

LESOTHO NTP ANNUAL GLOBAL FUND REPORT 2005

1. BACKGROUND AND SITUATION ANALYSIS

Lesotho faces a major threat in the form of the epidemic of Tuberculosis, which has shown rapid increase over the past five years. Human, financial and material resources to the TB program have struggled to keep pace, and in many cases have lagged behind by a significant margin. The incidence of TB as reported by WHO communicable disease epidemiological report (July 2000) is 721/100,000 population, the second highest in the continent and the notification rate of 562/100,000 population.

In early 2003, the Government of Lesotho was successful in its application to the second round of proposals to the Global Fund to fight AIDS, TB and (GFATM) and is expecting US Dollar 1 Million annually for TB component for the next five years. This very significant amount of money will be effectively and efficiently absorbed into TB control in Lesotho. A comprehensive review of the National TB Control Program was conducted in March 2004. Essential aspects of the program were analyzed, evaluated and recommendations were proposed to improve the TB services in Lesotho.

Lesotho is committed to achieving the MDG target to halve the 1990 TB rates by 2015 and to reverse the incidence of TB. In 2005 the GOL continued to revitalize the control programme through strengthening of programme management, provision of anti-TB drugs, improving technical capacity and implementation of TB/HIV collaborative activities. Due to HIV, TB notification is still on the rise from 420/100,000 in 2000 to 571/100,000 in 2004. Of concern however is that about 40% of all patients on treatment for pulmonary TB did not receive sputum examination.

5,501 (14%) of all adult admissions (40,645) in 2004 were TB patients while during the same period, 24% of all (3913) institutional deaths, the primary cause of death was cited as TB. It is possible that some of these deaths were primarily as a result of HIV/TB

as HIV screening is not conducted routinely. The Ministry of Health and Social Welfare, in collaboration with USAID, is establishing a TB/HIV programme to address the co-infection of HIV and TB. Pilot sites are operational at Mafeteng, Mohale'shoek, Roma , Maser and Leribe.

The main challenges facing the national control programme include capacity to maintain a regular and uninterrupted drugs supply, adequate patient and programme monitoring and expedition of the implementation of the TB/HIV collaborative interventions.

2. INTERVENTIONS

This is the report for the TB Component for the year January-December 2005. The funds to support the implementation of activities were received from Global Fund on 28 December, 2004 for the last quarter and of 2004 , and for the first and second quarters of the second year. The available funds for implementation were US\$ 1,474,710 (including receipts US\$ 767,029 + 707,681 for period 2005)

During the year, the TB programme was able to hold several training sessions for various cadres including the prisons, health personnel such as doctors and TB coordinators, registered nurses, nursing assistants, health inspectors, health assistants, public health nurses, ward attendants and nurse clinicians. The implementation under this component has improved as compared from the previous year.

There was a delay in the disbursement of funds as the programme was awaiting finalization of monitoring , evaluation and procurement plan therefore there was congestion of activities in the first quarter of 2005 which led to the programme's poor performance.

The main focus of the TB component in the proposal was to fight the worsening TB infection in the country. According to the annual Lesotho NTP report (2003) the detection rate was 61% and the treatment success rate 51% as opposed to the recommended WHO targets of 70% detection and 85% success rates. The TB component focus included six objectives for the following areas:

- **To conduct a comprehensive external NTP reviews**
- **To strengthen NTP management through development and implementation of policy update and strategic plan.**
- **To strengthen DOTS implementation through training of 2325 health workers**

- **To improve quality of TB diagnosis through establishment of quality control system in all laboratories**
- **To strengthen and expand public private partnership in DOTS implementation through training of GPs nurses and traditional healers**
- **To improve NTP management by ensuring that all HSAs use TB surveillance data for monitoring and evaluation**
- **To ensure effective treatment by institutionalizing drug sensitivity in all HSAs.**

From these areas, expected outputs include :

- **Improved NTP program management**
- **Improved district/HSAs capacity for DOTS implementation.**
- **Improved sputum smear microscopy and quality control**
- **Expanded public-private partnership in DOTS implementation**
- **Strengthened M&E of DOT implementation.**
- **Sustained supply of quality anti TB drugs.**

The TB component beneficiaries included TB patients, Health service providers and CHAL as opposed to the HIV/AIDS component which has various stakeholders to benefit from the support.

