GLOBAL FUND COORDINATING UNIT-MOF

CSS Grant Progress Report

April 2013- March 2015

Compiled by the Global Fund Coordinating Unit (GFCU) - Ministry of Finance (MOF)

Table of Contents

Executive summary

This progress report outlines implementation of activities supported by The Global Fund under the Round 8 HIV/CSS grant. The period covered by the report is April 2013 to March 2015. From April 2015 onwards the grant will be managed by PACT as the new PR for the civil society organizations.

The main objectives of the grant is to reduce the number of new infection among the general populations and specific population, to increase universal access to HIV testing and counseling services and lastly reduce the negative social and economic impact on HIV and AIDS on individuals, families and communities. The objectives were to be achieved through the implementation of a BCC prevention intervention package focusing on youth out of school, herd boys, couples, PLWHAs as well as women and girls. Four SRs were responsible for implementing the activities under the CSS grant.

1 Touch Roots Africa (TRA)

2 Lesotho Network of Aids Service Organization (LENASO)

3 Women and Law in Southern Africa (WLSA)

4 Lesotho Network of People Living with HIV/AIDS

TRA was implementing the HIV prevention package for youth out of school in three districts namely Thaba-Tseka, Mokhotlong and Qacha'snek. By March 2015, a total of 8269 youth out of school were reached with the prevention package. The performance represented 57% of the target. The SR was also implementing the prevention package for herd boys in two districts namely Botha Bothe and Maseru District. Overall, 751 herdboys received the prevention package using the Risk Reduction and Avoidance manual. The cumulative budget for the SR is $1,376,008.75 while actual expenditure is $938,608.56 resulting in a burn rate of 68%.

LENASO was responsible for implementing the prevention package focusing on couples. The target population was couples aged 15-49 years in four districts namely Berea, Maseru, Qacha's Nek and Mokhotlong. By March 2015, 6745 couples were reached with the prevention package and the results reflected 71% of the target. The financial performance showed an actual expenditure of $298, 594.69 against the budget of $463, 808.01 which translated into the burn rate of 64%.

WLSA reached 28179 women (167% of the target) with HIV related laws aimed at reducing risk related to HIV. Furthermore, 8865 girls (115% of the target) were reached with HIV related laws. The interventions were focusing on two rural districts namely; Thaba-Tseka

and Qacha'snek. On a cumulative basis, the SR expended $204, 280.55 against a budget of $321, 762.92 which gave a burn rate of 63%.

LENEPWHA was implementing the prevention package for PLWHA in three districts namely; Maseru, Leribe and Mohales'hoek. By March 2015, a total of 29,060 PLWHA were reached with Positive Prevention Manual. Cumulatively, the SR's actual expenditure was $176, 228.11 against the budget of $341, 835.16 resulting in a burn rate of 52%.

The SRs were also distributing condoms in the areas where they were implementing the prevention intervention package and by March 2015, the total number of condoms distributed was 3,720,187, LENASO distributed 66%, LENEPWHA distributed 27% while TRA distributed 7% of the overall condoms distributed.

By March 2015, the programmatic performance of the grant increased from C to B1 which was a demonstration of improvement of an improvement and also a potential for achieving desirable results in subsequent periods. The financial performance showed an expenditure of 61%.

It is expected that under the new PR in collaboration with the SRs are going to improve as a result of the revised monitoring tools and the mode of providing the package. These will contribute to the reduction of new infections, increase demand for HIV services such as HTC, PMTC as well as the reduction of negative social and economic impact on HIV and AIDS on individuals, families and communities

Chapter 1: Introduction and Background Information

1.1 Introduction

This progress report outlines implementation of activities supported by The Global Fund under the Round 8 HIV/CSS grant. The period covered by the report is April 2013 to March 2015. It is a consolidation by the Principal Recipient, through the use of the reports from the four (4) Sub-Recipients implementing the grant as well as other reports from the PR.

The report is organized in four chapters. Chapter one provides introduction and background of the grant, chapter two discusses the programmatic performance of the grant while the financial performance is presented in Chapter three. Conclusion, lessons learned and the key recommendations are discussed in chapter four.

1.2 Background Information

The Government of Lesotho has continued to benefit from financial resources provided by The Global Fund to fight HIV/AIDS and Tuberculosis. Round 8 HIV/CSS grant is one of the grants supported by the Global Fund to scale up interventions under the community systems strengthening approach. The main goal of the grant is to contribute in the reduction of HIV and AIDS related morbidity and mortality in Lesotho. Three objectives were identified to guide implementation of interventions under the grant, and these are;

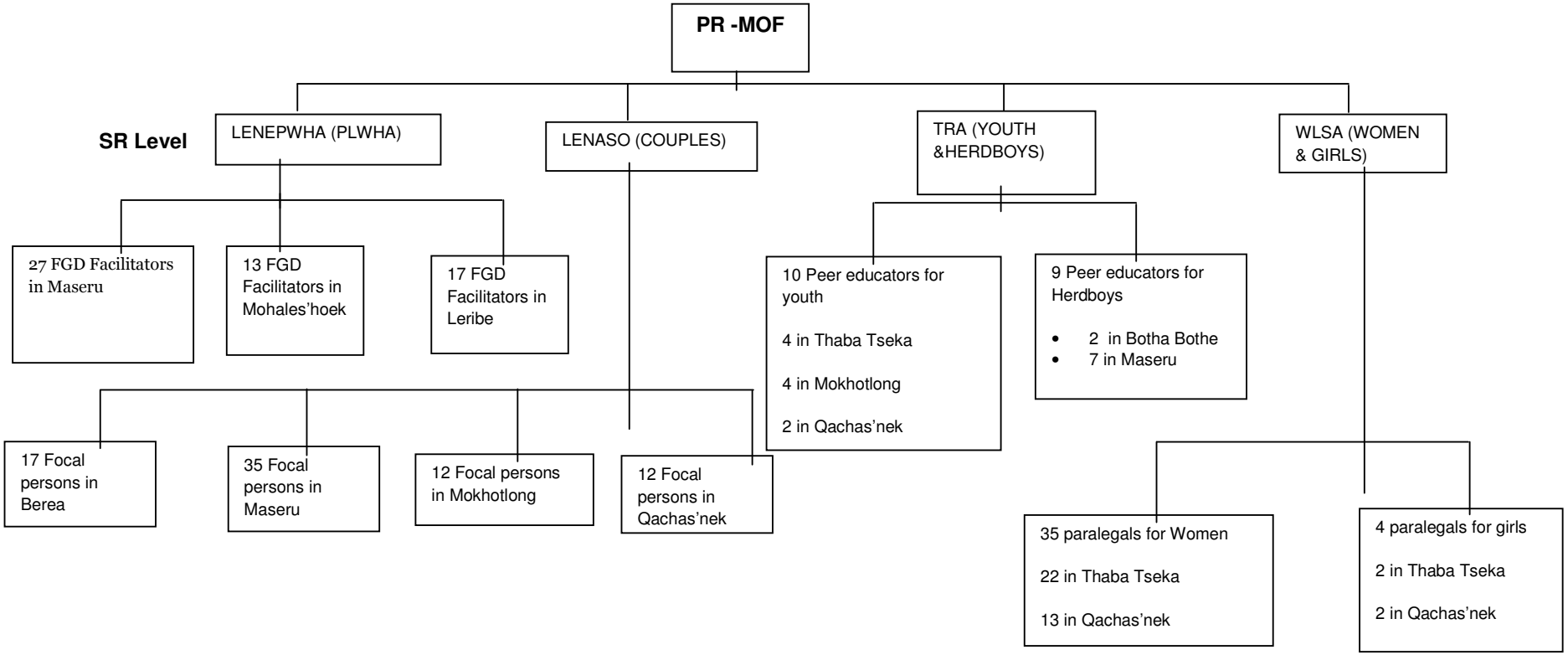
- To reduce the incidence of new infections in both the general and specific populations
- To increase universal access to HIV counselling and testing services
- To reduce the negative social and economic impact on HIV and AIDS on individuals, families and communities

