

**Global Fund
HIV/AIDS Bi-Annual Progress Report
Round 2 Phase II**

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**Prepared by the Global Fund Coordination Unit
Ministry of Finance and Development Planning
Lesotho**

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Abbreviations Used

AIDS	-	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ANC	-	ANTE – NATAL CARE
ART	-	ANTIRETROVIRAL THERAPY
ARV	-	ANTIRETROVIRAL DRUGS
CCM	-	COUNTRY COORDINATING MECHANISM
CCL	-	CHRISTIAN COUNCIL OF LESOTHO
CHAL	-	CHRISTIAN HEALTH ASSOCIATION OF LESOTHO
CRIS	-	COUNTRY RESPONSE INFORMATION SYSTEMS
CRS	-	CATHOLIC RELIEF SERVICES
CBO	-	COMMUNITY BASED ORGANIZATIONS
CHBC	-	COMMUNITY HOME BASED CARE
DATF	-	DISTRICT AIDS TASK FORCE
FIDA	-	FEDERACION INTERNACIONAL DE BOGADAS
GFATM	-	GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA
CFCU	-	GLOBAL FUND COORDINATING UNIT
GOL	-	GOVERNMENT OF LESOTHO
HBC	-	HOME BASED CARE
HIV	-	HUMAN IMMUNODEFICIENCY VIRUS
H.S.A	-	HEALTH SERVICE AREA
HTC	-	HIV TESTING AND COUNSELLING
IEC	-	INFORMATION, EDUCATION AND COMMUNICATION
KYS	-	“KNOW YOUR STATUS” CAMPAIGN
LANFE	-	LESOTHO ASSOCIATION OF NON-FORMAL EDUCATION
LRC	-	LESOTHO RED CROSS
M&E	-	MONITORING AND EVALUATION
MOET	-	MINISTRY OF EDUCATION AND TRAINING
MOFDP	-	MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
MOHSW	-	MINISTRY OF HEALTH AND SOCIAL WELFARE
MOGYSR	-	MINISTRY OF GENDER, YOUTH AND SPORTS RECREATION
NAC	-	NATIONAL AIDS COMMISSION
NAS	-	NATIONAL AIDS SECRETARIAT
NDSO	-	NATIONAL DRUG SERVICE ORGANIZATION
NGOs	-	NON-GOVERNMENTAL ORGANIZATION
OVC	-	ORPHAN AND VULNERABLE CHILDREN

PDG	-	PEKA DEVELOPMENT GROUP
PLWHAs	-	PEOPLE LIVING WITH HIV/AIDS
PMTCT	-	PREVENTION OF MOTHER TO CHILD TRANSMISSION
PSI	-	POPULATION SERVICE INTERNATIONAL
VCT	-	VOLUNTARY COUNSELING AND TESTING
WV	-	WORLD VISION

CHAPTER 1

1. INTRODUCTION

This bi-annual report provides an update of implementation of the HIV /AIDS component of the Round 2 Phase II Global Fund grant against implementation targets for the first two quarters of 2007.

The overall goal of the Round 2 grant is to reduce the current prevalence of HIV in the population aged 15-49 in Lesotho. The component places emphasis on prevention on HIV infection among the youth as well as care and support of the large numbers of people that are already infected.

Progress to date demonstrates that activities were implemented as planned with exception of delays on areas of youth resources centres and PMTCT. Nine (9) of the 13 commitment targets were exceeded (69%) and this indicates further improvement compared with December 2006 where it was 64%. However performance can be better if areas such as life-skills program for youth at school, PMTCT, OVC support and HTC services can be given more attention and implementation is accelerated.

2. OPERATIONAL PERFORMANCE

This section is divided into four parts: technical and program management, procurement and supply chain management systems, monitoring and evaluation and financial management systems.

