

Program Details	
Country:	Kingdom of Lesotho
Disease:	HIV/AIDS
Grant number:	LSO-506-G03-H
Principal Recipient:	Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho

A. Periods covered and dates for disbursement requests and progress updates

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14
Period Covered: from	1-Nov-08	1-Jul-09	1-Jan-10	1-Jul-10	1-Jan-11	1-Jul-11
Period Covered: to	30-Jun-09	31-Dec-09	30-Jun-10	31-Dec-10	30-Jun-11	30-Oct-11
Date Progress Update due (45 days after end of period)	15-Aug-09	15-Feb-10	15-Aug-10	15-Feb-11	15-Aug-11	15-Nov-11
Disbursement Request ? (Y,N)	Y	Y	Y	Y	Y	N

Annual Report Due Date:	30-Apr-10	30-Apr-11	30-Apr-12
Audit Report Due Date:	1-Oct-09	1-Oct-10	1-Oct-11

B. Program Goal, impact and outcome indicators

Goals:
To reduce the spread of HIV/AIDS, reduce morbidity and mortality and mitigate the social and economic impact of the epidemic

Impact / outcome Indicator	Indicator	Baseline			Targets					Comments*
		value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	
Impact	HIV prevalence in the general population	23.2	2004	DHS	-	-	-	-	22%	The DHS will be conducted in 2009, results for the survey will be available in 2010
Impact	HIV prevalence among young women and men aged 15-24	11%	2004	DHS	-	-	-	-	10%	The DHS will be conducted in 2009, results for the survey will be available in 2010
Impact	Percentage of infants born to HIV infected mothers who are infected	25%	2005	Formula based/ UNGASS	23%	21%	15%	12%	10%	The targets are to be further confirmed during the current review and development of the national HIV and AIDS strategic plan and M&E plan. The review is scheduled to be completed in March 2009 and the targets are likely to change following the process.
Impact	Percent of adults and children still alive 12 months after initiation of antiretroviral treatment	74%	2007	Cohort analysis (Ungass report 2007)	-	78%	82%	86%	90%	According to the Cohort analysis done in 2007, 74% of the people initiated treatment were still alive after 12 months. Through strengthening of follow up systems through community structures, it is expected that the number of those who default during treatment will decline and adherence to treatment will improve. Again, due to rolling out of ART services coupled with knowledge of where to get services, more people will access treatment before their clinical or CD4 count deteriorates. The other factor is that CD4 eligibility has increased from 200 to 350.

C. Program Objectives, Service Delivery Areas and Indicators

Objective Number	Objective description
1	To expand and strengthen HIV testing and counselling (HTC) services and post-test and support services in the private, public and NGO sectors by 60% by 2010.
2	To provide quality treatment of HIV, TB and STIs in the private, public and NGO sectors to atleast 75% of those clinically eligible by 2010
3	To strengthen a decentralised health system that supports the scaling up of coordinated HIV, TB and STI interventions.

Objective / Indicator Number	Service Delivery Area	Indicator	Baseline (if applicable)			Phase 1		Periodical targets for years 3 - 5						Directly tied (Y/N)	Baselines included in targets (Y/N)	Targets cumulative (Y - over program term / Y - cumulative annually / N - not cumulative)	Comments
			Value	Year	Source	targets (P8)	latest available results (P8)	P9	P10	P11	P12	P13	P14				
1.1	Prevention: Testing and Counseling	Number of people receiving HIV testing and counselling	50,000	2005	monthly HTC forms and quarterly reports	350,000	416,370	480,000	540,000	600,000	660,000	720,000	760,000	N	Y	Y - over program term	Number of people receiving testing and counseling including provision of results. Data is collected through facility based testing, community based outreach and door-to-door campaigns. The number of people tested in a month ranges from approximately 10,000 (MOHSW HTC data). The targets are based on the minimum number of people tested per month (10,000).
1.2	Prevention: Testing and Counseling	Percentage of health centres with at least one community counsellor	19%	2005	Reports (MOHSW QPR)	100%	78%	82%	96%	-	98%	-	100%	N	N	Y - over program term	Under Phase I, the denominator was 160, while under Phase II the PR has used the total 195 health facilities as denominator. Therefore, the P9 target of 82% of 195 is equal to 160 health facilities.
1.3	Prevention: Post-exposure prophylaxis (PEP)	Percentage of service delivery points able to administer PEP according to national guidelines	8%	2005	Reports (MOHSW QPR)	21%	63%	66%	74%	-	82%	-	86%	N	N	N - not cumulative	The targeted 216 Health facilities are GOL, CHAL and LRC (including 21 hospitals) and private clinics. The projections are made from the Health sector HIV and AIDS strategic plan (Draft) 2008 to 2011.
2.1	TB/HIV collaborative activities: HIV care and support for HIV-positive TB patients	Percentage 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)	77%	2007	Medicine access survey (2007)		77%	N/A	80%	N/A	80%	N/A	82%	Y	N	N - not cumulative	Service delivery points refer to health facilities who will be sampled and surveyed to investigate drug stock outs. The survey will be conducted annually. The target is an average of the drugs for the 3 diseases (TB, STIs, & OIs)
2.2	TB/HIV collaborative activities: HIV care and support for HIV-positive TB patients	Number of HIV positive TB patients receiving care (HIV, STI, OI) for integrated management.	4,169	2008 (Jan-Sept)	TB registers and quarterly TB reports	4,400	4,169	4,400	4,800	2,700	5,400	3,300	6,600	N	Y	Y - cumulative annually	These are HIV positive TB patients receiving HIV Care and Support including OIs. This is measured by the number of HIV positive TB patients on TB treatment receiving cotrimoxazole (CTX) (Prophylaxis for PCP, which is one of the OIs). CTX is given to patients with low CD4 count and who present clinically with TB. MOHSW targets are set annually and the national DOTS expansion strategic plan (2008-2012) indicates that by 2011 100% of the HIV positive TB patients will be provided with CTX.

