GLOBAL FUND ROUND 2 GRANT:
STRENGTHENING PREVENTION AND CONTROL OF HIV & AIDS AND TB IN LESOTHO
FINAL REPORT

EXECUTIVE SUMMARY

BACKGROUND

In October 2003, the Government of Lesotho (GOL) signed its first funding contract with the Global Fund to Fight AIDS, TB and Malaria (the Global Fund). The Round 2 grant agreement, entitled Strengthening Prevention and Control of HIV & AIDS and TB in Lesotho, was for a total of USD 34,912 million to be disbursed over a five-year period. At the time, the adult HIV prevalence rate was estimated to be 30% and the prevalence of TB was continuously rising from year to year. The work plan for the grant proposed a comprehensive set of measures aimed at lowering the burden of this dual epidemic and significantly strengthening and expanding the coordinated national response to these challenges.

At the end of June 2009, the Global Fund Round 2 grant came to a close. As part of the grant closure procedures, the country is required to prepare a final report to describe the successes and challenges that arose during implementation, and to estimate the overall contribution of the grant to the country’s progress in responding to its health challenges. The report that follows summarizes the progress made during the Round 2 grant in alleviating the burden of HIV and TB on Lesotho. The findings are meant to inform the future development and implementation of Global Fund programmes both for Lesotho and for the many other similarly situated recipient countries across the region.

The Round 2 implementation period occurred during a time of tremendous change and development for Lesotho’s response to HIV and TB. In many ways, the story of the implementation of the Round 2 grant is really the story of how Lesotho mobilized itself to face two of the most serious challenges to the survival and well-being of its people in this period of its modern history as an independent African nation.

Round 2 Proposal Development

Lesotho’s Round 2 Global Fund proposal was created against a background of almost two decades of development in the national programmes addressing HIV and TB. A National AIDS Prevention and Control Programme had been established 1986 and the National TB Programme (NTP) was set up in 1973. By 2002, however, when the proposal was written, controlling the HIV epidemic had become a national priority. The NTP was not fully functional and a previously successful treatment and control strategy was no longer effective at managing the increasing spread of TB. The Round 2 proposal addressed the critical challenges in both programmes. It also provided for significant expansion of the national response to HIV and TB.

The proposal had two five-year components, one entitled, “Strengthening Prevention and Control of HIV and AIDS in Lesotho;” the other entitled, “Strengthening TB Prevention and Control in Lesotho.”
Strengthening Prevention and Control of HIV and AIDS in Lesotho

The HIV & AIDS component of the Round 2 proposal aimed to support the scaling-up of interventions for HIV prevention, care, treatment, and impact mitigation as part of the implementation the National HIV & AIDS Strategic Plan that was in place at the time. The goal of this component was to reduce HIV prevalence and to improve care and support for people living with HIV & AIDS (PLWAs) and those affected by the epidemic.

The main targets of the prevention component were adolescents and young adults, a group with low HIV prevalence at the time but with high-risk of infection as they became sexually active. Emphasis was placed on the expansion of life skills education for youth, peer education programmes, increased access to condoms, increased access to adolescent-friendly reproductive health services, and increased capacity of the stakeholders (government, NGOs, faith-based organizations, youth groups, sports clubs and other members of civil society) to reach youth with effective behavioral change communication strategies. In addition, the national PMTCT programme was to be strengthened and expanded in order to identify and support HIV+ pregnant women and to prevent HIV transmission to their infants.

The treatment, care and support components of the grant were focused on improving care and support for PLWAs at hospital and community level. The grant would also support the nation-wide launch of ART within the public health care system. The target was to treat 50,000 PLWAs by the fifth year of the proposal. Along with the introduction of ART, the national HIV testing and counseling (HTC) program would be expanded to all districts as both an entry point to HIV chronic care and as an important intervention for sustained behavior change.

The impact mitigation component of the grant supported the scaling up of a minimum, basic package of services (including school bursaries) to address the needs of children orphaned or made vulnerable by HIV & AIDS (OVCs). To counter entrenched stigma and discrimination against those infected or affected by HIV, the grant was to support interventions to increase general community awareness of the human rights of PLWAs. Finally, under the governance component, coordination structures within ministries, the private sector, civil society and amongst PLWAs themselves were to be established and strengthened.

Strengthening TB Prevention and Control in Lesotho

The aim of the TB component of the grant was to strengthen TB diagnostic and treatment services with consequent improvement in case detection and cure rates, and, eventually, a decline in TB transmission. Six main strategies were proposed to achieve this: strengthening programme management; significantly expanding DOTS coverage; improving microscopy services within laboratories, including the implementation of a quality assurance system; trainings and refresher courses for the different categories of service providers; and, strengthening of the TB surveillance system. The component also included capacity building, strengthening public–private partnerships at all levels, community mobilization and education on DOTS, and strategies to strengthen the procurement, management and distribution of TB drugs and commodities.

