On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	**LSO-813-G09-H**			
Progress Update - Reporting Period:	**Cycle:**	Oct-14	**Number:**	2
Progress Update - Period Covered:	**Beginning Date:**	1-Oct-2014	**End Date:**	31-Mar-2014
Progress Update - Number:	2			

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are targets/results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B. Programmatic Indicators

Objective No.	* Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 indicator?	Baseline (if applicable)		Intended Target to date	Actual Result to date	% achievement (Please calculate as appropriate)	Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Value	Year				
2.3.9	CSS: Advocacy, communication and social mobilization	Number and % of youth out of school (15-24) reached with prevention interventions	Current grant	N-not cumulative	Top 10 equivalent	42,953.00	2012	3604/67050(5.4%)	59/67050 (0%)	2%	The indicator intents to measure the number of youth out of school reached with prevention interventions. Youth are going to be reached with prevention interventions through training by peer educators. The package includes training on Risk Reduction and Avoidance Manual, provision of counseling on HTC, STI and MC and provision of condoms .The package is implemented in 3 districts of Lesotho namely Thaba-Tseka, Mokhotlong and Qacha's Nek in selected local councils. Touch Roots Africa is SR implementing the interventions through the use of peer education. A total of 19 Peer educators were engaged in February to reach youth with prevention interventions in the communities. They have been trained as Peer Educators. During the reporting period 777 youth were reached however only 59 had 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 training, 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 past or not, high pass mark(85%) required during the post assessment after the training was also a challenge and 33 youth scored between 50%-85% and they are excluded in the reporting even though they attended all the sessions and including receiving condoms. Furthermore according to 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. The youth indicated that they will obtain the condoms from public facilities such shops and health centers. These challenges made it difficult to count the youth reached as per the definition of reach in the package. As a way forward it is recommended that the definition of the package be reviewed to take into consideration the challenges realized. Furthermore an acceleration plan was developed which included the recruitment of additional peer educators for a period of six months to speed up implementation of activities. These peer educators were recruited in March for a period of six months to speed implementation based on the targets. It is envisaged that performance will improve in the reporting period.
2.7.11	CSS: Advocacy, communication and social mobilization	Number and % of couples (15-49) reached with prevention interventions	Current grant	N-not cumulative	Top 10 equivalent	N/A	2012	2371/118369(2%)	225/118369 (0.19%)	9%	The total number of couples reached during the reporting period is 225. The breakdown is as follows Berea (81), Maseru (33), (49) Mokhotlong and (62)Qacha'snek. The indicator measures couples reached with prevention interventions though home visits. The package is focusing on couples using Keys to a Healthy Relationship Manual, provision of counseling on HTC, STI and MC and provision of condoms. The interventions are implemented in four districts namely Berea, Maseru, Mokhotlong and Qacha'snek. The Lesotho Network of AIDS Service Organization (LENASO) is the SR implementing these interventions. In December 2013, the process of engaging focal persons was initiated and 74 Focal Persons were engaged by March 2014 and were already working. In February a request for acceleration of activities was approved by Global Fund for LENASO to engage an extra 104 Focal Persons with the intention of accelerating activities in order to reach missed targets which were not met for April to December 2013. They will start to work from April 2014. LENASO have not been able to meet the target because implementation only started in January with only 17 Focal Persons from Berea district whilst in other districts it started in February and March after the trainings of the Focal persons were completed. According to the package a couple is considered reached if it has completed 5 weeks on the manual, received counseling on HTC, MC, STI and PMTCT, achieved a 85% during the post assessment and lastly received the condoms. The results reported to date shows that more couples are attending sessions on the manual, receive counseling on HTC, MC, PMTCT and STI. But due to religious believes some couples do not accept condoms, others prefer to receive the condoms from public places and this affects the definition of the package. Furthermore the results of the post test for couples were not fully collected from all the districts due to communication breakdown. Out of the 1085 couples reached with the manual only 225 had their post test results recorded. Currently the information is been collected for the reporting period ending March 2014 and will be updated. It is expected that there will be improvement in the next quarter as supervision will be strengthened to Focal Persons and because of the additional Focal persons engage under acceleration plan. Due to these challenges it is recommended that the definition of the package be reviewed while retaining the services offered under the package.
13.3.5	CSS: Advocacy, communication and social mobilization	Number and % of women (18+) reached with HIV related laws	Current grant	N-not cumulative	Top 10 equivalent	50.00	2012	4223/56301(7.5%)	8404/56301 (14.9%)	199%	The indicator measure women reached with prevention interventions though house to house visits. The package includes reaching women with 3 laws, namely; Sexual Offences Act 2003, Legal Capacity of Married Persons Act and Inheritance Laws. Implementation takes place in two districts namely; Qacha's Nek and Thaba-Tseka in selected community councils. WLSA engaged 42 paralegals to reach women with legal instruments in the communities by March 2014. The original number to be engaged was 35 however an acceleration plan was developed 7 additional paralegals were engaged to speed up implementation. WLSA has managed to meet the target for both P1 and P2. The good results achieved in P2 include P1 targets were realised due to the addditional paralegals engaged. According the additional paralegals they are going to be engaged for six months starting from march 2014
13.3.5	CSS: Advocacy, communication and social mobilization	Number and % of girls (13-17) reached with HIV related laws	Current grant	N-not cumulative	Top 10 equivalent	50.00	2012	1920/12437(15.4%)	3075/12437 (24.7%)	161%	The indicator measures girls reached with prevention interventions though house to house visits. The package includes reaching girls with the following laws: Sexual Offences Act 2003 and Children's Protection and Welfare Act 2011. Implementation takes place in two districts namely; Qacha's Nek and Thaba-Tseka in selected community councils. According to the workplan 4 paragelegals were to be engaged to reach girls . In February 2014 the plan to accelerate activities in order to meet missed targets was approved by Global Fund and a total of 14 paralegals were engaged to reach the girls in the two districts mentioned. By the end march 2014 , 3075 girls were reached with the sexual Offences 2003, Children's Protection Act of 2011 and they also recieved simplified IEC materials on these laws. As a result of the acceleration WILSA has been able to exceed targets for P1 and P2. According the additional paralegals they are going to be engaged for six months starting from march 2014