2.1 Technical and Program Management

At the start of this period the two new staff members took up positions with the Unit, firstly a Round 5 Programme Officer and a Monitoring and evaluation officer. This has improved work loads and allowed a phased skills transfer from the M&E Advisor remunerated from the Global Fund Grant to the staff member. The GFCU have also ensured that regular monthly meetings are held with MOHSW to review grant performance. These meetings have proved to be invaluable and are chaired and managed by MOHSW rather than the GFCU. Sub recipient orientation and training workshops have also been conducted with other SRs and these will be held on a more regular basis.

CCM training was undertaken by TRG (Training Resource Group) with funding from USG. This training included meeting arrangements, roles and responsibilities etc. A simplified reporting format was also developed for the CCM to ensure focussed discussion by reporting by exception (i.e. where the grant was not performing adequately).

During this period the Round 6 TB grant was signed and much effort was expended on writing and submitting a Round 7 proposal for OVC (resubmission of the unsuccessful Round 6 proposal). Some GFCU staff and CCM members participated in the regional Global Fund conference held in Namibia.

The World Bank conducted visits for their HCTA project and progress regarding implementation of that project in support of the Global Fund Round 2 implementation was monitored and assessed.

2.2 Procurement and supply chain management systems

Procurement of health and non-health products in relation to the Global Fund Grants (and the World Bank HIV Technical Assistance Grant) is undertaken by the Procurement Unit located within the Ministry of Health and Social Welfare.

For health related procurement (ARV, drugs for OI's, condoms etc), Global Fund requirements are followed in terms of compliance with the Price Reporting Mechanism. This requirement enables a global comparison of prices for health commodities procured for the implementation of activities related to the Global Fund Grants.

The table below shows the different health products procured during the reporting period.

Procurement of Health Products R2 PII			
Component : Prevention			
Objective 2: To expand access of condoms for sexually active youth by installing condom vending machines in 70% of all youth friendly corners in the HSAs by 2007.			
Activity	Budget (\$)	Exp (\$)	Status
Procure condoms	78 334.00	68 172.00	9000 female condoms have been delivered to NDSO. With regard to 1,8 million condoms male condoms, the procurement unit is still awaiting the communication from UNFPA on the date of delivery.
Component : Care and Treatment			
Objective 1: To provide services of continuum of care in 100% of HSAs in Lesotho by 2007.			
Activity	Budget (\$)	Exp (\$)	Status
Procure and distribute OIs drugs	75 000.00	-	Evaluation of tenders has been done and it will be presented to the tender evaluation panel on the 31st August,2007 at NDSO(Mafeteng)
Provide laboratory reagents	59 034.00	52,431.02	CD4, FBC and Chemistry Reagents were procured and delivered.
Procure home based care kits	100 000.00	-	Contracts were to be signed on the 15th August 2007 by selected suppliers. The delivery is expected within 4 weeks after the signing of contracts
Procure nutritional food supplements for chronically ill people and HIV positive children	50 000.00	-	NDSO is preparing the bidding documents for the procurement of the nutrition food supplements.
Component : Care and Treatment			
Objective 2 : To provide ARVs therapy to 50% of clinically eligible PLWHAs by 2007			
Activity	Budget (\$)	Exp (\$)	Status
Procure and Distribute ARV drugs	602 000.00	236 638.60	Delivery is expected within eight weeks from the date of payment. With regard to procurement of other ARVs, deadline for submission of tenders has been postponed to 7th September, 2007. This was done to accommodate procurement of additional ARVs using funds for the last 2 quarters of this year.

Key challenges related to the procurement of health products revolve around HBC kits. Replenishment of the kits procured in Phase I has not been initiated due inadequate reporting on the previously distributed kits. This report is not only essential for accountability purposes, but it also guides the replenishment of the kits when it comes to the most frequently used items in the kit. This is of particular concern given the fact there continues to be unprecedented demand for home based care kits by care givers involved in the provision of HBC services all over the country. A report is expected in September.

