On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	**LSO-809-G06-H**			
Progress Update - Reporting Period:	**Cycle:**	Semester	**Number:**	6
Progress Update - Period Covered:	**Beginning Date:**	1-May-2012	**End Date:**	30-Sep-2012
Progress Update - Number:	3			

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 Behavior change communicatio n	Number of people reached by HIV and AIDS prevention messages through outreach	Current grant	Y-cumulative annually	No	47,654	2011	56,250	0	0%	Performance on the indicator is tied to the grant. As of september 2012 the PR had not yet received funds for implementation of activities. Acceleration will be done when funds are available in order to meet the set targets.
	2 Male circumcision	Number of male circumcised	National Program	Y-cumulative annually	No	3,225	2011	2,496	6,310	253%	Data reported from the Ministry of Health shows that 6310 voluntary medical male circumsion were done from April 2012 to September 2012. TheMOH is scaling up the provision of voluntary Medical Male circumsion with the technical assistance of JHPIEGO, currently the services are provided in the following facilities Mafeteng , Scott, Berea and Botha Bothe hospitals. In July the more MC procedures were done than any other period and this is atttributed to campaigns that were held during schools holidays in order to encourage youth to go for MC services. In April there were 549 MC performed, in May(719), June(1079), July(2247), August(948) september(768). Currently JHPIEGO continues to train health workers and the main aim is to scale up the provision of MC services to be performed in all health facilities.
	3 Testing and Counseling	# of people who received HIV counseling and testing and know their results	National Program	N-not cumulative	Yes - Top 10	428,868	2011	72,000	103,949	144%	From May 2012 to September 2012 the number of people who received HIV testing and counceling is 103 949.HTC is a critical intervention provided at facility level as it serves as an entry point to HIV services, including initiation on ART treatment.
	4 Antiretroviral therapy and monitoring	% Adults with advanced HIV infection receiving antiretroviral therapy	National Program	N-not cumulative	Yes - Top 10	76591/98521 (78%)	2011	98007/124529(79%)	62% (76 906/124529)	78%	Data reported from Ministry of Health shows that at the end of september 2012, the 76 906 people were currently on treatment and this reflect 78% of the intended target of the intended target,under achievement on the indicator may be attributed to the submission rate which was 90%. Standard operating procedures stipulate that data can only be reported when submission is at 98% or above and this was not the case during the reporting period.
	5 Antiretroviral therapy and monitoring	% of children(0-14) with advanced HIV infection receiving antiretroviral therapy	National Program	N-not cumulative	Yes - Top 10	6008/22865 (31%)	2011	7581/22981 (33%)	20%(4603/22981)	61%	Dat a reported from Ministry of Health shows that at the end of september 2012, the 4603 people were currently on treatment and this translate into 61% of the intended target,under achievement on the indicator may be attributed to the submission rate which was 90%. Standard operating procedures stipulate that data can only be reported when submission is at 98% or above and this was not the case during the reporting period.
	6 Integration of Sexual Reproductive Health and HIV	Number of service providers staff trained to provide information on SRH STI and HIV and referral as appropriate	Current grant	Y-cumulative annually	No	494	2011	332	0	0%	Performance on the indicator is tied to the grant. As of september 2012 the PR had not yet received funds for implementation of activities. Acceleration will be done when funds are available in order to meet the set targets.
	7 Care and support for chronically ill people	Number of PLHIV receiving community home based care and support	Current grant	N-not cumulative	Yes - Top 10	4208	2011	2,683	583	22%	From May 2012 to September 2012 the number of people who received homebase care and support was 583 based on the data that was received two districts namely Thaba-tseka and Botha Bothe. Performance to date is still low and this is attributed absence of reports from other districts. Performance on the indicator is also linked to provision of homebase care kits to the Village Health Workers under the grant. HBC is done by the VHW routinely to people wo chronically and part of their work entails making sure that patients eat well , take medication properly and maintain of hugiene. Consultation with districts will be made to improve performance in subsequent periods
	8 TB/HIV	# and % of HIV infected clients attending care and treatment services screened for TB	National Program	N-not cumulative	Top 10 equivalent	95%	2011	96%	96%	100%	As of september 2012, the number of patients attending HIV care and treatment services was 186 602. And those who were screened for TB was 179 225 and this translates into 96%. Tubercolusis is the commonest opportunistic infection in HIV infected patients and it is the primary cause of morbidity and mortality among HIV infected patients. According to the national guidelines all HIV positive patients on care should be screened at every ecounter by the health care provider (nurse, counselor). the initial level of screening consists of symptom assessment of cough,fever, night sweats and weight loss and if the patient has any of the symptom he or she should further be evaluated for TB. The current performance shows that HIV positive patients on care screened for TB.

