to all laboratories

Figure 4: This picture shows some of Lab medical equipment procured for St. James Hospital

laboratory

Activity		QTY procured	Distribution to Laboratory facilities
10	Carbol Fuschin	100	Allocated to Queen II laboratory
	Methylene Blue	34 Lens Tissue	Allocated to Queen II laboratory
	3% acid alcohol	150	Allocated to Queen II laboratory
	Methanol	200 bottles	Allocated to Queen II laboratory
	Frosted end Slide	10 000	Allocated to Queen II laboratory
	Applicator Sticks	1000	Allocated to Queen II laboratory
	Gloves box	430(boxes)	Allocated to Queen II laboratory
	Sputum jars (1 unit =500 jars)	1000	Allocated to Queen II laboratory
	Masks	3000 (boxes)	Allocated to Queen II laboratory

2.2.5 Procurement of vehicles

The vehicles are meant to support ACSM activities and other health related matters at district level. The table below shows the distribution of the vehicles to the districts.

Main Activity	Vehicles procured	District Health Management Teams
3	Ten 4X4 vehicles were procured and distributed to the districts	Mafeteng
		Mohaleôs hoek
		Quthing
		Qachaôs nek
		Thaba-Tseka
		Mokhotlong
		Botha-Bothe
		Leribe
		Berea
		Maseru

rading of laboratories

Quthing were refurbished and upgraded. Expansion at both Quthing and Mafeteng laboratories was undertaken through this grant while Queen II laboratory was funded by Partners in Health. Efforts are underway to refurbish one laboratory under CHAL hospital from the savings realized from the refurbishment budget. The expansion of the three laboratories has created adequate space, which initially was not available, and service delivery has tremendously improved due to the intervention. Currently adequate space is available for equipment, staff and records of the laboratories.

Figure 5: This picture shows the refurbished laboratory in Mafeteng

Challenges

The development of the IEC material as a whole was implemented as planned except for delays from the service providers as well as non-adherence to scope of work as outlined in the terms of reference by the service providers. However, as a whole the execution of activities went as planned. It is anticipated that the investments made on the production of IEC materials coupled with ACSM activities will have a positive impact in the case detection of TB.

The main challenge with procurement of equipment experienced was the delay on the supply of goods by the service providers. Some quantities of goods were reduced due to insufficient budget available. Procurement processes are sometimes lengthy and they require to be initiated well in advance for timely implementation and delivery.

The human resource component was geared towards strengthening the Health Education Division to spearhead ACSM activities through recruitment of health educators for central and district level. Laboratory department was also capacitated through additional staff to improve laboratory services. The table below shows staff recruited under this grant.

2.3.1 Staff recruited

Main activity	Type of training	Q1-Q6 Target	Actual results to date
2	**Health Educators**	**13**	**13**
3	**Drivers**	**10**	**10**
10	**Microscopists**	**20**	**20**

The engagement of the health educators has increased the capacity of the MOHSW in implementing ACSM activities at the district level. To date five districts have developed their operational plans detailing ACSM activities undertaken in each district. Public gatherings were held in Mokhotlong and Thaba-Tseka districts where TB/HIV issues were discussed with the communities.

Twenty (20) microscopists have been deployed at all laboratories. Currently their main activity focuses on the analysis of sputum through AFB and their presence has strengthened the capacity of the laboratory personnel and TB sputum positive diagnoses.

Challenges

Recruitment of these essential personnel was delayed which meant that implementation of activities was also delayed.

2.4 Research and ACSM activities

Two surveys were implemented by the Ministry of Health and Social Welfare through the support of this grant. These are Baseline Study on Community Participation on TB Care and Advocacy,

n situational analysis in Lesotho. Both studies were
udies are available.

During the reporting period only two districts, Mokhotlong and Thaba-Tseka were able to conduct public gatherings. These gatherings looked at empowering the communities on TB and HIV/AIDS issues. Implementation of the ACSM activities was impeded by the slow development of district operational plans.

Chapter 3: Grant Performance Indicators

3: The overall performance

This chapter looks the performance of the grant based on the agreed indicators and targets. The grant achieved an overall rating of A2, which is classified as good. Notable achievements were seen on the number of TB patients provided with HIV counseling and testing, HIV positive TB patients provided with Cotrimoxazole as well as HIV positive TB patients on ART treatment.

