On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	**LSO-810-G08-T**	
Progress Update - Reporting Period:	**Cycle:**	3
Progress Update - Period Covered:	**Beginning Date:**	31-Mar-2012
Progress Update - Number:	0	

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	518	0	0%	The Government of Lesotho got support from Partner in Health to construct Laboratory facility at Botsabelo, near MDR /TB Hospital so that all services can be provided at same Area. It was anticipated that that the LAB would have been completed by end of February 2012. However, due to unexpected and unforseen challenges , the Laboratory construction completion came later, end of April, 2012. During the Month of May - June 2012 , the MOHSW will complete installation of all electricty so that the testing and accreditation can be done in order to operationalize the laboratory. A Laboratory Specialist will further be sourced through Partners in Health to accreditate the Laboratory. even though it may be a challenge to pinpoint the exact date for the Laboratory specialist availaility, it is ancipated that this will be done by June so that Laboratory can start to function if all things goes well. It should be noted that the TGF has supported the MOHSW to procure 2 MGIT 960 that will be used within the laboratory. the 2 MGIT are to be used to support and facilitate the 2nd line DST test to be done at the newly laboratory .
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	90%(15)	6(35%)	40%	On a quarterly Basis the NTP together with its implementing partners such as Laboratory conducts supervisory visits at district health facilities. On the 02-24 January 2012 External Quality Assurance was conducted at Berea Hospital, Botha Bothe Hospital, Leribe Hospital, Maluti Hospital,Mokhotlong hospital, Paray Hospital, Seboche hospital ,St James Hospital, mafeteng hospitals,Mohale'shoek, Quthing hospital, Tebellong hospital and Machabeng hospital laboratories and the following laboratories were found to be performing adequately are St James, Maluti , Seboche , Machabeng, Mafeteng and Mohale's hoek. Most laboratories showed unsatisfactory performance on smear quality.
1.2	Ptient support	# of MDR-TB patients receiving treatment adherance food packages	GF	N-not cumulative	Yes - Top 10	259	2009	384	208	54%	208 MDR-TB patients received treatment adherance food packages as one of the components of patient support which is provided in this Grant. The number of patients provided with food packages this quarter is lower than the target due to the fact that the number of pateints enrolled on MDR TB is lower than the projected number of patients.
1.3	Procurement and supply management (first line drugs)	# and % of units reporting no stock out of 2nd line anti-TB drugs on the last day of the quarter	National Program	N-not cumulative	Top 10 equivalent	0	2009	0%	0%	100%	In Lesotho 2nd line anti TB drugs are kept at the Central Pharmacy in Botsabelo MDR /TB hospital only. During the reporting period there were no stock out reported on the last day of the quarter for the period that ended in March 2012.

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)	38	133%	38 health care workers were trained on MDR/XDR TB/HIV on the 27th February 2012 to 02nd March 2012 in Mokhotlong District. The trainings focused on causes of MDR TB, Prevention of MDR-TB, Identification of MDR- TB suspects, Diagnosis of MDR-TB, Treatment strategies for MDR-TB MDR/XDR TB, TB/HIV Intergration, Intensified Case Finding, Isoniazid Preventive Therapy and Infection Control
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	384(100%)	81	21%	Cumulatively the # of laboratory confirmed MDR/TB patients enrolled on 2nd line anti TB treatment is 81.
2.1	High Risk Groups	% of prisoners screened for Tuberculosis	National Program	Y-cumulative annually	Yes - Top 10	NA	2008	50%(1300/2600)	(686/2600)26.5%	53%	Screening of prisoners was undertaken through the districts from 2011 to the first quarter of 2012. In Berea 52 inmates were screened for TB , 8 inmates were screened in the Butha Buthe district and 4 of them were suspects who later were sputum positve and put on treatment,. In the Mokhotlong 83 prisoners were screened for TB and 3 of them were suspects who were sputum positive and were put on treatment, 49 inmates from mafeteng correctional services were screened for TB while 174 inmates in Mohale'shoek were also screened for TB and 59 of them were HIV positive and there was also 54 suspects. In Quthing district, screening of TB among the inmates was done to 10 them. While in Qacha'snek the only 9 inmates were screened for TB and 3 of them were HIV positive. Thaba-tseka district had the highest number of inmates screened for TB which was 301 and this is attributed to the outreach campaigns that were held within the district between september 2011 to March 2012.
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	288	0	0%	the ICAP has been engaged as the technical assistant for the MInistry to conduct the mapping exercise for Miners and ex-miners. Because ICAP had to get a approval from ICAP, headquarter, the process to sign agreement to longer than it was anticipated. However, all processes have been completed and ICAP is expected to start on the 1st week of May 2012 to perform all activities as agreed within the MOHSW . The results will then be reported during the P4 PUDR.
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	NA	Every facility offering TB treatment should follow all infection control proceedures as stipulated in the TB Policy Manual. During the P3 period NTP conducted supervisory visits to all hospitals for the quarter , and amongst others to check conformance of impmentation of 3is guidelines(Intensified Case Finding, Isoniazide Preventive Therapy and Infection Control). The finding included in the supervisory reports shows that all 17 hospitals do follow the infection control guidelines, by opening windows, observing cough etiquitte , triaging patients at OPD, and usage of N95 masks. However opening of all windows is also done.

