Narrative Report on Implementation of Global Fund Round 8 HIV and HSS November 2009 to April 2011 (18 months Report)

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Ministry of Finance and Development Planning

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List of abbreviations

AIDS -	Acquired Immune Deficiency Syndrome
ANC-	Ante-Natal Care
ART -	Antiretroviral Therapy
ARV-	Antiretroviral
CBO-	Community Based Organizations
CCM-	Country Coordinating Mechanism
CFCU-	Global Fund Coordinating Unit
CGPU-	Child and Gender Protection Unit
CHAL-	Christian Health Association of Lesotho
CHWs -	Community Health Worker
DSW-	Department of Social Welfare
DNA-PCR-	Deoxyribonucleic Acid-Polymerase Chain Reaction
DOTs-	Direct Observed Therapy-Short Course
H.S.A-	Health Service Area
HBC-	Home Based Care
HCWs-	Health Care Workers
HIV-	Human Immunodeficiency Virus
HSS-	Health Systems Strengthening
HTC-	HIV Testing and Counseling
IEC-	Information, Education and Communication
LDHS-	Lesotho Demographic and Health Survey
LENEPWHA-	Lesotho Network OF People Living With HIV/AIDS
LMPS-	Lesotho Mounted Police Service
MDR/TB-	Multi- Drug Resistance Tuberculosis
M&E-	Monitoring and Evaluation
MOET -	Ministry of Education And Training
MOFDP-	Ministry of Finance and Development Planning
MOGYSR-	Ministry Of Gender, Youth and Sports Recreation
MOHSW-	Ministry of Health and Social Welfare
MTCT-	Mother to Child Transmission
NUL-	National University of Lesotho
OIs-	Opportunistic Infections
OVC-	Orphan and Vulnerable Children
PEP-	Post Exposure Prophylaxis
PLWAs-	People Living With HIV & AIDS
PMTCT-	Prevention of Mother to Child Transmission
PTB-	Pulmonary Tuberculosis
PR-	Principal Recipient
PSI-	Population Service International
SRs-	Sub Recipients
STIs-	Sexually Transmitted Infections
TA-	Technical Assistance
TB-	Tuberculosis
TVD-	Department of Vocational & Technical Training
WHO-	World Health Organization

Executive Summary

In 2009, the Round 8 HIV and HSS grant was approved in Lesotho and it commenced in November the same year. The overall goal of the proposal is to reduce HIV and AIDS related morbidity and mortality. The Ministry of Finance and Development Planning is the principal recipient for this grant on behalf of the country coordinating mechanism. The main beneficiaries under this grant include people with disabilities, prison inmates, youth, sexually active population and people living with HIV/AIDS. The implementers of these grants are Ministry of Health & Social Welfare, CHAL, National Aids Commission, Ministry of Gender, youth, sports & Recreation, Lesotho Correctional Services & Lesotho Mounted Police Service. The total amount approved for this grant is $49,999,204 and so far $17,047,580.90 has been disbursed to Lesotho.

At the end of 18 months period this grant demonstrated significant improvement in performance. In assessing the 13 performance indicators, it has been noted that six (6) of the indicators recorded over 100% and exceptional performance is noted with regard with HIV testing counseling (236%). Two (2) indicators achieved over 90% of their intended targets, One (1) indicator reached 80% of the target while one (1) indicator obtained an average performance of over 50%. Three indicators performed below 50% and the PR in collaboration with the relevant SRs will accelerate implementation of activities such as trainings to ensure that by the end of two years the set targets on those indicators are met. Performance on the Male Circumcision is still not expected to improve due to the fact that targets were set based on MC strategic plan that was not implemented by the MOHSW.

The total budget for the 18 months period was $40,363,086 of which 47% has been expended. Out of the eighteen SDA's mentioned in the report, only five have managed to utilize more than 50% of their respective budgets. The budget for male circumcision has not been utilized at all during the period under review due to change of the strategic direction that the MOHSW took than what was in the proposal thus resulting in the delay in seeking clearance to use the funds from the Global Fund.

18 months Programmatic performance for Round 8 grant

1. Introduction

The Global Fund to Fight AIDS, TB and Malaria has been supporting the Government of Lesotho through numerous grants for TB, HIV and AIDS since 2004. In 2009, the Round 8 HIV and HSS grant was approved in Lesotho and it commenced in November the same year. The overall goal of the proposal is to reduce HIV and AIDS related morbidity and mortality. The Ministry of Finance and Development Planning is the principal recipient for this grant on behalf of the country coordinating mechanism. The main beneficiaries under this grant include people with disabilities, prison inmates, youth, sexually active population and people living with HIV/AIDS. The implementers of these grants are Ministry of Health & Social Welfare, CHAL, National Aids Commission, Ministry of Gender, youth, sports & Recreation, Lesotho Correctional Services & Lesotho Mounted Police Service. The total amount approved for this grant is $49,999,204 and so far $17,047,580.90 has been disbursed to the country.

This report is divided into three sections. The first section deals with the HIV grant and the discussions will be centred on the five objectives for this grant. These objectives include to reduce incidence of new infections in both the general and specific populations; to increase universal access to HIV testing and counselling (HTC) services; to strengthen and scale up comprehensive HIV chronic care services and ART for PLHIV; to reduce the negative social and economic impact of HIV and AIDS on individuals, families and communities; and to scale HIV and AIDS related policies and programmes in both public and private workplaces. The discussions will further be based on service delivery area (SDA) and specific activities under each objective. The programmatic performance will also be discussed in details for each performance indicator under all SDAs.

Section 2 concentrates on the Health system strengthening (HSS) component of this grant. Four key interventions are explained in details and the programmatic performance for all these interventions are discussed in details. The interventions are based on the WHO HSS components namely strengthening Health Service Delivery to Improve PHC Outcomes; strengthening the Health Workforce for Service Delivery; strengthening the Management Information System (MIS) to Improve Service Delivery; strengthening the Procurement and Logistics Management System to Improve Service Delivery. The performance for these components is again elaborated using the indicators.

Section 3 discusses the financial performance for Round 8 grant for both HIV and HSS component. The discussions revolve around budgets and expenditures by categories, Service Delivery Area and implementing agencies. Section four emphasises the challenges, recommendations and remedial actions pertaining this grant.

Section 1 Round 8 HIV grant

2. Overview and programmatic performance of Round 8 HIV grant

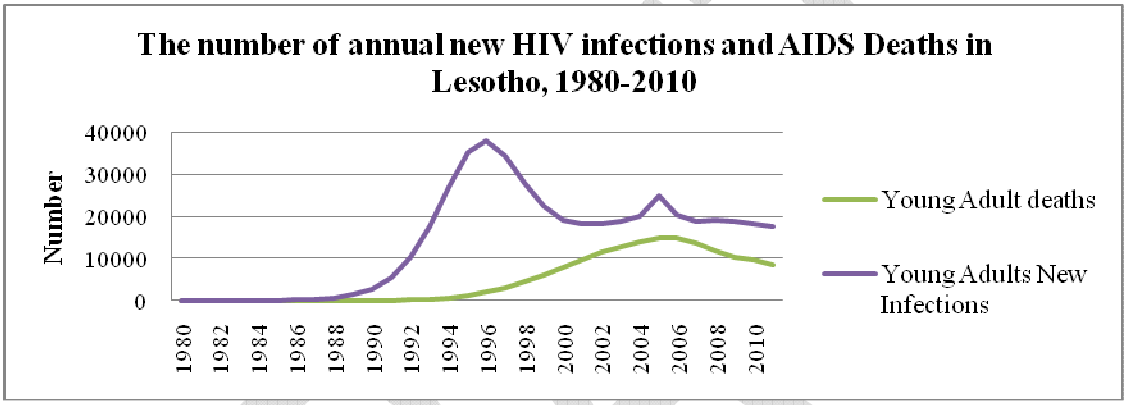
The overall goal of the Round 8 HIV and HSS grant is to reduce HIV and AIDS related morbidity and mortality. In this section, the service delivery areas (SDA) for each objective will be discussed in details. The activities executed by various sub-recipients in each SDA will be introduced and the

programmatic performance attained for this grant from November 2009 until April 2011 will be highlighted. Discussions per sub section will be based on the objectives of the grant.

2.1 Objective 1: To reduce incidence of new infections in both the general and specific populations

The first objective of this grant is directed for prevention of new HIV and AIDS infection in the general population. Figure 1, below shows a slight decrease of new infection per annum since 2006. According to the HIV and AIDS estimates in 2010 there were 21,000 (18,000 for adults and 3,000 for children) new infections as opposed to the 22,000 in 2009. Under this grant specific target groups such as youth, mobile population, most at risk populations such as prisoners were identified for support. Besides the target groups, strategies approved by World health organisation to have an impact on the new infections such as STI treatment, condom provision and male circumcision have also been embraced for support under this grant.

Figure 1: graph showing new HIV infection in Lesotho



The GFATM contributed to this achievement through five service delivery areas (SDA) mentioned below.

2.1.1 Behaviour change Communication - mass media

One of the activities in this SDA is to develop and distribute materials to address HIV risk reduction within multiple and concurrent partnerships. This activity supports the implementation of the new BCC Strategy, focusing primarily on men and women between the ages of 15 and 49, with special emphasis on young women aged 15 to 24 due to high HIV prevalence in this age group. Development and distribution of HIV-prevention messages are to be undertaken in collaboration with NGOs and private sector partners. Other support includes providing BCC Technical expertise through the BCC technical advisor to MOHSW as the lead implementer in order to spearhead BCC activities in Lesotho.

Additionally, it is planned that Mass media would be used to disseminate messages to encourage specific target groups such as men, youth and people living with HIV and AIDS (PLHWA) to seek health care services. Furthermore, journalists are to be assisted to improve the quality and accuracy of the HIV prevention information they provide through developing media guidelines and a Code of Conduct on HIV and AIDS reporting. This SDA is measured by the indicator shown below.

Service Delivery Area	Indicator description	Intended target by April	Achieved results by	Percentage achievement

		2011	April 2011	
BCC – Mass media	Number and type of IEC materials broadcasted and distributed	15,000 (Print materials) & 20 (radio spots)	10,490 (Print Materials) & 67 (radio spots)	70% (print materials) & 335% (radio spots)

To date 10,490 IEC materials were distributed to stakeholders, which translates into 70% of the target. 67 radio spots aired on four radios thus 335% of the target was reached in the 18 months of the grant. It is anticipated that by the end of year 2 of the current grnt, all the IEC materials produced will be distributed to stakeholders. The main activities under this SDA are discussed below.

Main Activity: Develop and distribute materials to address HIV risk reduction within multiple concurrent partnerships

Collaborative development of messages, materials and tools

The local consultancy firm, Mantsopa communications was engaged by NAC in collaboration with MOHSW to undertake the collaborative development of messages, materials and tools for behaviour change communication. The development and production of BCC materials was fully funded under Global Fund and the project is currently in its last stage of Post-production. Mantsopa conducted Formative research in the early stages of designing BCC messages to understand the current practices, motivators, and barriers related to ideal behaviours. It was also done to define the acceptability and feasibility of adopting new behaviours, target audience(s), convincing messages for each audience, the channel, and the ideal frequency of exposure to the message. This formative research provided an opportunity for stakeholders to participate in and contribute to the development of BCC messages, tools and IEC materials by keeping the focus on issues important to the community.

165 Stakeholders were consulted in three regions of the country. The Northern consultations were held in Leribe where stakeholder's from Mokhotlong, Butha-Buthe, Leribe and Berea participated; Southern region meeting was held in Mohale's hoek where stakeholders from Qacha's Nek, Quthing, Mohale's Hoek and Mafeteng were consulted and lastly Maseru hosted a central meeting for Maseru and Thaba-tseka district participants. The formative audience research revealed that the reasons why HIV infection is increasing is due to certain beliefs such as *"sex without a condom is not enjoyable"* and cultural beliefs that promote risky behaviours. Other risky behaviour revealed included *"unprotected sex by PLWHA on ART", "Youth on contraceptives do not use condoms"* and *"lack of HIV status disclosure"*. Barriers that impact on resistance for youth to change their behaviour include peer pressure, drugs and alcohol abuse, material benefits and a habit of dating older people leads to intergenerational sex.

The Formative research identified the following strategies on which to base the development of messages:

- Increase appropriate self-perception of risk and use of primary behaviour change
- Empower PLWHAs to accept and seek care for their HIV status
- Increase risk perception of HIV among partners (Partner reduction)
- Increase usage of condoms in higher risk sexual intercourse among young men and women
- Increase the proportion of Basotho aged 12 and above who know their HIV status

Messages that addressed key drivers which include Multiple & Concurrent partnerships, Intergenerational sex, Poverty & food insecurity, Alcohol & Drug abuse, Mobile partners; Gender Inequality & Gender based violence were produced. This was followed by development of IEC materials conveying these messages. The examples of the IEC materials included *'sugar mommy and sugar daddy'* posters expressing the risks involved in intergenerational sex and *'sex worker'* posters that encourages the sex workers to use condoms. The primary target groups identified for directing focus towards included youth, people living with HIV and AIDS, men who have sex with men, migrant population and prisoners.

Following development of messages various IEC materials were produced. Table 1 indicates the IEC print materials printed and distributed. These include a 48 page comic booklet, flyers, posters, brochures and stickers for public transport.

Table 1: HIV prevention IEC materials printed and disseminated:

Print		
Product	**Target audience**	**Number distributed**
10,000 flyers	All	2,500
10,000 brochures	All	1,800
10,000 posters	Youth, men and women of reproductive age	2,790
5,000 stickers	All	3,400
50,000 booklets (comic strip)	Youth, men and women of reproductive age	Printing is on-going
Radio		
Radio spots	People living with HIV and AIDS, Youth, Commercial Sex workers, Men having sex with other men	**67** radio spots were aired in 4 radios namely Radio Lesotho, Mo-Africa FM, Harvest FM, and ultimate FM.

Figure 2: shows some of the IEC materials produced by Mantsopa consultancy

It is anticipated that distribution of these materials will be accelerated in June 2011. Key distribution places include 36 police stations/posts, 22 hospitals, 30 central transport associations, 10 district magistrates courts, 20 rural schools and 8 tertiary institutions.

In addition 30 episodes by 15 minutes radio drama named *'khetho ea ka'* have been produced and will be aired in June 2011. This radio drama will be followed by a magazine that will unpack the issues that have been raised in this drama. A Television series of 4 episodes by 30 minutes has been developed based on the radio drama and will also be aired on the national broadcaster. This will also be followed by the TV magazine programme. Theatre performances will also be presented in ten districts by Mantsopa communications theatre group in June 2011. These performances will also be accompanied by TV viewings of *'khetho ea ka'* so that maximum exposure is achieved to the target audience.

Capacity building for BCC in Health Education Department (HED)

The HED, responsible for implementation of BCC strategy for the Health sector, has been capacitated through the engagement of two BCC technical advisors and one M&E officer for a period of two years. The technical advisors are responsible for providing overall technical direction in the implementation of Lesotho's BCC strategy and overseeing the implementation of the strategy on all identified target audiences under close supervision of the MOHSW. The advisors will further provide capacity building of implementing partners on community outreach programmes, community dialogues, peer education and operational research on Behavioural and social change communication.

The M&E officer is tasked with developing and implementing a robust M&E system for HED and all its advocacy, social mobilisation and communication efforts and links it with the HMIS within the MOHSW. Furniture and equipment to the value of $2,766.67 in the form of a desk, filling cabinet, Laptop computer and a printer were procured for the M&E officer.

To date under the guidance of the TAs and M&E officer the MOHSW realised the following achievements:

- The BCC operational plan have been developed and it is in the finalisation stage;
- Three main structure aimed to take the BCC in the country forward have been put in place – The Message Audit warehouse which is the approving body for all the HIV BCC messages before they reach the targeted audiences; the BCC Technical Implementation Team which is assigned to oversee the implementation of the BCC operational plan – The chairperson of this body is the Director General of the MOHSW and the participants include the MOHSW and its implementing partners such as PSI, Phela and ALAFA; and BCC inter-ministerial team as the leadership body which will be tasked to influence behaviour change in the country.
- The road map for all the three bodies is in the finalisation stages.
- The Monitoring tools are being field tested in the 6 districts of Lesotho and will be finalised in August 2011.
- Billboards have been erected even at the MOHSW to relay HIV and AIDS messages.

Additionally achievements of the MOHSW in the implementation of the BCC strategy include the development of four radio plays by the Lilaphalapha theatre group. These plays are complete and will be broadcasted in May 2011. The scripts for other four plays are complete and are currently in the production phase.

Box 1: Snapshot on the content of the radio plays produced by MOHSW

POHO TSA BORIKA-SAKANA: Setting is Correctional Centre where homo-sexuality is rife and advocacy on behaviour change towards alleviating HIV/AIDs is minimal. A solitary prisoner-Lerumo gets support from one prison officer to start and sustain a campaign to promote safe sex targeting in particular homosexuals and promote advocacy on behaviour change as an HIV/AIDs prevention strategy. Against all odds he succeeds and released from prison after serving a ten year term for rape of a minor only to find his wife pregnant and HIV positive. Lerumo accepts the situation and supports his wife.

MALAKABE: Is about life as a sex worker, the great (all be it temporary) financial rewards of this risky trade and the devastating impact of such life on families and the risk of infection. The drama depicts how sex workers can eventually rally together, initiate behaviour change campaigns, advocate for condom use and ensure that sex work is safe through resolute and consistent condom use. The importance of regular testing and counselling comes out prominently in the play.

KHAKHI EA KHAKHOANG: The play shows the devastating effects of Multiple and Concurrent sexual partnerships on families, total breakdown of family protocol, risky sexual practices and exposure to the risk of HIV/AIDs. It also depicts the effects of intergenerational sex on young women and girls.

TSEBO EA BOPHELO: Setting is rural and drama depicts risky sexual behaviour, Multiple and Concurrent sexual relationships but this time a herd boy is the victim as he becomes helpless against the advances of his employer's wife. Promotion of condom use, testing and counselling are also highlighted in the drama.