Grant Approval and Phase I Implementation 2004-2005

Lesotho’s Round 2 proposal was approved by the Global Fund in early 2003. The funding agreement for the first two-year phase of the grant was signed in November 2003 and implementation began in January 2004. During Phase I, a number of challenges arose. Lesotho had difficulty meeting the Global Fund requirements for national monitoring and evaluation
(M&E) systems and for procurement and supply management (PSM) processes. This resulted in some delays in the disbursement of funds in 2004. As well, the implementation arrangements were changing with the creation of the National AIDS Commission. However, by mid-2005, the pace of the implementation of the grant improved. While progress on the HIV component led to remarkable developments in Lesotho’s national response to HIV, the NTP struggled to address its weaknesses and a remedial action plan was created to improve performance of the program by the end of 2005.

**Grant Renewal and ‘No Go’ Recommendation**

As Lesotho was preparing to request approval from the Global Fund to proceed to Phase II, the second three-year period of grant implementation, the staff of the Global Fund Secretariat was at the same time considering a recommendation to the Global Fund Board not to approve the Phase II renewal. This news reached Lesotho’s CCM in December 2005. The concern of the Secretariat was that the grant was seriously under-performing. To justify its position, the Secretariat claimed that critical weaknesses were apparent in the Principal Recipient’s (PR) management of the grant; the M&E plan was not being implemented; PSM processes were not functioning; and that the process of disbursing grant funds to Sub-recipients and implementing partners was complicated and slow. The news was sudden for the CCM as there had been no previous indication of the extent of the Secretariat’s concern. Nevertheless, the CCM mobilized its members and partners to develop a time-bound action plan to respond the Secretariat’s concerns. Progress on the plan was monitored by the Cabinet and the Office of the Prime Minister was kept regularly informed. Lesotho sent its response in January 2006. After some negotiation, the plan was approved by the Secretariat and the Phase II renewal proceeded.

**Phase II Implementation: 2006-2009**

The Phase II renewal agreement was signed in mid-2006. The implementation of this phase did not begin until early 2007, once all conditions precedent to the renewal were addressed and the first disbursement was released. By this time, there had been important developments in Lesotho’s portfolio of Global Fund programmes. The Round 5 proposal was approved, the grant agreement signed, and implementation begun in 2006. The World Bank HIV & AIDS Capacity-Building and Technical Assistance Project was underway. The aim of the project was strengthening Lesotho’s multi-sectoral capacity to implement its Global Fund programmes. A national HIV strategic plan, M&E plan and coordination framework had been developed by NAC and approved in Cabinet.

Implementation of the HIV component of the grant during Phase II closely followed the approved budget and work plan. Implementation of the TB component improved but a significant gap remained between the expected and the actual pace of activity. Lesotho submitted a proposal under Round 6 which was partially approved. This grant provided additional support to the NTP, particular for stronger and more extensive coordination of the HIV & TB programmes. For both components, by the time implementation of Phase II began, grant implementation was at least six months behind the originally approved schedule. To address the delays, a no-cost extension from December 2008 to June 2009 was requested by the CCM and approved by the Global Fund in 2007.

**Grant Completion and Grant Closure**

At January 2009, the Round 2 grant entered the final six months of the implementation period. Grant performance remained adequate at the B1 level and no significant concerns remained
regarding Lesotho’s capacity for grant management. Indeed, by that time, Lesotho had received additional grants under Rounds 5, 6 & 7. Lesotho’s Round 8 submission had been approved. All together, by this time, the GFCU had managed approximately USD100 million in funds. With the addition of the Round 8 grant, this total would climb to approximately USD 230 million. In June 2009, Lesotho submitted a Round 9 proposal for USD33 million. With the subsequent approval of the grant (confirmed in November 2009), Lesotho’s Global Fund support was now at USD260 million. The Round 2 grant ended on June 30, 2009. The grant closure process was completed by September 2009. Lesotho had managed to use 92% of the total funds approved for HIV and 69% of the total funds approved for TB. The detailed financial and programmatic results of Round 2 implementation are presented and discussed in the sections that follow.

RESULTS

The results of the Round 2 grant are presented below according to the targets contained in the approved performance framework. Financial performance is also compared against the approved work plan and budget.

HIV COMPONENT

The overall goal of the HIV component of the grant was:

*Goal: To reduce the current HIV & AIDS prevalence in the population aged 15-49 in Lesotho from 31% to 25% by 2007*

In 2009, the adult HIV prevalence rate was 23.6%. In the five-year evaluation report of Global Fund support to Lesotho, commissioned in 2007, an effort was made to link Global Fund programs to changes in the prevalence rate. The main confounding factor in the way of meaningful conclusions was the fact that the techniques to estimate the prevalence rate for Lesotho improved significantly during the period of Round 2 implementation. While the implementation for Round 2 did contribute to the change in the HIV prevalence rate (from 30% to 23.6%), most of the change was the result of improvements in the prevalence rate estimation process.