2.1.5.7	CSS: Advocacy, communication and social mobilization	Number and percent of herdboys (15-34) reached with prevention interventions	Current grant	N-not cumulative	Top 10 equivalent	149.00		733/3551(20.6%)	120/3551 (3%)	16%	During the reporting period 120 herdboys were reached with prevention interventions. The indicator measures herdboys reached with prevention interventions through focus group discussions. The package includes sessions using the Risk Reduction and Avoidance Manual, provision of condoms and provision of counseling on HTC, STI and MC to herboys in 2 districts of Lesotho namely Butha-Buthe and Maseru. Touch Roots Africa (TRA) is the SR to implementing interventions focussing on herd boys. In order to implement the package TRA initially recruited 9 peer educators by febraury to hold sessions with herdboys for 2 years. Furthermore an acceleration plan was developed to make up for the delayed implemention. The recruitment and training of the additional peer educators was concluded in March. Performance on the indicator is expected to improve in the next reporting period. According to the package a herdboy is considered reached if attends at least19 sessions out of 21 sessions from the 7 topics, obtained 85% in the post-test assessment,Received condoms Attended HTC, STI & MC counseling and to date a total of 120 herdboys were reached. During the implementation two major challenges were noted related to the package, firstly most herboys cannot read and write and this makes post assessment difficult to conduct, secondly each session last 2 hours and the time is limited. Distribution of condoms to the herdboys has met challenges since they prefer to obtain the condoms from the public places. Based on these findings it is recommended that the definition of the package be reviwied.
2.6.8	CSS: Advocacy, communication and social mobilization	Number and percent of people living with HIV reached with prevention interventions	Current grant	N-not cumulative	Top 10 equivalent	2,756.00		10260/121246(8.5%)	-	0%	The indicator intents to measure people living with HIV (PLHIV) reached with prevention interventions though focus group discussions. The package includes training using Positive Prevention Manual, provision of counseling on HTC, STI and MC and provision of condoms in 3 districts of Lesotho namely Maseru, Mohale's Hoek and Leribe. Lesotho Network of People living with HIV (LENEPWHA) is the SR to implement the component of PLHIV. LENEPWHA managed to train and engage 54 Facilitators by mid March 2014. These 54 Facilitators are engaged to reach PLWHI with prevention activities and the expectation is that in the next reporting period LENEPWHA will have started implementation. Delays were experienced in the implementation and two meetings were held between the PR and SR to accelerate implementation of the activities. It is envisaged that in the next reporting period credible progress will be realized.
2.1.5.7-2.1.5.8 & 2.3.9-2.3.10	Testing and Counselling	Number and % of young people tested and counselled for HIV and who received results	Current grant	N-not cumulative	Yes - Top 10	42,953.00	2012	723/3604(20.1%)	-	0%	The indicator measures the number of young people tested and counseled and who received their results. During implementation of prevention interventions youth will be referred for HIV counseling and testing services and peer educators will provide the youth with referral slips which they will present at the clinics to access service. It is assumed that a certain percentage of youth reached with the package will also receive HTC through referrals. Following the completion of the trainings the youth are referred to facilities for HTC services. The peer educator will then make a follow up to establish whether referred clients received services. TRA was not able to access statistics on this indicator because of the challenges of accessing data on HTC services from health facilities The peer educators reported that accessing HTC data and referral forms was a challenge. TRA is currently in consultations with the MOH to address the issue related to follow up on referrals and it is envisaged that in the next reporting period good progress will be realized on the indicator.
