On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	**LSO-810-G08-T**	
Progress Update - Reporting Period:	**Cycle:**	9
Progress Update - Period Covered:	**Beginning Date:**	30-Sep-2015
Progress Update - Number:	8	

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				
WP-1.1.1.3 Obj 1 Ind 1.1	Improving diagnosis	# of second line DST tests performed locally	Current grant	Y-cumulative annually	No	0	2012	601	0	0%	The National TB Reference Laboratory could not conduct the second line DS Tests due to the Drug Resistance Survey which was still on-going. During this period data collection of the DRS was completed. The NTRL had prioritized samples of the DRS due to human resource capacity issues. Currently DST is done externally.
WP-1.1.3.1 Obj 1 Ind 1.2	Improving diagnosis	% of laboratories showing adequate performance among those that received external quality assurance for smear microscopy	National Program	Y-cumulative annually	No	(6/17) 35.3%	2012	17/17(100%)	63%	63%	On a quarterly basis the National TB Reference laboratory is mandated to conduct EQA supervisory visits to 17 Labs at the district. QA was conducted in eight laboratories in June and July 2015. The laboratory of Berea hospital, Maluti hospital, and Mohales hoek hospital, Seboche Hospital and St James hospital showed adequate performace while the labotaory of Mokhotlong hospital, Leribe Hospital and Butha Buthe hospital had scored below the 80 target. The contributing factors to the poor performance in Butha Buthe, Leribe and Mokhotlong laboratories was that the Slides were not serially kept as required by NTP EQA programme, most of slides were missing and the quality of the sample was poor for some slides. The recommendation from the NTRL to these hospitals was that the slides should be kept at all times until they are rechecked for QA and that clinicians should ensure that the quality of the samples is of high quality at all times.
WP 1.2.1.1 Obj 1 Ind 1.3	Ptient support	# of MDR-TB patients receiving treatment adherance food packages	Current grant	N-not cumulative	No	208	2012	199	269	135%	By September 2015, there were 269 patients provided with the food adherence packages. The food packages act as an important enablers towards treatment adherence. MDR drugs have serious side effects like irritation of the mucosal, especially Para Amino Salicylic Acid and Prothio which need the patient to take meals at three hours intervals. They also improve the nutrition status of the patients are severely malnourished.
WP 2.1.1.1 Obj 2 Ind 2.1	Procurement and supply management (first line drugs)	Percentage of 2nd line anti-TB drugs in stock in the last six months	GF and other donors	N-not cumulative	No	100%	2012	5/5(100%)	5/5(100%)	100%	In Lesotho 2nd line anti TB drugs are kept at the Central Pharmacy in Botsabelo MDR /TB hospital only. During the reporting period there were no stock out reported on the last day of the quarter for the period that ended in September 2015.
WP 1.1.4.3 Obj 2 Ind 2.2	Multi drug resistant TB(MDR-TB)	# and % of new laboratory confirmed MDR-TB patients enrolled in 2nd line anti-TB treatment	Current grant	Y-cumulative annually	Yes - Top 10	81	2012	144/144(100%)	195/196 (99%)	99%	103 patients were enrolled from October 2014-March 15,102 of these patients were laboratory confirmed,there was only one patient who was put on treatment based clinical observation and past history. During April - September 2015 there were 93 newly enrolled patients on 2nd line anti TB medication and all were laboratory confirmed. The cumulative number of patients enrolled on MDR treatment was 196 and 195 were laboratory confirmed. According to the national guidelines all patients initiated on 2nd line Anti-TB medication should be laboratory confirmed.
Obj 2 Ind 2.3	High Risk Groups	% of prisoners screened for Tuberculosis	National Program	N-not cumulative	Yes - Top 10	(686/2480)27.7%	2012	90%(2232/2480)	(1838/2333)79%	88%	During the reporting period screening of inmates for TB was conducted in the correctional institutions of Mokhotlong, Quthing, Mohale' Hoek, Qacha's nek, Leribe Botha Bothe and Berea. Mafeteng Correctional Services was undergoing renovations and all inmates were transferred to other institutions. There were 2333 inmates reported from these institutions for the period April to September 2015, out of which 1838 were screened for TB. Routine screening is a required since inmates are considered high risk population since they are found in congregate settings.