9	Workplace programs	Number of employees reached through workplace programs	National Program	Y-cumulative annually	No	2,297	2011	200	577	289%	During the reporting period 577 employees were reached through workplace program. 191 of them were reached by the Ministry of Water, Energy and Meteorology with its various departments. The topics covered during the sessions were focusing on HIV prevention, nutrition, home base care and adherence to treatment. 51 of the employees were referred for services,and 25 of them recieved home visits. 386 police staff were reached through the HIV workplace program and the mode of instruction was health talks. 79 police officers received HIV testing and counseling while 307 took part in health talks. The topics that were covered during the health talks included adherence to HIV and TB treatment, stress management and HIV, counseling and support to HIV positive individuals, Data reported by Lesotho Mounted Police Service was from the following districts; maseru, mafeteng, Qacha'snek, Mohale'shoek and Thaba-tseka.
10	HSS: Supportive environment	Percentage of health facilities despensing antiretroviral therapy that have experienced a stock out of at least one required antiretroviral drug in the last six months.	National Program	N-not cumulative	No	Baseline unavailable	-	10%	0	0%	Reporting on the indicator is obtained from the stock status report compiled by the National Drug Service Organization which is responsible for recieiveing the reports and also distributing ARV drugs to the facilities. Currently the PR is already assisting the NDSO to develop an appropriate tool to enable reporting on the indicator. It is planned that in P3 the PR will be able to report performance on the indicator
11	HSS: Health workforce	Number of health care facilities that received supervision on data verification in the past six months	Current grant	Y-cumulative annually	No	Baseline unavailable	-	80	0	0%	Performance on the indicator is tied to the grant. As of september 2012 the PR had not yet received funds for implementation of activities. Acceleration will be done when funds are available in order to meet the set targets.
12	HSS: Supportive environment: Human Resource	Annual rate of retention of health service providers at public health care facilities	National Program	Y-cumulative annually	No	3351/3446(97%)	2011	3351/3446 (97%)	0	0%	Data on the indicator is obtained from the Annual Joint Review Report which is compiled annually. For the 2011/2012 fiscal year the indicator was not reported from the AJR . The human resource department within the Ministry of Health will be collecting data from mid November- December 2012 in order to report on the indicator.
13	HSS: Health Information	Number and Percentage of districts submitting timely complete reports to the national	National Program	N-not cumulative	No	8/10(80%)	2011	8/10(80%)	8/10(80%)	80%	Eight of the ten districts were able to submit the complete ART reports on time(80%) . With regard to HTC, completeness was at around 30% since only three facilities reached a completeness of at least 80%. Contracts of HTC counselors supported through Global Fund had ended and their renewal was awaiting phase II approval. During that time the Government of Lesotho availed funds and the interim contracts were given to the counselors. Delays were expereinced in the signing of the interim contracts with the counselors and this negatively affected submission of reports from facilities to the dsitricts , and from districts to the national level.
			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 programmatic performance was based on thirteen indicators, Four(4) indicators achieved at least 100 %. The good performance was realized in voluntary medical male circumsion, HIV testing and counseling, TB screening of HIV positive clients on care and HIV workplace program. two(2) ART indicators achieved 61% and 78%. Eight (8)Districts submitted complete ART reports and the translate into 80%. Three(3) indicators are tied to the grant and their results are zero. Performance on homebase care is still not satiscfactory at 22% of the target. The main reason for under performance is non-reporting since the reported results cover only two districts.Two indicators whose performance is zero(0 %) is a result of lack of reporting due to non availability of reporting tools and it is envisaged that in P3, the relevent tools would have been developed for regular reporting.