2.1 Objective1: To strengthen NTP management through development and implementation of policy update and strategic plan in all HSAs by 2008

The activities for implementation to achieve the first objective (to conduct a comprehensive external NTP review) included the following: conduct comprehensive joint program review of the NTP; recruit a consultant to update the TB treatment and policy manual; organize national workshop to update the five year DOTS Expansion Development (Strategic Plan); recruit a local consultant to prepare health workers training manuals in line with updated policy; and recruit a local consultant to update pre-service DOTS curriculum in training institutions.

1. Conduct a comprehensive external NTP review

Status:

A comprehensive external review was conducted in March 2004 and the report was disseminated to different stakeholders. Recommendations from the review are being implemented in order to improve the services. These include:

1. Create substantive posts in the National Tuberculosis Control Programme:
For NTP Manager, two deputy managers and an Epidemiologist.

To date the Ministry of Health and Social Welfare has put in place three deputy TB managers at central level to coordinate and liaise with the districts. The Position of the TB Manager has been approved and will be in place the during new Government financial year.

2. Create a specific budget line for TB control activities.

Under the Development budget of Government, counterpart contribution has been approved in order to support the TB Program.

3. Request technical support for TB control from international partners such as IUATLD and KNCV.

An agreement with KNCV was signed. The TA has initiated its support by training TB Coordinators for improvement of data, its collection and collation. Subsequent short term support will be provided for a period of one.

2. Recruit a local consultant to update pre-service DOTS curriculum in training institutions

Status:

Local consultants to update pre-service DOTS curriculum in training institutions were recruited, and managed to update the pre-service DOTS curriculum and CHWs manual. The curriculum has been circulated to the training institutions and is being piloted.

2.2 Objective 2 : To strengthen DOTS implementation through training of 2325 (70%) health workers in TB and 3,650 (50%) extension workers by 2007.

The Medical officers and Nurse Clinicians is the cadre that makes diagnosis of TB. It follows therefore that capacity strengthening should be focused to build skills of these cadre to be conversant with the NTP policy on diagnosis and management of TB patients. Activities which were proposed for implementation included conducting workshops for medical officers and nurse clinicians on DOTS expansion; conducting workshops for public health nurses and health inspectors and health assistants; undertaking workshops for nurse assistants on DOTS expansion; holding workshops for Community Health Workers (CHW); conducting 3 Workshops for nurse assistants on DOTS expansion; holding workshops for Community Health Workers (CHW); undertaking workshops for TBCO on DOTS expansion; holding Workshop for prisons, army and police health cadre on DOTS; and conducting workshops for agricultural extension workers on DOTS

Status:

Workshops for medical officers and nurse clinicians on DOTS expansion

Thirty (30) Medical Officers were trained on DOTS management to strengthen capacity for DOTS implementation and to forge public-private partnership in TB in this regard.

Workshops for public health nurses

The training of public health nurses were conducted by different HSAs. The training was conducted using the 10 WHO TB management and training manuals included the detection cases of TB; Treat cases of TB; Informing Patients about TB; Identifying TB treatment supporters; Managing drugs and supplies; Ensuring continuation of TB treatment; Monitoring TB cases; Observing TB management- Field exercise and the Reference booklet.

Workshops for nurse assistants and Ward Attendants on DOTS expansion

During the year the Programme consulted with 18 HSAs to identify nurse assistants, ward attendants to be trained on DOTS management. Each HSAs has submitted proposals for training of nurse assistant, ward attendants, 90 nurse assistants and supportive staff have been trained on DOTS expansion.

Workshops for Registered Nurses

During the year the Programme consulted with 18 HSAs to identify the registered nurses to be trained on DOTS management. Each HSAs submitted proposals for the training of registered Nurses. 160 Registered nurses have been trained on DOTS expansion.

Workshops for Community Health Workers (CHW)

All HSAs submitted their proposal for conducting workshops for the Community Health Workers. TOR were developed for the consultant to develop the manual which would be used for the training. 1709 Community Health Workers have been trained on DOTS expansion.

Workshops for TBCO on DOTS expansion

During this quarter the TB Coordinators were trained on TB/HIV counseling so that the TB patients could be counseled for HIV in TB clinics. The TB coordinators were also trained on DOTS expansions. The training conducted covered topics such as pre-test counseling, post-test counseling, counseling process, HIV/TB treatment, community home based care, guidelines for counseling children, grief and bereavement counseling, group counseling,

supervision and support for counselors, HIV testing using rapid test. The training was conducted from 18th – 28th April, 2005. The workshop was facilitated by the Disease Control Unit. The conclusion made from this workshop was that the TB/HIV patients would benefit from the process as Lesotho has just started scaling up of ARV sites countrywide.

