

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	LSO-810-G08-T		
Progress Update - Reporting Period:	Cycle:	Semester	1
Progress Update - Period Covered:	Beginning Date:	1-Oct-2010	31-Mar-2010
Progress Update - Number:	1		

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 workplan activities
						Value	Year				
1.1	Improving diagnosis	# of second line DST tests performed locally	National Program	Y-cumulative annually	No	0	2009	NA	-	NA	Performance on this indicator is due for reporting in P2. Two MGIT 960 Analysers have already been procured. Installing these equipment is a challenge since the Ministry is in the process of building a new lab in which this equipment will be installed. The second MGIT will be installed in Mafeteng which is still being upgraded to have negative pressure for infection control purposes.
1.1	Improving diagnosis	% of laboratories showing adequate performance among those that received external quality assurance for smear microscopy	National Program	Y-cumulative annually	No	0	2009	50%(9)	3(33%)	33%	Three(3) laboratories received External Quality Assurance was done in eight facilities and the report shows that the six facilities showed adequate performance. The total number of labs to be supervises is 9 which 50% of the labs 3/9*100=33%
1.2	Ptient support	# of MDR-TB patients receiving treatment adherence food packages	GF	N-not cumulative	Yes - Top 10	259	2009	331	247	75%	247 MDR-TB patients received treatment adherence food packages.
1.3	Procurement and supply management (first line drugs)	# and % of units reporting no stock out of 2nd line anti-TB treatment drugs on the last day of the quarter	National Program	N-not cumulative	Top 10 equivalent	0	2009	80%	100%	125%	GLC stock count report of March 2011 showed that there were no stock out of 2nd line anti-TB drugs.
1.6	Management and supervision	# of health care workers trained on MDR/XDR-TB/HIV management	GF	N-not cumulative	Top 10 equivalent	0	2009	30(10 MO+20 other HCW)	21	70%	During the reporting period 21 HCW workers were trained. The target was to train 30 HCW on MDR. The intended target will be reached in P2.
2.1	MDR-TB	# and % of laboratory confirmed MDR-TB patients enrolled in 2nd line anti-TB treatment	National Program	N-not cumulative	Yes - Top 10	259	2009	331(100%)	224	68%	Curretly there are 224 laboratory confirmed MDR-TB patients enrolled in 2nd line anti-TB treatment.
2.1	High Risk Groups	% of prisoners screened for Tuberculosis	National Program	Y-cumulative annually	Yes - Top 10	NA	2008	NA	-	NA	Performance on this indicator is due for reporting in P3. The Lesotho correctional service already has systems to offer medical services to inmates and they have been educated on screening of TB and management of TB in general. Sensitisation meetings are being held to enforce this aspect.
2.1	High Risk Groups	# of contacts of smear positive miners and ex-miners screened for TB	National Program	Y-over program term	Top 10 equivalent	0	2009	NA	-	NA	Performance on this indicator is due for reporting in P2. The TB register already has a column for occupation. However, it has been recommended through WHO panels that programmes do not assess only sputum positive patients but the whole notification. On top of this, impact can be measured on miner/exminers themselves as opposed to their contacts. The programme has applied for permission to modify this indicator so that it reports number of miners/exminers put on treatment.
2.3	Infection Control	% Of health facilities with functional infection control procedures for TB transmission according to National Policy	National Program	Y-over program term	No	0	2009	NA	-	NA	Performance on this indicator is due for reporting in P2. The programme has expressed challenges relating to measurability of this indicator since it seeks information that can only be proved by assessing infrastructural conformance to the IC guideliness or health care workers usage of the guidelines which may be different at any two points in time. The programme has placed request to drop this indicator.
3.1	Community TB Care	# of treatment supporters trained on MDR/XDR-TB/HIV care	GF	Y-over program term	Yes - Top 10	150	2007	400	0	0%	Performance on this indicator is tied to the grant and trainings were not implemented during the reporting period. The trainings will resume from P2 onwards.
4.1	Community TB Care	# of community treatment supporters receiving incentives	National Program	Y-over program term	Yes - Top 10	259	2009	331	247	75%	247 community treatment supporters were provided with incentives
5.1	Enable and Promote Research	Operational research studies completed and results disseminated through a national or GlobalTB M&E	GF	Y-over program term	No	0	2009	NA	-	NA	Performance on this indicator is due for reporting in P2. The Directorate of Disease Control through its M & E unit is in the process of engaging consultants for the training of Central unit staff in August. Stepdown trainings for districts are expected to follow afterwards.

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

The grant is assessed based on seven(7) indicators, one indicator achieved more than 100%, while three(3) achieved over 70%,one(1) indicator achieved 68% of the intended target. Two(2) indicators performed badly at 33% and 0%. Trainings of the treatment supportes were not implemented in P2 and have been scheduled to be intensified in P2 onwards