Objective 1: Empower people with TB and Communities to provide Treatment, Care and Support to TB

Indicator	Cumulative Target (Period 6)	Cumulative Results (Period 6)	Ratio
1. # of new smear positive cases detected every year	4, 300	2,954	67%
2. # and % of smear positive cases that successfully completed treatment among the new smear positive TB cases registered in specified period	3,377	1,812	54%
3. # of Community health workers trained in community based TB care and referrals.	900	1,230	137%

		0	0
5.# of microscopy units equipped and operational	13	12	92%
6.# of laboratory workers trained on drug sensitivity testing and culture	80	30	38%
7. # and % of districts with written social mobilization plans	10(100%)	5(50%)	50%
8.# Of Community Leaders trained on community mobilization and Communication	384	58	15%

On all the eight performance indicators, only one exceeded the target to date and that is the training of community health workers on community based TB care and referrals. 92% of the microscopy units were established. Other indicators such as the number of smear positive cases detected and those cases that were successfully treated achieved more than 60% and 50% respectively. The main Challenge on these indicators resulted during target setting whereby the targets set were too high.

Referrals by community health workers are currently on- going, however due to the absence of proper guidelines and data collection tools information reported is not easily verified. The Ministry of Health and Social Welfare is being assisted by PIH to develop tools and guidelines for referral and once finalized and approved the CHW will be trained on the appropriate utilization of the tools.

To date 38% of laboratory workers targeted have been trained on drug sensitive testing and culture. The trainings could not be executed as planned due to the DRS implemented by MOHSW; all trainees are currently engaged on the survey. The trainings are expected to resume when the survey is completed and it is envisaged by the end of phase the target will be reached. Trainings of community leaders on advocacy, communication and socialization were undertaken even though at the minimal scale. Efforts are under way to ensure that by the end of phase 1 the intended target is reached.

Objective 2: Address TB/HIV through TB/HIV collaborative activities

	tive Target 6)	Cumulative Results (Period 6)	Ratio
1.# of Health workers trained in community TB care, TB/HIV collaborative activities and referrals	590	691	117%
2. # of registered TB patients who receive HIV testing and counselling	2,000	11, 458	572%
3. # of HIV positive TB patients who receive cotrimoxazole preventive therapy during treatment	1,200	7, 272	606%
4. # of HIV positive TB patients who receive ART	360	2,064	573%

Performance on TB/HIV collaborative activities has been excellent as portrayed by the performance indicators. All the indicators surpassed the set targets by a range of more than 1 to more than 6 times. 11, 458 TB patients received counselling and testing and this indicator exceeded the target by five times. 7272 HIV positive TB patients have been provided with cotrimoxazole preventive therapy during treatment and 2064 HIV positive eligible TB patients were provided with ART.

Capacity building of health care workers on community TB care and TB/HIV collaborative activities continued under this grant and to date 691 health care workers were trained. The trainings cover basic introduction to TB and HIV, diagnosis of HIV infection in TB patients and diagnosis of TB in HIV-infected patients, diagnosis of TB disease in an HIV-infected patient, what to do when a TB patient is found to be HIV-positive, when does a TB-HIV patient need Antiretroviral Therapy (ART) and how to treat TB and HIV.

The current performance exhibit increasing access of HIV services to TB patients. Furthermore, TB/HIV collaborative activities are also perceived to be gaining momentum and moving towards comprehensive integration. The national response to the dual epidemic of TB and HIV

ty building towards screening of PLWHAs for TB in ART
IIV has significantly improved.

Challenges

No major challenges were realised with regard to this indicators.

Chapter 4: Financial Performance

4: Overall Financial Performance

The total budget for the period from June 2007 to December 2008 is $ 3,248,227.84 and cumulative budget disbursed to the PR amounted to $ 2,973,585.95. The actual expenditure to date stands at $ 1,317,214.48 which corresponds to the utilisation rate of 44%. The table below illustrates the budget allocation as per category.