A set of prevention intervention package were developed for each target population. The target population included couples, herd boys, and youth out of school, People living with HIV and AIDS, women and girls.

1.3 Implementation Arrangements

The Ministry of Finance was the Principal Recipient of the grant and was provided with additional human resource to support capacity building of the Sub Recipients implementing activities under the grant. The support focused on financial management, program management and monitoring and evaluation. Four Sub-Recipients (SRs) were selected to implement the grant activities.

Implementation Arrangements



Chapter 2–Programmatic achievements

2.1-BCC community outreach (youth out of school)

2.1.1 Description of the intervention

Touch Roots Africa was the Sub Recipient implementing the prevention package focusing on youth in three districts, namely; Thaba-Tseka, Mokhotlong and Qacha'snek. The package included BCC interventions where youth were to be reached with Risk Reduction and Avoidance Manual (RRAM). The manual contains 7 topics; Self Awareness, Interpersonal Relationship skills, Sex and Sexuality, Communication skills, HIV and AIDS, Critical Thinking and Substance Abuse. This manual served as first component of the package.

The second component of the package constituted condom education and provision to the youth and this also included provision of information on where to get condoms. The third component included provision of counseling on male circumcision, HIV testing and counseling, STI as well as referral of these services. These interventions were geared towards encouraging behavior change among the youth and demand creation for health services particularly HTC, VMMC and STIs.

2.1.2 Target Population

The target population was youth aged 15-24 years in three districts. The three districts were selected based on 2009 LDHS findings which demonstrated that HIV prevalence for girls 15-19 is 4.1% and 24.1% for girls aged 20-24. The same scenario also prevailed in boys with HIV prevalence of 3.5 % and 16.3% in the same ages. Further, HIV testing and counseling has been found to be low at 50% in these districts (LDHS 2009).

Implementation Strategy

TRA trained peer educators before engaging them in their respective districts.

The grant supported the engagement of 10 peer educators to implement the package. Four (4) peer educators were placed in Thaba-Tseka and Mokhotlong districts respectively. Two (2) peer educators were placed in Qacha'snek district. In addition 10 assistant peer educators were also engaged. Four (4) were allocated to Thaba-Tseka and Mokhotlong respectively. The remaining two were allocated to

Qacha'snek district. These peer educators were identified in the community councils where the package was implemented and they received intensive training on the package as well as the M&E tools of the package. The youth were reached through the training workshops which took five (5) days.

2.1.3 Key indicators for monitoring the performance

Indicator1: Number and % of youth out of school (15-24) reached[1] with prevention interventions				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	3604/67050(5.4%)	3604/67050(5.4%)	3604/67050(5.4%)	3604/67050(5.4%)
Results	(0/67050) 0%	59/67050 (0%)	6117/67050 (9.1%)	2092/67050 (3%)
% achievement of the target	0%	2%	169%	60%
Indicator 2: Number and % of young people tested and counselled for HIV and who received results				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	723/3604(20.1%)	723/3604(20.1%)	723/3604(20.1%)	723/3604(20.1%)
Results	(0/3604)0%	(0/3604)0%	(0/3604)0%	(0/3604)0%
% achievement of the target	0%	0%	0%	0%

2.1.3.1Performance Analysis

In period one of the grant implementation performance was unsatisfactory due to number of factors. The SR implementing the package was engaged in July 2013. Following the appointment of the SR, the work plan was reviewed by both the PR and the SR and submitted for approval to Global Fund by August 2013. There was a delay in the recruitment of Ten (10) peer educators and 10 assistant peer educators as the activity was depended on the finalization of the work plan. All these activities took place inside the implementation period.

Period 2 demonstrated an improvement on the indicator for monitoring youth reached with prevention interventions in that 2% of the target was reached. During the reporting period 777 youth completed the RRA manual, however, only 59 met the definition of reach as defined in the package. The low performance is attributed to several factors and these include delayed engagement of the peer educators,

[1]Youth is considered reached if she/he attended at least 4 of the 5 days of the workshop , achieved 85% in the post test assessment, received HTC, PMTCT, STI and MC counseling, which will be part of the education sessions, and received at least 10 pieces of condoms

unavailability of post results on the reports, for example 603 youth had no post test results and as a result it could not be established whether they passed or not.

Based on the package, youth were also to receive condoms at the end of the training, but due to religious backgrounds some of the youth could not take the condoms as part of the package. Some of the youth preferred to obtain the condoms from public facilities such as shops and health centres.

As a way of further improving performance, an acceleration plan was developed for six months by utilising unused funds from period one. Additional peer educators were engage for six months and this yielded a good performance in period 3. The performance dropped to 60% in Period four and this was attributed to the holding of elections in Lesotho and this activity interrupted the training workshops planned by the SR.