The MOHSW again engaged Plot point to produce a sequel to the "Kau la poho" movie which was produced in 2009. The production of this movie is complete and will be launch in Lesotho in June 2011. The movie will be broadcasted on Lesotho television and the DVDs of this movie will be re-printed and distributed to individual members of the public. Furthermore, community viewings are arranged to take place immediately following launching of the movie. The movie contains various messages directed to HIV prevention which include PMTCT, condom use, intergenerational and transactional sex and promotion of health seeking behaviour.

Furthermore, 1,860 branded goodie bags containing all the items listed in table X below have been procured and will be delivered in July 2011. These will be distributed to disadvantaged populations such as commercial sex workers, herd-boys, out of school youth in rural or remote areas and mobile populations such as miners and construction workers.

Table 2: Contents of the goodie bags

Category	Item Description
Condoms	Male condoms
	Female condoms
IEC Material	Pamphlets with various prevention messages
options	T-shirt
	Wristband
	Key chain
	Pins
	Pen
	Caps/hats
	Notepad
	HTC and ART service directory (booklet) (A5)

Two mobile clinics branded with prevention messages were procured under this grant and will be delivered in June 2011. The clinics will be used as part of the MOHSW decentralisation efforts to reach communities with outreach service such as voluntary testing and counselling, delivery of the goodie bags and prevention materials at the border posts, sports grounds and construction areas to target mobile populations thus integrating provision of prevention messages with health care at community level. Furthermore, the mobile clinics will be utilised to provide clinical prevention services such as treatment of STI, provision of condoms and HTC to other vulnerable groups such as herd boys and commercial sex workers at their places of work. It is anticipated that more than 12,000 people from this target groups will be reached per annum.

Other planned activities include participation of the BCC technical implementation team in the radio programme *'Tseba ka AIDS'* in May 2011. The team will be represented by MOHSW TAs, Phela and ALAFA. Moreover, meetings will be held with youth leagues of the political parties, principal chiefs and heads of churches to involve them in driving the behaviour change in an effort to curb HIV infection in Lesotho.

Main activity: Provide HIV prevention interventions for vulnerable group

Conduct peer education training for prisoners

During this reporting period, 188 inmates peer educators from all prisons around the country were trained on HIV and AIDS by the Lesotho Correctional Services (LCS) which translates into 80% of the phase 1 target of Round 8. The trainings were conducted using the newly developed inmates peer education manual which was put in order with the support of Care Lesotho. The objectives of these trainings comprise increasing peer educators knowledge on HIV and AIDS as a strategy for prevention of HIV infection in prisons so that they become effective educators, to encourage the peers to become role models and effect lifestyle changes within prisons and to contribute to reduce stigma and discrimination surrounding HIV and AIDS in the prison settings. Topics covered in these training include:

- Communication skills such as 5"C"[1]s for effective communication, why do we communicate and barriers for communication.
- HIV and AIDS issues including transmission and prevention of HIV and stages of HIV progression including common symptoms.
- Male circumcision benefits in relation to HIV and AIDS
- Signs and symptoms and prevention of sexually transmitted diseases
- Opportunistic infection including Tuberculosis

Inmates Peer educators managed to reach approximately 1,596 prisoners with HIV prevention message. This effort translates into 126% of the set target under this grant. This activity has resulted in improved HIV knowledge as demonstrated in the Lesotho Correctional services prevalence study (2011) that more than 70% of the inmates have general knowledge about HIV modes of transmission. Furthermore, the inmates are presently acting on the information they possess as more want to know their status and the HIV positive ones are living openly with the virus. The January to March LCS report designate that 115 were tested for that period, 442 are living openly with the virus and 220 are on ART programme.

Procure Furniture and equipment for peer education

Furthermore, LCS procured 200 chairs and 30 tables with the support of this grant to improve peer education within prisons. The furniture has been distributed to juvenile training centre (JTC) and female prison in Maseru as shown by table 1 below:

Table 3: Distribution of furniture procured by LCS

Prison	**Number of desk distributed**
Female prison	15
Juvenile training centre	15
Prison	**Number of chair distributed**
Female prison	100
Juvenile training centre	100

The two prisons accommodate women and adolescent inmates who are vulnerable in terms of abuse from staff and other inmates hence their high susceptibility in being infected with HIV. Therefore these prisons have been earmarked by the LCS as the main training centres in relation to life-skills programme. This programme addresses HIV prevention and empowers both women and the youth on how to protect themselves from different types of abuse inside and outside the prisons. In addition regular education session on other issues such as PMTCT for women is offered to the female prisoners. JTC is also a formal education training centre for youth as part of their rehabilitation process. Therefore, the furniture distributed to these institutions provides a favourable environment for learning for these vulnerable groups.

[1] *5 "C"s of communication refers to clear, concise, consistent, credible, courteous communication*

Figure 3: Equipment bought for JTC and Female prison for peer education program

Although implementation of the BCC mass media activities was slow in the beginning, during the period November 2010 to April 2011 major strides were realised in the implementation of this SDA. Printing for IEC materials were approximately 80% and the two plays – 'Kau la Poho and Khetho ea ka" were completed and will be distributed before the end of the grant. Peer education program among the inmates gained a solid footing as more prisoners became peer educators and reached their fellow colleagues with HIV and AIDs information.

2.1.2 Behaviour change Communication - Community outreach

This SDA focuses on providing HIV prevention interventions for vulnerable groups. Various target groups, individuals and groups with special needs within the general population have been identified for BCC outreach programme. These include MSM, men and women of reproductive age, CSW, Youth, PLHWA, mobile populations, people with disabilities and prisoners. Targeted activities for this programme include focus group discussions to learn more about HIV-related needs within their environment, community outreach efforts such as BCC during sporting activities, and peer education training and support.

Other activities include providing ongoing support for youth resource centre and upgrading adolescent health corners. Under Round 2, at least one youth centre was established in each district. The centres have quickly become successful platforms for youth involvement in health challenges, including HIV/AIDS. Currently there are 28 youth Resource centres and about 110 youth leaders are in place in these centres. Under this SDA incentives and training for youth leaders attached to the resource centres is continued.

Refresher training of trainers for staff responsible for skills building for youth on HIV, SRH, STI, gender issues especially in the adolescent health is maintained. Moreover, the adolescent health corners will be upgraded through provision of furniture and equipment in order to provide youth friendly health services within health facilities. The main aim of this SDA is to reach as many people as possible with prevention messages in order to reduce the incidence of new HIV infections in both the general population and specific population. The achievement on this indicator is measured by the indicator below:

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
BCC – Mass media	Number of people reached by HIV and AIDS prevention messages through outreach	20 910	18 991	91%

Performance of this service delivery was assessed based on the abovementioned indicator. As indicated 18,991 people were reached with prevention messages and that constitute 91% of the target. These prevention messages were target youth out of school, prisoners, MSM, men and women of reproductive age, CSW, PLHWA, mobile populations and people with disabilities and prisoners. The interventions contributing towards the achievement of the set targets are discussed below.

Main Activity: Provide ongoing support for Youth Resource Centres

Continue training support for youth to manage the centres

In November 2010 two day regional trainings were held for 104 youth leaders from the ten districts of Lesotho. The objectives of these trainings were to equip youth leaders with the skills on the running of the youth Resource centres so that they are able to monitor and report all activities within the centres and outreach activities. In addition youth leaders were provided with skills to implement HIV prevention interventions utilising the minimum package guide on HIV prevention programming developed by Ministry of Gender & youth, sports and recreation. The guide is based on four main areas namely basic prevention information, risk reduction and avoidance skills, establishing linkages to relevant services and enabling, protective and supportive environment and advocates for conducting the activities with the involvement of the youth.

In addition, the youth leaders with the stewardship of the district Youth Development Officers trained youth on life-skills, entrepreneurship, HIV and AIDS and string games story. The trainings were conducted concurrently in February 2011 in 10 districts of Lesotho whereby 750 youth were trained as shown by table 3 below.

Table 3: Youth trained by youth leaders and YDO at district level

District	Number of youth trained
Mohale's Hoek	150
Mafeteng	50
Maseru (Semonkong)	50
Berea	50
Leribe	50
Butha-Buthe	50
Mokhotlong	50
Thaba-Tseka	50
Quthing	50
Qacha's nek	200
Total	**750**

In Conclusion, continuous distribution of prevention messages following training of the youth, prisoners, LMPS and LCS staff and communities through community dialogues and focus group discussions have been found to be successful. It is anticipated that more people will be reached as

most of the message development stages have been completed and distribution of this will mainly occur in the last 6 months of the grant.

2.1.3 Condoms

This SDA is a continuation from Round 2 Phase 2 and extends the reach of condom promotion and distribution for young people funded through Round 7. The condoms are distributed based on condom promotion guidelines and distribution strategy lead by MOHSW. Under this grant due to challenges stipulated in section 4 of this report, there was a delay in procurement of condoms. However, the procurement processes have been initiated and 1,157,572 condoms will be procured and delivered in August 2011. Since these condoms are supplementing those procured under Round 7, the indicator which measures distribution of condoms is aligned for both grants as shown below:

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
Condom	Total number of male and female condoms distributed country wide	6,186,358	5,751,000	93%

5,751,000 free condoms were distributed through the health facilities by PSI and NDSO on behalf of the Ministry of Health and Social Welfare from November 2009 to date and this translates into 93% of the target. Since this target was aligned with the round 7 grant, the distributed condoms are those procured under round 7. Interventions that are related to this SDA are discussed below..

Through the Disease Control Directorate, the MOHSW procured 247 condom dispensers and which will be distributed to the DHMTs during June and July 2011. Distribution quantities are based on the number of health facilities in the district and other public places such as bars, hotels, youth centres, and etc. 270 Condom demonstration models have been procured and will be delivered in June 2011. The condom dispensers will be used for distribution of condoms to the end users while the demonstration models will be utilised by health care workers to indicate correct use of condoms.

Table 4: Distribution of condom dispensers

Condom distribution point	Number of dispensers to be distributed
Berea DHMT	26
Butha Buthe DHMT	18
Leribe DHMT	34
Mafeteng DHMT	26
Maseru DHMT	48
Mohale's Hoek DHMT	23
Mokhotlong DHMT	18
Qacha's Nek DHMT	17
Quthing DHMT	14
Thaba Tseka DHMT	23
Total distributed	**247**

Challenges have been met regarding the procurement of condoms. Firstly, the MOHSW experienced sluggish movement of condoms from the central medical stores or NDSO thus resulting in storage capacity challenges. To address this challenge various measures such as acquiring support from PSI to distribute free condoms to health facilities as one of the distribution points. Furthermore an activity was proposed under Round 7 Phase 2 for the engagement of an NGO to distribute condoms at community level. However, due to delays in the disbursement of Round 7 Phase 2 funding as well as delays in the procurement process, a service provider is yet to be engaged.

Another activity under this SDA which posed limited fund challenge is the implementation of a condom baseline research study. The funds available under this grant cover the engagement of a local technical advisor only. However, the MOHSW has not been able to secure funding for other costs for the research such as data collection and printing of questionnaires and the report. In effort to complete this activity, the MOHSW is collaborating with UNFPA to secure more resources.

The slow movement of condoms will improve once the NGO is in place. The distribution points will also be expanded to the community level and monitoring of the condoms to all areas will be improved. This therefore implies that all the procurement of the condoms planned will be done on time and more condoms will reach the end users on time.

2.1.4 Male circumcision

The proposed activities on this SDA supported the implementation of the new national strategic and operational plan for MC in Lesotho, and the development of a package of interventions on the benefits of MC in the light of STIs and HIV. Activities included sensitization of public and private health care providers, community leaders and the public on male circumcision as a component of HIV prevention; training providers from both public and private sectors to deliver MC services, proving them with MC kits and conducting formative operational research on uptake and impact. The messages included will also target female and male partners, and mothers of male infants for early intervention. Another intervention was to integrate into key services such as SRH and STI services, and CBC training.

However, due to policy change by the MOHSW, focus is currently more on Neonatal Male Circumcision rather than scaling up adult circumcision. Male circumcision is still done as an elective surgery at hospital level. This has in turn impacted poorly on the achievement of the indicator utilised to measure MC in Lesotho as shown below.

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
Male Circumcision	Number of males circumcised	8,424	2,168	26%

To date 2168 MC procedures which translate into 26% of the set target were done. MC is done at all public hospital (government and CHAL) and Lesotho Planned parenthood association (LPPA). Spectrum/EPP modelling has shown that when 40,000 youth are circumcised, six thousand new infections will be averted annually. Hence the Draft prevention strategy 2011-15 and national HIV and AIDS strategy 2011/12-15/16 that are awaiting cabinet approval identifies adult male circumcision as one of the key sexual transmission prevention strategy in Lesotho.

Furthermore, LDHS 2009 indicates a prevalence of male circumcision among 15-49 as 52 % compared to 47 % in 2004 among the same age group. Currently there is no national adult male circumcision programme though services are provided to those who demand the service. There is a high demand for voluntary adult male circumcision in the health facilities leading to the need to expand the capacity to provide the services. The MOHSW through the support of JPIEGHO will recruit doctors specifically for MC to meet the high demand. It is also envisaged that health Care workers will be trained to provide MC and Neo natal circumcision which is also being planned to be rolled out in the current year.

2.1.5 STI diagnosis and treatment.

Activities under this SDA include finalizing and printing the draft guidelines for STI management; Developing, printing and disseminating STI operational plan for a five-year period together with the training manuals that will have been revised for the various service levels and expansion of a package of services including prevention, diagnosis and treatment of STI to district and community level.
Other activities proposed include strengthening the two existing OPD STI clinics at hospital level through the procurement of equipment; strengthening STI sentinel surveillance in 10 sentinel sites; procurement of STI drugs and commodities and provision of refresher training on these new standards to public and private sector PHC providers.

Main Activity: Establish comprehensive STI services

Procure furniture and equipment to support STI diagnosis and treatment

In this reporting period, MOHSW procured medical equipment and furniture for Mokhotlong, Mohale's Hoek, Quthing, Qacha's Nek hospitals, as well as Samaria Health Centre. Furniture had been delivered to the sites, while delivery of medical equipment was yet to be completed. Table 5 indicates a list of the items procured for these health facilities.

Table 5: Furniture bought for health facilities to support STI diagnosis and treatment

Health Facility	Mokhotlong Hospital	Ntsekhe Hospital	Quthing Hospital	Machabeng Hospital	Samaria Health Centre
Item	Number distributed				
Office desk	1	1	1	1	1
High back chair	1	1	1	1	1
Visitors' Chair	4	4	4	4	4
Oil heater	1	1	1	1	1
Wall mounted TV set	1	1	1	1	1
DVD set	1	1	1	1	1
Filing cabinets	1	1	1	1	1

Table 6: medical equipment bought for health facilities to support STI diagnosis and treatment

Item	Health facility	Number procured
Examination couch mounted with drip stand	Mokhotlong Hospital Ntsekhe Hospital Quthing Hospital Machabeng Hospital Samaria Health centre	2 for each health facility - 10
Diagnostic Set		2 for each health facility -10
Examination light		2 for each health facility -10
Dispensing trolley		2 for each health facility -10
Fixed bed screen		2 for each health facility -10
Wall mounted sphygmomanometer		2 for each health facility -10

Wheelchair Speculum (common price for all sizes)		2 for each health facility -10

Renovate STI clinics at hospital level

All hospital OPDs will be renovated under Millennium Challenge Support therefore; only four (4) OPDs at health centres level namely Louis Gerard, Semonkong, Koro-Koro and Bethel have been renovated through the support of this grant. Works completed include removal of deteriorating material and fixtures, repairs and paintwork and the clinic are currently fully functional.

Main activity: Procure and distribute STI drugs and commodities within the public and private sector

The procurement of STI drugs the value of $58,451.00 is nearing completion, with the delivery of three of four expected consignments to the central medical stores. The final delivery is expected to take place at the end of June 2011. The drugs are distributed to health facilities based on a pull system from NDSO. All health facilities have been provided with a request form indicating all available drugs so that they can order according to demand at the specific health facility.

Main activity: Train PHC providers in public and private sectors to provide quality STI services

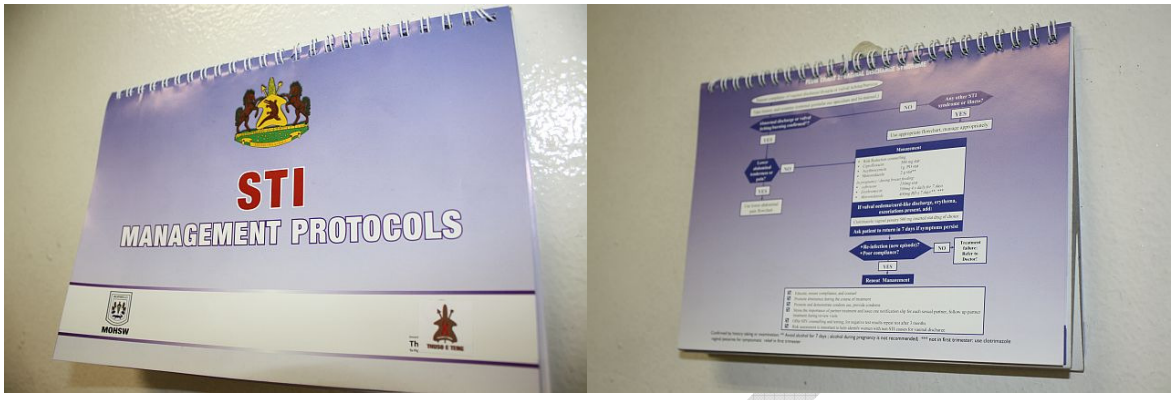
Print and disseminate STI guidelines, SOPs, training manuals and surveillance tools in line with new guidelines

Under this main activity, the MOHSW through the Disease Control Directorate printed 3,000 STI flowcharts. These have been distributed to all health facilities through DHMTs as indicated in Table 6 below.

Table 7: Distribution of STI Flowcharts

District	Quantity
Maseru DHMT	200
Butha Buthe DHMT	200
Mohale's Hoek DHMT	200
Quthing DHMT	200
Leribe DHMT	200
Qacha's Nek DHMT	200
Thaba Tseka Health Division	200
LFDS	200
Berea DHMT	200
Mokhotlong DHMT	200
Mafeteng DHMT	200
Total Distributed	**2,200**
Balance	800
**Balance to be distributed to private sector in the next quarter*	

Figure 4: STI flow charts



_Caption: STI Management protocols were developed to standardize STI management in the country to all health facilities using the respective flow chart according to disease. On the right is the flow chart.