4.1 Budget and Expenditure analysis

CATEGORY	CUMULATIVE BUDGET (JUNE 07 - DEC 08)	EXPENDITURE CUMULATIVE (JUNE 07 - DEC 08)	VARIANCE
Human resource	366,415.20	302,168.65	-64,246.55
Technical Assistance	60,223.75	35,271.89	-24,951.86
Training	779,818.65	337,518.75	-442,299.90
Health products and health equipment	887,540.24	100,757.84	-786,782.40
Medicines	0	0	0
Procurement and supply management	0	9,028.64	9,028.64
Infrastructure and equipment	778,590.00	492,663.79	-285,926.21
Communication and materials	296,580.00	21, 432.40	-275,147.60

		1,035.96	-4,024.04
Living support	0	0	0
Planning and administration	74,000.00	6,090.79	-67,909.21
Overheads	0	11,245.77	11,245.77
Others (research and QA)	0	0	0
TOTAL	3,248,227.84	1,317,214.48	-1,931,013.36

The cumulative budget vs. Expenditure shows that the grant is behind schedule with only 44% of the budget being utilised so far. Health products and laboratory equipment category indicates the highest variance with only 11% of the budget being spent in the 18 months. The main reasons for such variance include lengthy procurement procedures and delayed deliveries by the service providers resulting in delayed payments.

Infrastructure and equipment category showed spending of more than 60% and payments for the laboratory refurbishment will hopefully be completed in the beginning of 2009. Furthermore only 43% of the budget allocated training was spent due to the fact that most of the trainings were dependent on the completion of situational analysis on TB and ASCM study. However, during the last quarter of 2008 this activity gained momentum after PIH was engaged in its implementation and most studies have been completed and most trainings are going to be conducted.

The low expenditures in the entire category resulted from delayed implementation of the grant from its inception.