Performance on indicators tracing referrals for HTC services has been unsatisfactory in all the reporting periods. By March 2015, 703 youth were referred for HTC however it could not be verified whether these clients received HTC. The main reason for the low performance is that referrals system from community to the health facilities is still weak in Lesotho. After attending the workshop, youth are referred for HTC services to the nearby facilities as an effort to increase demand for HTC services. Peer educators would make follow up for establish whether a service has been received. During verification the proportion of referrals that received HTC services could not be established due to weak referral system from community to health facilities.

Apart from reaching the youth with the prevention package, the youth were expected to distribute condoms in the community councils where the package was implemented. This was done to ensure that condoms are accessible to sexually active population. The condoms were placed in shops, public bars and other places where condom dispensers were found. The number of condoms distributed by the peer educators was 198,848

2.1.3.2 Challenges

- There was a significant delay in the appointment of the peer educators due to procedures followed in their engagement and this contributed to poor results in period one.
- The definition of “reach” as defined in the package was difficult to attain due to high score of 85% set. This resulted in low results achieved against the set targets
- Provision of condoms constituted part of the definition of “reach” on the package. However some youth declined to take the condoms due to religious and cultural reasons and they could not be counted as reached.
- There was under budgeting on transport of the peer educators and this had a negative effect in terms of reaching more youths with the package
- Some of the youths had challenges in using the monitoring tools though training was provided to them.
- The monitoring tools had some gaps that were realised during implementation since they were not piloted. However technical assistance was provided for the review of the tools based on the gaps noticed during implementation.

- In period 3, the country was holding the national elections and some peer educators resigned to join the Independent Electoral Commission due to better remuneration and implementation was therefore negatively affected.

2.2-BCC community outreach (Herdboys)

2.2.1 Description of the package of intervention

The package was implemented by Touch Roots Africa as the Sub Recipient. The prevention package included BCC intervention in which herd boys were to be reached with Risk Reduction and Avoidance Manual (RRAM). This manual has 7 topics; Self Awareness, Interpersonal Relationship skills, Sex and Sexuality, Communication skills, HIV and AIDS, Critical Thinking and Substance Abuse

The second component of the package included condom education and provision to the youth and this also included provision of information on where to get condoms. The third component entailed provision of counseling on male circumcision, HIV testing and counseling, STI as well as referral of clients to these services. These interventions were geared towards encouraging behavior change among the herd boys and creation access for health services.

2.2.2 Target Population

The target population was Herdboys aged 15-34 years in two districts, namely; Botha Bothe and Maseru. According to Situational Analysis Report for the development of HIV and AIDS Strategic Plan for the herd-boys community in Lesotho 2010, the following challenges were identified, low levels of comprehensive knowledge about HIV and AIDS (27.8%), low access to condom, low consistent and correct use of condom, Low access to health services including HTC and High needs of HIV education among herd boys. It was also established that the BCC interventions were already ongoing in other districts through the support of partners such as LDTC, LANFE, MGYSR and Sentebale. However the two districts of Maseru and Botha Bothe were underserved and it was decided that the package should focus on them.

TRA peer educators introducing TB/HIV drama presented during World TB day by the herdboys from Nazaretha.

Implementation Strategy

Nine (9) peer educators were engage under the grant, 7 of them were allocated to Maseru districts while 2 were placed at Botha Bothe district. The herdboys were

reached through focus group discussions which were carried out in the evening. The peer educators received intensive training on the implementation of the package and the use of monitoring tools.

2.2.3 Key indicators for monitoring the performance

Indicator1: Number and % of herdboys (15-34) reached[2] with preventions interventions				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	733/3551(20.6%)	733/3551(20.6%)	733/3551(20.6%)	733/3551(20.6%)
Results	0/3551)(0%)	120/3551 (3%)	0/3551 (0%)	185/3551(5%)
% achievement of the target	0%	16%	0%	24%

2.2.3.1Performance Analysis

In period one of the grant implementation, no results were realised since the SR to implement the activities was engaged in July 2013, furthermore the work plan of the CSS grant was reviewed by both the PR and SR and submitted to the Global Fund in August 2013. The recruitment of nine (9) peer educators who were going to implement the package was also delayed pending the approval of the revised work plan.

Overall 751 herdboys received the prevention package using the Risk Reduction and Avoidance manual from P2-P4. However only 305 herdboys were considered reached as per the definition of the package. A number of challenges emerged that were not foreseen.

Condom distribution by peer educators among the herdboys was carried in the areas where implementation was taking place. At the end of March 2015 the total number of condoms distributed was 60,853.

2.2.3.2 Challenges

- Most of the herd boys could not read and write and the post assessment tests could not be done, and the definition of "reach" for the herdboys could not be met. A review of the package was initiated for accommodating the lessons learned during implementation.
- Some of the herd boys travelled long distance and their attendance was not consistent. As way forward, transport was going to be provided to these herd boys.
- Distribution of condoms to the herd boys met challenges since most herd boys preferred to obtain the condoms from the public places,
- Some herdboys expected to receive money or fees for participating in the focus groups discussions, and such a budget line was not available.

[2]90% of attendance (at least19 sessions out of 21 sessions from the 7 topics), obtained 85% in the post-test assessment, received condoms and attended HTC, STI & MC counselling sessions.

2.3 -BCC community outreach (Couples)

2.3.1 Description of the package of intervention

The package was implemented by LENASO as a Sub Recipient. The prevention package included BCC intervention where couples were reached with Keys to a Healthy Relationship manual. The manual consists of 9 modules namely; Defining Faithfulness, The ideal relationship, Healthy long-term relationship, The importance of faithfulness, Skills development- how to be faithful, Communication techniques, Conflict resolution, HIV & Long-term relationships, Making a decision about Faithfulness. The second component of the package included condom education and provision to the youth and this also included provision of information on where to get condoms

The third component of the package focused on provision of counseling on male circumcision, HIV testing and counseling, STI as well as referral these services. These interventions were geared towards encouraging in behavior change among the couples and demand creation for health services.

2.3.2 Target Population

The target population was couples aged 15-49 years in four (4) districts namely Berea, Maseru, Qacha's Nek and Mokhotlong. The four districts were selected since it was found out that PSI is already implementing the package in the other six districts. Furthermore, the package for couples was prioritized based on the Modes of Transmission Study which showed that prevalence of HIV among the couples is high.