2.6.8 & 2.7.11-2.7.13	Testing and Counselling	Number and % of couples tested and counselled for HIV and who received results	Current grant	N-not cumulative	Yes - Top 10	N/A	2012	212/9484(2.2%)	61/9484 (0.6%)	29%	During reporting period 61 couples who received HTC from the 225 couples who were reached with prevention package. The indicator measures the number of couples tested and counseled and who received their results. During implementation of prevention interventions, couples are referred for HIV counseling and testing services by focal through the use of referral slips which they present at the clinics to access HTC services. Peer Educators conduct follow ups to health centers and hospitals to collect data on couples who have accessed this service. The most important aspect of the indicator is that it is measuring access to services through referrals. The low performance on indicator might be attributed to several factors and these include transport costs to the facilities particularly in the rural areas, incomplete reporting by the SR. For example the reports on the SRs did not show the number of couples referred during the reporting period against those that received the services. As way forward data collection tools will be reviewed to accurately report on the indicator.
2.1.5.8, 2.3.10, 2.7.13	Male Circumcision	Number and % of males referred by CSO that received circumcision	Current grant	N-not cumulative	Yes - Top 10	6,071.00	2012	426/4257(10%)	8/4257 (0.18)	2%	Eight males (8) received MC services during the reporting period. The indicator measures the number of males referred by SRs who received male circumcision. During implementation of prevention interventions, youth and adult males couples are referred for MC services by focal persons, peer educators. The couples provide them with referral slips which they present at the health centers and hospitals to access MC Services. Later the Peer Educators conduct follow ups to health centers and hospitals to collect data on males who have accessed this service. The interventions are implemented by TRA and LENASO and only one SR was able to report on this indicator as others are still awaiting approval from MOH to access data on MC from facilities. The prevention package is offered in hard to reach areas which are distant from the hospitals where MC services are provided. Transport costs might hinder access to MC services when referrals are done. Currently Health Centres do not provide MC services. The other reason for the low performance is that data reported to date comes from only one SR which is LENASO. TRA is yet to report on the indicator.

*** Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1.1, 1.2, etc.)**

C. Analysis of data quality and reporting issues

(!) This section should contain (1) a summary of issues related to data quality and reporting on programmatic indicators, and any relevant issues which are not covered in 'Reasons for programmatic deviation', and (2) remedial actions that are underway or planned to address these issues.

The performance of the grant was based on 9 indicators. Two (2) indicators achieved over 100% of the respective targets. The performance of the other indicator ranged between 0%-29%. The main reason for under performance on the indicators is related to incomplete reporting by the SRs. The interventions under the grant are based on the package offering different services to the client and in most reporting are not complete. This has been realized on interventions targeting youth and couples. Data reported on the relevant indicators is not complete to meet the requirements of "reach" as defined in the package. Moreover the current data collections tools were not piloted before the grant implementation and as such they require some review and this will be done before the next reporting period. Also important is the review of the definition of "reach" in the package for youth, couples and herdboys. This is required because some services such as condoms in package have challenges in the way they are included in the package. For example due to religious and cultural practices some couples and youth do not accept condoms, instead they prefer to access the condoms from the public places. The definition of reach includes provision of condoms to these groups and if an individual or couple did not receive the condoms such a group or individual will not be considered reached as per package.