2.3 Monitoring and evaluation systems

During the period under review significant developments were realized towards monitoring and evaluation of GF grants Lesotho.

Key achievements during the period under review include:

- The appointment of the M&E Officer for GFCU/MOFDP, who was engaged in January, 2007.
- A self-assessment of M&E capacity for both HIV/AIDS and TB which was conducted in February 2007 under the technical support of Measure Evaluation.
- An action plan was developed based on these assessments which are meant to strengthen its M & E system in both HIV/AIDS and TB.
- Training of GF implementers on reporting requirements for GF activities.
- Revisions on the M&E plan to realign it with the national TB M & E plan (2007-2011) and the incorporation performance indicators for Round 6.
- The annual and bi-annual review for both Round 2 Phase 2 and Round 5 phase 1 respectively.
- Feedback meeting for GF grantees.
- Data verification exercise for GF grantees

Key challenges centre on health sector monitoring and evaluation, particularly late reporting of program data and the narrative reports. The other challenge relates to incomplete submission of data on PMTCT and HTC. With regard to other implementers credible progress has been realized towards compliance and adherence on the reporting procedures.

2.4 Financial management systems

The Project Accounting Unit continues to undertake the financial management of Global Fund grants. In order to improve the efficiency of this management, a new financial computer software system was installed and staff trained on the utilisation of this software. In order to ease the financial differentiation between different sub-recipients, each SR is now required to open Global Fund specific bank accounts.

Slow disbursements due to high volumes of transactions continue to bedevil rapid fund expenditure (therefore often high cash balances but high levels of financial commitment waiting processing). This issue will be closely monitored.

CHAPTER 2

2.2 GRANT PERFORMANCE

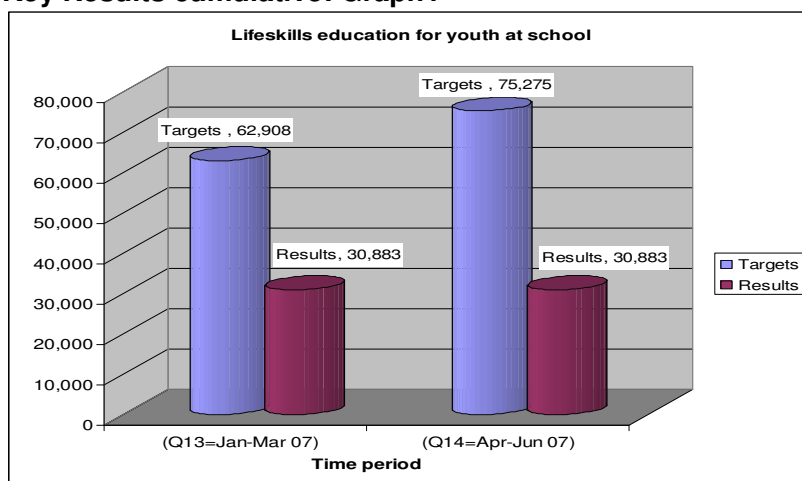
2.2.1 Prevention

Objective 1: To expand life skills and peer education and HIV/AIDS prevention services to adolescent and pre-adolescent young people with specific focus on girls by 80% in 2007.