Implementation Strategy

Seventy six (76) focal persons were supported under the grant to implement the package in four (4) districts. 17 focal persons were placed in Berea, 35 were allocated in Maseru while 12 facilitators were place in Qacha'snek and Mokhotlong respectively. These focal persons were identified from existing support groups in the communities where the package was implemented. They received extensive training on the implementation of the package as well as the M&E tools monitoring the implementation of the package. The couples were reached through home visits conducted by the focal persons.

LENASO trained Focal Persons before were engaged to work with the communities.

2.3.3 Key indicators for monitoring the performance

Indicator1: Number and % of couples (15-49) reached[3] with prevention interventions				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	2371/118,369(2%)	2371/118,369(2%)	2371/118,369(2%)	2371/118,369(2%)
Results	0/118,369(0%)	225/118369 (0.19%)	3214/118369 (2.7%)	3306/118369 (3%)
% achievement of the target	0%	9%	136%	150%
Indicator 2: Number and % of couples tested and counselled for HIV and who received results				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	212/9484(2.2%)	212/9484(2.2%)	212/9484(2.2%)	212/9484(2.2%)
Results	0/9484(0%)	0/9484(0%)	0/9484(0%)	0/9484(0%)
% achievement of the target	0%	0%	0%	0%
Indicator3: Number and % of males referred by CSOs that received circumcision				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	426/4257(10%)	426/4257(10%)	426/4257(10%)	426/4257(10%)
Results	0/4257(0%)	0/4257 (0%)	0/4257 (0%)	0/4257 (0%)
% achievement of the target	0%	0%	0%	0%

2.3.3.1Performance Analysis

With exception of the period one and two, the number of couples reached with the prevention package has been above the target. In period three(3), 3214 couples were reached with the prevention interventions while in period 4 the total of 3,306 couples were also reached. The target for each period was 2371 couples. The good results were achieved due to an acceleration plan that was developed and implemented to make up for the lost time. In the plan additional 76 facilitators were engaged for six months to speed up implementation.

[3] A couple is considered reached if, it attended all the 9 modules out of the BCC manual, attained 85% on the post test for the entire modules, received counselling on HTC, MC & STI and received condoms.

All the two indicators monitoring access to HTC and VMMC services recorded no results in all the four periods. 1805 couples were referred for the various services such as HTC, VMMC, PMTCT and STIs. However during verification by PR, it was discovered that due to the weaknesses in the referral system, from community to facility, data cannot be verified. In some cases, couples already on ART were reached with the package and were recorded as clients who received HTC and this was not correct in that the indicator was tracking couples that received HTC after receiving the package.

LENASO Focal Person at Matsieng shows the referral slips during PR verification. On the left is the M&E Officer verifying the referral slips at Scott hospital in Morija.

With regard to VMMC, it was anticipated that some health centres would be providing VMMC in line with the VMMC scale up plan of 2012-2016. However, VMMC services are currently provided only at hospital level, while the prevention package is administered in hard to reach rural areas where health services are provided through the health centres. Couples in these areas cannot have easy access to services such as VMMC unless they visit hospitals which in most cases are situated in the urban areas.

The focal persons were also expected to distribute condoms in public places for accessibility to sexually active population. In the four districts (Mokhotlong, Maseru, Berea and Qacha'snek) 2, 461,458 condoms were distributed through public places, such as; shebeens, shops, public bars and sports facilities.

2.3.3.2 Challenges

- Tracing of referrals for HTC, VMMC, STI and PMTCT was challenge due to weak referral systems from the community to the facility level.
- The indicator tracing VMMC services was included based on the assumption that health centres would be providing VMMC, however, VMMC services are currently provided only at the hospital level.
- The tool for referrals for HTC had limitations, it could not identify whether an individual is already on ART or Not. In some cases HTC results reported were of people that were already on ART during the administration of the package and therefore not in need of HTC. This was established during verification by the Principal Recipient.

2.4 Stigma reduction in all settings (Women and girls)

2.4.1 Description of the package of intervention (women)

The package was implemented by WLSA as the SR and it entailed reaching women with three simplified laws. These were Sexual Offences Act, Legal Capacity of Married Persons Act, and Inheritance Laws. The sexual offences act encapsulate introduction of marital rape as a way of protecting women partners from new infections, protection of disabled women against sexual abuse, compulsory HIV and AIDS testing in cases of penetrative sex, specifically to provide the victim with health services like PEP and prevention of any unwanted pregnancies and penalties on perpetrators as a way of deterring others from committing these crimes.

Legal Capacity of Married Persons Act provides protection to women on their property when a spouse dies while the Inheritance Laws provides guidance on drawing of wills for inheriting property.

2.4.2 Target Population

The target population were women aged 18+ years in two districts namely Qacha'snek and Thaba-Tseka. The two districts selected are rural and have with hard to reach areas due to the difficult terrain. It was also established that due to challenges in accessing information, HIV/AIDS related stigma is still high in rural communities.

Implementation Strategy.

Thirty five (35) paralegals were engaged and deployed in two districts (22 in Thaba-Tseka, 13 in Qacha'snek). The paralegals were identified from the existing pool of paralegals. The paralegals were trained on the package and the M&E tools. Women were reached through house to house visits by the paralegals.

WLSA trained paralegals in Thaba Tseka and Qacha'snek before engaged in the project implementation.

2.4.3 Key indicators for monitoring the performance

Indicator1: Number and % of women (18+)[4] reached with HIV related laws.

[4] An individual will be reached when she has attended all the 3 sessions covering all legal instruments and attained an average of 85% on post test assessment for all the laws.

	P1(Apr 13- Sept 13)	P2(Oct 13 – March 2014)	P3(Apr 14- Sept 14)	P4 Oct 14 – March 2015
Target	4223/56301(7.5%)	4223/56301(7.5%)	4223/56301(7.5%)	4223/56301(7.5%)
Results	0/56301(7.5%)	8404/56301 (14.9%)	13173/56301 (23.4%)	6602/56301(12%)
% achievement of the target	0%	199%	311%	160%

2.4.3.1Performance Analysis

Engagement of the SR for implementing activities focusing on women was done in July 2013. This was followed by the review of the workplan and this process was concluded in August 2013 for submission and approval by the Global Fund. Between April and September 2013 activities could not be implemented due to unavailability of funds. There was also a delay on the recruitment of 35 paralegals who were going to be responsible for reaching out women with HIV related laws in the community.