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			Value	Year	Source	targets (P8)	latest available results (P8)	P9	P10	P11	P12	P13	P14				
2.3	TB/HIV collaborative activities: Prevention of TB disease in PLWHA	Number of service providers trained to prevent and control TB using national infection control guidelines	N/A	2008	Quarterly TB reports (MOHSW)	200	420	520	550	590	-	-	-	N	Y	Y - over program term	These include the TB Coordinators, Nurses, Prison staff, military staff from public to private sector.
2.4	TB/HIV collaborative activities: HIV care and support for HIV - positive TB patients	Percentage of service delivery points surveyed providing integrated HIV/TB/STI management according to national guidelines	11% (23/216)	2005	SPA	90% (194)	-			90% (194)			90% (194)	N	Y	N - not cumulative	Service delivery points refer to health facilities(# of health facilities increased from 180 to 216 as result of new establishments) comprised of 20 public hospitals,1 private hospital, 195 health centers(made up of 157 public health centres, 3 filter clinics and 35 private clinics). The results will be obtained from accreditation survey conducted by MOHSW every two years covering all health facilities.
3.1	Treatment: Antiretroviral treatment (ARV) and monitoring	Percentage and number of adults and children receiving antiretroviral therapy	24411 (30%)	2007	quarterly service coverage report	45% (38,155/84791) by Dec 2008	43% (36387/84791) as at end of Aug.2008	45% (38155/84791)	60% (53044/88408)		80% (74349/92937)		80% (78816/98521)	N	Y	Y - over program term	Targets have been revised in line with the new spectrum based estimates(GOL/UNAIDS) of people in need of ARVs from 56,000 to 84,791 in 2008. The number of people in need of ARVs increases per year - 88,408 in 2009, 92,937 in 2010, and 98,521 in 2011. The targets are also aligned with the national targets.
3.2	Care and support: Care and support for the chronically ill	Number of people living with HIV and AIDS receiving community home based care and support	137,000	2008 (June)	Quarterly reports from NGOs and MOHSW	-	-	140,000	143,000	146,000	150,000	155,000	160,000	N	N	Y - over program term	Targets have been aligned with Round 2 Phase 2. The data is collected through quarterly reports from the MOHSW (community health workers who are getting it from the CHWs) and NGOs.
3.3	Supportive Environment: Human resources	Percentage of primary health care facilities meeting national approved staffing norms	2% (3/180)	2007	Annual Joint review report	3% (5/180)		4% (7/180)	5%(9/180)		6% (10/180)		7%(12/180)	N	N	N - not cumulative	These are GOL and CHAL facilities (180) staffed with standard number and type of qualified staff for the level of facility. The data is already collected on the HMIS and reported on quarterly basis as one of the MOHSW key performance indicators. Minimum staff at HSA/district hospital :doctors = 7, professional nurse =35 nursing assistant = 53. Minimum staff at Health Centre: Nurse clinician =1, Professional nurse = 1 and Nursing assistant = 2. The low targets are based on the existing establishments for MOHSW and CHAL facilities. A proposal have been made to Ministry of Public Service (MPS) to improve on the structures in order to meet the requirements. The focus is still on retaining the current staff until MPS approves the proposed structure.
3.4	Supportive Environment: Human resources	Rate of retention of health service providers at primary health care facilities in the past 12 months	N/A	2008	Reports HR quarterly				62% (1,946/3,146)		64% (2,013/3,146)		66% (2,076/3,146)	N	N	N - not cumulative	This indicator refers to health care workers that are still working at the end of 12 months period within the health facilities that were employed in the past 12 months. The numerator will include all the people who were registered as employees within MOHSW and CHAL at the beginning of the reporting period who are still present at the end of the reporting period (12 months) and the denominator will be the total number of health workers employed in the past 12 months (i.e those that were registered as employees at the beginning of the reporting period). The MOHSW started to collect this information in August 2008, therefore there is no baseline information for the whole year. The information collected for 2 months was used to calculate the targets: on average 100 people left the Ministry per month, which translates into 1200 per year. 1,946 out of 3,146 (the total number of MOHSW employees) are retained per year. The denominator may vary from year to year depending on number retained and new recruits.