Obj 2 Ind 2.4	High Risk Groups	# of contacts of MDR-TB patients screened for TB	GF and other donors	Y-cumulative annually	No	0	2012	432	760	176%	During the period October 2014 to March 2015, 406 MDR-TB patients' contacts were screened for TB while from April 2015 to September 2015 the number screened was 354. According to the national guidelines all contacts of MDR-TB patients are screened for TB. This is done to reduce the risk of infection among the family members as well as the community. The total number of contacts screened for TB is therefore 760 and this translates to 176% of the set target. This indicator is linked to number of new MDR cases and for the reporting period the number of these cases is 196. Therefore the average of contacts screened per household is 4. In the PF the estimated number of contacts per household was 3 and the expected number of patients was 144.

WP 2.3.4.1 - 2.3.4.2 Obj 2 Ind 2.5	Infection Control	# and % of facilities reporting no stock out of personal protection consumables on the last day of the quarter	Current grant	N-not cumulative	No	0	2012	(4/4) 100%	(3/4)75%	75%	Mohales Hoek Hospital, Leribe Hospital, Mokhotlong Hospital and Bots'abelo MDR Hospital had N95 masks in their pharmacy store in the months April to September 2015 except for Mohales hoek whereby there were no N95 mask in the pharmacy store at the end of September 2015. During the beginning of September 2015 7 boxes(20) of N95 were still available and the monthly consumption at this facility is usually 5 boxes per month, so this indicated that the Pharmacy store had just issued the commodity to the service delivery point within the hospital. Therefore zero stock status at Pharmacy store does not always reflect stock out. The PR will work with MOH to improve reporting on this indicator in the next reporting period.
Obj 2 Ind 2.3	TB/HIV	Proportion of TB patients who received testing and counseling and know their results	National Program	Y-cumulative annually	Yes - Top 10	(10445/12616) 82.8%	2011	(9366/9858)95%	(5170/5717)90.4 %	95%	From January to March 2015 the total of registered TB patients was 1970 and 1780 received HTC, during April to June 2015, 1839 TB patients were registered of which 1633 were tested for HIV. During July to September 2015, 1908 TB patients were notified out of which 1757 were tested for HIV, The cumulative number of patients notified was 5717 and 5170(90.4%) received HTC. The indicator covers all TB patients with known HIV positive status as well as those tested at the TB clinic. According to the Global Plan to Stop TB (2011-2015) indicators and targets countries are expected to provided HTC to 100% of TB patients.
WP 3.2.1.3 Obj 3 Ind 3.1	Community TB Care	# of community treatment supporters receiving incentives	Current grant	N-not cumulative	No	205	2012	199	260	131%	During this reporting period 260 treatment supporters were provided with incentives. The incentives are provided to the supporters for the role they play in the care of MDR-TB patients. Part of their responsibilities include the assisting the patient to take drugs as required, accompanying the patient for the regular check-ups at facilities and provision of on-going counselling to the patient.
Obj 2 Ind 2.3	TB/HIV	Proportion of HIV positive TB patients on ART	National Program	Y-cumulative annually	Yes - Top 10	(3189/7954) 40.1%	2011	(5178/7398)70%	(2917/3755)77.7 %	111%	Out of the 5170 patients who were tested, 3755 were HIV positive and 2917 (77.7%) of the HIV positive TB patients were provided with Antiretroviral Therapy (ART). The current performance demonstrates that the country has surpassed the national target by 11%. The Global Plan to Stop TB (2011-2015): indicators and targets aims to put 100% of HIV positive TB patients on treatment. Currently national performance is at 77% and there is variance of 22.3% towards achieving the Global TB targets. Some of the HIV positive TB patients decline to take ART treatment since it is a lifelong treatment, and as such they spend a long time on counselling before they can be initiated on treatment. This explains the variance between the HIV positive TB patients and those initiated on ART treatment.
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*** 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 programmatic performance of this grant is tracked using 11 output indicators. All the indicators were due for reporting in this semester. The overall performance is good; with 5 indicators achieving at least 100% of the target, the performance of four (4) indicators ranged from 75% to 99%. EQA on the laboratories demonstrated an improvement on the results of 63% achieved. Due to capacity issues the National Referral Laboratory is still unable to perform second line DST and this has been the major challenge during the implementation of this grant. This report marks the end of the grant before moving to the No Cost Extension period which will be completed by March 2016.