In period two, 8404 women were reached with HIV related laws, which was 199% of the set target. In period three, 34 additional paralegals were engage as part of the acceleration plan and 13173 women were reached and this 311% of the target, in period 4, 6602 were reached and the target was exceeded by 60%.

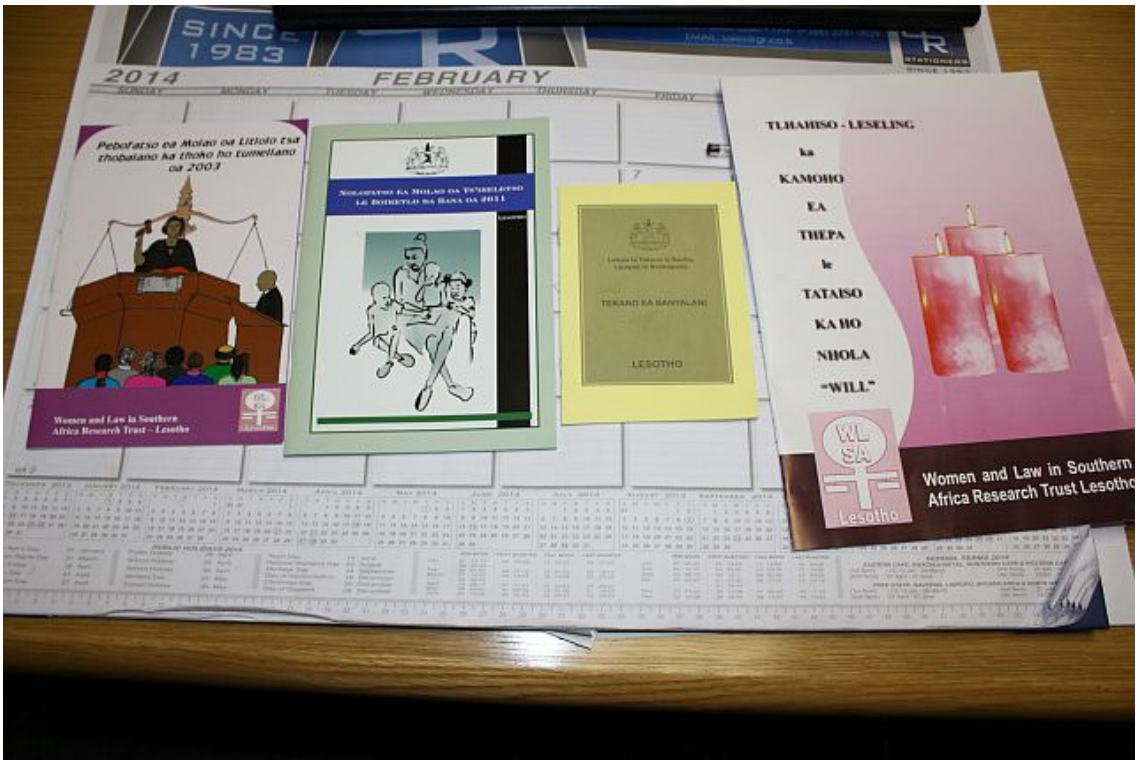
The magnificent performance by the SR is attributed to the fact that paralegals are community based individuals with extensive experience on the laws of Lesotho and work collaboratively with other agencies like the police units and other community leadership structures, and they are also well established in their communities.

IEC material

2.4.4 Description of the package of intervention (Girls)

The package was implemented by WLSA as the SR and it entailed reaching girls with three simplified laws; Sexual Offences Act, Legal Capacity of Married Persons Act and Inheritance Laws. The sexual offences Act encapsulate protection of minor girls from sexual exploitation, compulsory HIV and AIDS testing in cases of penetrative sex, specifically to provide the victim with health services like PEP and prevention of any unwanted pregnancies and penalties on perpetrators as a way of deterring others from committing these crimes.

Inheritance law includes two main provisions, namely the role of the Master of the High Court in protecting property rights of orphaned children, regardless of their gender and inheritance of female children by the Children's Protection and Welfare Act 2011.



The Simplified copies of the laws that WLSA distributed to the communities during the outreach.

2.4.5 Target Population

The target population were girls aged (13-17) years in two districts namely Qacha'snek and Thaba-Tseka. The two districts selected are considered rural and have areas that are hard to reach due to the difficult terrain. Furthermore it was discovered that other organization supported by PEPFAR are already implementing similar interventions in other districts. These organizations included PACT, GROW and MSH

Implementation Strategy

Four (4) paralegals were engaged and deployed in two districts (2 in Thaba-Tseka, 2 in Qacha'snek). The paralegals were identified from the existing pool of paralegals. The paralegals were trained on the package and the M&E tools. Girls were reached through focus group discussions of maximum of 10 people per group.

2.4.6 Key indicators for monitoring the performance

Indicator1: Number and % of girls (13-17) reached[5] with HIV related laws.				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	1920/12437(15.4%)	1920/12437(15.4%)	1920/12437(15.4%)	1920/12437(15.4%)

[5]A girl has attended all the two sessions covering Sexual Offences Act and Child Protection and Welfare Act on Inheritance and received simplified IEC material.

Results	0/12437(0%)	3075/12437 (24.7%)	3075/12437 (24.7%)	2715/12437(22%)
% achievement of the target	0%	161%	161%	143%

2.4.6.1Performance Analysis

The implementation of WLSA activities was not started in period one as planned. Engagement of the SR for implementing activities focusing on women was done in July 2013. This was followed by the review of the workplan which was concluded in August 2013 for submission and approval by the Global Fund. As a result the activities could not be implemented due to unavailability of funds.

The target for all the four periods was to reach 7680 girls with HIV related laws in two districts. At the end of period 4, 8,865 girls were reached with HIV related laws. The good performance on this package is attributed to the fact that paralegals are well trained individuals, with considerable experience on the various laws focusing on protection of children and women in Lesotho. Furthermore WLSA has a good working relationship with various partners at the community level. They are also working together with other agencies such as police and other local community leadership structures.

2.4.6.2 Challenges

- There was limited budget for reproduction of IEC materials for both girls and women while demand was very high.
- The SR (WLSA) was not provided with staff for M&E and finance, and this created a huge workload on the SR.
- Budget for M&E tools was limited from the grant, however, this did not have a negative effect on the implementation of the activities, as the PR reproduced the tools.

