Global Fund
TB Bi-Annual Progress Report
Round 2 Phase II

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Prepared by the Global Fund Coordination Unit
Ministry of Finance and Development Planning
Lesotho

List of abbreviations and acronyms

CDR	Case Detection Rate
CHAL	Christian Health Association of Lesotho
DHMT	District Health Management Team
DOTS	Directly Observed Treatment Short-Course
DRS	Drugs Resistance Surveillance
DST	Drug Susceptibility Testing
EQA	External Quality Assessment
ETR	Electronic TB Register
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
GP	General Practitioner
HAS	Health Service Area
HIV	Human Immuno-deficiency Virus
IDM	Institute for Development Management
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MDR-TB	Multi-Drug Resistant Tuberculosis
MOHSW	Miinstry of Health and Social Welfare
MOU	Memorandum of Understanding
NP	Nurse Practitioner
NTP	National Tuberculosis Programme
NUL	National University of Lesotho
PAU	Project Accounts Unit
PIH	Partners in Health
PP	Private Practitioner
PPM-DOTS	Public-Private Mix for DOTS
QA	Quality Assurance
QAP	Quality Assurance Programme
RR	Recording and Reporting
TA	Technical Assistance
TB	Tuberculosis
THPC	Traditional Healers Practitioners Council
TOT	Training of Trainers
URC	University Research Council
WHO	World Health Organization
XDR-TB	Extensively Drug Resistant Tuberculosis

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TB COMPONENT: BI-ANNUAL REPORT OF THE SECOND PHASE OF ROUND 2 GRANT IMPLEMENTATION:

1 Introduction

Lesotho has 2 GFATM grants aimed at strengthening tuberculosis control activities in the country. The total grant value is $11,551,111

- Round 2 grant ($5,000,000) signed in October 2003, which is in the first year of the second phase;
- Round 6 grant ($6,551,111) signed in June 2007, which is in the first year of Phase 1.

This report reflects the progress in the implementation of tuberculosis control activities supported by the GFATM during the Period 13 & 14 (1st January to 30th June 2007) under the second phase of the round 2 grant. A total sum of $370,080.00 was disbursed to the programme for the 2 quarters. The implementing partners include the Christian Health Association of Lesotho (CHAL), the National University of Lesotho (NUL), the Traditional Health Practioners Council (THPC) and the National TB Programme.

2 Grant performance

2.1 *NTP Management Strengthening*

Objective 1: To strengthen NTP management through development and implementation of policy update and DOTS expansion strategic plan in at least 15 of the 19 HSAs by 2008.

Under this objective the following activities were planned for implementation during the period include:

- Development of District DOTS expansion plans;
- Updating TB Policy and Strategic plan and
- Strengthening implementation of revised pre-service curricular of health training institutions.

Key results:

Indicator	Implementer	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1.Proportion of Districts implementing the national 5-year Strategic plan					
Intended target	DCU/Districts	100%	100%	100%	100%
Achieved target		100%	100%	100%	100%
Global Funds disbursed for the achievement of	*A consultant not as initially*				

this Indicator	*envisaged. TA at NTP assisted.*				
Expenditure					
2.Proportion of smear positive TB cases successfully treated	*To be reported annually*				
Intended target	DCU/Districts				
Achieved target					
Global Funds disbursed for the achievement of this Indicator					
Expenditure					
3.Proportion of districts achieving treatment success rate of 70% or more	*To be reported annually*				
Intended target	DCU/Districts				
Achieved target					
Global Funds disbursed for the achievement of this Indicator	$22,875.00				
Expenditure	0				

Development of District Expansion plans:

The NTP has provided support to the districts towards development of their respective District DOTS expansion plans. In June, the framework for development of the District DOTS expansion plans was developed in line with the components of the Stop TB strategy. The framework was aimed at assisting the district to conduct a situation analysis of the DOTS implementation on the basis of which a plan can be developed. The framework was sent top all districts to be completed and used to facilitate the plan development during a workshop planned for the third quarter 2007.