Key Results

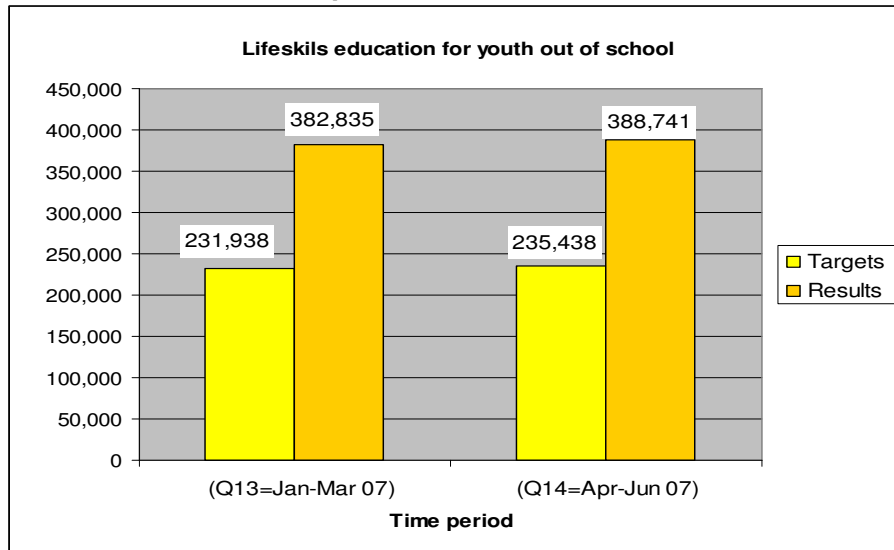
Indicator	Implementers	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. Total number of young people in school taught life skills education	MOET				
Intended Target		12 363	62 908	12 367	75 275
Achieved Target		15 795	30 883	0	30 883
Global Funds disbursed for the achievement of this Indicator	\$60 000.00				
Expenditure	\$74 501.79				
2. Total number of young people out of school taught life skills education.	MOHSW, WV, MOYGSR				
Target		3500	231 938	3500	235 438
Results		6517	382 835	12 144	388 741
Global Funds disbursed for the achievement of this indicator	\$114 667.00				
Expenditure	\$56 901.97				

Key Results cumulative: Graph1



As the graph 1 above indicates, there has been slow progress made towards the life-skills education for youth at school.

Key Results cumulative: Graph2



Activities

a) Life skills/peer education programme for in school adolescents/youth

For Q13 only 15,795 youth at school were exposed to life-skills education and a cumulated to 30,883 as opposed to the cumulated target of 62,908. Q14 presented a big challenge as no new pupils were exposed to life-skills education. During the reporting period 400 teachers were trained as TOTs. It is expected that following these intensive teachers trainings, scale up life skills education will be undertaken to additional schools.

b) Life skill education for youth out of school

Life-skills education for youth out school is going well. As graph2 demonstrates in both quarters, targets were overachieved. For example in Q14, a total of 12,144 was achieved, cumulated to 338,741 youth out school were exposed to the life-skills education since the inception of grant implementation as against the set target of 235,438 during this review period. This may be attributed to high involvement of civil society organisation in the implementation of the life-skills program for youth out of school.

c) Youth Resource centres

Refurbishment of the centres

By mid 2007, youth resource centres which were expected to have been completed and functional were 22. To date only 8 Youth Resource Centres are ready to be opened. These include those at Roma, Semonkong, Berea, Leribe, Mokhotlong town, Mokhotlong Sekokong, Morija and to include already operating at LPPA – Thakaneng. Furniture, sports equipment are being procured for seven YRC excluding Semonkong which MOYGSR will cater for under their budget. Recruitment of 4 Youth Volunteers is underway to operationalize these youth resource centres. It is expected LPPA will conduct a training of all these volunteers by mid September, 2007 on issues such as management skills, sexual and reproductive health and monitoring and evaluation process

d) Adolescent health corners and reproductive health services

Office equipment in the form of computers and printers is being purchased for five adolescent health corners (Mabote, Semonkong, Linakeng, Thabana- Morena and Thaba- Tsoeu). Other equipment such as office, desks, and filing cabinets has also been procured. The program also received medical equipment from UNICEF.

As part of capacity building for AHCs, two sensitization workshops were held for adults and youth in Mafeteng district. A total 400 people were reached during these workshops. The workshops were intended to promote community ownership of the corners and the services they provide.

A training workshop was held for 20 AHC nurses. The training focused on areas such as skills required to provide services at the corners efficiently, communication skills for necessary for the youth and PMTCT.