2.5-BCC community outreach (PLWHA)

2.5.1 Description of the package of intervention

The package was implemented by LENPWHA using the Positive prevention peer educator's manual. The manual has 8 modules; Basic facts on HIV and AIDS, Overview of positive prevention, Behaviour change and positive prevention & risk reduction messages, Communication and helping skills, Prevention of mother to child Transmission, Stigma and Discrimination, Disclosure of HIV status, Treatment of HIV and AIDS, Sexuality and wanting to have children. The second part of the package includes Condom education and provision, finally, counselling on VMMC and STIs.

2.5.2 Target Population

The target population was PLWHA in three districts, namely; Maseru, Leribe and Mohales'hoek. The three districts were selected based on their high HIV prevalence compared with the rest of the other districts.

Implementation Strategy

Fifty Seven (57) Focus Group Facilitators were engaged and placed in three (3) districts. 27 were placed in Maseru, 13 in Mohale'shoek and 17 were placed in Leribe. FGFs received training on the implementation of the package as well as its M&E tools. The PLWHAs were reached through the focus group discussion.

Photos of the LENEPHWA Community Facilitators trainings in Leribe and Maseru respectively.

2.5.3 Key indicators for monitoring the performance

Indicator1:Number and % of people living with HIV reached with prevention interventions				
	P1(Apr 13- Sept 13)	**P2(Oct 13 – March 2014)**	**P3(Apr 14- Sept 14)**	**P4 Oct 14 – March 2015**
Target	10260/121246(8.5%)	10260/121246(8.5%)	10260/121246(8.5%)	10260/121246(8.5%)
Results	0/121246(8.5%)	0/121246(8.5%)	0/121246(8.5%)	0/121246(8.5%)
% achievement of the target	0%	0%	0%	0%

2.5.3.1Performance Analysis

Under the grant, the SR engaged 57 facilitators to conduct focus group discussion using the Positive Prevention Manual, Furthermore, 60 additional facilitators were engaged as part of the acceleration plan to make up for the lost time. From period 2 to 4, a total of 29,060 PLWHA were reached with Positive Prevention Manual in the three districts (Maseru, Mohale'shoek and Leribe). However in line with the definition of reach as explained in the package participants did not meet the requirements hence the reported results are zero for all the periods.

LENEPHWA during outreach program

In addition, the facilitators were expected to distribute condoms as part of prevention activities in the community councils where they were operating. A total of 999,885 condoms were distributed by the facilitators. The condoms were distributed through public places, such as bars, shops and community halls.

2.5.3.2 Challenges

- Difficult use of the monitoring tools by the facilitators though they received training.
- There were also limitations on the monitoring tools and this also affected the performance by the SR. The tools were however reviewed through the technical assistance.

- Most of the people who completed the positive prevention manual did not achieve the pass mark of 85% which was part of "reach" as defined in the package.
- Of the four SRs engaged under the grant, LENEPWHA delayed to start implementation due to its internal logistical challenges.

- In addition, the people who completed the manual were also required to receive condoms as part of the package, however due to non-acceptance of condoms by participants they could not be accounted as reached.
- The SR delayed to submit reports for verification by the PR and this resulted in delays for effecting payments for the facilitators and eventually implementation slowed down.

2. 6 Community Systems Strengthening

2.6.1 Support grants management units

The three SRs namely; LENASO, LENEPWHA and TRA, received capacity building in terms of Human Resource for this grant. Each had engaged the Finance Officer, Program Officer and Monitoring and Evaluation Officer. The capacity provided enabled the implementation of activities to be accelerated. It also ensured capacity in the areas of finances, M&E and programme management.

Furthermore, two vehicles were procured for TRA and WLSA, while LENASO and LENEPWA received vehicles that were used by the previous Principal Recipient (LCN) and SR (Lesotho Business Labor Coalition- LBLC) to enable implementation.

Handing over of vehicles to LENASO, TRA, WLSA and LENEPHWA to enable monitoring of the projects in various districts

2.6.2 Capacity Building

The Technical Assistance Plan was developed for all the SRs and SSRs implementing the GF supported activities. The plan contained activities intended to strengthen grant management capacity of the SRs to ensure efficient and effective grant implementation.

The overall objective of the technical assistance plan was to build the capacity of SRs (including SSRs) to implement Global Fund Programs, the plan focused on improving SRs

understanding of Global Fund guidelines and procedures capacity building of the staff of the SRs to perform the various functions in programme management, financial management and monitoring and evaluation.

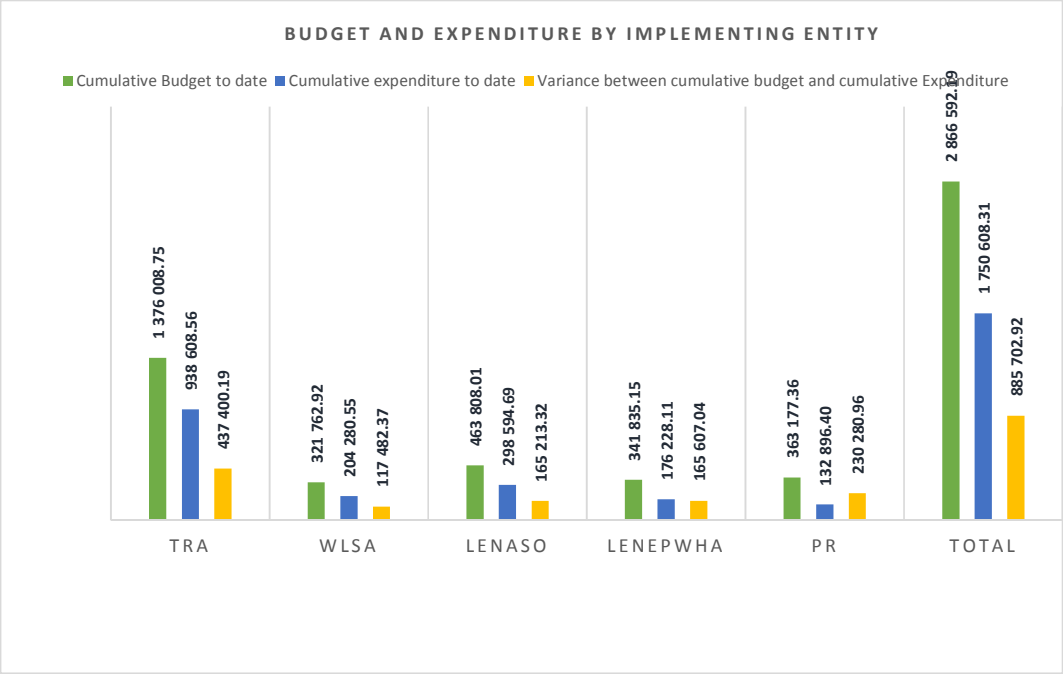
In response to the gaps identified in the plan the SRs received capacity building in programme management, financial management, monitoring and evaluation. The capacity building provided enabled the SRs to improve on implementation of GF supported activities. Capacity building was provided through training and mentoring on the two areas, namely; financial management, monitoring and evaluation and programme management.