*SDA 1: To expand life skills and peer education training and HIV & AIDS prevention services to adolescent and pre-adolescent young people, with specific focus on girls by 80% by year 2007.*

During the Round 2 implementation period, both governmental and non-governmental partners worked together to provide life-skills and peer-education programs for young people both in and out-of-school. The Ministry of Education and Training developed a life-skills training curriculum, including a module on HIV prevention, for learners in primary and secondary schools. By the end of the grant, life-skills training was part of the core national curriculum. Over 4,000 teachers had been trained and 233,718 learners had participated in the training.

| Learners participating in life-skills education in schools. |
|-----------------|-----------------|---------------|
| Target          | Result          | Achieved      |
| 150,000         | 233,718         | 156%          |

To reach adolescents and young people not in school, a variety of activities were implemented. The Ministry of Gender, Youth, Sports and Recreation established youth resource centres in 7
districts across Lesotho. The centres were run by young people themselves and offered a place for ongoing peer education along with other activities. By the end of the grant, over 7,000 adolescents and young people per month were participating in activities run out of the centres. The Ministry of Health and Social Welfare expanded the number of adolescent health centre in health facilities across the country. These facilities offered HIV testing and counselling and youth-oriented education and information on sexual and reproductive health. By the end of the grant, over 80,000 copies of SRH materials had been distributed through these health facilities and other locations.

| Youth participating in life-skills & peer education out of school. |
|------------------------|-----------------|-----------------|
| Target                 | Result          | Achieved        |
| 270,438                | 497,595         | 184%            |

Non-governmental partners developed innovative strategies to engage young people regarding HIV and lifestyle issues. Scripture Union, World Vision and Catholic Relief Services used faith-based interventions. Crossroads and Plot Point developed very effective and popular ‘edutainment’ programs. Young people were engaged to form a theatre troupe that travelled throughout Lesotho with drama and dance performances. Plot Point created a high successful year-long radio drama and a feature length film. By the end of the grant 497,505 youth had participated in the peer education programs.

**SDA 2: To expand access to condoms for sexually active youth by installing condom vending machines in 70% of all youth friendly corners in the existing health service areas by year 2007**

Throughout Round 2, condoms were procured and distributed all across Lesotho. The MOHSW was joined by non-governmental partners in order to increase the reach of the distribution activities. Lebone, Lesotho Red Cross, Lesotho Planned Parenthood and Population Services International participated in condom distribution. By the end of the grant, 32,280,681 condoms were distributed.

<table>
<thead>
<tr>
<th># of condoms distributed.</th>
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<tbody>
<tr>
<td>Target</td>
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<tr>
<td>22,000,000</td>
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**SDA 3: To reduce the proportion of infants infected by 20% by establishing PMTCT programme in the 18 health service areas by the end of 2005.**

Prior to Round 2, Lesotho had established a PMTCT programme but it did not reach every district of the country. Throughout the grant, health providers were trained on PMTCT interventions. These included counselling pregnant women on the importance of HIV testing, provide support and prophylaxis for HIV+ pregnant women, and providing additional prophylaxis and support to mothers and infants after birth.

| Women counseled & tested as part of PMTCT |
|-----------------|---|---|
| Target | Result | Achieved |
| 42,000 | 95,432 | 227% |

Over the implementation period, additional partners worked with the MOHSW on strengthening and expanding PMTCT.
By the end of the grant, over 95,000 women had been counselled and 17,746 HIV+ women had received ART prophylaxis. 80% of the children born to these women had also received prophylaxis against HIV infection.

<table>
<thead>
<tr>
<th>Infants receiving ART prophylaxis, born to HIV+ mothers</th>
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<tbody>
<tr>
<td>Target</td>
</tr>
<tr>
<td>100%</td>
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SDA 4: To provide services of continuum of care in 100% of HSAs in Lesotho by 2007.

An effective HIV treatment program requires community and home-based care services to support HIV+ individuals. Throughout Round 2, different cadres of health care workers, including Community Health Workers and support group members, were trained on home-based care and provided with home-based care kits. At the close of the grant, 138,000 PLWAs had benefited from home-base care services.
SDA 5: To provide ARV therapy to 50% of clinically eligible PLWAs by 2007.

The implementation of the national ART programme starting in 2004 was a sentinel event in the national response to HIV. Providing the resources to achieve this was one of the most significant results of the Round 2 grant as a whole. The grant supported the distribution of treatment guidelines, training of health professions, and procurement and distribution of pharmaceuticals, reagents, furniture and equipment.

SDA 6: Establish HTC services in all 10 districts by 2007.