The TB Coordinators were trained on computer skills in order to prepare them to use electronic TB register, which will be introduced in 2006. They received a training in data management which was facilitated by consultant a from WHO. During the workshop, the annual report for 2004 was also finalized.

Workshops for agricultural extension workers on DOTS

HSAs undertook training of Agric extension workers with Community health workers.

Workshops for the traditional healers on DOTS

Thirty nine (39) traditional healers were trained on DOTS management in Seboche and Mafeteng Health Service Areas. The topics included the definition of TB; identifying signs and symptoms of TB; the importance of referral of TB patients to the hospital; follow up of defaulters; and the monitoring of the TB treatment. The workshop was held towards the end of March, 2005.

2.3 Objective 3: To improve quality of TB diagnosis through establishment of Quality Control System in at least 15 (80%) laboratories by 2007.

The central Laboratory functions as the National Reference Laboratory for TB in Lesotho. The intention was to seek and acquire the services of a consultant to assist in establishing a more sustainable system of Quality Assurance in Lesotho including the feasibility of an NRL. The established quality assurance strategy at the Laboratory would provide a conducive environment for the management and diagnosis of TB.

The activities under this objective included establishment of a system for QA implementation; development of guidelines for QA; 3 regional workshops for lab technicians in smear microscopy and QA; and supply for smear microscopy reagents for laboratories.

Status:

Establishment of a system for QA implementation

Standard Operational Protocols (SOPs) have been developed. Rather than to develop QA guidelines, it was felt that the SOP were adequate and include all necessary information that may be found in the guidelines. SOP has been distributed to HSAs to be used by the 18 laboratories.

Regional workshops for lab technicians in smear microscopy and QA

40 Laboratory personnel have been trained on Quality Assurance

Procurement of laboratory reagents and equipment

The laboratory reagents were procured and distributed to all HSAs

2.4 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.

There are very few private GPs in Lesotho distributed unevenly in the country. Amongst services provided by the Private GPs include the consultations of a significant number of TB patients. The numbers of TB patients are increasing as more patients in the higher income bracket are diagnosed with TB and HIV/AIDS co-infection.

On the other hand a memorandum of understanding between the private practitioners and MOHSW has been drafted and is to be finalized, as a mechanism to facilitate access to free TB drugs for patients that are attending GP's services as long as business is conducted in accordance with the national guidelines. At the same time,

there is a standing arrangement between traditional healers and the NTP such that the former refer TB suspects and supervise DOTS. In order to effectively and efficiently achieve this, capacity building on DOTS management for the Private GPs and the Traditional Doctors was to be strengthened.

Activities planned under this objective included the training of private practitioners on DOTS; training of traditional care providers on DOTS; and establishment of partnership in anti TB drugs quality control.

Training of private practitioners on DOTS

Memorandum of understanding between MOHSW and the Private Practitioners was prepared and finalized for the outsourcing of TB care and treatment. At present this includes 16 private practitioners who were enrolled in the programme.

Establishment of partnership in anti TB drugs quality control

A sub-committee was established to work on the Memorandum of understanding between the MOHSW and the GPs on the distribution of TB Drugs. So far TB drugs have been distributed to 15 private clinics and the reporting of TB patients from these clinics is satisfactory.

OBJECTIVE 5: To improve NTP management by ensuring that at least 15 (80%) of HSAs use TB Surveillance Data for M&E.

The NTP at the district level used to manage and process data manually before computers were procured to improve the situation. This was very laborious as the NTP registers more than 10,000 cases a year. It has been found out that less than 20% of the HSAs were using the surveillance data for program management. As the volume of TB patients increase, processing seems to consume health workers time with little time to spare for data interpretation and use.

The activities which were planned included establishment of Electronic Central Registers; conducting of training of TBCO and central level staff on the electronic

register; training of District or HSA teams in cohort analysis and use; production of semiannual TB bulletin on performances; provision of supervision vehicles for the central unit and 5 HSAs and scale up funds for supervision.

