On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	**LSO-810-G08-T**	
Progress Update - Reporting Period:	**Cycle:**	4
Progress Update - Period Covered:	**Beginning Date:**	30-Sep-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	1037	0	0%	The Second line Drug Sensitivity Testing (DST) have not been performed locally because of the following reasons; The central laboratory did not have sufficient space to install the MGIT Analyzers in order to perform the tests locally while waiting for the newly constructed TB laboratory supported by Partners in Health, there were delays during construction and this led to failure to report on the indicator. The new TB Reference Laboratory is now complete and will be functional by end of November 2012. Second line DST tests will be perfromed locally from January 2013 which is coinciding with phase II of the grant.
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	100%(17)	6(60%)	60%	On a quarterly Basis the National Laboratory conducts EQA supervisory visits to 17 Labs at the district. During the reporting period 10 laboratories were visisted and these are Scot, St Josephs, St James, Paray, Mamohau, Seboche, Botha Bothe, Motebang , Maluti and Berea. Six(6) laboratories showed adequate performance among those that recieved external quality assurance. According to the EQA supervisory report two facilities namely Scott and St Josephs Hospitals recieved supervision but the smears were not serially kept and not properly labelled, therefore the smears could not be selected and rechecked in line with the variables that are assessed during the EQA. Other laboratories did not recieve EQA supervision and these are mafeteng, Mohale'hoek,Qacha'snek, Quthing, Tebellong, Mokhotlong.
1.2	Ptient support	# of MDR-TB patients receiving treatment adherance food packages	GF	N-not cumulative	Yes - Top 10	259	2009	425	227	53%	227 MDR-TB patients received treatment adherence 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 patients enrolled on MDR TB is lower than the projected number of patients. The total number of patients receiving treatment adherence foods packages is tied to the number of patients on treatment. According to the projections that were made under the grant 425 patients were expected to be on MDR-TB tratment at the end of phase one of the grant, however the projected figure has been found to be too high when looking at
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 September 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	29	97%	29 health care workers were trained on TB/HIV, MDR and XDR TB management. 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	425(100%)	58%(42/246)	58%	Cumulatively the # of laboratory confirmed MDR/TB patients enrolled on 2nd line anti TB treatment is 142. Base on the report from PIH there currently 246 pateints on treatment. And the results translate into 58%.
2.1	High Risk Groups	% of prisoners screened for Tuberculosis	National Program	Y-cumulative annually	Yes - Top 10	NA	2008	100%(2600/2600)	(1763/2470)71%	71%	During the reporting period 1763 prisoners were screened for TB from all the ten districts. According to the Lesotho Correctional services Report as of september 2012 there were 2470 inmates. Routine TB screening of inmates is required since they are considered as high risk groups since they are in congregate settings. Maseru had the highest number of 933 inmates screened for TB, it was followed by Leribe with 293, Thaba-tseka 178, 83 for Mohale'shoek, Mokhotlong with 73, Botha- Bothe 59, Mafeteng 50, Berea 48, Quthing with 15. It is important to note that not all Prisoners were screened as this voluntary not forced. Mokhotlong correctional Institution started screening the inmates since April 2012 and it is a continuous exercise.

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	846	0	0%	The NTP is yet to strengthen its routine contact tracing for other high risk group including miners and ex-miners as it has been found to be weak.
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	100%	89%	89%	Every facility offering TB treatment should follow all infection control procedures as stipulated in the TB Policy Manual. Part of the mission of the supervisory team included to observe that TB clinics follow the infection control guidelines. The supervisory visits were done in all the 18 hospitals with inclusion of Bots'abelo TB clinic. The supervisory report shows that the infection control guidelines are observed through the following performing the following: opening windows in high risks areas, observing cough etiquitte , triaging patients at OPD, and health workers wearing N95 masks. At summer as it now, opening of windows is considered of paramount importance and 16 hospitals were found to have complied with the exception of St. James and St. Josephs hospitals as health care wokers were at risk because windows were closed and masks were not worn .
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	2,400	2,434	101%	In quarter seven(7) that between April-June 2012, Partners In Health(PIH) consolidated a comprehensive list on the number of treatment supporters who recieved training from October 2010-May 2012 . Based on the report the number of treatment supporters who recieived training was 2,403. Between July-September 2012 , 31 treatment supporters recieved training. These treatment supporters were drawn from Thaba-tseka(10), Mafeteng(12) and Qacha'snek(9).The total number of treatment supporters trained to date is 2434. The treatment supporters are tasked with responsibility of ensuring that patient takes treatment as required while at home. The training provided is focussing on MDR-TB, side effect of the MDR-TB drugs, benefits and disadvantages of adherence to treatment, symptoms of TB, prevention of TB, the effects of traditional medicines on MDR-TB patients and the skills to the care of patient MDR-TB patients.
4.1	Community TB Care	# of community treatment supporters receiving incentives	National Program	Y-over program term	Yes - Top 10	259	2009	425	229	54%	During the reporting period 229 treatment supporters were provided with incentives. 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 is tied to the number of patients on treatment and to date the number of patients enrolled on treatment is lower than what was projected under the grant. Hence the low number of treatment supporters recieving 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	2	1	50%	NTP has conducted an operational research titled " Is routine TB culture a Priority for Lesotho". The objective of the research was to identify whether routine sputum culture would help clinicians managing patients with TB in the hope of helping establish whether Lesotho should invest in routine sputum culture. The findings of the operations research is that routine sputum microbiology would had less impact on treatment outcomes of these patients than ensuring better clinic attendaance and treatment adherence. The latter is the priority for the TB control Programme. To date one operation research has been completed and results were disseminated to stakeholders.
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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.)**

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 twelve(12) programmatic indicators. Two(2) indicators achieved at least 100%, while three indicators achieved 71%, 89% and 97 % respectively. More than 50% was achieved by five programmatic indicators. 0% was recognized in two indicators and there second line DST tests performed locally and TB screening of contacts of miners and ex-miners. However remarkable improvement has been realized with regard to screening of prisoners. Overall the current reporting period demonstrates a better performance compared to the previous periods.