Challenges

- Slow implementation of scale-up life skill education. This may be attributed to shortage of funds to train teachers in relation to revised Curriculum integrating HIV in primary and secondary schools.
- Fast tracking renovations of the centres.
- High staff turnover at the AHC

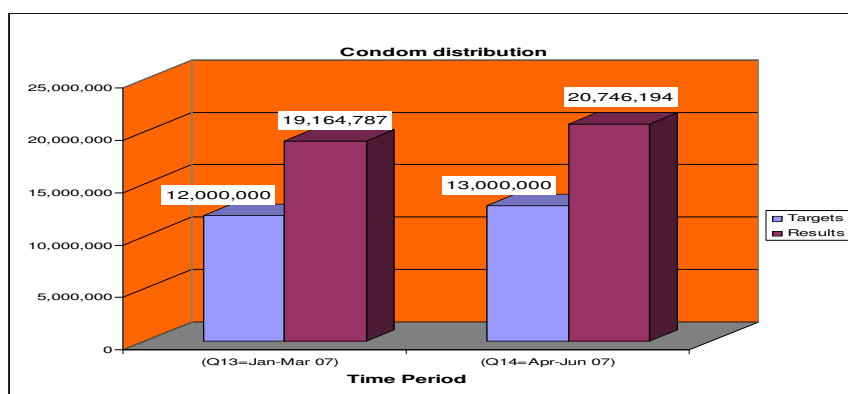
Recommendations

- MOET should consider alternative delivery options that will accelerate the life-skills program at school.

Objective 2: To expand access of condoms for sexually active youth by installing condom vending machines in 70% of all youth friendly corners in the HSAs by 2007.

Indicator	Implementers	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. Total number of condoms distributed	PSI, MOHSW, LRC, Lebone Consultants, ADH				
Target		1 000, 000	12 000 000	1 000 000	13 000 000
Results		4 023 324	19 164 787	1 581 407	20 746 194
Global Funds disbursed for the achievement of this Indicator	\$90 318.00				
Expenditure	\$68 172.00				

Key Results Cumulative: Graph 3



The target for condom distribution was exceeded by 160% for both quarters. This performance has been consistent since implementation began.

Challenges

- Challenges remain with the distribution of condoms by the Ministry of Health and Social Welfare from health centres to end users which may be caused by non existence of defined strategy for condom distribution.

Recommendations

- The available draft condom distribution strategy should be finalized and implemented.

Objective 3: To reduce the proportion of infants infected by 20% by establishing PMTCT programme in the HSAs by 2008.

Key Results

Indicator	Implementers	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
Number of pregnant women counselled and tested for HIV within a PMTCT setting		MOHSW, CHAL			
Target		2 000	26 308	2 000	28 308
Results		5 503	38 795	6 644	40 123
HIV infected pregnant women receiving a complete course of ART prophylaxis to reduce the risk of MTCT					
Target		700	6 160	700	6 860
Results		657	5 201	836	5 960
% of infants born to HIV mothers receiving ARV prophylaxis					
Target			83%		85%
Results			49%		54%
Global Funds disbursed for the achievement of this Indicator	\$39 760.00				
Expenditure	\$12 116.97				

As seen above, one indicator has been overachieved which is that of women counselled and tested, while the others targets haven below achievement. In order to accelerate these two, the revised budget catered for procurement of CD4 machines as well as the procurement of drugs and nutritional supplements for women coming for PMTCT services within the HSAs. Two machines will be procured and to be provided to be identified HSAs by MOHSW.

The training of health care providers in PMTCT continued and to date 164 health care workers trained to strengthen PMTCT services.

The MOHSW in the process of incorporating PMTCT information into ANC, Delivery, the under Five and post natal registers. The process has started and is planned to be completed in December 2007.

Challenges

- Key challenge include under reporting by some of the health facilities which contributing factor may be shortage and n same instances, lack of reporting tools.
- High turnover of staff.