Train Health Care Workers on STI case management using revised guidelines

21 Health care workers were provided with refresher training on STI in Quthing district in February 2011. The trainings were aimed at updating the nurses on new information on management of STI and recording and reporting STI data. The topics covered in this training included rationale for standardised treatment recommendations, selection of STI drugs, STI syndromic case management and proper record keeping. In August 2011, ten trainings are planned to take place in various districts where about 300 nurses will be trained on STI guidelines.

Main activity: Recruit new staff and train existing PHC staff in specialist skills

Recruit and remunerate STI Coordinators

During the recruitment process for STI Coordinators, the lack of response experienced prompted a review of the salary package therefore resulting in a reduction in the number of designated posts. However, due to limited pool of nurses within the country, the MOHSW instituted a cessation of movement of clinical staff to coordination or management positions to ensure better health service delivery in all facilities. This thus resulted in all of these positions not being filled to date.

Provide annual refresher training to Adolescent health coordinators

The Adolescent Health Unit of the Family Health Department will hold two annual refresher training for Adolescent Health Coordinators in June 2011. The first training is scheduled to take place in June 2011. The second training is scheduled to take place in September 2011.

According to MOHSW AJR 2010/1, STIs constitute 7% of all the morbidities among all new OPD attendances. Procurement of drugs, training of health staff and other activities supported under this grant will assist the MOHSW to provide better STI treatment and thereby contributing towards prevention of HIV and AIDS.

2.2 Objective 2: To increase universal access to HIV testing and counselling (HTC) services

The second objective that the MOHSW has under Global Fund Round 8 HIV and HSS is to increase universal access to HIV counselling and testing services. The only SDA in this objective revolves around strengthening HIV Testing and Counselling.

2.2.1 HIV Testing and Counselling (HTC)

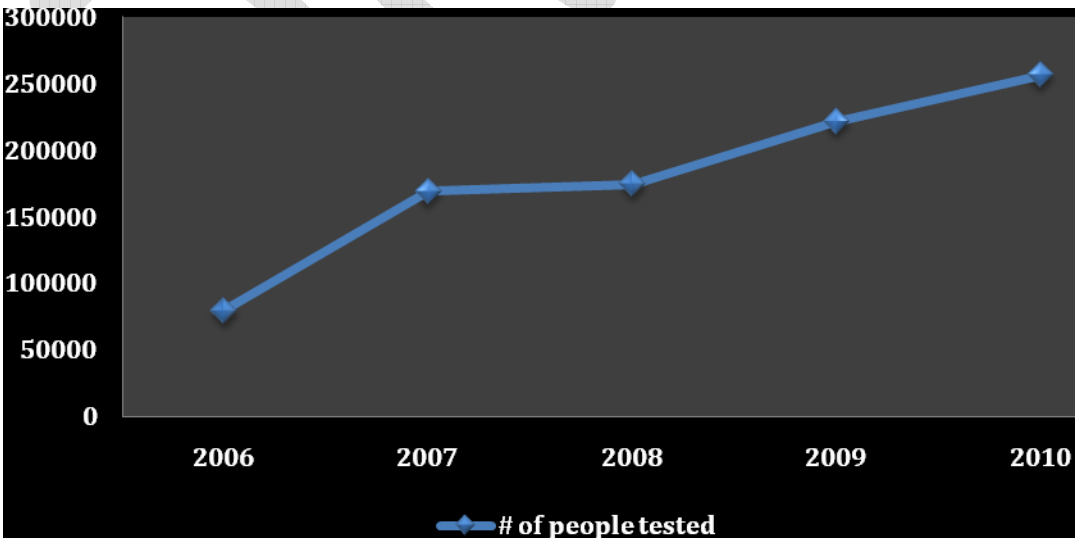
Through MOHSW restructuring, supervision and support for HTC services will be decentralized to the district level and strengthened through the creation of Senior Counsellor Positions. Thus activities under this SDA will build on this new MOHSW decentralized implementation structure. Yearly mapping of HTC sites will be conducted in order to update the directory of services and their quality.

Moreover, activities include the revision and updating of national guidelines and standards and provision of training based on the revisions; provision of equipment and supplies to new HTC within the government sector; and finally, professional support and quality assurance through monthly de-briefing workshops and more frequent national and district level supervision will be improved. The achievements on this SDA are measured utilizing the indicator below:

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
Prevention: Testing & Counselling	# of people who received HIV counselling and testing and know their results	142,102	298,553	210%

Commendable progress has been made in the provision of HIV counselling and testing services countrywide. Currently there are 247 sites offering HTC services and 298 553 people were tested and counselled from November 2009 to April 2011. The performance on this indicator has doubled since the inception of this grant as shown by the fact that the achievement on the above indicator exceeded the target by 110%. Figure x further indicates that the number of people tested each year is increasing gradually. In 2010, there is an increase of about 13% from the previous year. This is mainly due to increasing emphasis on provider initiated testing in the health facilities as recommended by World Health Organisation.

Figure 5: shows the counselling and testing figure from 2006 to 2010



The achievements realised are based on the contribution of the GOL and other partners such as PSI and Global Fund through this grant's activities as discussed below.

Main activity: Provide training in Provider Initiated Counselling and Testing (PICT) to health workers in all fields

Print and disseminate PICT guidelines

Comprehensive HTC guidelines have been developed by MOHSW and are inclusive of the PICT. These guidelines are already being utilised by all testing sites within the country. Moreover in 2010, the MOHSW finalised the PICT Standard Operating Procedures (SOPs) and 1,000 of these are in the final stage of printing and will be available in August 2011 for distribution to all testing sites. The first phase of the orientation sessions for 50 health care workers in each district will be conducted in May and June 2011 to sensitise Health Care on Testing and counselling guidelines including provider initiated counselling and testing. Presently there are 96 public health facilities providing PICT and it is envisaged that following orientation on the guidelines and standard operating procedures more facilities will be providing PICT.

Provide peer support and training to health care providers

Psychosocial support addresses the ongoing psychological and social problems of HIV infected individuals, their partners, families and caregivers. Under this grant, groups for health care workers such as nurses and doctors and other health care personnel such as HTC counsellors who may be seeing large numbers of HIV infected patients are provided with psycho-social support. The peer groups of health workers working under stressful conditions can be a very effective way of providing psychosocial support as they are able to share experiences and provide advices to each other on specific issues. Furthermore, Psycho-social support is one of important components in the national guidelines for the management of HIV/AIDS and hence the health care providers need to be capacitated on how to provide psycho-social support to the patients.

The MOHSW conducted trainings for Health Care Workers on psycho-social support and counsellor peer support in October and December 2010 in Maseru where a total of 86 counsellors were reached. Further trainings are scheduled to take place in the last week of May 2011 in Maseru where an additional 80 health Care workers are anticipated to be provided with psycho-social to prevent stress and burn-out and trained on how to provide the support to patients.

Main activity: Conduct service mapping to identify HTC service gaps in the public, private and NGO sector

Conduct annual service availability mapping (SAM) for HIV services

Service Availability Mapping (SAM) is a tool to collect and present basic information on health services: health infrastructure, human resources and services offered. Its main application is at the sub-national or district level, where district health management teams can use the results of the SAM in conjunction with WHO Health Mapper application, developed by the Public Health Mapping and GIS programme, to map and monitor health services. SAM is made up of a survey methodology, remote field data collection devices, and WHO's Health Mapper application

Procurement processes to conduct SAM for MOHSW are at the evaluation stage in order to select a suitable candidate. Funding under this grant for year 1 and year 2 will be utilised to conduct the

exercise on a larger scale – national. The exercise is envisaged to take place in June 2011 and be completed in August 2011.

Main Activity: Establish new HTC access points of underserved and rural areas using public, private and non-governmental partners

Training of newly recruited HTC counsellors

The MOHSW, through the Round 8 HSS support engaged 33 new HTC counsellors. Under the Round 8 HIV grant an intensive first phase training of the newly recruited counsellors was conducted in September 2010 in Maseru district. Following these two week training, the counsellors were attached to various health centres for practical sessions for a period of six weeks. A follow up training and assessment session was conducted in Maseru in November 2010. The 33 new recruits passed their exams and are placed at various health facilities as shown by table 7 below. 17 HTC counsellors were also provided with refresher training during the training of the new counsellors hence a total of 50 counsellors were trained.

Table 8: Placement of the newly recruited HTC counselor cadres

HTC counsellor cadre	Number recruited and trained	Health Facility
Senior counsellors	1	St. Joseph's Hospital (1)
HTC Counselor	7	Thaba Tseka Health Division (1) St. Joseph's Hospital (1) Paray Hospital (1) Scott Hospital (1) Mokhotlong Hospital (2) Machabeng Hospital (1)
Asst. HTC Counselor	10	Machabeng Hospital (1) Mokhotlong Hospital (2) Matsieng Health Centre (1) Berea Hospital (1) Thame Health Centre (1) Butha Buthe Hospital (1) Queen II Hospital (1) St. Ann Ha Mokhoro (1) Ntsekhe Hospital (1)
Asst. Community Counselor	15	St. Leo HC (1) St. Rose HC (1) Queen II Hospital (2) Berea Hospital (3) Motebang Hospital (2) Mokhotlong Hospital (2) St. Rodrique (1) Thaba Bosiu (1) Quthing Hospital (1) Khubetsoana (1) St. Barnabas HC (1)

Total # engaged	33	

Furthermore, furniture procured includes a total of 35 chairs and 18 tables which were distributed to 19 health facilities.

Main activity: Develop and distribute counselling and referral guidelines

Convene reference group, print and distribute counselling and referral guidelines and conduct orientation sessions

Pre-test, post test and PICT referral guidelines were developed by MOHSW in July 2010 and the final draft is available. The guidelines are currently being printed and will be distributed to all public and private testing sites once the printing is completed. An orientation session was held at central level for senior counsellors and other centrally based stakeholders in December 2010 where 50 people were sensitised about the new guidelines. Orientation sessions for district level stakeholders are scheduled to take place in May 2011.

Main activity: Provide professional support services for health care providers and community health workers involved in HTC

Capacity building: Monthly meetings at district level and professional support for HCW and CHW involved in HTC

Monthly meetings were held in all districts to provide a platform for service providers at district level to discuss and address delivery of HTC services. The meetings are currently ongoing and major issues for discussion include how to improve HTC service delivery within districts, new developments in HTC such as discussions around new PICT guidelines, HIV care and ART defaulter tracking and how to keep proper HTC records and use data at facility level to ensure quality HTC services.

Supervision of HTC, HIV & AIDS and other clinical issues was provided to thirteen (13) hospitals and health centres by central level officers. The facilities supervised by the Disease Control team of officers include St. James, Paray, St. Joseph's, Scott, Berea, Maluti and Queen Elizabeth II hospitals, Willies Hospital, Libibing health centre, Peka health centre and Thaba Tseka Health Division.

The MOHSW furthermore provided refresher trainings in HTC to all levels of counsellors as well as various cadres of health care workers in order to further capacitate them on HTC skills. The trainings were aimed to improved HTC services in all health facilities. 293 health workers were provided with refresher training which is comprised of 28 Health care workers (clinical staff), 237 community counsellors and 28 lay counsellors as shown by the table 8 below. In addition, approximately 600 community counsellors are envisaged to be provided with refresher trainings on testing and counselling in June 2011.

Table 9: Refresher trainings for Health Care workers on HTC

Health Facility/District	Health Care cadre reached	Dates	# Trained
Maseru	Various health care providers – Nurses, pharmacists, laboratory workers and doctors	09-13 Aug 2010	28
Mokoto	Community Counsellors	28 Jun-2 Jul 2010	15

Montmatre	Community Counsellors	02-06 Aug 2010	15
Motebang Hospital	Community Counsellors	12-14 Jul 2010	25
Sehlaba Thebe	Community Counsellors	28 Jun-2 Jul 2010	20
Hermitage	Community Counsellors	12-16 Jul 2010	15
Ha Tlai	Community Counsellors	26-30 Jul 2010	18
Scott Hospital	Community Counsellors	26-30 Jul 2010	15
Mapholaneng	Community Counsellors	14-18 Sep 2010	19
Molika-liko	Community Counsellors	07-09 Sep 2010	15
Thaba Tsoeu	Community Counsellors	13-17 Sep 2010	15
Mofumahali. Oa Rosari	Community Counsellors	23-27 Aug 2010	7
Ntsekhe	Community Counsellors	20 Aug-3 Sep 2010	14
Mootsinyane	Community Counsellors	08-10 Sep 2010	14
Butha Buthe	Community Counsellors	23-27 Aug 2010	30
Moeketsane	Lay counsellors	12-14 Oct 2010	14
Linakeng	Lay counsellors	19-21 Oct 2010	14
Total			**293**

Print and disseminate IEC materials on HTC/VCT/ UTC and availability of ART including for people with hearing disability

IEC material focusing on HTC services has been developed and a supplier has already been identified. Delivery of the printed materials is expected in August 2011. These IEC materials have been customised to be understood by people with hearing disabilities through pictorial presentations, use of sign language illustrations and simple day to day words common to this category.

In conclusion, through the support of this grant and other partners the MOHSW has expanded the counselling services to all the health facilities in Lesotho. According to the DHS 2009, 92.6% of the women between 15 and 49 know where to get an HIV test, and more than 65% were ever tested and know their results. The figures for males are slightly less than that for males and hence the country should come up with strategies to increase the health seeking behaviour among men.

2.3 Objective 3: To strengthen and scale up comprehensive HIV chronic care services and ART for PLHIV

Objective 3 comprises of five service Delivery Areas namely, provision and monitoring of ART, prophylaxis and treatment for opportunistic infections, integration of sexual reproductive health and HIV, care and support for the chronically ill and collaborative TB/HIV activities. All the SDAs are explained thoroughly in this sub-section.

2.3.1 Provision and Monitoring of ART

The purpose of this SDA is to scale up ART from the 25% coverage to the envisaged 80% coverage of treatment for those in need through the expansion of public-private partnerships (PPP). All sectors will be supported to provide nationally accredited services in new sites, particularly in rural, remote and hardest-to-reach areas. Other activities include scaling up access nutritionals support with the goal of ensuring equitable access for adults, children and infants by the end of the grant implementation period. Procurement of additional ARVs for both adults and children will compliment the drugs procured under other GF grants and government of Lesotho. CD4 machines will be procured in order to enhance HIV diagnosis and monitoring of HIV positive patients.

Efforts will be made to significantly improve adherence support for adults and children on ART as an ongoing activity based on lessons learned from Round 5, taking into account the considerable increase in adults and children on ART at the community level. An annual cohort survey of survival rates for PLHIVs on treatment regimes is conducted. This type of cohort survey was first done in December 2007 for the UNGASS report and it is currently conducted on an annual basis. The achievements on this SDA are measured utilizing the indicator below

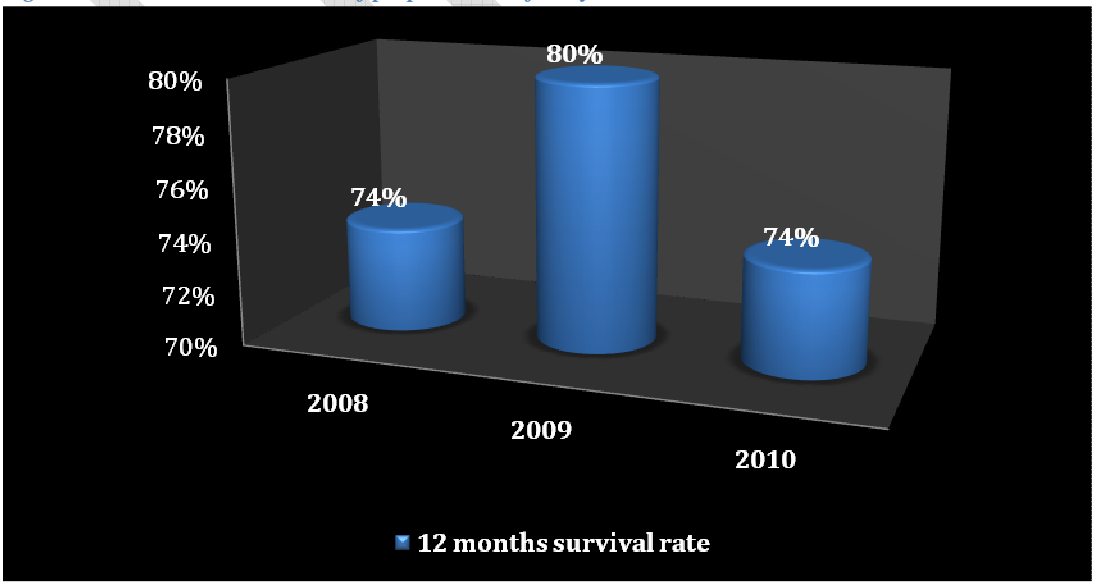
Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
Antiretroviral treatment (ARV) and monitoring	# and % Adults and children with advanced HIV infection receiving antiretroviral therapy	75465/98521(77%)	79347 /98521(81%)	105%

**Completeness of ART reports = 91%*

By March 2011, 79,347 people were currently on ART. This is composed of 73, 942 adults and 5,405 children. 105% of the target set for this indicator under Round 8 was reached as of December 2010. Excellent performance on this indicator is realized through implementation of activities detailed under this SDA.

The MOHSW annual joint review report 2010/2011 indicated that 74% of people initiated on ART in 2009 was still alive and on ART 12 month after initiation of treatment. Figure1 shows the survival rate trends of different cohorts that completed 12 months on ART. This shows that an average of 76% of people initiated on ART will survive the first year following initiation of ART. The success of ART program within MOHSW is attained through the GOL initiatives and support of partners such as Global Fund.

Figure 6: 12 month's survival rate of people on ART for 3 years.



