On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	**LSO-809-G06-H**			
Progress Update - Reporting Period:	**Cycle:**	Semester	**Number:**	12
Progress Update - Period Covered:	**Beginning Date:**	1-Apr-2014	**End Date:**	30-Sep-2014
Progress Update - Number:	12			

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

B. Programmatic Indicators

Objective No.	* Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 indicator?	Baseline (if applicable)		Intended Target to date	Actual Result to date	% achievement (Please calculate as appropriate)	Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Value	Year				
	1 Behavior change communication	Number of people reached by HIV and AIDS prevention messages through outreach	Current grant	N-not cumulative	No	47,654	2011	28,125	65,584	233%	During the reporting period 65584 people were reached with the prevention interventions. The key objective of reaching people with prevention messages is to promote behavior change and mitigate the effects of HIV/AIDS among the vulnerable groups. The other objective is to significantly contribute in the reduction of new infections among the sexually active population. The target population is youth and adults at the community level. HIV/AIDS issues are discussed by looking at the risks of involved for men and women of reproductive age, youth, commercial sex workers, men having sex with men, migrant workers or mobile population and herdboys. The groups are also sensitized about the prevention strategies of HIV in order to reduce the number of new infections in each for example PMTCT. The Focus group discussion is conducted using the national BCC strategy and guidelines. These FDGs are conducted in all the 10 districts of the country.
	2 Behavior change communication	Number of employees reached through workplace programs	National Program	Y-cumulative annually	No	2,297	2011	-	-	-	Performance on the indicator is not due for reporting
	3 Male circumcision	Number of male circumcised as part of the minimum package of voluntary medical male circumcision for HIV prevention	National Program	N-not cumulative	Top 10 equivalent	8,142	2013	(25000/317215)7.9%	28766/317215(9.1%)	115%	VMMC constitutes key component of prevention of HIV. During the reporting period 28766 males were circumcised. This reflects a good performance compared to the target. The MOH with the technical assistance from JHPIEGO embarked on Intensified Service Delivery Campaign. These campaigns are geared to increase demand for VMMC services especially during the school holidays in winter. During that time of the year demand for the VMMC is very high as a result of these campaigns. VMMC interventions are intended to reduce the number of new infections in both the general and specific population.
	4 Testing and Counseling	Number and percentage of men and women who received an HIV test in the last twelve months and who know their results	National Program	N-not cumulative	Yes - Top 10	(310059/835540)37.1%	2013	(277832/447613)62.1%	(253511/447613)56.7%	91%	During the reporting period 253511 people receive HTC and this constitutes 91% of the intended target at the submission rate of 92%. The variance on the performance against the target is attributed to the submission rate. As of April 2014 the country implemented an aggressive scenario in HTC in the revised NSP. The revised National HIV and AIDS Strategic Plan (NSP) prioritize the provision of HTC to 80% of the population, up from the current 37%. HTC is a critical intervention provided at facility level as it serves as an entry point to HIV services, including initiation of ART treatment.
	5 Antiretroviral therapy and monitoring	Number and percentage of Adults with advanced HIV infection receiving antiretroviral therapy	National Program	N-not cumulative	Yes - Top 10	96292/134380 (71.7%)	2013	(135472/240200)56.4%	(114318/240200)47.6%	84%	84% (114318) was reached during the report. The current targets are based on the aggressive scenario in the revised NSP. According to the new national guidelines all HIV positive clients with the CD4 level at 500 and below are to be put on treatment. The new guidelines were expected to be implemented from April 2014, however due to delays implementation of the new guidelines started in July 2014. The low performance on this indicator is attributed to the delay in implementing the new guidelines. The other reason for the low performance is that the submission rate was 96% for the month August. Data for September was not used due to the low submission rate of 92%. August data was used as proxy for September.
	6 Antiretroviral therapy and monitoring	Number and percentage of children(0-14) with advanced HIV infection receiving antiretroviral therapy	National Program	N-not cumulative	Yes - Top 10	5243/24211 (21.7%)	2013	(7132/21900)32.6%	(5133/21900)23.4%	72%	5113 (72%) was reached during the report. The current targets are based on the aggressive scenario in the revised NSP. According to the new national guidelines all HIV positive children below age 5 are put on treatment irrespective of the CD4 count. The new guidelines were expected to be implemented from April 2014, however due to delays implementation of the new guidelines started in July 2014. The low performance on this indicator is attributed to the delay in implementing the new guidelines. The other reason for the low performance is that the submission rate was 96% for the month August. Data for September was not used due to the low submission rate of 92%. August data was used as proxy for September.
	7 Care and support for chronically ill people	Number ans percentage of PLHIV receiving community home based care and support	Current grant	N-not cumulative	Yes - Top 10	4208	2013	4210/360000(1.2%)	(3205/360000)1%	83%	During the reporting period 3205 PLHIV received home based care and support. The underperformance on this indicator is attributed to underreporting by the districts. Data received is of four districts, namely Mokhotlong, Bothat Bothe, Leribe and Thaba-Tseka. Home base care and support entails care provided to PLHIV when at home and it includes psychosocial support, cooking food and washing clothes for the person who is ill and it is provided by the village Health Workers.