Recommendations

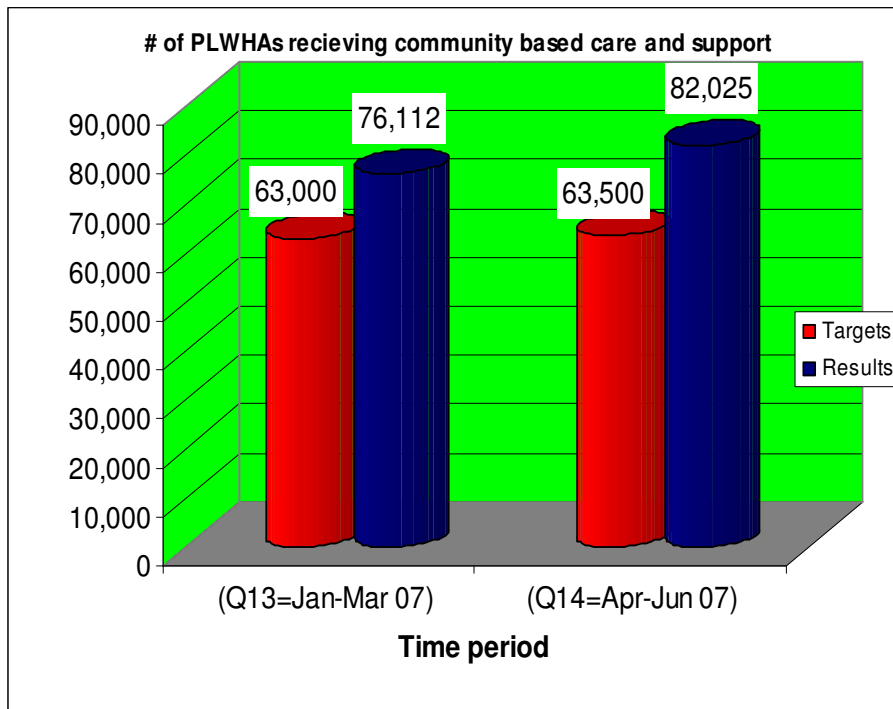
- Expand community mobilization for PMTCT
- Procure a DNA PCR machines and train relevant staff in its use
- Aggressively roll out training to service providers at all ANC facilities
- Strengthen monitoring and supervision of the PMTCT programme.

2.2.2 Care and Treatment

Objective 1: To provide services of continuum of care in 100% of HSAs in Lesotho by 2007.

Indicator	Implementers	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. # of people living with HIV and AIDS receiving community home based care and support	LRC, DATF(Maseru, Quthing, &Berea) WV, MOHSW, Skills-share Lesotho				
Target		1 000	63 000	500	63 500
Results		9 736	76 112	9 161	82 025
Global Funds disbursed for the achievement of this Indicator	\$379 534.00				
Expenditure	\$37 806.88				

Key Results Cumulative: Graph 4



As the table above shows, targets have been exceeded targets by 106%. As indicated above continues good progress is on-going.

Activities

a) Continuum of care services

85 Health Professionals were trained on diagnosis and management of HIV and AIDS (IMAI). The training was meant to empower health professionals with adequate skills for managing patients with HIV and AIDS thus facilitating the rollout of ARVs through out the country

440 Community Health Assistants and volunteers have been trained on 9 modules of community based training package. The trainees were drawn from St Joseph, Scot,

Maluti, Paray, St James, Butha Buthe, Leribe, Mamahau, Mafeteng and Mohale'hoek HSAs. The purpose of the training was to equip communities with adequate information and skills to manage HIV and AIDS clients at the community level.

CHBC M&E tools draft is available, as well as the draft supervisory tools and were in circulation to relevant stakeholders for inputs before its finalization. Consultations have started towards the development of a standardized tool that will be used by all NGOs implementing CHBC activities.