A consultant was not hired for the development of the District plans as sufficient TA was available in the NTP, WHO and other partners to facilitate the process.

Updating TB Policy and Strategic Plan:

TB policy and Strategic plan have been updated in line with the Global Stop TB Strategy. The revision also took into consideration new developments in the management of TB including the diagnosis of smear negative TB in high HIV prevalence setting, inclusion of Ethambutol in the Children regimen, issues of TB/HIV co-management, prevention, management of MDR and XDR-TB. A consensus meeting was held on the 6th of September 2007 where the final drafts were discussed in the light of all comments obtained from stakeholders. Hiring of consultant was not deemed necessary in view of the availability of TA in the NTP.

Health Service Areas achieving Case Detection Rate (CDR) of 70%

As this indicator is to be reported annually, the results are not reflected in this report.

Health Service Areas achieving treatment success of 70% or more
This indicator is also to be reported annually and therefore not reflected in this quarter's report.

Strengthening implementation of revised pre-service curricular of health training institutions.
The National University of Lesotho (NUL) has procured the training materials, computers and books to facilitate the implementation of the revised DOTS training curricular. The Training of 40 Trainers (TOT) has been planned for the 17th and 18th of September 2007. The training of 150 Students using the new curriculum will take place in Q16.

2.2 *Strengthening District DOTS implementation capacity*

Objective 2: To strengthen DOTS implementation through training of at least 2325 (70%) health workers involved in TB and 3650 (50%) extension workers by 2007.

The activities under this objective were aimed at revising and updating of the DOTS training materials for effective training of health workers. Enhanced technical capacity of health staff is expected to increase the proportion of infectious TB cases detected and treated under DOTS and ultimately result in interrupting transmission of TB.

Key results:

Indicator	Implementer	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
Proportion of new smear positive TB cases detected under DOTS					
Intended target	DCU/Districts	65%	65%	65%	65%
Achieved target		100%	100%	100%	100%
Global Funds disbursed for the achievement of this Indicator	$230,529.00				
Expenditure	$125,241.64				

Updating and adaptation of DOTS training manual
This activity includes engagement of a local consultant and holding of a workshop to adapt the materials. The TAs available in the NTP and partners including WHO, URC and PIH were able to facilitate the review and adaptation process, hence there was no need to engage a local consultant. The review was conducted on 11th to 15th May 2007. The course content and duration were tailored according to the needs of the various categories of health professionals.

Training of Health Care staff on DOTS

DOTS trainings were conducted for various categories of health care staff during the period according to the provisions of the workplan.

The delayed payment of the Community health care workers posed serious challenges to further trainings of that category of staff by the Christian Health Association of Lesotho (CHAL). However, a total 295 Community Health Care workers were trained in the second and third quarters.

TB Cases treated in the quarter

During the half-year period January to June 2007, The NTP registered 2,651 TB patients of which 2,418 (91%) are new, while 233 (9%) are re-treatment cases. To date the cumulative number of Tuberculosis patients treated including pulmonary case, Extra Pulmonary cases has risen to 36,874. All the cases (100%) detected during the period under review were detected under DOTS.

The number of Multi Drug Resistant (MDR-TB) confirmed by Drug Susceptibility Testing (DST) during the reporting period was 11, bringing the total number of MDR cases under treatment to 43. The programme has started treating the MDR-TB patients under the GLC-approved pilot project.

2.3 *Establishment of Quality-Assurance system for smear microscopy*

Objective 3: To improve quality for TB diagnosis through establishment of quality control system in at least 15 (80%) laboratories by 2008.

This objective aims to strengthen the capacity of the laboratory network in the country in performing quality-assured AFB microscopy services. This includes training, establishment of quality-assurance system and maintenance of such level of quality through supportive supervision and continuous quality-improvement.