Without these critical items, the ART program could not operate. By the end of the grant, other Global Fund grants and international partners had contributed to the ART programme. By 2009, when Round 2 closed, 49,855 adults and children were receiving ART.
SDA 7: To scale up the provision of a basic package of care, support and protection to 60% of orphans and vulnerable children (OVC) by 2007.

Already, when the Round 2 proposal was developed, the number of children orphaned or made vulnerable by HIV&AIDS was reaching alarming proportions. Under Round 2, efforts were made to assist these children. NGO partners and District AIDS Task Forces were provided with funds to establish income generating projects to involve OVCs and to improve food security.

<table>
<thead>
<tr>
<th>OVC receiving practical support</th>
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<tbody>
<tr>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>88,500</td>
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Funds were also given to the MOET to offer more bursaries for OVC to complete high school. By the end of the grant, almost 83,000 OVC had received practical support and over 10,000 bursaries had been awarded to keep 2,000 OVC per year in Forms D&E.

<table>
<thead>
<tr>
<th>Bursaries given to OVC to attend school</th>
</tr>
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<tbody>
<tr>
<td><strong>Target</strong></td>
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<tr>
<td>8,843</td>
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</table>

SDA 8: To increase general awareness of the human rights of PLWAs and AIDS-affected people in Lesotho by 40% by 2007.

The national response to HIV & AIDS in Lesotho, and in many other countries around the southern African region, is undermined to an extent by the pervasiveness of stigma and discrimination. These negative attitudes are aimed at the thousands of HIV+ adults and children living in the region, and many of the individuals and families that support them. During Round 2, community level activities were implemented by FIDA and LENEPWHA to reduce stigma and discrimination and to protect the human rights of PLWAs. In addition, simplified versions of important laws were created and distributed. By the end of the grant, these anti-stigma interventions had reached deeply into local communities around the country.

<table>
<thead>
<tr>
<th>Individuals sensitized on stigma and discrimination</th>
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<tbody>
<tr>
<td><strong>Target</strong></td>
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<tr>
<td>2,000</td>
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SDA 9: To operationalize and strengthen the coordination mandate in the implementation of the National HIV & AIDS Strategic Plan 2006-2011 by 100% by 2009.

SDA 10: To establish and/or strengthen HIV & AIDS Coordination Units in all Public Sectors and at least 80% of Private and NGO sectors at Central Level by 2007.

SDA 11: To strengthen the capacity of District HIV & AIDS Coordination Mechanisms in all the sectors in and outside government by 2007.

Under these objectives, Round 2 supported a number of initiatives to strengthen and expand national and district coordination structures in order to improve multi-sectoral involvement in the national response to HIV. The grant allowed NAC to strengthen coordination mechanisms in ministries and at district level. District AIDS Coordinators were recruited and deployed.
These individuals facilitated District AIDS Committees (formerly called DATFs). Round 2 funded training and equipped offices for the coordinators. Small grants were also provided in each district to support income generation and food security projects for PLWAs and OVCs.

During Round 2, three non-governmental coordination structures were established. The grant supported the creation of the Lesotho Network of People Living with HIV & AIDS. The grant equipped the Lesotho Council of NGOs to mobilized civil society organizations to participate in the national response to HIV. It also supported an HIV Coordinator position within the Association of Lesotho Employers and Business to increase the engagement of the private sector in HIV & AIDS interventions. NAC utilized grant funds to establish a national workplace policy and to assist government ministries in the development of workplace programs. Finally, under these objectives, Round 2 provided support to the Global Fund Coordination Unit. This included capacity-building and recruitment of staff as Lesotho’s Global Fund portfolio expanded between 2004 and 2009.

**SDA 12: To strengthen monitoring & evaluation systems for the PR, SRs and implementing partners.**

Effective M&E systems are an essential component of Global Fund grant management. Round 2 supported a range of capacity-building and system strengthening activities, including the development of data gathering tools, ongoing training for implementing partners, and additional support for data collection, verification and analysis. It also included support for Lesotho’s annual HIV sentinel survey, the Lesotho Demographic and Health Survey and other research projects aimed at strengthening the base of strategic information guiding the ongoing implementation of the national HIV response.

**Grant Fund Management (HIV)**

For the HIV component, 92% of the available funds were expended by the close of Round 2. The objectives involving PMTCT and M&E had lower rates of expenditure compared to others. During Round 2, a number of partners arrived in Lesotho to support PMTCT and, in some cases, duplicated activities that were originally planned to occur under Round 2. Budgets for M&E activities were included in SR and implementing partner program agreements. These activities were not fully implemented by the close of the grant.

<table>
<thead>
<tr>
<th>Grant absorption HIV component</th>
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<tbody>
<tr>
<td><strong>Target</strong></td>
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<tr>
<td>29,312,000</td>
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</table>
TB COMPONENT

**Goal:** To reduce TB transmission in Lesotho by achieving and maintaining country-wide case detection rate (CDR) of at least 70% and a treatment success rate (TSR) of at least 80% by 2007.