8	TB/HIV	Number and percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period.	National Program	N-not cumulative	Top 10 equivalent	204323/207206(98.6%)	2013	220000/222787(98.7%)	45890/47649(96.3%)	98%	The Ministry of Health with technical assistance from ICAP introduced the use appointment book to all facilities providing ART services in Lesotho. The appointment books have a lot of functions. Among them it is to keep the appointment days for all HIV positive clients. The appointment days may include CD4 monitoring, refills, PMTC services etc. At every encounter all the clients are screened for TB as per the national guidelines. Data on this indicator is collected routinely and is summarized on the ART monthly summary forms. TB screening is done for all HIV positive clients on HIV care however some facilities are currently not reporting appropriately on the ART monthly summary forms. In some instances, the number of clients
9	TB/HIV	Number of HIV infected clients attending HIV care given Isoniazid Preventive Therapy prophylaxis (IPT) to treat latent TB.	National Program	N-not cumulative	Top 10 equivalent	204323/207206(98.6%)	2013	78200/222787(35.1%)	(126155/222787)56.6%	161%	According to the ART national guidelines all HIV infected individuals who active TB has been excluded should be provided with IPT for latent TB infection. IPT is used to treat latent TB and reduce the risk of progression to active TB disease among PLHIV. During the reporting period 126155 clients were provided with IPT. 90755 were refills by the clients while 34500 were clients who were started on IPT.
10	Prevention of mother-to-child transmission (PMTCT)	Number and percentage of pregnant women who were tested for HIV and know their results	National Program	Y-cumulative annually	Yes - Top 10	16940/169555(99.7)	2013	26675/27500(97%)	26076/27500(95%)	98%	During the reporting period 26076 pregnant women received HTC and this is 98% of the target. The indicator monitors women who test at ANC as well as those with known HIV positive status. According to the national guidelines HIV testing and counseling services should be routine for all women of childbearing age and for all ANC attendees, since PMTCT interventions depend on a woman knowing her HIV status. HTC provides an opportunity for a woman who is HIV negative to learn how to protect herself and her infant from HIV infection. It can also serve as powerful motivation to adopt safer sex practices, encourage partner testing, and discuss family planning. Benefits of routine HTC in include reaching pregnant women and clients in the context of family planning, postnatal care and under-five services, ensuring continuous care and psychosocial support for HIV positive mothers in ANC, including those who decline to test for HIV at the initial contact in PMTCT settings identifying HIV positive women and affected family members so they can access care, treatment, and support reinforcing safer sexual practices to prevent the spread and/or contracting of HIV and enabling HIV positive clients to access care, treatment, and support early.
11	Prevention of mother-to-child transmission (PMTCT)	Number and percentage of pregnant women who received antiretroviral therapy to reduce the risk of mother to child transmission	National Program	Y-cumulative annually	Yes - Top 10	3662/4708(77.8%)	2013	6584/6788(97%)	5985/6788(88%)	91%	During the reporting period 5985 HIV positive mother were on ART. The variance may be attributed to mothers not attending ANC services and they are not captured in the health system. According to the national guidelines all HIV positive should be put on ART. It reduces the risk of transmission of HIV to the infant significantly; it also reduces maternal morbidity and mortality and improves the quality of life of women living with HIV.
12	Prevention of mother-to-child transmission (PMTCT)	Number and percentage of infants born to HIV positive women receiving virological test for HIV within two months of birth	National Program	Y-cumulative annually	Yes - Top 10	2278/4566(49.9%)	2013	5478/6058(90.4%)	4263/6058(70.4%)	78%	4263 infants born to HIV positive mothers received virological test for HIV within two months. The variance is attributed to the following; Blood was drawn between 2-6 months for 2566 infants, also between 6-12 months for 177. The other reason for underperformance on this indicator is that the proper tool for the recording the information on this indicator is under-five register. This register is currently used by facilities but data has not yet been integrated into the HMIS database. Data on this indicator is currently derived
13	Prevention of mother-to-child transmission (PMTCT)	Number and percentage of infants born to HIV positive women receiving ARV prophylaxis within two months of birth	National Program	Y-cumulative annually	Yes - Top 10	2639/456657.8%	2013	5748/6386(90%)	5941/6386(93%)	103%	5941 infants born from HIV positive mothers were provided with ARVs within two months of birth. According to the national guidelines all exposed infants whose mothers are on ART should receive daily NVP from birth (or as soon as possible thereafter) until 6 weeks of age.
14	HSS: Procurement and supply chain management	Percentage of health facilities despensing antiretroviral therapy that have experienced a stock out of at least one required antiretroviral drug in the last six months.	National Program	N-not cumulative	No	Baseline unavailable	2013	(0/208)0%	(7/208)3.3%	97%	Over the past six months, the drugs status report showed that seven (7) facilities reported a stock of at least one essential ARV drug. And this represents 3.3% of the facilities providing ART services. The PR will be conducting a data verification to establish the factors that lead to drug in these facilities. A verification report will be produced before end of January 2015. Availability of drugs is essential in promoting adherence and achieving quality life for all patients on ART treatment. Stock outs at facilities may lead to resistance to treatment as well as patients who are defaulting if not addressed on time.
15	HSS: Procurement and supply chain management	Number and percentage of facilities offering HTC that experienced a stock out of rapid HIV test kits in the last six months	National Program	N-not cumulative	No	Baseline unavailable	2013	(0/236)0%	(11/236)5%	95%	The stocks status report from the ministry of health revealed that during the reporting period eleven (11) facilities providing HTC experienced stock out of rapid HIV test kits in the last six months. This constitutes 5% of the facilities that are providing HTC. Unavailability of the HIV rapid test kits affect the provision of HIV services severely since HTC serves as an entry point for HIV. The PR will be conducting a data verification to establish factors that caused the stock of the rapid HIV test kits. The verification report will be available by end of January 2015.
16	HSS: Routine data collection, analysis and use	Number and Percentage of districts submitting timely complete reports to the national	National Program	N-not cumulative	No	8/10(80%)	2011	10/10(100%)	(8/10) 80%	80%	For the reporting period, eight districts submitted HTC and ART reports to the national on time. Timely submission of complete reports is essential in curbing underreporting. Performance of ART and HTC indicators is affected by completeness. During the reporting period completeness level of ART was 96% for August while in September it was 92%. Hence for ART indicators the report of August was used as a proxy for September.
17	HSS: Health workforce	Number of health care facilities that received supervision on data verification in the past six months	National Program	Y-cumulative annually	No	Baseline unavailable	-	44/104(42.3%)	168/208(81%)	191%	Improving the quality of data is the priority area of the M&E unit within the MOHSW. Under the current grant the Unit will undertake quarterly data verification visits from national to districts and hospitals. On the other hand the Data officers at the district level will also conduct data verification visits to health centres. The ultimate goal is to ensure that the quality of the data submission and completeness of data reported is improved. The target was also based on the total number of ART sites which is presently 208. During the reporting period 168 sites received data verification visits during the ART cohort exercise which was conducted in May 2014