Key results

Indicator	Implementer	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
Proportion of laboratories receiving quality-assurance visits twice a year.					
Intended target	DCU/Districts	2	2	3	5
Achieved target		2 (100%)	2 (100%)	2 (67%)	4 (80%)
Global Funds disbursed for the achievement of this Indicator	$22,187.00				
Expenditure	0				

Laboratory capacity strengthening
The plan envisaged that 40 laboratory staff will be trained on computer skills, provision of 7 computers for ETR in high volume labs and conducting supervisory visits. Training was conducted for 17 laboratory staff on EQA at Institute for Development Management (IDM) Maseru. The computer training for laboratory staff was also conducted at IDM.

Strengthening Quality-assurance system
The plan also aimed to enhance QAP implementation through development of guidelines, training of 17 laboratory personnel and External Quality Assessment (EQA) support visits by the Central laboratory staff. The retreat for development of QA guidelines was held and final draft guidelines have been circulated among technical partners for comments. During the period under review, supervisory visits were conducted to 4 out of the 5 districts planned (80%), namely Mafeteng, Mohales' Hoek, Berea and Maluti.

2.4 *Public-Private Partnership for DOTS implementation*

Objective 4: To strengthen and expand public-private partnership in DOTS implementation through training of at least 20 (50%) GPs and 800 (20%) of registered traditional doctors.

Currently 16 GPs are collaborating with the NTP on DOTS implementation on the basis of a signed MoU. Activities under this objective was aimed at expanding this collaboration through enrolling more GPs, supervisory support visits to the private care provider facilities as well as holding quarterly meetings to review progress. The key result expected from the partnership is increased access to quality-assured TB treatment to patients managed in the private sector. The target is to ensure that at least 80% of patients managed for TB in the private sector are successfully treated.

Key results:

Indicator	Implementer	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
Treatment Success rate among TB patients receiving DOTS from Private Practitioners.	*To be reported annually*				
Intended target	GPs				
Achieved target					
Global Funds disbursed for the achievement of this Indicator	$5,333.00				
Expenditure	$3,317.00				

Support visits were conducted by the NTP surveillance team to the GPs, but quarterly meeting was not held. Provision was also made for re-imbursement of the GPs for TB cases successfully treated. During the period of report, the criteria for re-imbursement were agreed upon and action initiated with the PAU to effect payments.
The treatment success rate indicator is calculated on an annual basis and therefore not reflected in this report.

2.5 *M&E Strengthening for DOTS implementation*

Objective 5: To improve NTP management by ensuring that at least 15 (80%) of HSAs use TB surveillance data for M&E of the programme.
The planned activities under this objective aims to achieve full computerization of the recording and reporting system at the central and district levels through implementation of the ETR. Other activities are related to capacity strengthening at the Central and District levels of NTP. Relevant activities slotted for the reporting period include initiation of the tendering process for the ETR software development, customization to the needs of Lesotho and networking of Central unit and HSAs.

Key results:

Indicator	Implementer	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. Percentage of Districts using the Electronic TB Register (ETR)					
Intended target	DCU/Districts	-	-	-	-
Achieved target		-	-	-	-
Global Funds disbursed for the achievement of this Indicator	$26,000.00				
Expenditure	0				
2. Number of service providers who have been trained in Cohort analysis.					
Intended target	DCU/Districts		56		56
Achieved target			56 (100%)		56 (100%)
Global Funds disbursed for the achievement of this Indicator	$6,000.00				
Expenditure	$4,307.63				

During the reporting period, negotiations continued with CDC South Africa, the requirements for customization agreed upon and tendering for the networking initiated.

Electronic TB Registers
During the reporting period, consultations and negotiations on the set up of the ETR software continued with CDC South Africa. The customization features that will be

suitable for the Lesotho reporting protocol has been agreed upon. Two (2) computers were procured for the remaining HSAs targeted for the ETR networking. The tendering process for the networking of the Central and district levels has been initiated. Currently, NTP is reviewing and re-enforcing the skills of the District TB coordinators and Officers in general aspects of recording and reporting with emphasis on maintenance of complete and consistent paper-based data preparatory to the introduction of the ETR.