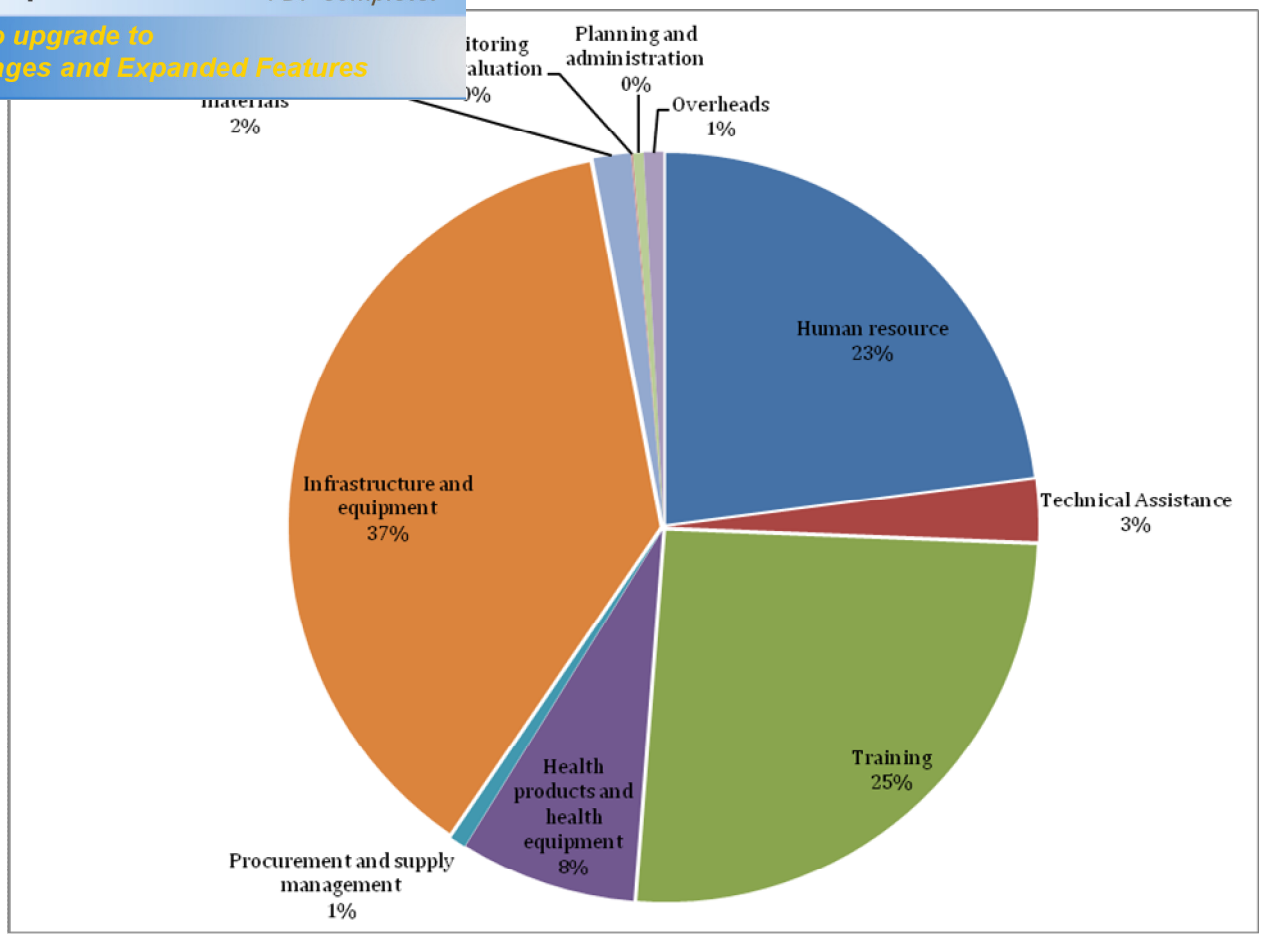

Figure 6: Shows distribution of funds by type of expenditure in the 18 months period

The Pie Chart above shows that almost half of the funds have been used for refurbishment of laboratories and procurement of health products and equipment. Furthermore, significant amounts of 23% and 25% of the funds were also utilised for Human resources as salaries and incentives and training respectively in order to enhance skills and knowledge for the National TB program for better service delivery. Expenditure in the other categories is less than 5% as indicated in the chart.

Achievements, Challenges, ndations and Conclusion

5.1. Achievements

The Grant has maintained good momentum during phase I execution, of which majority of the intended targets were exceeded. Through this grant, implementation of TB/HIV collaborative activities have been scaled up as witnessed by high uptake of HIV counseling and testing of TB patients, increasing number of HIV positive TB patients accessing Cotrimoxazole as well as HIV positive TB patients on ART treatment. All the three performance indicators have surpassed their targets more than five times. The training of community health workers and Health care workers also recorded 136% and 117% performance respectively. It is anticipated that these trainings will translate into improved services in both TB and HIV sites.

On laboratory services, the refurbishing and upgrading of the laboratories has provided the required space for provision of quality services. In addition the engagement of the microscopists has also enhanced the ability of the laboratory units on the analysis of sputum through AFB. Furthermore, a lot of equipment was procured and distributed to various laboratories in order to improve TB diagnosis and monitoring of both TB and HIV in TB patients.

5.2. Challenges

There was a general delay in implementation of this grant due to a prolonged management vacuum within the national TB programme at the beginning of 2008. However, general improvement in the implementation of this grant was observed after the arrival of the new TB manager. This is the case in terms of the implementation of ACSM activities, which includes training or mobilization of community leaders and communities on TB issues thus resulting in low performance as compared to set targets. The delay was brought about by the slow procedures of engaging district Health Educators who are the key people in implementing such activities at district level and lack of inclusion of this activity in the district operational plans.

Implementation of activities related to referrals by community health workers such as development of referral mechanism guidelines, data collection and referral tools were also delayed due to limited expertise within the national TB program. However, delegation of some activities in the TB program implementation such as the development of referral mechanism guidelines and training of the community Health Workers to Partners in Health (PIH), helped in

on. This is reflected by the achieved result on training of ceed the target. The draft of the referral mechanisms guidelines has been developed and finalization of this document is yet to be done.

Due to lack of appropriate local technical expertise, survey on TB situational analysis was not implemented on time. This survey was crucial in informing the ACSM activities. The delays in implementation of grant activities resulted in low expenditure levels in most categories.

5.3. Recommendations

More focus should be directed towards building capacity for ACSM activities at the district level.
Guidelines and data collection tools for referrals by community health workers should be finalised and implemented accordingly.
To accelerate implementation and increase spending the following measures should be taken:
Program officials should be capacitated on procurement rules and program officials.
Bottlenecks on the implementation and remedial measures should be identified and dealt with on time.

5.4. Conclusion

Based on the findings contained in the report, it can be concluded that Round 6 grant contributed in large extent to build capacity to scale up interventions on HIV/TB collaborative activities. This is reflected by trainings provided to health care workers, community health workers and community leaders.

Additionally, the strengthening of the HED at the district level is anticipated to empower communities about HIV/AIDS and TB care. The offices are strategically positioned to make a meaningful impact for community involvement in HIV/AIDS and TB care and support.

Under procurement of goods and services, it can be deduced that the rehabilitation of laboratories in Mafeteng, Quthing and Queen II coupled with the provision of new equipment has created a favourable atmosphere for provision of quality laboratory services.

In summary, it can be concluded that the Round 6 grant has played an important role in implementing the Lesotho National TB/HIV strategic plan, 2008 ï 2012, whose vision is to

d prevention, care and support services for the benefit of n Lesotho.