Status:

Establishment of Registers

A TB suspect register was introduced in the third quarter of 2005 as part of a strategy to improve case detection. New and revised TB registers (including TB suspect register), forms and cards have been printed and distributed.

To further improve the TB Program, a workshop (supported by WHO/AFRO and the USG), was conducted in October 2005 to perform a cohort analysis for data from 2003 and 2004. One of the main outcomes of this workshop has been the production of updated, verified case findings and treatment outcome data. To further improve data quality, the Ministry of Public Service approved the immediate establishment of three new posts for surveillance officers on the 29th of December 2005. These officers will strengthen data management capacity by supervising and monitoring data entry and reporting. The MOHSW has also created 10 new posts to reinforce the TB Program at the district level. The recruitment of 10 additional TB Coordinators has been initiated which saw 6 TB Coordinators in place. As members of the District Coordination Teams, these newly-appointed Coordinators will greatly support programme supervision and monitoring.

Training of District or HSA teams in cohort analysis and use;

The training was conducted on cohort analysis for 18 HSAs and was attended by 23 TB coordinators and 18 public health nurses. The workshop emphasized on monitoring and evaluation tools for TB programme. The topic on TB outcome was discussed at length. The following out comes were calculated:

- Number of smear positive

- Cure rate and completed treatment
- Defaulter rate
- Relapses

In order to continue with the improvement of data collection and collation, more training on cohort analysis should be conducted.

Procurement of Vehicles

Three vehicles have been procured, one vehicle will be used for central level, and two vehicles will support supervision in the districts. The vehicles were distributed to the Mohale'shoek and Maseru HSAs.

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

In the past no efforts were made to evaluate the sensitivity of the elements in the use of the principal drug of NTP, 2HRZE/4RH, which is administered under supervision. It was further proposed that national guidelines for anti TB drugs sensitivity surveillance be developed. This would assist the NTP to monitor drug surveillance and update the policy accordingly when the need arises. In order to achieve the above, strengthening and improvement of Laboratories, including capacity building of skills of laboratory workers and the infrastructure is of paramount importance.

The planned activities during the year included commissioning a firm to conduct a national anti TB drug sensitivity baseline survey; recruitment of an expert to develop national guidelines for anti TB sensitivity surveillance; training of Lab Technicians on anti TB sensitivity surveillance.

Status:

Activities under this objective did not take place as most of them were dependent on the availability of the external consulting organization that had to be engaged to conduct an

assessment. Of importance was renovation of Laboratory infrastructure as well as the training of laboratory staff country wide during the implementation period.

1. CHALLENGES

The major challenges during the implementation of the Global Fund grant in support of TB component included the following:

- Delays in the finalization of documents such as the TB policy and the TB National Strategic Plan resulted in the delays in their dissemination to the health facilities in order to improve the health workers.
- Delays in the decisions by the Tender Board resulted in some activities such as procurement of medical supplies and furniture taking too long to be available for use by the health facilities.
- Limited number of professional health staff within the health facilities earmarked for training has resulted in some of the targets not being met.
- Delay in the disbursement of funds from GFATM for the quarters three and four resulted in activities being shifted, and resulting in targets not being met on time.
- The delay in disbursement of funds resulted in congestion of activities in other quarters i.e. training of health workers were scheduled for the fifth and sixth quarters.
- Shortage of transport for implementation of activities has been a set back.
- A limited hour in the utilization of government vehicles (between 8:00 am and 4:00pm) has been a major constraint especially in relation to field work.
- The strengthening of the Rand against the dollar resulted in the provision of funds being reduced by more than 60% from the original amount allocated. Consequently, the targets set were not fully met as funds were limited.
- The unfortunate situation was where the Monitoring and Evaluation Expert who was engaged to assist in the development of the Monitoring and Evaluation Plan could not finish the work in time due to family problems. The second M&E Consultant was engaged during the third quarter to start the process afresh and

managed to finish the M&E Plan by the beginning of the fourth quarter. At the same time the Procurement Supply Management Plan was also delayed, and only saw the approval by the LFA in the last quarter of the year. Because of these two documents, funds were not released and not made accessible for the whole two quarters of the year. This meant that implementation of the major activities was delayed by a period of six months.