Challenges

- Incentives given to CHW employed under KYS may results in de-motivating other CHWs who are not receiving them.
- Lack of standardized tool for data collection of HBC interventions.

Recommendations

- MOHSW to holistically to examine incentives package for the CHWs.
- HBC tools to be developed.
- Conduct a quality of service assessment of home based care projects funded with Global Fund investments

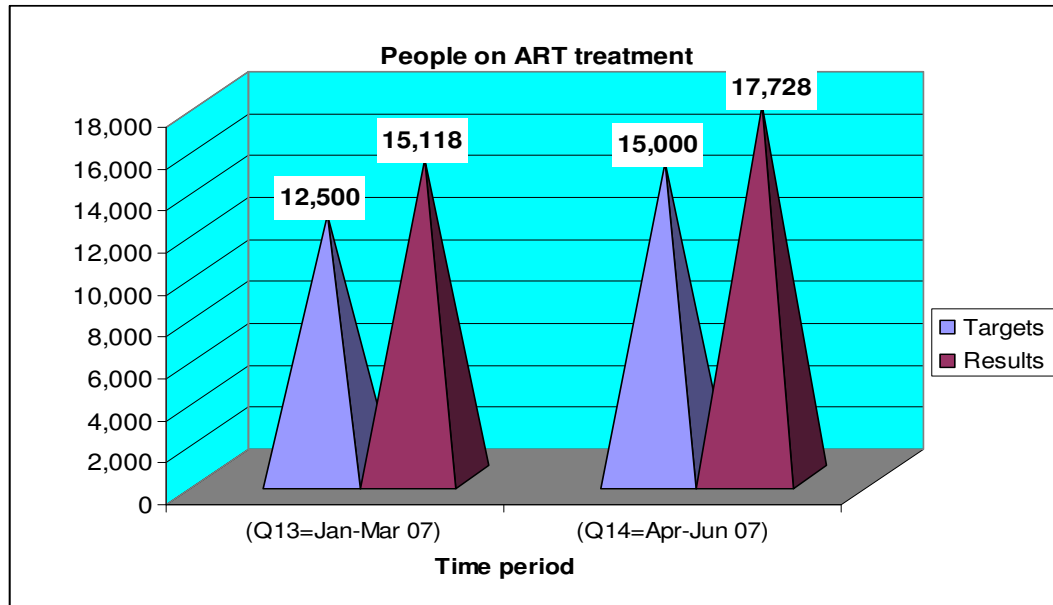
Objective 2: To provide ARVs therapy to 50% of clinically eligible PLWHAs by 2007

Indicator	Implementers	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
¹ # of people receiving ART treatment	MOHSW, CHAL				
Target		2 500	12 500	2 500	15 000
Results		2 486	15 118	2 610	17 728
Global Funds disbursed for the achievement of this Indicator	\$670 707.00				
Expenditure	\$562 928.75				

Significant progress has been made in strengthening the provision of ART for eligible PLWHA. This is attributed to rollout of ART services to health centre level and to date there are 90 ART sites and the number is expected to increase. Per quarter people put on treatment comes up to +- 2,500. Cumulative performance stood at around 118% by Q14.

¹ Data used in ART was obtained from HAPCO since is used to order drugs for patients on treatment whereas data from HIV/AIDS Directorate does not excludes defaulters and those who died

Key Results cumulative: Graph 5



Activities:

Clinically eligible for PLWHAs receiving ARVs

Training of health professional on ART Management (advanced course) was rescheduled to take place from 21st -23rd September 2007. The training is meant to empower 100 health professionals with skills to manage patients with HIV and AIDS and access the rollout of ARVs throughout the country.

Challenges

- Monitoring of the ART programme remains a constant challenge. This is due to the fact that Lesotho does not have an electronic patient management system in place that can enable it to capture information on defaulters and those who died whilst on treatment.