Furthermore, a comprehensive review of the monitoring tools for all the SRs implementing the package, was done with the support of the external consultant. The tools were also aligned to the new definition of the package in each SR. The revised tools are more user friendly and are going to be used starting from April 2015 under the new PR.

Chapter 3–Financial Performance

3.1 Financial Performance

This section covers financial performance of the grant from April 2013 to March 2015. The bar chart below indicates the summary of cumulative budget and expenditure as at 31 March 2015.



TRA

Cumulatively, the budget of the SR was $1,376,008.75 and the actual expenditure was $938,608.56 resulting in a burn rate of 68%. The performance could have been better but, was negatively affected by the expected transition from MOF to PACT as the new PR which was initially meant to be effective in October 2014, however it became effective in April 2015. During this time, most of the activities were not implemented due to lack of funds as there was a delay in disbursement from the TGF during the October to December 2014 quarter, because of the planned transition which was deferred.

WLSA

Cumulatively, the SR expended $204, 280.55 against a budget of $321, 762.92 which is a burn rate of 63%. WLSA implemented almost all of its activities; however, efficiency gains were realized through the procurement and modalities used to implement trainings on legal and human rights for women and girls paralegals. Secondly savings were realized from the payment of 65 paralegals. Based on the acceleration plan, the stipends of additional paralegals were supposed to have been paid in March 2014 but they were fully engaged in May 2014.

LENASO

The cumulative performance shows an actual expenditure of $298, 594.69 against a budget of $463, 808.01 and this translates into the burn rate of 64%. This under expenditure is caused by the savings made from trainings of focal persons, the stipend of focal persons for acceleration plan was planned to be paid from March 2014, but the Focal persons were effectively engaged in May 2014. Furthermore, the SR did not engage the sign language interpreters for disabled couples due to lack of skill in the country.

LENEPWHA

On a cumulative performance, the SR expended $176, 228.11 against the budget of $341, 835.16 resulting in a burn rate of 52%. The huge under expenditure was caused by the savings realized in the training of 57 facilitators which were implemented cheaply than budgeted amounts. Secondly, there was a delay in commencement of LENEPHWA activities.

PR

The total Principal Recipient expenditure for the current period is $137, 178 against the current budget of $363, 177 translating into 38% burn rate. This is largely depended upon the savings from non-recruitment of two officers, being the Accountant and Project Officer whose salaries were reprogrammed to engage a consultant for the consolidation of the CSS budget. However, not all the savings were fully utilized. Delay in implementation of activities such as trainings and development of M&E tools, databases and guidelines for CSS grant, negatively affected spending by the PR. However most of the grant activities have been completed and the payments are made beyond March 2015.

Budget and expenditure analysis by Cost Categories

Cost Category	Cumulative Budget (March 2015)	Cumulative Expenditure (March 2015)	Variance between cumulative budget and cumulative Expenditure	%
Human Resource	$ 914 219.16	$ 560 069.26	$ 354 149.90	61%
Technical Assistance	$ 9 582.49	$ 22 500.60	$ -12 918.11	235%
Training	$ 1 463 506.13	$ 940 278.74	$ 523 227.39	64%
Infrastructure and other equipment	$ 190 210.86	$ 96 596.97	$ 93 613.89	51%
Communication Materials	$ 165 154.69	$ 46 135.98	$ 119 018.71	28%
Monitoring and Evaluation	$ 58 165.76	$ 46 977.17	$ 11 188.59	81%
Planning and Administration	$ 7 359.72	$ 3 215.48	$ 4 144.24	44%
overheads	$ 46 551.42	$ 34 834.11	$ 11 717.31	75%
Other	$ 11 841.94	$ -	$ 11 841.94	0%
Total	**$ 2 866 592.17**	**$ 1 750 608.31**	**$ 1 115 983.86**	61%

Human Resource

The total budget for this category is $914, 219.16 against an actual expenditure of $560, 069.26 and this show an under expenditure of $354, 149.90. The under expenditure is attributed to a number of factors, Firstly; two PR staff members, namely; Accountant and

Project Officer resigned in January 2014 and were never replaced by the PR, and savings were realized. Secondly; most of the temporary staff to support the acceleration of activities for the SRs namely, the Assistant and Peer Educators, Community Facilitators, paralegals and focal persons were not engaged on time as per the acceleration plan. Thirdly; the Sign Language Facilitators were never engaged by the SR due to the rare skill in the communities within which implementation of their activities was taking place. Furthermore, the community Facilitators for LENEPHWA was not paid on time due to delay in submission of reports by the SR.

Technical Assistance

The expenditure on the Technical Assistance category was $22, 500.60 against $9,582.49 budget allocation for the cumulative period. This represents a 135% over expenditure. The over expenditure was due to the fact that the PR through the approval of TGF, reprogrammed the savings realized from the resignation of the Accountant and Project Officer for engagement of a consultant for consolidation of CSS grant. However, this particular line item was not included in the revised budget.

Training

The financial performance of the training category depicts an under expenditure of $523, 227.39 translating into 36% of the total budget. The under expenditure is attributed to the following factors; firstly; the transition of the grant from MOF to PACT as the new PR which was meant to be effective in October 2014. During this time, most of the activities were not implemented due to the lack of funds as a result of delay in receipt of disbursement from the TGF. This affected major activities such as the implementation of reaching youth with BCC interventions including distribution of IEC materials, which holds the significant allocation of the budget. Secondly savings were made from trainings of paralegals by WLSA, peer educators by TRA and LENASO and community facilitators by LENEPHWA. All these trainings were successfully implemented, but at a relatively lower cost than budgeted due to efficient procurement procedures employed.