Main activity: Update and revise ART guidelines

In 2010, the MOHSW through the disease control department revised the ART guidelines. Various modifications embraced in the new guidelines include emphasis on the cut off point of 350 CD4 count for eligibility of ART, initiation of all TB patients on ART and some variations in terms of ART drugs allocated for first and second line for both adults and children. The guidelines were printed and distributed simultaneously with the revised PMTCT guidelines to all health facilities in January 2011. Orientation for health care providers on the new guidelines commenced in December 2010 and it is ongoing and so far about 480 health care workers have been orientated.

Figure 7: Revised PMTCT and ART guidelines

Main activity: Hire 18 HIV/TB coordinators

Recruit and remunerate the HIV/TB coordinators and provide them with introductory training

During the recruitment process for STI Coordinators, the lack of response experienced prompted a review of the salary package therefore resulting in a reduction in the number of designated posts. However, due to limited pool of nurses at health facilities, the MOHSW instituted a cessation of movement of clinical staff to coordination or management positions thus resulting in all of these positions not being filled during this reporting period

Main activity: Procure ARVs for adults and children at all levels

Procure first line ARVs for adults according to National Guidelines.

MOHSW procured ARVs to the value of $4,487,390.87 through the support of this grant in 2010. Additionally the MOHSW placed an order for ARVs amounting to $5,063,030.98 and are currently awaiting delivery of these drugs. Global Fund is contributing approximately 30% of the support towards procurement of ARVs while the rest is contributed by the government of Lesotho. To date 112, 467 people were ever enrolled on ART since the inception of the ART programme within the MOHSW. Figure 1illustrates the new patients enrolled on ART per annum from 2008 and that approximately 26, 300 new patients are enrolled on ART yearly. The number of ART sites increased from 68 sites by December 2006 to 197 health facilities (92%) by December 2010 and according to figure 2 on average 2,000 patients are enrolled on monthly basis.

Figure 8: Illustrates the new patients enrolled on ART per annum

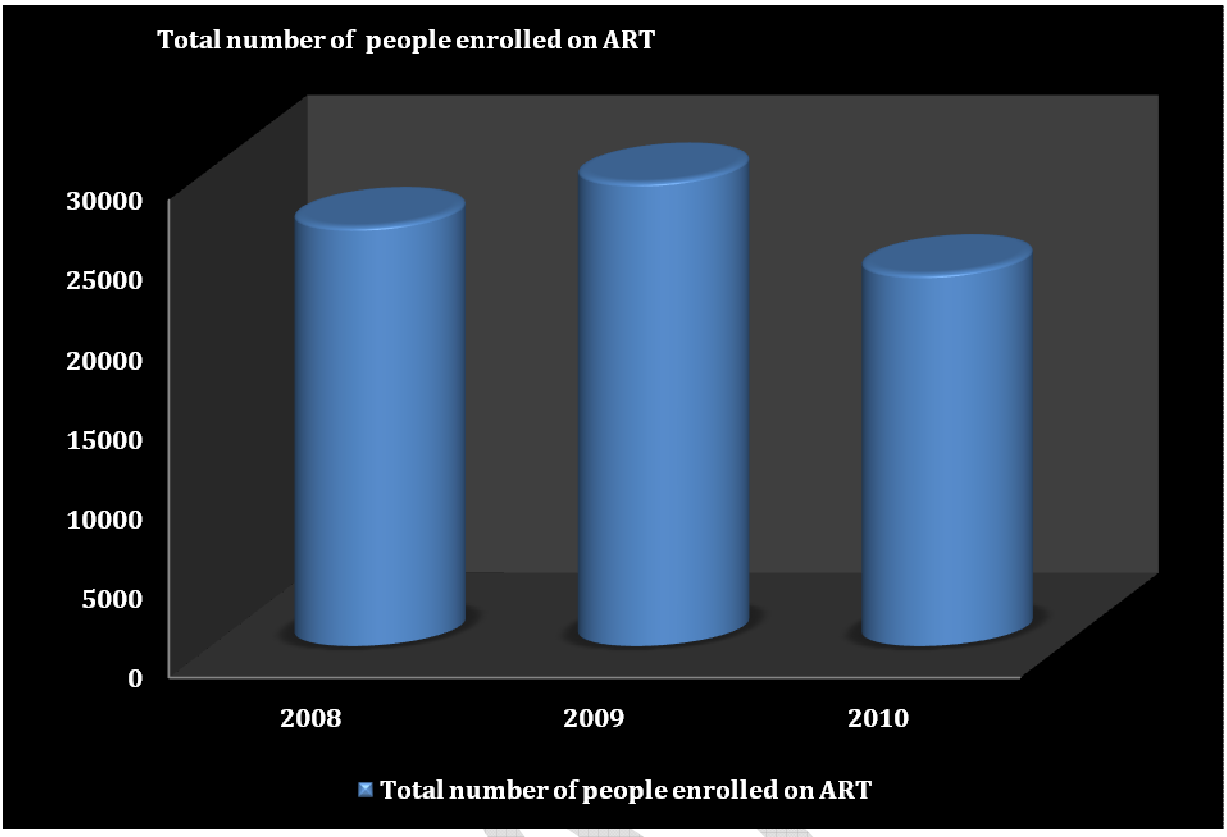
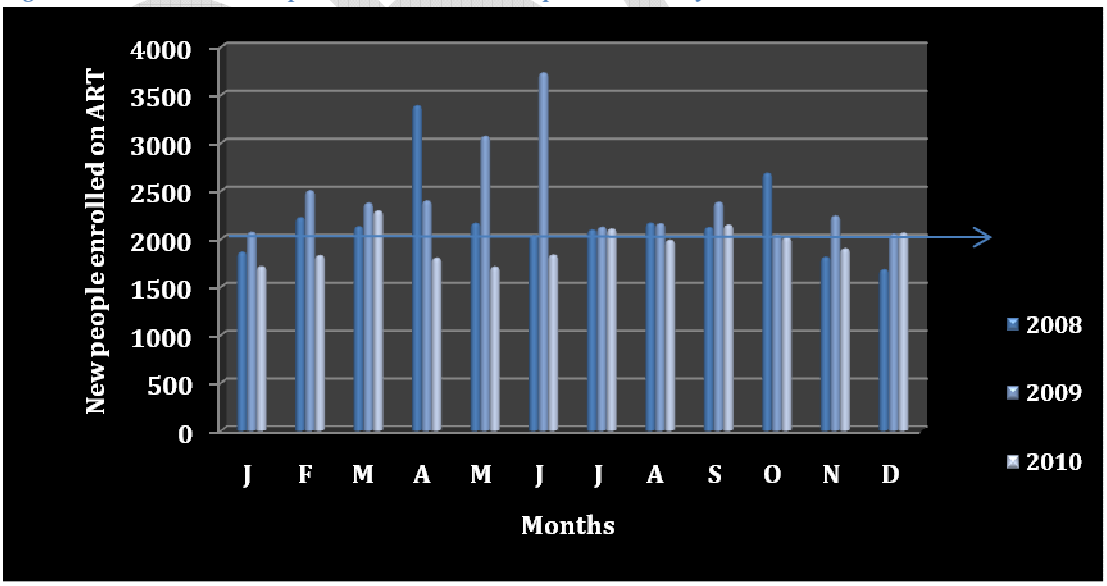


Figure 9: Illustrates the new patients enrolled on ART per month in 3 years



Main activity: Improve monitoring and support for adults and children on ART

Conduct training for health professional staff on adherence counselling at the district level

Training of trainers for district master trainers on adherence counselling, management of adolescents and HIV will be conducted in June 2011 where 40 trainers from all districts will be offered training skills on these topics. This master training will be followed by step down trainings in all districts where it is anticipated to reach 320 nurse clinicians, registered nurses, public health nurses, professional counsellors, lay counsellors and physicians.

Conduct training on the management of adolescents and HIV for HCWs at the district level

Integrated Management of Adolescent and Adult illnesses (IMAI)training was held in Qacha's Nek district in October 2010 for nurses, counsellors, pharmacists and other health care workers. During these two weeks intensive training 69 health providers were endowed with skills to manage HIV and AIDS.

1-week Paediatric HIV was conducted in September 2010 where 55 health care providers including nurses, doctors, pharmacists, etc were educated on advanced paediatric HIV/AIDS management and management of childhood illnesses. Currently the MOHSW introduced IMAI as part of the in-service training where all the final year students have been trained in integrated management of Adolescent and adult illnesses and HIV in all the nursing schools in the country.

Produce information and promotional materials on ARVs: treatment literacy, adherence, drug toxicity

ARV brochures on adherence, treatment literacy and drug toxicity has been developed and currently being printed by the MOHSW. The IEC materials will be distributed to all the health facilities and will be provided to patients on ART. Furthermore, the patients will be provided with organised pill boxes to help them to take their daily doses with ease. 450 pill boxes will be delivered by end of June 2011 and will immediately be distributed to all ART centres.

Main activity: Support upgrading of laboratory monitoring of patients on ART

Procure laboratory reagents for monitoring of patients on ART

2,450 rapid test kits for HIV were bought and are being delivered to all testing sites as per need. These include 1,800 determine kits with 100 tests each, 500 double check gold kits with 100 tests each and 150 bioline tie breaker test kits with 25 tests each. In terms of DNA-PCR supplies and consumables, 57 DBS kits were procured with 50 tests each and 71 DNA PCR kits were also procured. These tests are used for monitoring children born from HIV exposed mothers and it is important in monitoring the impact of the PMTCT program.

Furthermore, 4 point of care CD4 machines have been distributed to Semonkong clinics – St.Leonard and Semonkong government clinics. Quality assurance for these machines is still underway and it is envisaged this process will be complete in April 2011 and the two machines will be sent to other hard to reach areas such as Semenenyane and Palama health centres in Leribe. Laboratory reagents to the value of $1,325,753.35 were procured. These include Full blood count, chemistry, phlebotomy and viral load reagents. All theses reagents are used for continuous monitoring of PLWHA at facility level.

Main activity: Support the private sector to provide ART and TB services

Provide monitoring tools to private sector

The MOHSW was able to print 10,804 monitoring tools for the private sector, which were distributed through the DHMTs. A summary of the tools printed is presented in Table 9. MOHSW is again planning to conduct a survey of private health care providers to determine ART needs and this is scheduled to take place in June 2011. This will be done together with the service availability mapping for major HIV management components such as HTC, PICT, ART, Psycho-social support, etc.

Table 9: ART Tools printed for Private Sector

Item	Quantity
Pre-ART register	192
ART register	192
Encounter/ART cards	9,600
HTC registers	192
ART monthly report books	192
HTC monthly report books	192
HTC consent forms	144
PEP registers	100
Total	**10,804**

Main activity: Support research including operational research and other types of studies

Train laboratory services staff in testing protocols and Quality Assurance

In February 2010 28 laboratory staff were trained on testing protocols and standard operating procedure for HIV testing quality assurance. According to HIV testing guidelines, every tenth sample tested should be sent to the district laboratory for quality assurance. The training emphasized this point in order to improve quality of HIV rapid testing in Lesotho.

Train laboratory management staff on quality assurance and control systems

Quality assurance and control systems training is conducted on an annual basis by the MOHSW laboratory quality assurance unit for the laboratory personnel earmarked for each lab's quality assurance. The first training was done in February 2010 where 26 laboratory personnel were trained. The second training was conducted in April 2011, where 27 quality assurance officers from public and private health facilities were educated. This training was facilitated by MOHSW Quality assurance unit staff and other experts in laboratory QA such as CHAI, NICD and APHL advisors.

The training encompassed topics on quality management systems overview; problem solving and root cause analysis; application of calibration techniques in medical laboratory and internal audits and quality control. The training was also shaped to address gaps identified by the external assessor following assessment in February to prepare for WHO accreditation assessment.

Enrol central and regional laboratories in international EQA for CD4 testing

Laboratory Services under the Ministry of Health and Social Welfare has enrolled all CHAL, Private and Government laboratories in EQA schemes. They have been registered with NHLS for Chemistry, CD4, Haematology and RPR, while Blood Transfusion is registered with SANBTS. Only Central Laboratory has been enrolled for Microbiology (Bacteriology), Malaria, HIV and TB at NHLS. LBTS is registered with NICD for HIV.

NHLS EQA cycle started on April 2010 and end in March 2011, All EQA samples are sent by DHL to QAU. Chemistry samples for the 12 consecutive months are received at the beginning of the enrolled schedule. Haematology samples are sent on monthly basis for the 12 months. CD4 and Blood Transfusion samples are received every 2 months while RPR and TB are received quarterly. HIV is received twice a year. The EQA Assessment Objectives include comparison of performance and results among different laboratories, providing objective evidence of testing quality and Indicating areas that need improvement in terms of quality control.

From October 2010 to March 2011 the data is presented using Standard Deviation Index (SDI) from the reports send by NHLS, but for Blood Transfusion, RPR, TB and HIV, results are compiled using percentages obtained. For example, in CD4 laboratories are supplied with 2 samples bi-monthly, therefore laboratories are expected to run all samples. Laboratories that scored 100% are 5 (Laboratories using Partec and FACS Calibur machine) out of 20 laboratories, meaning all tests were run. 10 Laboratories scored 77% -93% and this means that laboratories have done all surveys but sample B refused to read or CD4% for sample B did not read. 5 Laboratories scored 45% -73% and these missed one survey and sample B refused to read, or they have transport problem when they collect samples or send the results for faxing.

Blood Transfusion EQA samples are run bi-monthly, and 6 laboratories out of 18 laboratories submitted all their samples. 11 Laboratories scored 60%-80%, i.e. they missed one to two surveys due to short time given for EQA results submission. One laboratory scored 0% because it missed all EQA submission due to awkward place, communication problem and short time frame for EQA submission. TB screening is also received 3 times a year**,** TB department managed to attend to 2 surveys the second round sample was not done because the QAO in QAU had sent the sample by Microbiology Head of section but it seems the sample was not recognized by TB personnel, which ended up to no participation. Therefore all samples were done on the first and third round which resulted in 100% participation on two rounds.

The highest performing lab in CD4 is St. Josephs with a 73%, lab Baylor and Central Laboratory scored 66% - 68% which are not good performance and most laboratories scored 27% - 50% which is a very low performance, while 2 labs were found to be performing at arrange of 09% - 18%. In Haematology most laboratories scored a performance ranging from 85% - 100%, which is the highest performance. Four laboratories scored 67% - 79%, but the 2 lowest performing laboratories scored 32% - 51%, while one lab did not do any test at all. TB screening performance was 90% on the first survey and 95% on the third survey. The EQA report for October 2010 – March 2011 shows that when comparing all EQA charts TB, HIV, RPR is the best performed, followed by FBC. WBC differential, Bacteriology and Blood Transfusion EQA is fairly performed. But we are still having a big challenge with Chemistry and CD4 EQA because all sites scored a performance lower than 80%. Continuous mentoring and on –site trainings are planned from April to August to improve the ratings.

Establish and sustain National Quality assurance scheme

The national quality assurance scheme for laboratory services has been established since the inception of this grant. The external quality assurance provided by NHLS is one component of the QA scheme established. The second component of the establishment of the national quality assurance scheme include recruitment of three officers, namely training officer, senior quality officer and safety officer were recruited to kick start the activities relating to internal quality assurance and control systems. To date 25 laboratories within the countries have been enrolled into the scheme and each laboratory is assigned designated personnel for ensuring quality laboratory services in these laboratories.

In addition, another component for the QA scheme is the supportive supervision provided by the QA unit. In March and April 2011 five laboratories were supervised and it was found that all laboratories reading and grading of smears is very good and 100% laboratories showed adequate performance.

In conclusion, provision and monitoring of ART within the MOHSW have been greatly supported through this grant to enable more patients to be put on ART and to monitor them consistently to ensure longer and better quality of life for People living with HIV and AIDS. As of December 2010, the total number of people on ART was 80,695 which translate into 58% of the total need in the country as shown by the AJR 2010/11. Significant amount of resources were availed to support a variety of interventions in under this service delivery area. It is also worth noting that good performance on this service delivery area is linked to high HIV test uptake within the health facilities.

2.3.2 Prophylaxis and treatment of Opportunistic Infections

This SDA scales up HIV/AIDS treatment and care to adequately address OI prevention and management, common co-infections and other co-morbidities, and ensure equitable access for adults, children and infants at the facility level. Refresher training for HCWs on the diagnosis and management of HIV infections is again continued to ensure acquisition of proper skills to manage HIV. Furthermore, procurement of OI drugs is also included in this SDA.

Main activity: Scale up training of HCWs on management and diagnosis of opportunistic infections

Refresher Training existing health care providers in ARV management and OIs

A fully fledged IMMAI training was held in Qacha's nek in October 2010 where 95 health providers were reached. The funds for the two trainings were combined so as to reach more health providers. Further refresher training is planned to take place in June 2011 where 95 health care workers will be provided with HIV and OI management skills.

Main Activity: Procure drugs for management of opportunistic infections

Procure and distribute drugs for OIs, INH, Cotri-moxizole and PEP drugs

The MOHSW will undertake an opportunistic infections (OI) rapid assessment in May 2011. The main purpose of this study is to identify common OIs presented to health facilities and the drugs. Lesotho started using CD4 count criteria of 350cells/mm^3 in February 2008 and this resulted in drastic reduction in the number of patients presenting with opportunistic infections. As a result a number of drug items that were planned may no longer be useful. The findings of this study will inform the review and subsequent procurement of the OI drugs list under the Round 8 PSM plan.

Isoniazid Preventative Therapy (IPT) in the form of INH which is used to treat latent TB infection and reduce the risk of progression from latent to active TB disease and cotrimoxazole which is used as a prophylaxis for pneumocystic carinii pneumonia have also been procured under this grant. Orders for procurement of INH and Cotrimoxazole have been place with the suppliers and delivery is expected in June 2011. ARVs to the value of $37,769.90 were procured in 2010 for post-exposure prophylaxis purposes and this are distributed to all ART sites on request.

The above-mentioned activities signify a tremendous support from Global fund towards quality service provision for HIV care in Lesotho. According to a baseline report on HIV/AIDS service provision in Lesotho (2010), a total of 660 health providers reported recent training in adult HIV care and treatment and of these 97 are physicians and 563 are nurses. Furthermore, 23% of health facilities (mainly hospitals) have a physician who has been trained in adult care and treatment and trained nurses are found in 70% of the health facilities. To date over 60% health facilities reported that a tenofivir based ART regimen was the most frequently used as the preferred ART regimen hence showing that a majority of health care providers are following the revised national ART guidelines.