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	1,600	137	9%	Three trainings were held in Maseru District on the 06- 23rd for three groups of treatment supporters. A total of 80 treatment supporters were trained during the period Jan- March 2012. The focus of the training was to equip the participants with information on MDR treatment, Observation of secondline drugs side effects, recording and reporting, Administering of injections and TB/HIV so that they can be able to provide support the Patients whom they need to follow up . It is important to note that # of treatment supporters will never be as high as the intended target because # of treatment supporters depend on the # of MDR Pateints on treatment. Currently # of patients on MDR treatment is 225, and Partners in Health has managed to provide training to 137 . The additional number oustanding and those who have engaged during this period are to be trained by end July as per the schedule provided by PArtners in Health . The cumulative figure reported in P2 was 57.
4.1	Community TB Care	# of community treatment supporters receiving incentives	National Program	Y-over program term	Yes - Top 10	259	2009	384	216	56%	During the reporting period 216 treatment supporters were provided with incentives. Eventhough MDR TB patients were 225 by end of the period under review, some Treatment supporters follow up and support more than 1 patients. Therefore this means it may not be possible always to have Treatment Supporters be the same as MDR PAtients. During the period under review # of Patients on treatment was anticipated to have reached 384 , however, due to number of period enrolled on monthly basis is lower which stand at between 15 and 20 per month, as against a higher projections beginning of the implementaion. The incentives are provided to the supporters for the role they play in the care of MDR-TB patients. Part of their responsibilities include the assisting the patient to take drugs as required, accompanying the patient for the regular check ups at facilities and provsion of on-going counsesling to the patient. The number of treatment supporters provided with food packages this quarter is lower than the target due to the fact that the number of pateints enrolled on MDR TB is lower than the projected number of patients
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	NA	Not due for reporting however a training for MOHSW Central staff was held in January 2012 to equip the staff to be able to carry out the operational research. . Following the training the NTP has come up the issue relating to TB that need researched . The proposal has been submitted to the Ethics Committee of the MOHSW and is awaiting approval. The operational research is planned to be carried out in May 2012 and will be focusing on the factors contributing on the high number of unevaluated cases among TB patients.
			Select	Select	Select			-	-		
			Select	Select	Select			-	-		
			Select	Select	Select			-	-		

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

C. Analysis of data quality and reporting issues

(!) This section should contain (1) a summary of issues related to data quality and reporting on programmatic indicators, and any relevant issues which are not covered in 'Reasons for programmatic deviation', and (2) remedial actions that are underway or planned to address these issues.

The performance of the grant is assessed based on ten(10) programmatic indicators. Out of ten, Two(2) indicators achieved at +100% with their respective targets. Three indicators score over 50%, while the other three have scored -20%. Performance has improved from P2 eventhough it is still not quite satisfactory particularly on the indicators related to "number of second line DST test performed locally , number of treatment supporters trained on MDR-TB, number and % of laboratory confirmed MDR-TB patients enrolled on second line anti-TB treatment, contact tracing of smear positive ex-miners and miners.