Infrastructure and other equipment

The under expenditure of $ 93 613.89 was realized from the cumulative budget of 190 210.86 under infrastructure and other equipment. The low expenditure was attributable to a number of factors like; not all the comic strips have been delivered and paid for. 26, 500 kau la poho comic strip and 8,000 khetho-ea-ka were to be delivered in April 2015 and formed part of the commitments for the grant. The under expenditure was to be cleared in May 2015 when the final consignment is paid. Furthermore, the savings realized are as a result of combining adverts for many activities from different SRs at the same time.

Communication Materials

The cumulative financial performance shows an under expenditure on this category. The major reason for the low expenditure was that Radio adverts have been aired on two radio

stations for this activity. The savings realized are as a result of combining adverts for many activities from different SRs at the same time.

Monitoring and Evaluation

The under expenditure under this category, is attributable a number of factors. Firstly, transport allowances for LENASO and TRA for focal persons while doing follow-up on referrals at Health Facilities were done cheaply than budgeted amounts. Secondly, printing of tools to be used by focal persons was done but the expenditure represents a part payment of the delivery made. The other delivery made has not been presented for payment during the period under review. Hence the expenditure will be recorded beyond March 2015**.**

Planning and Administration

Activities under these categories were fully implemented, the SRs combined activities and some of the costs still need to be appropriated to other line items. Furthermore, Sensitization and screening of 10 Peer Educators and 10 Assistant Peer Educators were completed in February 2014. However, a zero expenditure projected is due to the timing of recording of expenses in the books of accounts. The difference represents the savings**.**

Overheads

The SRs experienced efficiencies in the procurement of administration costs and also, the usage has been controlled and minimal expenditure recorded due to the strong control environment by the management of WLSA. Furthermore, the SR has also saved on petrol as some of the activities were consolidated with the funding from other donors. Apart from that, the insurance and maintenance of the vehicle has not yet been done. Overall expenditure was 75% of the cumulative budget as of March 2015.

Other

The funds for this budget line has not been spent, due to the fact that the reports for the year are yet to be made and shared with the networks and umbrella bodies. This will hopefully be implemented by the new Principal Recipient, and for now it should be considered as a saving.

3.2 Challenges

- Delay in implementation of activities contributes to low expenditure of the grant for example; there was significant delay in the appointment of the temporary staff for acceleration activities by all the SRs.
- Unfiling of vacant position such as the Finance and Program Officers by the PR at the early stages of the grant contributed to the low expenditure as a result of the accumulated savings.

Chapter 4: Lessons Learned, Recommendations and conclusion

4.1 lessons learned

The HIV prevention package is expected to contribute in the reduction of new HIV infections to the general population and specific populations, increase demand for HIV services such as HTC, PMTCT,STI and reduce the negative social and economic impact on HIV and AIDS on individuals, families and communities. From April 2013 to March 2015, valuable lessons have been learned during the implementation of the prevention package and these are;

- The technical capacity by the implementing partners is essential for achieving good results. Some SRs such as LENASO were able to achieve good results and this is largely to its technical capacity at all levels, while SRs such as LENEPWHA did not achieve credible

results and this was caused to a certain extent by technical capacity particularly at implementation level.

- The prevention package consisted of a number of activities before an individual was considered reached. For example for a couple to be considered reached with the prevention package, it should attend all the 9 modules of the BCC manual, attained 85% on the post test for the entire modules, received counselling on HTC, MC & STI and received condoms. During implementation challenges were realized with regard to execution and proper reporting by the SRs

- Piloting of the prevention package could have provided some lessons that could have enabled the implementers to achieve credible results. For example, the prevention package included a post assessment which required the herd boys to know how to read and write. The prevention package assumed that all herdboys could read and write whereas this was not the case. If the pilot was done appropriate interventions for assessing the herdboys could have been done.

- The monitoring tools were also not piloted and as a result gaps were identified during implementation. These gaps could have been noticed during the pilot phase. The tools have however been revised and are going to be used by the SRs under the new PR.

- Most BCC manuals used in the prevention intervention package were bulky and time consuming. Implementation could have been accelerated if they were summarized without compromising the content.

- Inclusion and costing of relevant activities is also essential and play a significant role in achieving good results. For example lack of transport for herdboys to attend focus group discussion prevented consistent participation in the focus group discussions. There was also insufficient budget for the printing of monitoring tools used by the SRs during implementation.

- Referral system from community to the health facility is still weak and requires systematic strengthening by all the relevant stakeholders in order to monitor access to services.

4.2 Recommendations

- It is important to pilot BCC prevention interventions before a roll out can be done. This will enable the country and partners to identify and support proper activities that will ensure achievement of good results.
- Capacity building of implementing partners vitally important for scaling up BCC interventions. Resources should be made available for supporting areas identified as gaps.
- Risk profiling on activities should be done before activities can be implemented in order to establish mitigating factors.
- Technical assistance for programme management, monitoring and evaluation and financial management should be continuous for all the SRs
- The referral system requires some strengthening and this will enable the monitoring of access to health services.

4.3 Conclusion

The programmatic performance illustrate that credible results were achieved in reaching the couples with the prevention intervention. Moreover, better results were also achieved in reaching the youth with prevention interventions. These results are expected to contribute in reduction of new HIV infections in areas where the package was implemented.

In addition WLSA surpassed its targets for both women and girls and this is going to contribute in the reduction of the negative social and economic impact on HIV and AIDS on individuals, families and communities. The performance from LENEPHWA was not satisfactory however improvement is expected improve following the review of the monitoring tools. This also applies to TRA that is implementing the prevention package for herd boys and youth.

The financial performance shows cumulative budget of $ 866 592.17 and the cumulative expenditure of $1 750 608.31 which translates into 61% of the cumulative budget. Expenditure has been quite low in the cost categories such as communications materials (28%), planning and administration (44%) and other (0%). There is also over expenditure under technical assistance (235%). Generally the performance is not unsatisfactory however there is room for improvement.

The programmatic performance of the grant by March 2015 increased from C to B1 which is defined as demonstrating potential for improvement. Both the package and monitoring tools were reviewed and are going to be implemented by the new PR. It is envisaged that good results will be achieved and these will contribute to the reduction of new infections, increase demand for HIV services such as HTC, PMTC as well as the reduction of negative social and economic impact on HIV and AIDS on individuals, families and communities