These two indicators, the CDR and the TSR, are the internationally recognized standard for assessing the effectiveness of national TB control programmes. They are central to the WHO’s global Stop TB Strategy. The minimum standard for the CDR is 70%. During Round 2, the CDR fluctuated but, by the end of the grant, began to stabilize at 77%.

<table>
<thead>
<tr>
<th>New SS+ detection rate under DOTS</th>
<th>Targets</th>
<th>Results</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>77%</td>
<td>118%</td>
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</table>

The WHO minimum standard for the TSR is 85% or greater. Lesotho’s TSR remained stable during Round 2 but did not reach the minimum standard.

<table>
<thead>
<tr>
<th>New SS+ treatment success rate under DOTS</th>
<th>Targets</th>
<th>Results</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>72%</td>
<td>85%</td>
<td></td>
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</table>

SDA 1: To strengthen NTP management through development and implementation of policy update and strategic plan in at least 15 of the 19 (80%) HSAs by 2007.

As noted previously, at the start of Round 2, Lesotho’s NTP was seriously challenged. The first step in addressing this was to revise the national TB policy and renew the TB strategic plan. An external review of the NTP was also conducted which resulted in a way-forward plan to rebuild the NTP structure. Over the course of Round 2 different initiatives were taken to strengthen district-level TB management and control structures. The nursing curriculum was also revised to include in-service training on TB diagnosis and treatment. Towards the end of Round 2, the TB policy and strategic plan were again revised, this time to take into account the emergence of MDR- and XDR-TB. The intent of all of these interventions was to improve the CDR at district level. While the CDR did improve across the districts, not all districts achieved the minimum standard by the end of the grant.

<table>
<thead>
<tr>
<th>Districts achieving case detection rate of ≥ 70%</th>
<th>Targets</th>
<th>Results</th>
<th>Achieved</th>
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</thead>
<tbody>
<tr>
<td>83%</td>
<td>50%</td>
<td>60%</td>
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</table>

SDA 2: To strengthen DOTS implementation through training of at least 2,325 (70%) health workers involved in TB and 3,650 (50%) extension workers by 2007.

Directly observed treatment short-course (DOTS) is a central component of TB treatment at community level. During Round 2, different cadres of health care workers and other service providers were trained in DOTS. These groups included doctors, nurses, trained nurse assistants, pharmacists, pharmacy technicians, TB coordinators, health inspectors, health assistants, community health workers, traditional healers, agricultural extension workers and members of uniformed services (Lesotho Mounted Police Services and Lesotho Correctional Services). The
trainings continued throughout the grant to maintain 100% DOTS availability in each district across Lesotho.

**SDA 3: To improve quality for TB diagnosis through establishment of quality control system in at least 15 (80%) laboratories by 2007.**

Under this objective, during Round 2, a national quality assurance program was developed and implemented to strengthen the quality of TB diagnostics in laboratories. Standard operating procedures and diagnostic quality standards were developed and implemented. MRC South Africa was engaged to provide external quality assurance services. By the end of the grant, major upgrades had occurred in all laboratories with additional funds from Round 6. Microscopy services were available in district health facilities and in selected local health clinics. Routine visits to TB laboratories for quality assurance and support were being made by central level staff.

**SDA 4: To strengthen and expand public-private partnership in DOTS implementation through training of at least 20 (50%) GPs, and 800 (20%) of registered traditional doctors.**

Although private health care professionals were already diagnosing and treating TB in patients when Round 2 implementation began, they were not integrated within the national TB strategy. During Round 2, an MOU was established with private practitioners to engage them more fully in TB control. These individuals were trained in DOTS. They were provided with TB drugs free of charge and they were offered incentives for each TB patient that was successfully treated.

<table>
<thead>
<tr>
<th>TB patients treated successfully by private HCWs</th>
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<tbody>
<tr>
<td>Targets</td>
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<td>--------</td>
</tr>
<tr>
<td>50%</td>
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**SDA 5: To improve NTP management by ensuring that at least 15 (80%) of HSAs use TB surveillance data for M&E of the programme.**

At the start of Round 2, data collection at the health facility level was not routine and little was done with the information on hand. Different facilities used different methods and data analysis results computed at the central level were not routinely shared with health workers at the district and local level. The Round 2 activities were aimed at rectifying this situation. Reporting practices were standardized and training was provided in cohort analysis to TB Coordinators and Public Health Nurses. Other measures were taken to strengthen skills and improve commitment at the district level to surveillance data. These included the provision of incentives for TB coordinators and DOTS supporters, the procurement of additional vehicles for supervision and, finally, the procurement of motorcycles to enable TB coordinators to reach local health centres and village health posts on a regular basis. Although there had been significant delays, by the end of the grant, the electronic TB register was installed at the district level, training had occurred and use of the new system was underway.