Training on Cohort analysis:
Cohort analysis has been one of the core elements of DOTS trainings conducted for all District TB Coordinators, TB Officers in the facilities as well as Medical Officers and nurses. Therefore the target of 56 has been fully achieved since the previous quarter.

Capacity building for Central and District level:
The NTP Manager attended a global course on Public-Private Mix (PPM) for DOTS in Sondalo Italy. This was conceived as a means of building capacity of NTP manager to facilitate implementation of the PPM-DOTS in Lesotho. One staff is currently undertaking an MPH course at the University of Western Cape. During the reporting period, the Deputy Manger also for TB/HIV collaborative activities attended the Global course on TB/HIV in Italy. The salary top up for the Programme Manager has been implemented effective April 2007. Submission has been made in respect of the provision of incentives for the central and district TB Coordinators.
The TB Advisor is currently supporting the NTP, while the engagement of 10 microscopists is in process.
The furniture for District TB coordinators under this plan has been procured and distribution commenced. Submission has been for re-imbursement of their transportation claims.

In order to strengthen supervision, monitoring and evaluation of the programme, the procurement of the 2 vehicles planned under this objective was achieved during the reporting period. The vehicles have been received by the NTP.

2.6 *Strengthening anti-TB Drug management system*

Objective 6: To ensure effective treatment by institutionalizing drug sensitivity surveillance in at least 15 (80%) of the HSAs.

The sixth objective of the grant aimed at strengthening the anti-TB drug supply chain management system such that stock-outs will be virtually eliminated. An effective drug management is essential to prevent development of multi-drug resistant TB (MDR).

Key results:

Indicator	Implementer	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
Percentage of Health facilities with no report of stock-outs lasting >1					

week of nationally recommended anti-TB drugs at any given time.					
Intended target	DCU/Districts	80%	80%	80%	80%
Achieved target		100%	100%	100%	100%
Global Funds disbursed for the achievement of this Indicator	$181,432.00				
Expenditure	0				

Drug Resistance Survey (DRS):
Preparation for the upcoming DRS has continued during the period under review. The protocol drafting has been completed and ready for submission to the Ethical committee for clearance. Due to the ongoing strengthening of the QAP system with support of FIND and PIH, it is foreseen that the actual implementation of the DRS could be in the fourth quarter of the year.

3 Main challenges:

1. The decentralization process means changing the context of programme operations which were not foreseen at the proposal development stage. Some DHMTs do not have offices, transport problems and un clarity of roles and functions of TB coordinators in the team;
2. A lot of effort is required to address quality issues regarding the current paper-based recording and reporting system to pave the way for smooth implementation of the ETR.
3. Expenditure for activities performed may not be reflected in the quarter of report.

4 Annexes

4.1 *Annex 1: Budget and Expenditure analysis*

A total of USD 370,080.00 was received on the 19th March 2007 as the first disbursement for two quarters (Jan 2007-Jun 2007).

Budget Analysis

Budget	Expenditure	Commitments	Expenditure as % of Budget
USD 370,080.00	USD 120,956.84	USD 27,539.64	33%

The analysis of the budget indicates that expenditure at the reporting period was 33% of the total budget. This performance is encouraging considering the time in at which funds were received. However, implementation activities should be accelerated.

4.2 *Annex 2: TB grant Sub-contracts signed with various organizations for implementation in 2007*

Organization	Component	Overall budget	Funds disbursed to date	Expenditure reported
CHAL	TB	M419 892.00	M89 832.00	No report has been received yet
NUL	TB	M434 000.00	M137 000.00	M136 179.66
THPC	TB	M571,992.00	M145 000.00	M143 454.00