2.3.3 Sexual Reproductive Health

The sexual and reproductive health of women living with HIV/AIDS is fundamental to their well-being and that of their partners and children. Strengthening SRH and HIV integration at district and community level will expand access to both types of services and thus bring about greater coverage. This is intended to be achieved through the development of guidelines, training of HCWs on the integrated management of SRH and HIV, and the engagement of community partners at the local level for social mobilization activities aimed at increasing demand for combined services.

The existing community SRH implementers such as the community counsellors, community health workers and mother-to-mother support group members, who provide psychosocial support and advocacy for SRH issues at community level, will be trained to incorporate information on HIV and AIDS. The indicator utilized to measure this indicator is shown below:

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
Sexual and Reproductive Health	Number of service providers staff trained to provide information on SRH STI and HIV and referral as appropriate	780	266	34%

SRH trainings were not implemented as planned under the current grant and this negatively affected performance under this SDA. Two main reasons affected the performance namely; low turnout of participants during trainings and rescheduling of trainings of which some ended not taking place at all. The MOHSW will continue to hold series of trainings to ensure that by end of year 2 the target is reached. Main activities guiding performance on the indicator are discussed below.

Main activity: Develop joint guidelines and training manuals

Develop, print and disseminate SRH guidelines

The first meeting of the SRH Technical Working Group was convened in March 2011. The SRH guidelines had been revised to include PMTCT and family planning issues. Printing of 500 new guidelines is currently taking place and will be completed in June. The guideline address the specific sexual and reproductive health needs of women living with HIV/AIDS and contains recommendations for counselling, antiretroviral therapy, care and other interventions. Furthermore, The Family Health Department printed 5,000 copies of SRH tools in the form of the Lesotho Obstetric Record, which is tool to standardize monitoring and management of every woman in the country during pregnancy, labour, delivery and postpartum.

Main activity: Train HCWs on integrated management of sexual reproductive health and HIV

Train health care workers including community Health Workers on integrated management of sexual reproductive health and HIV

High quality programmes and services that address sexuality positively and promote the sexual health of women living with HIV/AIDS are essential for women living with HIV/AIDS to have responsible, safe and satisfying sexual lives, especially in countries severely affected by HIV. The HCWs and CHWs are trained in order to promote quality of SRH services in Lesotho.

266 health care providers were capacitated to integrate all HIV management components in SRH in order to assist women in making decisions on such issues as the number, spacing and timing of pregnancies, use of contraceptive methods and infant-feeding practices. Table 10 indicate that to date 184 HCW and 82 CHW have been trained on SRH.

Table 10: Summary of SRH Trainings for HCWs and CHWs

Description	District/Facility	Cadre Trained	Training Dates	# Trained
Training for HCWs	Mafeteng	Nurses	February, 2011	32
	Quthing	Nurses	February, 2011	27
	Maseru	Nurses	April, 2011	47
	Berea	Nurses	April, 2011	29
	Thaba-Tseka	Nurses	April, 2011	29
Training for CHWs	Mafeteng	CHWs	April, 2011	32
	Quthing	CHWs	April, 2011	50
Total				266

Further trainings in SRH will be conducted in June where an additional 30 health care workers and about 600 CHWs in Butha-Buthe, Mafeteng , Thaba-Tseka, Maseru and Mokhotlong.

In conclusion, it can be noted that even though the LDHS 2009 indicates a high (92%) ANC attendance, much still needs to be done as only 33% of women received ANC in the first trimester. Furthermore about 59% of the women deliver at facility level but this scenario narrated has not yet had an impact on maternal mortality because a high figure of 1,155 deaths per 100,000 was reported in the same LDHS. In order to guide implementation the road map for acceleration of reduction of maternal and newborn mortality was developed. Through the support under this grant the MOHSW will also be able to improve SRH services in Lesotho.

2.3.3 Care and Support for the Chronically Ill

Activities under this SDA include providing training, refresher training and incentives to community-based caregivers (CBCGs) and strengthening their supervision and support; procurement of commodities e.g. CHBC kits; and engaging more community partners in the provision of CBC programmes. New CHWs will be recruited and incentives provided for existing staff to complete an initiative started under other Global Fund grants.

Round 8 also seeks to ensure continuous provision of therapeutic feeds, the procurement and distribution equipment and tools for nutritional assessment, and strengthening nutritional services at district facilities levels by recruiting 10 district nutritionists and training them in the specifics of nutrition and HIV and AIDS.

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage performance
Care and support for the chronically ill	Number of PLHIV receiving community home based care and support	13,000	2,089	16%

To date only 16% of the target has been reached. The main challenge which significantly contributed to underperformance on this SDA relates to the absence of the MOHSW data collection tool on home base care services provided to the chronically patients at the community. The Ministry of Health and Social Welfare in collaboration with the PR developed an interim data collection tool pending the finalisation of the Village Health Worker Manual and associated data collection tool. It is planned that when moving to Phase II all CHW will utilising the new tool to report on the HBC activities at the community. The interventions required to improve performance have been articulated below.

Main Activity: Print and disseminate CBCGs training manuals in English and Sesotho

Print and disseminate CBCGs training manuals in English and Sesotho

Training manuals for CBCGs were printed during this reporting period, in Sesotho (translation of those printed in Round 2). A facilitator's guide and 12 modules were printed.

Main Activity: Train, retrain and supervise CBHW to provide CHBC, including nutritional support

Procurement of HBC kits for community health workers

4,500 Home Based Care (HBC) Kits have been procured and assembled by NDSO, which will also facilitate distribution to the health facilities in July 2011. HBC kits are utilized by community health workers for home based care and support to people who are sick at community level. CHWs are

supervised by health centre nurses and the kits will be provided to them during their monthly meetings.

Main Activity: Review and update existing adult nutrition and HIV guidelines

Review and update existing nutrition and HIV guidelines

The Nutrition Unit of the Family Health Division conducted a review of existing Nutrition and HIV guidelines in September 2010. The participants in this review included WHO, UNICEF, EGPAF, NAC, CHAL, FNCO, Ministry of Agriculture and Food Security – Nutrition and Ministry of Health and Social Welfare (Nutrition Program, Dietetics department Queen II, ART centre Queen II, AIDS directorate – pharmacy and counselling and health education). The purpose of this exercise was to review the existing Food Based Guidelines on Nutrition and HIV and AIDS as well as develop a training manual.

However, this process is yet to be completed in June 2011with the support from the CHAI. The guidelines would include among others the number of persons to collect food rations at health facilities, the eligibility and selection of persons who will benefit from the food support, the methods of monitoring the numbers and categories of persons receiving food support. Procurement and distribution of nutritional therapeutic feeds for children and adults on ARVs will follow completion of the guidelines

Recruit district nutritionists to strengthen provision of nutritional services at all levels

10 nutritionists are engaged under the MOHSW establishment list and are in place in all the districts from January 2011. Their role is to oversee nutrition activities within the district and to mentor and provide skills for all stakeholders such as Health care providers, community health workers and NGO's to provide quality services. It is expected that the nutritionists will also contribute to improving monitoring and record keeping of the program at facility level.

The progress in this SDA was delayed due to the absence of the MOHSW nutrition implementation plan. Following the development of this plan which will be completed in June improved performance will be realised on this SDA. Furthermore, the MOHSW needs to speed up the development of the data collecting tool for home based care as efforts done at this level will be properly recorded and reported accordingly.

2.3.4 TB/HIV

Activities under this SDA include prevention, diagnosis and treatment of TB associated with HIV to manage the extremely high rate of TB/HIV co-infection; scaling up the delivery of an integrated approach at community and household level in relation to TB/HIV; distribution of guidelines to the providers, managers and supervisors across all sectors to be used as a basis to orient providers in provision of integrated HIV and TB services and improving coordination and provision of services at the district and community level by conducting integrated training in HIV and TB for all cadres of HCWs.

Other activities supported through this grant include establishment of a joint working group to update the monitoring tools at the central level and District-level joint supervisory and monitoring teams for conducting integrated supervision at that level. The national HIV care guidelines require that all HIV infected clients should be screened for TB during every encounter with the health provider. Therefore, the performance for this indicator is shown by the indicator below.

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
TB/HIV	# and % of HIV infected clients attending HIV care / treatment services who are screened for TB.	60%	91%	152%

A survey done by ICAP, an implementing partner within MOHSW shows that 66 930 HIV infected clients were screened for TB out of 74,366 clients surveyed. This was a sample drawn from the HIV patients that attended their last clinic visit from October 2010 to March 2011. The 91% achieved result exceeded the target by approximately 52% hence showing a huge effort by MOHSW to integrate the two diseases at service point. The service provision survey (2010) further indicates that more than 80% of health facilities perform TB screening for HIV-positive patients. This report indicates the activities carried out by the MOHSW to support TB/HIV integration in Lesotho.

Main activity: Print and disseminate HIV and TB co-management guidelines

Develop and print HIV/TB guidelines and policy

National guidelines for TB/HIV have been developed and the final draft is available as of April 2011. These guidelines emphasizes 3 Is – Intensified Case Finding (ICF), Isoniazid Preventative therapy (IPT) and TB Infection Control. In order to provide comprehensive care for PLWHA, ICF and IPT must be available in all public health facilities in Lesotho. Another important aspect elucidated in the guidelines is the infection control in order to assist health care providers to minimize the risk of TB transmission at facilities and communities. 500 guidelines are currently being printed and will be delivered and distributed to health facilities in July 2011.

Training manuals to guide master trainers and participants in capacitating the health care providers on the HIV/TB guidelines have also been developed. 150 manuals are currently being printed and will also be used in June 2011 for orientation trainings for introduction of IPT in all hospitals. These hospital based training sessions will strengthen functional and locality integration especially within the hospital setting where the TB clinic is in a separate location from the ART centre. The trainings aim to involve the hospital's management and workers to come out with practical strategies to make this work at each specific hospital. In addition the current guidelines insist on all patients diagnosed with TB to be put on ART immediately hence improving integration and ART accessibility for TB patients.

Develop and print TB/HIV IEC materials

Phela development group has been identified by the MOHSW as the consultant to develop IEC materials for HIV/TB collaborative activities. The consultant will develop various IEC materials such as flyers, flow chart, brochures and posters on TB/HIV issues. This process is anticipated to be completed by July 2011 while printing and distribution of the IEC materials will be done in August 2011.

Main activity: Train and retrain HCWs on provision of integrated HIV and TB services.

Train health workers, prison staff, military and police on infection control policy for TB

In November 2010, two infection control trainings were conducted in Qacha's Nek. During the first training 43 health care workers were guided on how to improve infection control and how to reduce

TB infections within the hospital and clinic settings. In addition, 54 uniformed staff such as police, soldiers and prison warders was also trained on infection control applicable to their line of work.

Develop an integrated monitoring system for managers and providers

The HIV chronic care/ART monitoring tools have been revised to include TB issues. These issues include provision of IPT, HIV positive patients who were screened for TB and ART provision for HIV positive TB patients to mention but a few. The changes were also made in view of the updated ART guidelines.

All the above activities together with provision of IPT to HIV positive people in Lesotho will lessen the TB/HIV co-infection morbidity. All HIV positive patients will be given Isoniazid (INH)for 6 months followed by a cessation period of 18 months which will then be followed by another 6 months. INH will be used as a prophylaxis to prevent HIV positive patients from contracting TB. Integrating the two diseases will also allow comprehensive care to PLWHA at health facilities.

2.4 Objective 4: To reduce the negative social and economic impacts of HIV and AIDS on individuals, families and communities

This objective is represented by one service delivery area namely strengthening the national policy framework and this will be discussed in details under this section. The National AIDS Commission (NAC) is mandated to guide the strengthening of the HIV and AIDS national policy frameworks and therefore this grant aims to support NAC to achieve this commitment by supporting the development of the HIV prevention plan for Lesotho.

Strengthening National Policy Framework

A critical component in strengthening prevention capacity in Lesotho is the development of an operational plan that directs all stakeholders in the implementation of a comprehensive prevention programme. The Round 8 grant ensures that the NAC is supported to develop a fully elaborated plan that can be simply implemented by all stakeholders. Since the inception of this grant, NAC was engaged in the activities depicted below.

Engage external consultant with technical expertise

Prior to engaging an external consultant three committees were established to oversee the development of the prevention strategy. These include: high level HIV prevention strategy committee which was the main decision making body in regard to how the strategy was developed and in mobilizing resources for the exercise; prevention Thematic group which is the key technical advisory committee; and a small core team which drove the process on a daily basis thus taking care of logistics arrangements for all the processes involved in developing the prevention.

A regional consultant was then engaged in July 2010 to assist the three committees to develop the national HIV prevention strategy for Lesotho. Phase one of the development process entailed the three milestones. The first milestone was the production of the inception report which laid down the road map for the development process. The HIV prevention situational analysis which was the second milestone was completed in August 2010. The situational analysis report portends that the main drivers of the HIV epidemic in Lesotho are the hetero sexual transmission of HIV within the serial multiple and concurrent partnerships, vulnerability through incomplete male circumcision, and low and inconsistent condom use during high-risk sexual acts. The objectives of the prevention strategy,

guidelines, tools and reporting formats were then developed in order to guide the stakeholder consultations held in the second phase of the development process.

Conduct stakeholder consultations at national level, district and local level

The second phase of the development process included holding consultations with the HIV Prevention Thematic group and stakeholders at national, district and community levels. At national level regular consultative meetings were held with the prevention thematic group. Furthermore, consultations were conducted with the academia and development partners where 40 people participated in September 2010.

At district level, about 117 people participated in the consultations as shown by table X in 6 districts. 16 community councils were chosen for this activity and approximately 196 people as indicated by table X took part in the consultations at community level. The aim of the consultations was to get the community reviews on the interventions proposed for the prevention strategy, to provide input as to factors hindering behaviour change and to provide recommendations on further strategies that can be utilized for prevention of HIV.

Table 11: District consultations

District	# of people who participated
Butha-Buthe	20
Qacha's Nek	17
Quthing	7
Maseru	27
Berea	27
Mohale's Hoek	19
Total	**117**

Table 12: Community consultations

Community	#of people who participated
Mapholaneng	10
Tlokoeng	16
Roma	25
Manka	28
Senekane	14
Motanyasela	10
Mohlanapeng	11
Thabana-Mahlanya	10
Motlejoeng	5
Mashaleng	9
Koti Sephola	12
Makaota	10
Qomoqomong	12
Matsatseng	5
Maseepho	10
Ramatseliso	9
Total	**196**

Finalize and distribute operational strategy

The Prevention strategic plan was finalized in October 2010. The final draft was reviewed by the core team and the prevention thematic team and subsequently approved and endorsed by the high level steering committee. The targets for the outcomes and outputs of the prevention strategy were reviewed further by the Monitoring and Evaluation Technical working Group. The printing of the final national prevention strategy is awaiting comments from the ministerial review and it is anticipated that the printing will be done in June 2011 which will then be disseminated at all levels.

Main Activity: Train HCWs, local authorities and community leaders in understanding HIV-related stigma and discrimination

Scale up community dialogues with men and boys on behaviour change (complements UNFPA project)

The MOHSW, through the Health Education Department conducted community dialogues in the Roma Catchment area in 23 villages. The dialogues targeted men and boys in order to enhance their health seeking behaviour and render them as ambassadors in prevention of HIV and AIDS. 117 working men such as teachers, police and road contractors and 136 boys in school and out of school were reached in these villages. Figure X and X below show some of the interventions held in two areas – Ha Khanyetsi and Ha Ramabanta.

Dialogues were held in the forum that draws participants from as many parts of the community as possible to exchange information face to face, share personal stories and experiences while honestly expressing viewpoints and developing solutions to community concerns. Dialogues also emphasized listening, deeper understanding and they do invite discovery, develop common values whilst allowing participants to express their own interests. Participants also question and evaluate their assumptions through this process where learning does occur.

Key messages such as: Always use a condom consistently and correctly (demonstration of condom use was done), Know yourself, your partner, and your HIV status, Communicate-talk about sex with your partner and children, Love your partner and help love each other, Avoid risk drink moderately, Avoid taking risk, avoid unprotected sex, Communicate about sex with your partner, and Be faithful to your partner-stick to one partner and Seek treatment for STISs and HIV were discussed with the targeted groups.

Figure 10: Facilitators demonstrating condom use to Herd boys during community dialogue session at Ha Khanyetsi

Figure 11: Community dialogue session with working Men (Ha Ramabanta)

2.5 Objective 5: To scale-up HIV-related policies and programmes in both public and private sector workplaces.

Supportive Environment — Workplace Programme: Public Sector

The activities under this SDA include an institutional assessment on current status of workplace policies and programmes and review, update and institutionalising the terms of reference of the ministerial workplace focal persons. In addition, provision of training and capacity enhancement opportunities are presented under this grant coupled with the actual robust implementation and a variety of support mechanisms such as development of operational plans and Monitoring and Evaluation frameworks. Performance under this SDA was assessed based on the indicator shown below.

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
Supportive Environment-Workplace Program: Public Sector	Number of employees reached through workplace programs	1,300	1,255	97%

To date the performance on this indicator demonstrated that 97% of the intended target has been achieved. This good performance is related to contribution from various public sector ministries and departments. Activities under this SDA were coordinated by Ministry of Public Service in collaboration with NAC. Main activities that contributed on the performance are articulated below. These activities are illustrated below in detail.

Main activity Support to line ministries to develop workplace programme implementation mechanisms

Conduct an institutional capacity assessment study of existing HIV/TB activities within line ministries, and the potential for scaling up/implementing a workplace programme

A consultant -Nonyana Hoohlo and associates – was commissioned in September 2010 by NAC in conjunction with the Ministry of public service to undertake a capacity assessment of the public sector to implement HIV and AIDs and TB workplace programmes. The assessment report was available in December 2010. The report indicated current strengths which include availability of workplace policies and HIV and AIDS committees in most ministries and the existing dedicated personnel to direct HIV and AIDS activities within the public sector. However, certain challenges were found to be associated to these strengths. These include lack of dissemination of policy contents to all the workers, misrepresentation in the AIDS committees – only professional staff is part of the committees thus sidelining support staff and unclear responsibilities for ministerial focal persons.