18	HSS: Health workforce	Annual rate of retention of health service providers at public health care facilities	National Program	N-not cumulative	No	3351/3446(97%)	2011	3446/3446(100%)	1112/1259(88%)	88%	The retention rate is the percentage of employees who were in employment at health facilities at the beginning of the year and remain employed at the health facilities at the end of the year. The numerator is a count of employees who were employed at the beginning of the reporting year and still in employment at the end of the reporting year. The information can be derived from the human resource administrative records. The denominator is the total count of employees during the reporting year, including currently employed and those who may have left during the year. Public facilities in Lesotho include GOL and CHAL; however the reported results are obtained from MOH database only. Data from CHAL was unavailable during the reporting period. The results show that for the reporting period the annual rate of retention was 88%.
19	HSS: Health workforce	Number of midwives oriented on provision of integrated eMTCT, HTC, ART, VMMC, SRH&FP services	Current grant	N-not cumulative	No	Baseline unavailable	2013	532	727	137%	727 service providers were oriented on cervical cancer screening, Sex and sexuality, Teenage pregnancy and family planning, Adolescent youth friendly services, Integration of SRH/HIV/FP, PMTCT, Models of SRH integration, Patient SRH rights, Gender and sexuality, Linkages of HIV/SRH Monitoring and evaluation of SRH services. The training was conducted by EGPAF which is the technical partner to the MOH.
			Select	Select	Select			-	-		

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

C. Analysis of data quality and reporting issues

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

TThis reporting period represents the PUDR for the G06 grant. The programmatic performance of this grant was tracked using 18 output indicators. Six indicators achieved over 100% from their respective targets, another six (6) indicators achieved at least 90% of the planned target. Four (4) indicators recorded 80% of their respective targets and lastly two (2) indicators achieved at 70% of their target. Reporting on TB/HIV collaborative activities requires that supervision by conducted by the relevant M&E terms from both the national and district levels. This is essential in improving the quality of data reported on routine screening among HIV clients in care. Some of the indicators that were monitored under G06 grant are continued under the SSF grant and it is important data collection tools are improved in order to record performance accurately.