<table>
<thead>
<tr>
<th>Health facilities achieving treatment success rate &gt; 85%</th>
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<tbody>
<tr>
<td>Targets</td>
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<td>---------</td>
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<tr>
<td>83%</td>
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**SDA 6: To ensure effective treatment by institutionalizing drug sensitivity surveillance in at least 15 (80%) HSAs.**
Drug sensitivity surveillance is a critical component of the NTP. Surveillance is meant to pick up any negative trends in the use of standard TB medications. Measuring the frequency of stock outs at health facility level is one of the ways that drug sensitivity trends can be anticipated. Throughout the grant, no stock-outs of longer than one week were recorded in health facilities. One TB treatment regimen was routinely monitored for anti-TB sensitivity. As a result of refurbishment, the Central Laboratory gained the capacity to conduct TB drug sensitivity testing. By the close of the grant, Lesotho’s Drug Resistance Survey was underway with an expected completion date by the end of 2009.

<table>
<thead>
<tr>
<th>Health facilities with no stock-outs lasting &gt; 1 week</th>
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<tbody>
<tr>
<td>Targets</td>
</tr>
<tr>
<td>80%</td>
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**Grant Funds Management (TB)**

The rate of absorption of funds for the TB component over the duration of the grant was significantly below the targets contained in the approved budget and work plan. As noted elsewhere, there were a number of challenges within the NTP that delayed implementation of the Round 2 work plan. Although much had been accomplished to revive and strengthen the NTP from its critical state in 2004, by the end of the grant only 69% of the available funds had been utilized.

<table>
<thead>
<tr>
<th>Grant absorption rate TB component</th>
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<tr>
<td>Targets</td>
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<tr>
<td>5,000,000</td>
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**DISCUSSION**

Over the Round 2 implementation period, a tremendous amount of activity was undertaken and a wide range of results accomplished. In relation to all of this, there is one important question to ask: Did the Round 2 grant make a difference for Lesotho in terms of alleviating the devastating, negative impacts of the dual epidemics of HIV and TB? This question is addressed in the sections that follow using five criteria: efficiency, effectiveness, relevance, impact and sustainability.

**HIV Component**

*Peer-education and life-skills training for youth in and out of school*

Providing life-skills education in schools can achieve both efficiency and effectiveness because systems to develop, train and roll-out curriculum components are already established and used continuously within the educational system. While these interventions were relevant with respect to meeting the objective of engaging young people around HIV & AIDS, and were efficient in reaching large numbers of the target population, the impact of these interventions on HIV transmission rates amongst Lesotho’s youth will only be known through the 2009 LDHS. The life-skills program is now part of the core school curriculum and will be continually evaluated.
and revised. Round 9 will provide additional funds to support the ongoing implementation of
the curriculum.

Youth resource centres and adolescent health corners

Maintaining YRCs and AHCs will require ongoing support from the MOHSW and the
MOGYSR, not just for the structures themselves, but also for relevant programme interventions.
The Round 8 grant will provide ongoing support, including incentives for young people to
participate in the operation of both AHCs and YRCs. As for the non-governmental partners,
Round 8 will also provide additional support to maintain their engaged in youth-oriented HIV
prevention efforts.

Condom promotion & distribution

Young people still have ambivalent attitudes and commitment to regular condom use in their
sexual relationships, clearly showing that condom promotion and distribution on its own cannot
be fully effective as an HIV prevention strategy. Aside from the Round 2 funds, resources to
support procurement of condoms are included in Round 5, 7 & 8. Support for targeted
operational research is also included in Round 8. This will fill an important gap in strategic
information regarding the overall impact of this prevention intervention, both for adolescents
and young adults, and for the wider population of Lesotho.

PMTCT

While PMTCT is efficient, effective and relevant in preventing this mode of HIV transmission,
country-wide coverage of PMTCT interventions depends on a strong primary health care system
that reaches deep into the different urban, rural and remote communities where the women who
need these services reside. Other ongoing initiatives, particularly the MCA program and the
MOHSW’s health human resource retention strategy, will improve primary health care services
and will enable the PMTCT program to achieve full coverage in the very near future.
Community & home-based care

Community-level home-based care is both an efficient and effective way of extending HIV care and support into the homes and lives of those in need of such services. Although thousands of individuals have been trained in different ways of supporting community members who are chronically ill, sustaining this network and maintaining individual motivation over time depends on a steady provision of the tools and supplies needed for this role; ongoing training and support to maintain the relevance of the technical skills required to provide home-based care; and, finally, some system of recognition or reward to support those individuals engaged in community care.