Furthermore, other weaknesses were found to be lack of internal dialogues within the ministries on HIV and AIDS and TB issues, limited leadership support for HIV and AIDs activities, limited training on HIV and TB competency among focal persons and deficiency in systematic mainstreaming of TB and other chronic diseases such as diabetes. Recommendations were made to scale-up training for effective implementation of the HIV and AIDS workplace and to revisit and improve the focal person's TORs.

Develop and implement a training program for the line ministry workplace focal points of two weeks on HIV/TB workplace policy development and programme implementation

The training programme based on the capacity needs assessment report was developed in November 2010 by the MOHSW wellness centre. In December 2010, NAC in collaboration with ministry of public service held a workshop where the workplace programme was amended and various departments were guided to develop their own workplace operational plans. In February 2011 an intensive two weeks training was conducted for 45 focal persons from 23 ministries, agencies and departments. The training was basically on HIV and TB competency within the workplace including HIV and AIDS mainstreaming and implementation of workplace programmes.

Provide annual forum for networking between line ministries; sharing of Best Practices, joint sensitization sessions, development of enabling environment, sessions on S&D, PLHIV support groups, etc

A two day 2010 annual workplace forum was held in Maseru where 120 people. The main aim of this first annual forum was to sensitise senior management on the HIV and TB workplace programme. The reason for this target group was to gain buy-in and it's very significant as the openness about HIV and AIDS on the part of the organisation's leadership can lead to an effective workplace program.

Discussions were centred on activities which seem to work in the workplace programmes. These included provision of clear, non-technical information about HIV/AIDS for all employees, provided regularly and in a variety of formats; Peer education and peer support: using trained workers to inform one another about all aspects of HIV/AIDS; Making condoms available in the workplace and encouraging availability in shops outside the workplace; Diagnosing and treating STIs at workplace clinics, or encouraging workers to use effective services in the community; Creating and sustaining an environment for changes in sexual behaviour—especially focused on youth and men with regular incomes, discouraging them from coercing women or exploiting their poverty; Voluntary and confidential HIV testing and pre- and post-test counselling.

In March 2011, the annual fora for public sector workplace programme were done two regions. The Southern region annual forum was held in Mohale's Hoek for 4 districts (Mohale's Hoek, Mafeng, Qacha's Nek and Quthing) where about 55 people participated. The Northern region annual forum was done in Leribe for Mokhotlong, Butha-Buthe, Leribe and Berea district where 37 participants attended. The main objective of the annual forum is to provide a networking platform for public ministries on HIV and TB workplace programme. Progress in the workplace programme within various ministries at district level were presented and best practices on how to improve the workplace programme were shared. Discussions also addressed issues of stigma and discrimination at workplace, presentations on positive living by workers living with HIV were done and emphasis was also put for public officers to know their HIV status so that they can act accordingly.

Main Activity: Provide additional support to Correctional Services and Lesotho Mounted Police Services

Conduct situational assessment of HIV impact on Correctional Services

In 2010, with the assistance from the Round 8 HIV grant of the LCS contracted Armstrong Associates Consulting (Pty) Ltd. to carry out a national study to collect sero-prevalence and behavioural data from inmates and staff in all of its facilities. The guiding purpose for this study was to obtain for LCS comprehensive system wide data on HIV sero-prevalence together with data on knowledge, attitudes, beliefs and practices amongst prison inmates and staff.

The specific objectives guiding the study were:

- To establish HIV prevalence amongst prison inmates and staff;
- To establish HIV prevalence amongst prison inmates and staff according to key demographic characteristics such as gender and age groups;
- To identify knowledge, attitudes, behaviours and practices related to HIV and STIs amongst prison inmates and staff;
- To analyze the established HIV prevalence of prison inmates and staff according to the identified knowledge, attitudes, behaviours and practices related to HIV;
- To provide guidance to LCS on how to develop and implement policies and programmes regarding the reduction of the incidence of HIV transmission and other STIs amongst inmates and staff.

In February 2011, the study was completed and a final report is available. One of the main findings of the study is that more than 76% of both the inmates and LCS staff perceive that there is a high risk of contracting HIV in the prison setting. The high risk activities include sexual activity, use of drugs and physical violence. Another significant observation is that there is a high prevalence rate of HIV among inmates (31.4%) awhile that among staff is similar to the general population. On average condom use was found to be 50% among inmates and among staff due mainly to personal unavailability at the time of use.

Another important behavioural aspect to note is that most people who are already HIV positive among the inmates and staff do not use condoms due to their status thus posing a huge risk for HIV infection. It was also recommended that LCS should scale up the HIV infection control strategies. These include among others strengthening availability of commodities such as condoms, lubricating gel for male to male sexual encounters that is also found to be existing in the prison setting, peer education to transform high risk behaviours such as non condom use and provision of sterile blades and needles.

Develop targeted IEC materials for CS and LMPS

Train CS and LMPS officers in HIV/AIDS and TB competency

To date 173 Correctional services officers which translate into 12% of the LCS staff were trained in HIV and AIDS and TB competency. The officers trained are categorised as per table XX below.

Table 13: LCS staff trained on HIV and TB competency categorized by rank

Rank	Number trained
Senior management officers	47
Middle management officers	47
Junior staff	53
Health care workers	26

In March 2011, a special training was conducted for health care workers providing care in prison's clinics. The officers comprised of nurses, pharmacy technologists, nutrition officers and health inspectors. The HIV and TB competency training was merged with training on the new MOHSW ART guidelines and TB updated modules so as to standardise care and treatment in prison settings for HIV and TB with the national guidelines.

Through the HIV and TB competency trainings with support from the Round 8 grant LCS staff gained immense knowledge thus making them competent in dealing with HIV and TB challenges in their line of work. This is attested by the HIV sero-prevalence and behavioural study conducted in the Lesotho Correctional services LCS which confirmed there are high levels of knowledge regarding HIV transmission (81%) among staff. In addition 360,000 condoms were distributed within the prisons settings.

Currently 229 police officers were trained in HIV and AIDS and TB competency. The officers trained are categorised as per table 14.

Table 14: LMPS staff trained on HIV and TB competency categorized by rank

Rank	Number trained
Executive Managers	9
Senior management officers	24
Middle management officers	46
Junior staff	150

Tables 13 and 14 indicate that about 54% of the LCS and 35% of the LMPS staff trained on HIV and TB competency encompasses management. The improved HIV and TB knowledge among this group is very significant as it will assist them when developing administrative policies including transfers. Again LMPS as one of the mobile populations, the knowledge gained through these trainings will assist them to be cognisant of the risks associated with certain behaviours when they are away from their homes. The impact of the LMPS trainings will also be measured through the HIV sero-prevalence and behavioural study which will be conducted in July 2011.

The trainings were facilitated by MOHSW disease control directorate through the HIV and AIDS programme and the national TB program. Topics discussed included epidemiology of HIV and TB, HIV and AIDS facts and drivers, relationship between HIV and STI, Anti-retroviral Treatment and adherence, nutritional support, Benefits of HIV testing , TB/HIV co-infection, managing and

preventing health risks at workplace, Infection control, HIV mainstreaming and basic concept in Monitoring and Evaluation.

Train CS officers in peer education, adherence support, ART Aid and HTC

During the 18 months period of the Round 8 grant 112 LCS officers were trained to be peer educators in HTC, adherence support and ART. This training is one of the strategies under the scaling up of HIV and AIDs programmes in correctional institution aimed at preventing HIV infections and strengthen the LCS HIV workplace programme. The specific objectives of the training includes increasing the LCS staff in HIV who in turn will act as advocates of lifestyle changes in their peers behaviour, attitudes and values in their approach towards HIV and AIDS.

To date the LCS staff peer educators managed to reach 120 LCS officers with HIV and TB information and all of them tested for HIV. Furthermore in the first quarter of 2011 LCS in collaboration with PSI conducted a 'know your status' campaign among LCS staff in Maseru district where 68 officers were tested and given their results. The high acceptance of the HIV test is one of the peer education programme outcomes which are supported under this grant.

Train LMPS officers in peer education, adherence support and HTC

By April 2011, 160 police officers were trained to be peer educators. The peer support is provided by using trained workers to inform one another about all aspects of HIV/AIDS. During the reporting period 650 LMPS officers were reached through this programme. Various outreached were performed where health talks including topics such as HIV life cycle, STI and HIV, HIV and stress, the importance of knowing one's status and ART drug adherence. Testing and counselling services are provided to the police officers on an ongoing basis. In 2010 about 59% tested for the first time. Furthermore the police training centre included Counselling and testing as a way to encouraging recruits to know their status. In September 2010, about 52% of the recruits tested for HIV.

The LMPS workplace programme has advanced significantly in the last year. In 2010 the LMPS as part of the workplace programme commemorated the world AIDS day where PSI was invited to test the police officers. 600 people were reached with prevention messages and about 40 got tested for HIV. The leadership of the organization pledged support to the workplace programme as it has also been included in the LMPS strategic plan. Additionally the LMPS was funded by Centre for the study of Violence and Reconciliation (CSVR) to develop the HIV and AIDS workplace policy and the final plan is currently available. '*Ha re pheleng'* support group which is the mother of all LMPS support groups has been established and it's exceptionally active in guiding the police stations to form support groups in all the districts.

Recruit additional HIV/AIDS officer for CS

The HIV and AIDS coordinator was engaged in March 2010. The officer's responsibilities include among others assisting LCS in ensuring that HIV and AIDS issues are mainstreamed, providing oversight of LCS HIV/AIDS programmes and technical direction in the implementation of LCS HIV/AIDS strategic plan 2009 -2014, strengthening the HIV workplace programme and HIV and AIDS M&E systems within LCS. The achievements realised since the engagement of the officer include:

- Health specialists to provide care within prison setting including HIV and AIDS and TB have been placed in all prisons.

- A condom programme officer has been engaged to ensure availability of condoms in all prisons and to strengthen monitoring of the condom programme. In the 12 months that the officer was engaged 360,000 were distributed within prison settings.
- Execution of activities funded under this grant accomplished 95% completion.
- Peer education training manual for inmates and staff was developed in collaboration with CARE Lesotho.
- A significant improvement was realised in the LCS workplace programme where 173 officers were trained on HIV and TB and 120 staff members accessed HIV testing through the staff peer education programme.
- HIV prevention programme among the inmates also gained momentum. About 820 inmates were tested in 2010 as compared to 447 in 2009. Support groups for inmates living with HIV were formed and are fully functional in 7 prisons. Nurses were engaged on fulltime basis in all district prisons clinics and 220 inmates are currently on ART. Moreover female prison is now providing ante-natal and postnatal care including PMTCT. There are also plans to place a full time nurse at juvenile training centre.

Section 2 Round 8 HSS grant

3. Overview and performance of Round 8 HSS grant

The overall goal of the Round 8 HIV and HSS grant is to reduce HIV and AIDS related morbidity and mortality. The Health system strengthening (HSS) component in included in this grant in order to provide an enabling environment for both the HIV and TB grants' success. Strengthening health systems means addressing key constraints related to health worker staffing, infrastructure, health commodities (such as equipment and medicines), logistics, tracking progress and effective financing. This report organises the HSS component based on the WHO HSS building blocks. In this section, each HSS building block will be discussed in details. The activities executed by various sub-recipients in each building block will be introduced and the programmatic performance attained for this grant from November 2009 until April 2011 will be highlighted.

3.1 Intervention 1: Strengthening Health Service Delivery to Improve PHC Outcomes

HSS: Service Delivery

Strengthening Health Service delivery action is framed within the context of the health sector reform (HSR) and decentralisation process that is already ongoing in the country. It includes revision and strengthening of the overarching health sector policy to incorporate specific components addressing accreditation and regulation of health services, whether they are provided through the public, nongovernmental or private sectors. The Round 8 proposal along with other current health reforms and donor funding, compliment these activities through an extensive programme of activities to improve private sector provision of services. The service delivery component is measured through the two indicators as shown below:

The first two indices are measured through the accreditation survey. The last accreditation survey indicated a ten percent increase on the care of patient and access to and continuity of care indices as shown in the 2010 MOHSW AJR report. The former basically measures the service delivery aspect in

all health facilities and the latter shows access to, follow –up and continuity of care to the community level. The indices achieved 93% of the set target which indicate good performance.

Furthermore, the medicine access survey conducted by the MOHSW indicated that on average 24% of facilities experience a 1 week stock-out of HIV, TB and STI drugs. The main reason cited for stock-out relates to administrative issues such as not ordering on time and poor stock management. This therefore justifies for all health care providers especially clinicians at health centre level to be trained

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
HSS: Service delivery	Indices on Care of patients (COP) and Access to and continuity of care (ACC) for all health facilities	COP – 55% ACC – 15%	COP – 51% ACC – 14%	COP – 93% ACC – 93%
HSS: Service delivery	Percent of service delivery points surveyed with no drug stock outs of more than 1 week in the last 12 months (average for the drugs for the 3 diseases HIV, TB and STI drugs)	80%	76%	95%

on supply chain management issues.

Activities that support this SDA are discussed in details below.

Main activity: Improve Health Sector Management

Review and update policy framework for service delivery regulation and corresponding mechanisms for implementation, such as accreditation

The MOHSW through the Health Planning and Statistics Department (HPSD) engaged a consultant in March 2011 to steer the development and consolidation of the MOHSW Strategic Plan 2011-2020. The HPSD hosted several meetings in preparation for the development of the MOHSW Strategic Plan 2011-2020. Meetings were held in November 2010, January and March 2011 to develop the document. During these series of stakeholder meetings, policy and regulatory framework as they directly relate to PPP were also revised and included in the MOHSW Strategic plan. The engagement of the consultant and the series of meetings were supported under this grant. The final draft of the strategic plan is in place and is currently awaiting Senior Management approval. Once approved, an estimated 600 copies will be printed to all stakeholders.

In addition the MOHSW is in the process of finalising the Human Resource for Health (HRH) strategic plan and the health financing policy. The Health policy is still to be revised to harmonise it with the national development plan and to include issues such as PPP and IT overtly.

Support the assessments for accreditation

Implementation of this activity is the responsibility of the Quality Assurance Unit of the Clinical Services Directorate. The QA unit experienced several challenges that prevented implementation of these assessments. Firstly, there was a move by the Clinical Services Directorate that all supervisory visits be conducted jointly and be inclusive of all the units of the directorate i.e. laboratory services,

mental health, pharmaceuticals and others. The unit however, after a period of approximately six months, managed to receive approval to conduct the visits as a unit. Nonetheless, the QA unit was further challenged by a lack of capacity, as the unit is currently staffed with one manager and one officer. In light of other obligations the unit had, they have yet to conduct the assessments. However, the Unit is preparing a schedule for the up-coming quarter.

Main activity: Improve PHC service delivery through the establishment of a clinical mentoring program

Provide salaries for mentors at district level and a coordinator at central level

The Ministry has engaged six (6) clinical mentors under this grant. The mentors are deployed at the DHMT level in the districts. The mentors are in addition to the four supported under the Clinton Foundation (CHAI) and this means that the mentoring programme is fully functional in all the districts. The mentor's role is to provide clinical mentoring at facility level in order to improve delivery of primary health care, include ART services. They support the districts by jointly assessing the facilities and delivering support through a six-week mentoring session at the designated facility.

Determining the need for a mentoring program and planning for mentoring services are not always straightforward processes. Additionally, identifying the necessary steps to successfully implement such a program can be extremely challenging when resources, such as expert HIV care providers, are scarce. Therefore, the Mentor coordinator was also engaged in October 2010 to coordinate all mentoring activities across all disease areas. The mentor who is a medical doctor by profession moreover conducts mentoring sessions for the private health facilities thus strengthening service delivery of HIV and TB in all the facilities.

Procure vehicles and computers for the mentorship programme

The procurement process for ten vehicles to be used in the mentoring programme was initiated in 2010. However a few procurement challenges were experienced such as the type of the vehicle which was stipulated for the mentors was not appropriate as most of the clinics are in the mountainous regions hence the need to request procurement of 4X4 vehicles to match the terrain. These delayed the procurement process as it had to be re-initiated, however the supplier has already been identified and the vehicles will be delivered by August 2011. All the 10 mentors have each received the computers through the support of this grant.

Conduct mentoring sessions

Clinical mentoring serves as an adjunct to didactic classroom HIV training; it can be considered a bridge between didactic training and independent, unsupervised clinical practice. Mentoring enables health care workers to practice new skills in clinical settings with the support and guidance of a more specialized and experienced clinician. This intensive practical training is especially important in HIV care and treatment, given the diversity of illnesses associated with AIDS, and the complexity of antiretroviral therapy (ART). The Mentoring sessions also incorporate changes in the ART and PMTCT guidelines, record keeping and drugs management at the clinic level.

To date 20 clinics received the 6 weeks mentoring sessions. Based on the recent assessments of facilities conducted by the mentors, eight sites were selected to receive mentorship from April 2011. These sites include Katse, Mohlanapeng and Linakeng in the Thaba Tseka district, Ngoajane in Butha-Buthe, Peka health centres in Leribe, St. Francis health centre in Qacha's nek, Tsenoli health centre in Berea and Malefiloane in Mokhotlong district. Clinical mentoring has helped support the

rapid scale-up of HIV treatment programs across the country and also has increased the confidence of nurses to initiate ART.

Main activity: Provide outreach services to underserved communities

Procure 3 dental mobile clinics

The mobile dental clinics were handed over to the programme in June 2010. The clinics are in the form of detachable dental equipment and 4x4 vans suitable for community services rather than in built trucks. The clinics are currently functional in the 5 districts where the dental therapists are in place. These districts include Berea, Thaba Tseka, Mokhotlong, Mohale's Hoek and Qacha's Nek. The objectives for the mobile dental clinics include:

1. To increase access to preventive and curative oral health services to people who stay in places that are far from hospitals and to those with socio-economic problems.
2. To participate in increasing the number of people enrolling in the use of ART.
3. To offer oral preventive and curative treatment to people who cannot afford going to hospitals because of socio-economic issues and far distance from hospitals.