4. CONCLUSION AND RECOMMENDATIONS

4.1 CONCLUSION

The delays in the first year of the implementation, 2004 resulted in little progress being achieved were mostly due to the delays in the development of acceptable Monitoring and Evaluation plan and the Procurement Supply Management plan. As a result, a moratorium was placed on the disbursement of funds by the Global Fund Secretariat in the second and third quarters. The funds were long depleted by the end of October, 2004 and therefore stalled and hindered progress significantly to carry out the implementation of activities in Lesotho. Consequently, the set targets for the first year were not attained.

The second year saw the acceleration of activities and many implementers playing a major role in ensuring improvement in the implementation process. These included engagement of private practitioners, traditional practitioners, and CHAL institutions to partner with the TB Program in the acceleration of activities. Eventhough targets set were not achieved fully, at least 70% of the indicators were achieved, and this was tremendous achievement looking back at the delays which were experienced in the first year of implementation.

The challenges facing a country like Lesotho, ravaged by the twin epidemics of HIV/AIDS and TB, are enormous, yet we cannot overstate the great momentum that has been created by the Global Fund grants. The TB grant has helped to complement the efforts in TB care and treatment, and have also had a very positive impact on increased effectiveness and functioning of overarching governance processes.

All these achievements have reversed an otherwise bleak situation into one of great hope and encouragement. It is therefore almost impossible to describe the demoralization, disappointment, and lack of public confidence that was nearly created

by the” No Go” recommendation for phase II renewal of the grant, which fortunately was reversed after clarifications were submitted to the GFATM.

In conclusion it should be emphasized that the value of the Global Fund grants to Lesotho is far reaching at multiple levels. In addition to supplying much needed financial resources, the Global Fund grants have catalyzed and improved donor commitment and synergy, creating a more supportive and enabling environment for ensuring sustainable quality national TB program in Lesotho. All donor contributions, financial and technical, have been strategically designed to complement the role and priorities of the Global Fund Programs. The Global Fund grant has also stimulated a very visible increase in high-level political commitment.

4.2. RECOMMENDATIONS

- 1.** Commitment toward the Global Fund implementation is needed especially from all level of sectors to ensure compliance of the conceded agreement.
- 2.** Concerted effort towards monitoring and supervision of the grant needs to be provided by the Lesotho CCM to ensure that implementation goes according to schedule.
- 3.** The Lesotho CCM should facilitate the additional resources especially to ensure larger scale roll out of TB programme outside Government and CHAL facilities, but as well as within the Private sectors, however the country needs to overcome the shortage of funds to ensure that more patients are being treated timely.
- 4.** Improve the infrastructure at district and health centre levels to meet the demands of the number of patients in the country.

5. THE BUDGET AND THE EXPENDITURE

5.1. Planned Program Budget

Objectives	YEAR 1	Year 2					
	YEAR 1 Budget	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Year 2 Budget	Total Phase I
1	59,333	18,000	2,000	4,333	-	24,333	83,666
2	66,000	174,167	172,567	167,667	84,667	599,068	665,068
3	56,438	49,665	403,332	12,832	10,833	476,662	533,100
4	26,100	10,333	50,833	28,000	13,000	102,166	128,266
5	285,733	73,000	36,167	36,167	36,167	181,501	467,234
6	12,000	11,666	99,000	0	0	110,666	122,666
Grant Total	459,166	336,831	763,899	248,999	144,667	1,494,396	2,000,000

5.2. TOTAL EXPENDITURE

Main Program Objective		USD						
		YEAR 1	Quarter 5	Quarter 6	Quarter 7	Year 8	Total Y2	Total phase I
1	NTP Review and Strengthening through policy update & strategic plan	81,056	29,506	5,991	0	4,646	40,143	121,199
2	Strengthening DOTS through HCWs trainings	12,231.80	33,886.52	97,353.97	200,003.07	267,630.43	598,873.59	611,105.39
3	Establishment of Q.A system for laboratories	33.16	101.43	6,693.30	152,103.78	60,563.80	219,495.42	219,495.42
4	Strengthening public private partnership in DOTS	5,168.50	0	5,991.99	598.03	0	6,590.02	6,590.02
5	Strengthening NTP management through TB surveillance	96,349.10	1,934.34	19,594.56	117,737.70	16,312.19	155,578.79	252,527.89
6	Institutionalising drugs sensitivity surveillance	0	0	0	9,414.21	4,791.63	14,205.84	14,205.84
Total Expenditure		194,838.56	65,428.29	135,624.82	479,856.79	353,944.05	1,034,886.66	1,225,123.56