ART for adults and children

The rapid expansion of ART sites and the rising number of PLWAs initiated on treatment, particularly during Phase I of the grant, was a truly remarkable accomplishment. The Round 2 grant was not the only contributor to this achievement but it was the largest in these initial stages of the ART programme. Without the early gains achieved through Round 2, the ART programme would not be as strong and as comprehensive as it is at the present time.

Expansion of HTC

Rapid expansion of HTC access points and intensified motivation of Lesotho’s sexually active population to seek out HTC services were already essential components of the national response to HIV when the implementation of Round 2 began. However, the grant made possible major strides in improving and expanding the programme. Support for HTC from the GOL’s recurrent budget continues to increase but ongoing contributions from the Global Fund and other partners will still be required. These essential HIV services will need to continue in Lesotho long after HIV incidence and prevalence rates have declined in order control the HIV epidemic on an ongoing basis.

Support for OVC

The different strategies used to support OVCs during Round 2 provided a needed, immediate benefit to these children. School bursaries allowed high-school-aged children to stay in school and to use education as a source of empowerment, as a means to gain independence, and, through life-skills exposure, to prevent HIV infection. Practical support and school bursaries will continue to be offered during both phases of the Round 7 grant. Additional school bursaries will be offered through the Round 9 grant along with system strengthening activities for the national bursary programme.

Addressing stigma & discrimination

Over the period of Round 2 implementation, fundamental changes were made within the legal system in Lesotho to empower women and children with equal legal status, something that was not available to them within the parallel system of customary law and cultural practice. The simplified versions of these new laws that were prepared and made available in Lesotho, and the efforts of lawyers and activists to educate and empower PLWAs, OVCs and other vulnerable groups at community level about their rights and entitlements, had a tremendous impact on reducing the incidence of stigma and discrimination at the local level across Lesotho.

Management & coordination
Round 2 funds helped to strengthen and extend national coordination mechanisms, essential ingredients in an effective multi-sectoral response to HIV & AIDS. ALE, LCN and LENEPWHA were equipped to coordinate their different sectors and to mobilize greater participation in HIV & AIDS interventions. These structures were leveraged during Round 2 to obtain support from the Global Fund and from NAC for community-based interventions through umbrella-body affiliates and local community members. This important foundation will be strengthened and expanded again through the Round 8 grant. In addition, the new phase of the World Bank's technical support project to Lesotho will provide additional technical assistance to further improve management and coordination functions.

**TB Component**

*Policy & planning*

Revising the national TB strategic plan and updating the TB policy to include the impact of HIV were effective starting points for Round 2 implementation. Including TB more prominently in the curriculum for the training of nurses and other health professionals was also a relevant and effective step to raise the skill of graduates in being able to suspect TB in patients and to manage treatment adherence once these patients were diagnosed.

*Expanding the reach of DOTS*

Using a wide range of health and non-health cadres expanded the reach of the DOTS programme and improved its efficiency by relying in some cases on volunteer efforts at community level. The expansion of DOTS also provided an entry point to privately run health services and built important links between traditional healers and health care workers within the national health care system.

*Improving microscopy*

While the basic skill set to undertake microscopy analysis was available in laboratories across Lesotho before the Round 2 grant, equipment was in need of maintenance or no longer usable. There were no quality assurance mechanisms to prevent diagnostic errors. The impact of the Round 2 grant on this situation was to build a national quality assurance system, to develop standard operating procedures, to renew equipment and provide the necessary commodities on a reliable basis, and, finally, to improve TB diagnosis through consistently available and quality controlled microscopy services.
Improving surveillance

By the close of the grant, an electronic TB register had been developed and piloted. National implementation was just underway. However, the skill in populating and maintaining an electronic database to replace a manual system will only be as effective or as accurate as the manual system was itself. As well, there must be a high level of commitment to data gathering and analysis across all levels of the NTP for the surveillance process to be fully effective.

Monitoring drug resistance

While more funds have become available through other Global Fund grants for the improvement of evidence through operational research and more sophisticated data collection and analysis mechanisms, these opportunities are not consistently utilized. The MOHSW has acknowledged that a research management structure for all health research is needed in the country. This will be addressed as part of the next phase of the World Bank technical support project. It will undoubtedly have a measureable impact on the utilization of these Global Fund opportunities.

Grant Fund Management

Overall, the experience of implementing Round 2, from a financial management perspective, was the basis for significant improvements in grant performance starting in Round 5 and continuing to the present as Round 8 gets underway and negotiations for the Round 9 grant draw near. There is no better indication of financial management capacity than the fact that the Global Fund has approved in excess of USD200 million in grant funds during the Round 2 implementation period. Clearly there is high confidence internally and externally in Lesotho’s ability to utilize and account for Global Fund resources in a transparent and accountable manner.