The data collected during the community outreaches indicate high level of oral HIV/AIDS manifestations in communities. These include acute necrotising gingivitis/periodontitis (ANUG) which is associated with the decreasing CD4 count. During the reporting period, about 1,984 patients were seen through this programme and about 30% of them present with HIV and AIDS oral manifestations. All the patients are offered HTC – provider initiated. 90% accepted the tests and about 50% of those presenting with oral manifestations are found to be HIV positive. Of the HIV positive ones 30% know their status and some are already on ART. Presentation of ANUG on people already on ART indicates that the CD4 count is deteriorating and these patients are referred for further management to check treatment failure.

In conclusion, the community dental outreaches can thus be used to identify people who might be infected with HIV through intra and extra and intra oral assessments and to discover those with deteriorating CD4 count so as to initiate them on ART before they get sick. Plans are underway to train dental therapists in HTC so that they provide comprehensive services at community level and refer those infected for further management at facility level.

Main activity: Strengthen central level supervision of DHMTs

Convene district forums to review performance and outcomes with health workers

As part of its objective to strengthen central level supervision of DHMTs, the MOHSW through the Primary Health Care Department hosted district forums in each district to review performance and outcomes with health workers. The main purpose of the districts' visits was to revive Districts Primary health Care meetings in Lesotho and specific objectives include:

- Forum for sharing updated health information emanating from monthly operations amongst health centres or clinics managers or their representatives.
- Sharing experiences on health activities enabling the improvement of PHC services delivery within delineated health catchment's area (district)
- Develop close relationship amongst colleagues and support each other in the provision of health care for better health outcomes in the entire health catchment's area (district)

- Voice up health concerns, challenges, frustration for public health nurses and or PHC coordinators appropriate intervention, attention, or action
- Report back on doctors, health technical staffs supervision or monitoring feedback (positive or negative) and outcomes

- Voice up health concerns, challenges, frustration for public health nurses and or PHC coordinators appropriate intervention, attention, or action
- Share national reports so that districts can be aware of the national achievements, challenges/ constraints and to forge way forward on how to improve PHC services in the country.

The targets for these meetings were staff from all 17 hospitals in the country and representation of health centre nurses from each health centres for each district. The meetings were spearheaded by the MOHSW and CHAL PHC directorates with the assistance of the MOHSW reproductive health advisor. During the meetings the findings and the recommendations from the following studies and disease campaigns reports were shared with all the districts:

- Factors Contributing to Underutilization of Maternity Services in Lesotho
- Integrated Measles Campaign Results and Post Campaign Results.
- UN Joint Report and Result Based Financing Project
- Human Papilloma Virus Vaccination Report

Following these meetings some achievements are realized at district has done in relation to Primary Health Care services which were found to be effective and to be continued for the purpose of improving health services. These are as follows:

- With the assistance of LENASO, some H/Cs like Mahlatsa (Berea) St. Matthews (Quthing), Liphiring (Mohales'Hoek, Tsime (Butha- Buthe), Molika- Liko, and Linakeng at Mokhotlong, Matlameng, Linots'ing, St. Monicas, Seshote, Mahobong, Thaba Phats'oa and Maryland at Leribe have active H/C committees
- Mothers to Mothers (M2M) programme has reduced overload
- Some Health centres conduct deliveries e.g. Katse, St. Theresa, Linakeng, Lephoi, Popa at Thaba- Tseka, Matlameng, Seshote, Thaba Phats'oa and Khabo at Leribe.
- Leribe with assistance of CHAI has four pre-fabs temporarily used for provision of maternity services as HIV services have swallowed such places in some clinics.
- Some nurses are attached to the maternity at Leribe for reorientation on maternity services and deliveries
- Functional Health centre committee in some clinics such as Liphiring.
- There are functional outreaches in some districts which are conducted on monthly basis. For example -Makhunoane clinic conducts outreach at Phoku, St. Paul has one functional outreach served by Leribe due to proximity and the plan is to create another outreach at Likhutlong in Butha- Buthe, With assistance of CHAI currently Leribe has established 45 functional outreaches and CHAI hires four (4) vehicles and a helicopter site out-reach at Ha Palama, Mositi H/C has three functional outreaches, Mamohau has six outreach stations for EPI and ANC and to open another at Sepinare, Matlameng has 4 outreaches while St. Margaret has four out reaches to name but a few.

Convene national level forums to review performance and outcomes with health workers

The MOHSW plans to hold the 11th annual Joint Review (AJR) meeting in May 2011. The meeting focuses on the review of delivery of health services in the last financial year with district implementers, central level program managers, stakeholders and implementing partners taking part. The AJR provides a platform for the health sector to reflect on the performance of the previous financial year. A report stipulating achievements and challenges in relation to the MOHSW objectives taking into consideration the Millennium Development Goals including the goal to combat HIV and Aids, Health reform strategy and medium Term expenditure frameworks is in its final stages.

Procure one minibus for the Directorate of Clinical Services at the central level for joint monitoring and supervision

Through the Procurement Unit, the MOHSW has purchased a mini-bus that will be used to transport central level officers to the districts in order to facilitate and strengthen joint supervision of the district level. The bus was delivered April 2011 and the driver has already been engaged for the bus. Through the decentralised approach the MOHSW central level provides supervision to the district level that is at hospital and DHMTs. Supervision to the health centre level is provided by the district level staff. Proposals have been submitted by the district level personnel to further conduct supervisory visit so that all health facilities gets supervised at least once in a quarter.

Supervisory checklists have been developed and are utilised to carry out the supervisions. Some of the components are based on the pre-determined standards according to the eleven accreditation domains. Under this grant supervision is one of the key strategies to improve service delivery at facility level and it is measured through the indicator shown below:

During the reporting period, of the facilities that were envisaged to be provided with supervisory visit

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
HSS: Service delivery	Number and percentage of health care facilities that received supervision in the past six months	60	48	80%

about 80% were reached. These include the 18 public hospitals and 30 health centres.

Main activity: Upgrade all district hospitals' radiology facilities for safety purposes.

Upgrade and renovate radiology suites

To date 3 radiology suites were renovated. The renovations that were done include reinforcing walls, installing lead doors and providing lead glass control panels. Furthermore, 3 X-ray machines have been procured and were delivered to MOHSW in April 2011. This will further enhance monitoring and diagnosis of the diseases at health facilities thus improving service delivery.

Main Activity: Improve PHC services within prisons.

Procure park homes, furniture, equipment, and vehicles to support primary health care services in all prison facilities.

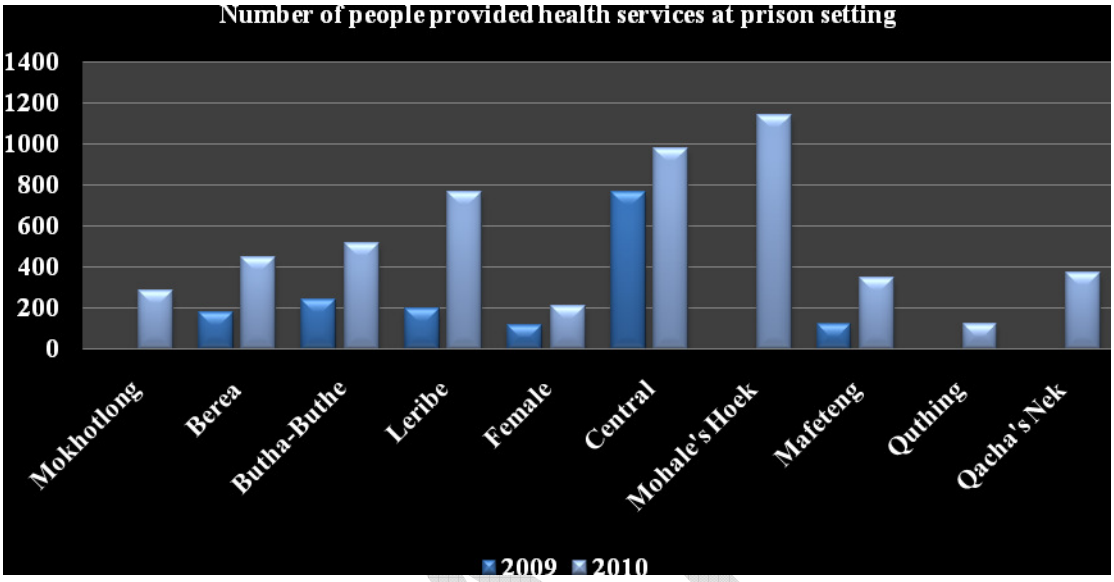
The Lesotho Correctional services were supported with procurement and distribution of park homes, furniture, equipment, and vehicles to support primary health care services in all prison facilities as shown by table 15 below.

Table 15: shows equipment procured for LCS

Items	Quantity	Distribution
Stainless Steel Waste Bins	14	LCS Headquarters Female Prison Juvenile Training Centre Central Prison Mafeteng Prison Berea Prison Butha- Buthe Prison Mohaleshoek Prison Quthing Prison Qachasnek Prison Mokhotlong Prison Thaba Tseka Prison Leribe Prison
HP Printers	15	
Desktop Computers	15	
Laptop Computers	2	
Jacketed Steam Kettles	3	
135l Oil Jacketed Pots	9	
Foot Stools	14	
Desk Chairs	56	
Prefabricated Office Structures	10	
Double Door Stationery Cabinets	30	
225l Oil Jacketed Pots	9	
Wheeled rectangular 1m surface top Clinic Trolleys	5	
Pharmacy Refrigerators	11	
SVGA (800 x 600) 1500 Lumens	2	
Patient Sheets	500	
Patient Pillows	100	
Bedside Cabinets		
Four way Cluster Workstation	14	
Gas Heaters	12	
Crutches	24	
Washing Machines	2	
Filing Cabinets	20	
Information Board	1	
White Boards	2	

Through this support, LCS was able to render comprehensive health care services available to prisons populations. Figure 12 below shows that in 2010 that number of people provided with health services increases by 3 folds as compared to the services provided in 2009. This achievement was made possible through the support of this grant.

Figure 12: Shows number of people provided health services at prison setting



3.2 Intervention 2: Strengthening the Health Workforce for Service Delivery

The second HSS component focuses on Human resources for health (HRH) which constitute a critical component of health service delivery. The objective of this HSS action is therefore to support the Human Resources Development and Strategic Plan by assisting in the provision of the manpower and skills needed for effective service delivery. This component will therefore focus on the health workforce through strengthening the following areas: (i) the recruitment of health personnel; (ii) the distribution of health personnel; (iii) the retention of health staff; (iv) development of health personnel capacity; and (v) health personnel productivity. The range of activities will include strengthening workforce management, improving incentives to address the distribution and retention of staff, and Task Shifting to less specialised workers. This SDA is measured by the following indicators:

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
HSS: Health Workforce	Annual rate of retention of health service providers at public health care facilities	88%(2768/3146)	97%(3351/3446)	110%

Through the efforts of the support to MOHSW for human resource for health such as Global fund grants, 97% of the health service providers were retained in 2010. This indicator surpassed the intended target by 10% which indicates good performance.

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
HSS: Health Workforce	Ratio of tutors to students (General nursing)	0.04	0.05	118%

Through recruitment of nursing tutors in the government and CHAL nursing schools, the tutor to student ratio decreased from 1:50 in 2009 to 1:20 in 2010. This indicator exceeded the set target by 18%. This is also anticipated to improve as the construction of teaching halls and dormitories are completed by MCA and hence more nursing students will be increased in order to increase the pool of nurses within the country. The activities and sub-activities which contributed to these achievements are outlined below.

Main activity: Recruit additional health workers in PHC facilities according to MOHSW HR Development and Strategic Plan (2005-2025) and subsequent HR plan.

Recruit additional health workers in PHC facilities according to the MOHSW human resources plans.

The MOHSW managed to recruit and deploy 183 community counsellors under this grant. This is in addition to 142 professional counsellors and 12 senior counsellors. The former are also deployed at health facility level to strengthen counselling services at this level, while the latter are presently deployed at DHMT level to oversee all HTC activities at district level. A summary of the human resource the MOHSW has been able to engage under the Round HSS grant. The officers are based at various levels including health centres, hospitals, DHMT and central level. 17 radiologists and 10 nutritionists were planned to be recruited, however these were recruited under GOL, thus indicating the MOHSW intention to gradually absorb human resource put in place with partners support.

Table 16: Shows the Recruitment figures for positions under HSS work-plan

Position	Target	Number Filled	Vacant
Nurse Mentors	6	6	0
Mentor Coordinator	1	1	0
Retired HCWs (nurses)	50	5	45
Nurse Clinicians	17	10	7
Senior Tutors	26	22	4
professional counsellors	142	142	0
Community Counsellors	150	183	0
Senior Counsellor	12	12	0
Pharmacist	18	17	1
Accountants	2	2	0

HR Officer	1	1	0
Data Clerks	89	89	0
TA for M&E (DSW)	1	1	0
TA for TB/HIV (Programme. Officer)	1	1	0
M&E Officer (Programme. Officer)	1	1	0
Human Resources Officers	8	8	0
NDSO staff	5	5	0
Storekeeper	2	2	0
Procurement Officers	3	3	0
Procurement Analyst	1	0	1
Drivers	23	25	0
Total	**559**	**501(90%)**	**58**

Main activity: Implement recommendations of the MOPS/PWC Retention Strategy and the MOPS/PWC Scarce Skills Report to retain health workers

Provide salary complements for HCWs at all levels

To date 2,163 professional health care providers from MOHSW and CHAL institutions were provided with salary complements as one of the strategies to retain them. Table x shows these health care workers by cadres.

Table 17: shows the HCWs who were paid salary complements by cadres

Position	Number provided with salary complements
Doctors	143
Nurses	1659
Radiographers	23
Pharmacists	123
Laboratory Technicians	113
Orthopaedic Technician	13
Physiotherapists	7
Ophthalmic Technician	1
Occupational Therapist	7
Dietician	7
Dental Assistants	28
Tutors	36
Clinical Psychologist	3
Total	**2,163**

During the 2010/2011 financial year, 97% of the professional health care workers were retained as shown by one of the key performance indicators below. This translates into 110% of the intended target by April 2011. Human resource turnover is one of the major challenges faced by MOHSW in terms of provision of quality health care services. One of the main reasons stipulated in the AJR report (2010/2011) is the low government wages. Through this grant Global Fund has supported the country to provide better salaries to staff as one of the incentives to retain them and hence improve health care services in Lesotho. In addition to improved services, the cost of retraining new staff especially in this era where there are a number of dynamic diseases will also be saved. Furthermore about 400 HCWs are also provided with mountain allowance as an incentive to reside in the health

care facilities situated in mountainous regions to enhance equitable care to all in need of health care services.

Furthermore, 36 tutors were also provided with salary complements and 18 senior tutors were also engaged through the support of this grant in an effort to increase the students in all the nursing institutions (MOHSW and CHAL). The ratio of tutors to nursing students as shown by the indicator below exceeded the target by 18%. The MOHSW is anticipating that a significant increase in the student nurse enrolment will be realised once the effort to expand the infrastructure for classes and dormitories have been completed. Millennium Challenge Account (MCA) is assisting the MOHSW in upgrading these institutions especially National Health Training Centre (NHTC). This is one of the important strategies by MOHSW to boost human resource for health in order to provide improved health care services in the country.

3.3 Intervention 3: Strengthening the Management Information System (MIS) to Improve Service Delivery

The successful decentralisation of the health delivery system and its management are dependent on a well-functioning Health Management Information System (HMIS) at all levels of the system. Recognising the importance of data flow in maintaining and scaling up service provision, this HSS Action aims at continuing to monitor and evaluate the national HIV and TB response and thus, through ongoing feedback of data, information and research findings into the system, enhance the delivery of PHC provision. Submission of timely and complete report is used as an indicator of performance for this intervention as indicated below.

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
HSS: information system	Number and Percentage of districts submitting timely, complete and accurate reports to the national level	60%	70%	117%

7 out of 10 districts submitted HTC and ART data on time for all the health facilities in the district. The existence of data clerks and Health Information officers has helped improve timely and complete data as indicated in the MOHSW AJR 2011 and through the activities stipulated below..

Main activity: Develop a data quality management system

Conduct a Situation Analysis (quality assessment) of the state of the HMIS throughout the various levels of the system

The Health Planning and Statistics Department conducted a situation analysis of the HMIS April in June 2010 with support from MCA due to the late availability of Round 8 funds hence the savings were realised. The final report for the assessment is available and the MOHSW has initiated the implementation of the recommendations. These include development of HMIS procedure manuals and attempts to build a data warehouse are underway.

Furthermore, the MOHSW received computers from IRISH AID, in addition to those procured under Global Fund Round 8 HSS, for data management at health facility level. 23 out of 45 computers procured under this grant have been placed in pharmacies (Main and ART) to support the roll out of RX solution which is an electronic system to be utilised for inventory management and for patient data. Moreover, the Ministry intends to conduct an assessment of the capacity for data management, nationwide through implementing the **HMIS Situation Analysis: Lesotho Public Health Centre Infrastructure Audit 2011**. This will include, among others, the audit of the following at health facility level:

- Availability of electricity/solar power
- Availability of a telephone line (for internet connection that will facilitate submission of data)
- Security of procured equipment

Conduct quarterly data verification visits

The Health Planning and Statistics Department conducted data verification visits in 6 of the 10 districts of Lesotho. These include Butha Buthe, Mokhotlong, Mafeteng, Mohale's Hoek, Quthing and Qacha's Nek. The sites visited are all the GOL and CHAL hospitals in the districts mentioned above as well as the following health centres: Motete, Boiketsiso (Butha Buthe), Libibing (Mokhotlong), Samaria (Mafeteng), Ha Tsepo (Mohale's Hoek), Mphaki, Villa Maria (Quthing), and Mohlapiso, Hermitage (Qacha's Nek). This exercise concentrated more on outpatient and inpatient and PMTCT data collection, data capturing and collation of reports and remedial actions identified were addressed immediately. In June 2011, the Disease Control Department is aiming to carry out data verification for HTC and HIV care/ ART through the AIDS officers and senior counsellors in all the districts.