PR Capacity Building

Understandably there were major grant management challenges during Phase I, concerns that were in part reflected in the Secretariat’s consideration of a ‘no go’ recommendation during the Phase II renewal process. While the timing and the tone of the Secretariat’s communication of its intention were somewhat questionable, the effort to respond to the concerns and to maintain Global Fund support for Lesotho galvanized all of the stakeholders to take seriously the unmet needs within the coordination structure. Expansion of both technical and financial support for the GF CU, clarification of the roles and responsibilities between NAC and the MOFDP, and strengthening of both M&E systems and PSM systems were the more significant outcomes or benefits as a result of the ‘no go’ intention.
Improving M&E

The Round 2 grant laid the foundation for what became a nationally coordinated M&E system, one that has been continuously strengthened and expanded as part of successive Global Fund grants and as part of the country programmes of major partners. Beginning with the Round 2 grant, M&E has been included as a distinct component of all Global Fund grants. In addition, more and more operational research programmes are being included within grant proposals in order to expand and improve the quality of strategic information needed to guide the ongoing evolution of the national response.

OVERALL ACHIEVEMENTS

When the Global Fund was created, a key goal for its world-wide impact was to build lasting capacity within recipient countries to manage health and development challenges related to HIV&AIDS, TB and malaria. Over the long term, the support from the Fund was to eventually enable recipient countries to maintain on their own all of the necessary systems, structures and policies to autonomously protect and preserve the health and well-being of their populations. In what way did the Round 2 grant enable Lesotho to move in this direction? Of the many positive impacts of the Round 2 grant, the following stand out as the most important:

- Significant advances in de-stigmatizing HIV and TB and in creating a more supportive environment for individuals, families and communities to raise HIV- and TB-related questions and to actively participate in the national response to these challenges.

- The development and implementation of a life-skills programme for children in primary school and for adolescents in secondary school.

- The creation of youth resources centres and adolescent health corners. This has provided adolescents and young adults with focal points in each district for peer education programmes, skills development, sexual and reproductive health information, and access to condoms and HIV prevention materials.

- The development of the national system of HIV&AIDS counselling, testing, treatment and care, including the launch of the public-sector ART programme. The impact of this, particularly the number of lives that were preserved and the number of individuals that have now returned to being active members within their families and communities, has been profound.

- The expansion of the national PMTCT programme.

- The revitalization of the national TB programme from the central to the community levels.

- The support for orphans and other adolescents in extremely vulnerable situations, by ensuring access to education, vocational skills training, peer education and support, housing and food assistance.

- The development of the technical capacity, and the systems and processes for a national M&E system;
The creation of capacity within the Lesotho CCM, the GFCU, the MOFDP, the MOHSW, NAC and a variety of non-governmental and private sector partners, to participate in the implementation of Global Fund programmes, and to develop the skills and the commitment to design and deliver effective, results-oriented responses to HIV&AIDS and TB.

This experience from the Round 2 grant, obtained at times under very challenging conditions, enabled Lesotho to apply for and receive additional Global Fund resources. It also enabled the country to take full advantage of these precious funds in order to successfully confront and to begin to change the course of the HIV and TB epidemics. The engagement of all stakeholders in this effort, and the positive results the country is beginning to obtain, would not be a current reality without the initial investment of the Round 2 grant.

GUIDANCE FOR IMPLEMENTATION OF FUTURE GLOBAL FUND PROGRAMMES

Throughout the many perspectives on the successes and challenges of Round 2 implementation, the following key points of learning and guidance for future programmes emerged during Round 2 implementation.

- Implementing a Global Fund grant is a complex process. The CCM must ensure that the PRs, be they from the governmental or the non-governmental sectors, are equipped to manage this complexity from the start. The CCM itself must also ensure that appropriate technical skill and commitment are there amongst the membership so that it too has the capacity to successfully lead and oversee grant implementation.

- The PR must have an appropriate scope of authority and leadership support in order to function effectively within the performance-based funding framework.

- Timely and forthright communication between the Global Fund Secretariat, the LFA, the CCM and the PR is critical to effective management of grant implementation, in particular in the proactive identification and resolution of conflicts and other risks that would otherwise have negative effects on grant performance.

- Maintaining an adequate level of civil society engagement in Global Fund grant implementation requires a clear commitment from the CCM and adequate human and financial resource within the PR to engage and support non-governmental partners throughout all stages of the project management cycle.

- Global Fund grants are only fully effective when they come as an additional contribution to an existing programme base. Global Fund grants cannot operate effectively where health systems or particular health programmes do not have a stable foundation on which to build.

- Global Fund grants provide important opportunities for undertaking advanced monitoring and evaluation activities, including ongoing operational research to track the impact of successive Global Fund contributions to Lesotho. However, taking full advantage of these opportunities requires a clear leadership commitment on the part of CCM as well as adequate technical and programmatic capacity to design and implement appropriate and meaningful activities.