Main activity: Strengthen data collection at ART centres

Procure desktop computers and train data clerks

Procurement processes are underway to procure 65 desktop computers which are to be used for data management at facility level by the data clerks. Evaluation stage has been completed and a supplier has been identified. The computers are expected to be delivered by July 2011. 89 data clerks were recruited and a two week orientation session was held for them to familiarise them with health data. Further intensive and localised trainings will be scheduled to take place at district level to target specific areas where they are deployed.

Print community and public and private health facility data collection tools

400 OPD and maternity registers were printed and distributed to all public and private health facilities. The MOHSW has developed a Community tool to be utilised for monitoring activities at community level. This tool is to be used by CHWs to monitor activities such as home based care, immunisation, vital registration (death and birth), growth monitoring and defaulter tracking. The tool is in its finalisation stage and awaiting finalisation by the senior management.

Main activity: Develop national capacity of all service providers in HMIS

Support in country training on M&E principles and tools

The training was conducted through a local M&E specialist and was provided for District AIDS Officers, senior counsellors, and relevant central level staff. The aim of the training was to capacitate data supervisors at the district level with skills to improve and maintain data quality. Additionally, trainees were capacitated to conduct step-down trainings in their respective districts on M&E principles and tools. The first step-down training was conducted in Qacha's Nek district in April 2011 where 63 participants were reached of which 80% were data clerks.

Provide long term post-graduate training for research officers and M&E officers

The MOHSW has been able to support one officer to obtain a Masters in Public Health and the University of Pretoria. There was another candidate to receive this support; however, the candidate's application to study was not successful.

Main activity: Conduct surveys and operational research

Conduct health facility accreditation surveys

The MOHSW has postponed the implementation of the third round accreditation survey to allow health facilities enough time to implement the recommendations from the previous accreditation report. Time is also required to allow the Quality Assurance Unit to support the facilities to meet standards since accreditation is utilised to encourage continuous improvements efforts within accredited organisations.

Conduct on-going Operations Research- Medicines Access Survey

The study on medicines assessment was conducted in all the ten districts of the country. Data on 23 medicines was collected in 19 Hospitals owned by Government of Lesotho (GOL), CHAL and Private and a representative number of health centres within the ten districts. The facilities were selected using a validated sampling frame. The final draft report is available and is still yet to be discussed by all stakeholders.

3.4 Intervention 4: Strengthening the Procurement and Logistics Management System to Improve Service Delivery

A goal of the National HIV and AIDS Strategic Plan (NSP) is to establish a functioning decentralized financial and procurement system by 2009. This HSS Action thus aims to support the implementation of the NSP through strengthening the existing procurement and supply management system with the decentralised health delivery system. A well-functioning health system ensures equitable access to essential medical products and equipment; and, for this to be in place, the system has to be supported by sound national policies, guidelines and regulations; procurement, supply, storage and distribution systems that minimise leakage and other waste; robust supply chain management; and well-trained and supervised procurement, warehouse and logistics staff. Lesotho is well on its way to achieving this situation; but the additional stress on the system arising from the increased uptake of HIV, AIDS and TB services and subsequent rise in drug use has led to shortfalls and deficiencies. The indicator that measures performance for this intervention is shown below.

Service Delivery Area	Indicator description	Intended target by April 2011	Achieved results by April 2011	Percentage achievement
HSS: Procurement and Logistics	Number of service providers trained on supply chain management.	278	145	52%

Main activity: Strengthen the procurement and supply management system

Train public and private health care workers in forecasting and supplies management

The Pharmaceuticals Unit of the STI, HIV & AIDS program has conducted two trainings on forecasting and supplies management. The first training was conducted in September 2010, where a total of 19 trainees, whose cadres ranged from nurses, pharmacy technicians, and pharmacists. A second training was held in March 2011 and the participants were divided into two groups and each group had 40 invitees. The first group which was made up of participants from Mokhotlong, Butha-Buthe and Thaba-Tseka and only 32 participants turned up. The second group made up of participants from Leribe and Berea was trained 30 people participated.

The trainings focused on the basic principles of quantification and forecasting at all level and inventory management standards such as *'first in first out' (FIFO)* , *'first expiry first out' (FEFO)* for management of supplies to avoid stock out.

Train the procurement staff at NDSO and DHMT Procurement officers and pharmacists, pharmacy technicians on Procurement and Supply Management

Five pharmacists from the DHMT have enrolled on the procurement and supply management course through IDM (Institute of Development Management) as a yearlong course. Furthermore 11 people from NDSO, MOHSW and Ministry of Finance and Development Planning attended a 2 weeks course on ARV procurement and supply management including forecasting and quantification, Monitoring and Evaluation of the PSM plan, knowledge management and contemporary issues on provision of ART.

To date only 52% of the targeted number of personnel involved in procurement and supply chain management have been trained. Efforts are being done by the MOHSW to decentralise trainings to the district level. The pharmacists at DHMT will focus on mentoring and training the health centre nurses on issues related to PSM. These include need forecasting using available patients and drug consumption data, inventory management, threshold for ordering to mention but a few concepts to be covered in these trainings.

Support in-country logistics costs of health sector goods

The MOHSW procured 4x4 delivery vans for NDSO and two 4x4 double cabs for the Procurement Unit to facilitate distribution of goods from the central medical stores to the district level. The health sector goods warehoused at NDSO have also been insured for two years under the support of this grant. This is to done to counter act some of the risks such as fire and proliferation.

Even though the implementation of this grant started slowly, there was a remarkable improvement at in terms of programmatic and financial performance the end of the 18 months period. The financial aspect of the grant will be summarised in the section below.

Section 3 Round 8 Financial Performance for Round 8 grant

This section of the report is going to concentrate on the Budget, the disbursements and expenditure relating to the Round 8 grant for both HIV and HSS component.

4.0 Source and use of funds

The first batch of funds received from the Global Fund was in June 2010 and amounted to $17,047,580.90. Out of this amount transfers to sub-recipients was $3,162,280.34.The Ministry of Health & Social Welfare has so far been the only sub-recipient having funds disbursed to them, as they have opened a bank account specifically to cater for Global Fund activities. Even though MOHSW has its own bank account, there are other items of expenditure which are paid by the Principal Recipient, namely salary complements to health professionals, Health products and incentives to community health workers and community counsellors. With other implementers who don't maintain bank accounts for Global Fund activities payments are processed by the Principal Recipient

The tables below have been provided to show the expenditure items by category, Service delivery area and implementers (November2009- April 2011). The overall percentage rate of utilization is 47% of the budget for the period under review.

Table 18: Expenditure by Category

Category	Budget($)	Expenditure($)	Balance($)	% Utilised
Human Resource	15,880,491	8,589,182	7,291,309	54%
Technical Assistance	608,013	183,664	424,349	30%
Training	3,011,729	829,072	2,182,657	27%
Health products & Health equipment	4,380,089	3,060,297	1,319,792	70%
Medicines & pharmaceutical products	11,921,161	4,633,397	7,287,764	39%
Procurement & supply mgt costs	174,709	4,054	170,656	2%
Infrastructure & other equipment	2,090,911	884,771	1206140	42%
Communication materials	1,077,358	462,499	614,859	43%
Monitoring & evaluation	674,211	276,989	397,222	41%
Living support to clients	0	0		
Planning & Administration	370,359	74,898	295,461	20%
Overheads	174,055	114,747	59,308	66%
TOTAL	**40,363,086**	**19,113,570**	**21,249,516**	47%

The table above shows that the bulk of the budget was allocated to Human Resources and medicines & pharmaceutical products. A major portion of the expenditure under Human Resources was for payment of salaries /salary complements to CHAL and Ministry of Health & Social Welfare staff. Under Medicines & pharmaceutical products, items that were procured are ARV's, STI's & O.I's drugs.

The categories that have utilized their budget allocation relatively well (at least above 50%) are Health products, overheads and Human Resources.

Table 19: Expenditure by Service Delivery Area

Service Delivery Area	Budget($)	Expenditure($)	Balance($)	% Utilised
Prevention: BCC - Mass media	1,054,544	453,270	601,274	43%
Prevention: BCC - community outreach	306,204	211,810	94,394	69%
Prevention: Condom distribution	249,628	2,907	246,721	1%

Prevention: Male Circumcision	118,214		118,214	
Prevention: STI diagnosis and treatment	829,964	368,433	461531	44%
Prevention: Testing and Counselling	712,001	101,867	610,134	14%
Treatment: Antiretroviral treatment (ARV) and monitoring	14,044,929	7,407,832	6,637,098	53%
Treatment: Prophylaxis and treatment for opportunistic infections	1,411,198	43,145	1,368,053	3%
Treatment: Sexual and Reproductive Health	168,905	1,682	167,222	1%
Care and support: Care and support for the chronically ill	1,205,795	244,351	961,444	20%
TB/HIV collaborative activities: TB/HIV	209,388	13,969	195,419	7%
Supportive environment: Strengthening of civil society and institutional capacity building	604,162	317,276	286,886	52%
Supportive environment: Stigma reduction in all settings	158,217	19,979	138,238	13%
HSS: Service delivery	1,865,885	699,521	1,166,364	37%
HSS: Procurement and Supply management	1,733,722	863,397	870,324	50%
HSS: Human resources	13,557,487	7,576,040	5,981,447	56%
HSS: Information system & Operational research	1,598,385	662,833	935,552	41%
Supportive environment: Program management and administration	534,458	125,258	409,199	23%
TOTAL	**40,363,086**	**19,113,570**	**21,249,516**	**47%**

Out of the eighteen SDA's mentioned above, only five have managed to utilize 50% and above, of their respective budgets. The budget for male circumcision has not been utilized at all during the period under review.

Table 20: Expenditure by Implementing Agency

Implementer	**Budget($)**	**Expenditure($)**	**Balance($)**	**% Utilised**
MOFDP/ PR	534,456	203,863	330,593	38%
MOHSW	36,307,867	16,608,443	19,699,424	46%
CHAL	1,805,774	1,209,278	596,496	67%
Lesotho correctional Services	695,152	573,286	121,866	82%
Lesotho Mounted Police	245,223	81,729	163,494	33%
MOGYS	266,217	206,525	59,692	78%
NAC	508,396	230,446	277,950	45%
TOTAL	**40,363,085**	**19,113,570**	**21,249,515**	47%

For the period under review 90% of the total budget was allocated to the Ministry of Health & Social Welfare, even though they have utilized 46% of their budget. Lesotho Correctional services , Ministry of Gender and CHAL on the other hand have managed to attain 82% ,78% and 67% utilization rate respectively. The remaining four implementers have utilized below 50% of their respective budget allocations.

5.0 Challenges and recommendations on R8 programmatic performance

5.1 Challenges

The Round 8 HIV/ HSS grant experienced challenges during implementation which resulted in targets not being met and expenditure not being at its top most optimal level. Such challenges will be discussed within the context of external influences and irresolvable internal issues. Furthermore, problems encountered relate to the systematic weakness in procurement, supply management and changes in the program supporting environment. Some of the challenges include:

- The country experienced a Measles Outbreak in November 2009.This meant that HCWs at both district and central level were engaged in active surveillance and supplementary immunization activities throughout the country for 12 months. As a result, implementation of planned activities especially trainings were postponed hence targets set were not met within the prescribed period.
- The delayed release of funds under Round 7 resulted in non-payment of meal allowances and incentives for CHWs. This impacted on Round 8 as there was resistance from CHW to participate in planned trainings i.e. SRH, due to low morale caused by non-payment of incentives and meal allowances
- Due to unpredicted heavy rainfalls this year, supervision and outreach programs were not carried because the facilities were inaccessible by road as infrastructure was affected by the rain.
- Inflation and exchange rate- This affected the planned quantities hence the targets.
- Approval of Point of care CD4 protocol from MOH Ethics Committee occurred in September 2010 – an unexpected delay, given expected approval in the first half of 2010.In addition the evaluation itself took longer than expected (~4 weeks) because of challenges with the comparator machine, electricity, and HR workloads. Hence, the machines were delayed to be distributed to the health facilities.
- The MOHSW to date has been unable to fill the posts of STI coordinators and TB/HIV due to absence of qualified candidates who aren't already at hospital management level. The engagement of these candidates (i.e. from government support to grant salary support) would weaken the health management system.
- In addition the qualified health professionals who were offered positions of senior tutors for CHAL rejected the salary package as they deemed it to be inadequate and unattractive particularly because they were expatriates coming for a short term contract consequently these positions remain unfilled
- Salaries of staff engaged under this grant have been benchmarked below the ones in the civil service salary scale and thus encourages flow of resignations. The salaries also lack behind as they are not adjusted annually .e.g. Counselors are resigning, they refuse to work in the very remote rural areas as they are not motivated in anyway. There is no mountain allowance. The salary has not increased in the new contracts yet there are no benefits (no gratuity).
- The procurement unit within the MOHSW has limited capacity to support implementation of GF grants. This is mainly due to the failure to fill the created staff positions through government budget due to funding. The state of affairs has resulted in a number of activities being halted and or postponed.
- Timing of procurement of items can be unpredictable and lengthy, due to multiple steps (tendering, evaluations, contracts, shipments) and multiple involved stakeholders. Sometimes bids are often too high and price negotiations take time to conclude. In addition suppliers withdraw their bids midway the process due to the VAT exception of all items procured through the GF support. The two discussed have resulted in delayed placement of orders and late deliveries of goods and services.

- Insufficient capacity has been noted in the CHAL Secretariat in particular the HR department as a result delays are experienced in salary top up and hard ship allowances payment processing . Currently there is only one HR officer officer who is dealing with the salary top-ups coupled with day to day HR activities. This has posed a strain overload and untimely submission of documents necessary for the PR to facilitate and process payments.

In conclusion therefore the predominant factor to the grant challenges has been the delays in the procurement of equipment, engagement of human resources as well as changes in the implementation structures within the two line ministries being the ministry of Health and Social Welfare as well as the Ministry of Education and Training.

In addition the assumption made by the PR that the DSW human resources structure were strengthen by the EU/UNICEF grant for smooth implementation of the grant was misguided . This is mainly because the National OVC coordinator 'appointment was made late in the second quarter of implementation and left within a year. Moreover the child welfare officers (key staff for implementation) were engaged much later for only a period of a year as their contracts had expired and not renewed. It was at this point therefore that the PR made a decision to engage the Lesotho Red Cross Society as an additional sub recipient to assist implementation of activities related to the Department of Social Welfare activities.

Finally the procurement and human resources challenges encountered, as stated above, at grant inception, had a negative impact on the financial performance of this grant. However the burning rate has improved significantly from the first quarter and this is evident to date due to acceleration of implementation.

5.2 Remedial Actions and Recommendations

- It would be advisable to have a budget that could cover equine and plane fare (Lesotho Flying Doctor) hire, accommodation for officers to do supervision or outreach programmes.
- Ministry is in the process of clarifying allocation of incentives particularly because there is an influx of requests from other cadres who wish to be beneficiaries.
- The PR intends to recruit an additional candidate for the procurement unit and they be based in the PR office with the intension of supporting all procurement needs for all grants. This is a model that is used by other donors.
- CHAL intends to recruit an assistant human resources officer to support the HR department.

In conclusion, at 18 months this grant demonstrated significant improvement in performance. In assessing the 13 performance indicators, it has been noted that six (6) of the indicators recorded over 100% and exceptional performance is noted with regard with HIV testing counseling (236%). Two (2) indicators achieved over 90% of their intended targets, One (1) indicator reached 80% of the target while one (1) indicator obtained an average performance of over 50%. Three indicators performed below 50% and the PR in collaboration with the relevant SRs will accelerate implementation of activities such as trainings to ensure that by the end of two years the set targets on those indicators are met. Performance on the Male Circumcision is still not expected to improve due to the fact that targets were set based on MC strategic plan that was not implemented by the MOHSW.

Annex One: Performance of the R8 HIV/HSS grant from November 2009-Apr 2011				
Service Delivery Area	**Indicator Description**	**Target(Nov 09-April 2011)**	**Results(Nov 09-April 2011)**	**% achievement**
BCC - Mass media	Number and type of IEC materials broadcasted and distributed	15,000 (IEC materials) 20 radio spots	10,490(IEC materials) 67 radio spots	70 %(IEC) 335%(Radio spots)
BCC - community outreach	Number of people reached by HIV and AIDS prevention messages through outreach	20,910	22,391	107%
Condoms	Total number of male and female condoms distributed country wide	6,186,358	5,751,000	93%
Male Circumcision	Number of males circumcised	8,424	2,223	26%
Testing and Counseling	# of people who received HIV counseling and testing and know their results	142,102	335,507	236%
Antiretroviral treatment (ARV) and monitoring	# and % Adults and children with advanced HIV infection receiving antiretroviral therapy	75465/98521(77%)	79347/98521(81%)	105%
Integration of Sexual Reproductive Health and HIV	Number of service providers staff trained to provide information on SRH STI and HIV and referral as appropriate	780	266	34%
Care and support for the chronically ill	Number of PLHIV receiving community home based care and support	13,000	2,089	16%
TB/HIV	# and % of HIV infected clients attending HIV care / treatment services who are screened for TB.	60%	91%	152%
Workplace programs	Number of employees reached through workplace programs	1,300	1,255	97%
HSS: Service Delivery	Indexes on Care of patients (COP) and Access to and continuity of care (ACC) for all health facilities	COP - 55% ACC - 15%	COP=51% ACC=14%	COP=93% ACC=93%
HSS: Health Service Delivery	Percent of service delivery points surveyed with no drug stock outs of more than 1 week in the last 12 months (average for the drugs for the 3 diseases HIV, TB and STI drugs)	80%	76%	95%
HSS: Supportive environment	Number and percentage of health care facilities that received supervision in the past six months	60	48	80%
HSS: Human Resource for health	Annual rate of retention of health service providers at public health care facilities	88%(2768/3146)	97%(3351/3446)	110%
HSS: Supportive environment: Human Resource	Ratio of tutors to students (General nursing)	0.04	0.05	118%
HSS: Supportive environment: Human Resource	Number and Percentage of districts submitting timely, complete and accurate reports to the national	60%	70%	117%
HSS: Health Information	Number of service providers staff trained on supply chain management.	278	145	52%