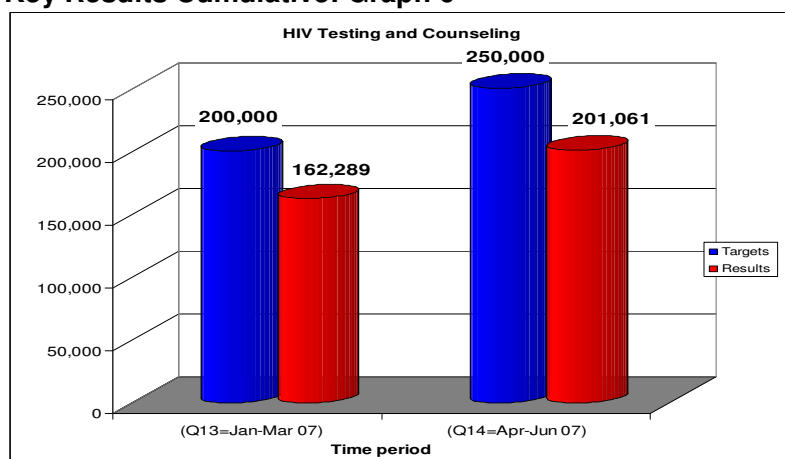
Recommendations

- Re-fresher courses required for ART staff at health facilities to correctly filling the forms in order to produce accurate and consistent data.
- Procure and deploy a patient management system

Objective 3: To establish VCT services in all 10 districts by 2007

Indicator	Implementers	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. # of HIV Testing and Counselling(HTC) Service points operational	MOHSW, CHAL, PSI, LPPA				
Target		3	38	7	45
Results		4	106	0	106
# of people provided with HIV testing and counselling services					
Target		50 000	200 000	50 000	250 000
Results		30 221	162 289	38 772	201 061
Global Funds disbursed for the achievement of this Indicator	\$333, 348.00				
Expenditure	\$161, 492.21				

Key Results Cumulative: Graph 6



As the graph indicates 81% of the cumulated targets of Q13 were reached while in Q14, 80% of the target was reached. As observed from the results, the increase in the service points for HTC was not however translated into increasing the mobilisation of people for HTC services.

Activities

a) Facilities offering VCT services

In an effort to create conducive environment for provision of HTC, office equipment in the form of computers, desks, visitors' chairs are being procured.

To support the implementation of KYS, 32 lay community counsellors were trained on HTC. The training focused of equipping these counsellors on pre test and post test counselling services at the community level.

One of the interventions meant to accelerate HTC services was the implementation of KYS campaign. The campaign has started but at a slow pace due to implementation challenges.

Challenges

- Slow take-up of KYS campaign
- Under reporting of testing results from facilities providing HTC services.
- Supervision of HTC services remains considerably weak

Recommendations

- Conduct a detailed review involving all stakeholders in order to identify all impediments to the implementation of the KYS campaign and to develop a revised, results focused and appropriated costed operational plan for the campaign
- Review the current tool used in the collection of monthly HTC data
- Strengthen quality control and supervision systems

2.2.3 Mitigation

Objective 1: To scale up the provision of a basic package of care, support and protection to 60% of orphans and vulnerable children by 2007.

Indicator	Implementers	Q13 = Jan-Mar 07		Q14= Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. Total number of OVC receiving a basic package of care and support.	PDG, LRC, World Vision, DATFS in Maseru and Maseru, Skills-hare- Lesotho, CHAL, Hope of the World				
Target		6 375	54 375	6 375	60 750
Results		7 987	51 490	3 447	54 937
2.Total number OVC provided with financial support to attend school					
Target		-	-	-	2 000
Results		-	-	-	1 428
Global Funds disbursed for the achievement of this Indicator	\$375,000.00				
Expenditure	\$547, 248.18				

As the table shows, 90% of the targets for OVC basic package of care support were met in Q14. On financial support, payment of school fees was done for the Form E school children and vocational institutions. The GFCU is still awaiting final lists of Form D's from the MOET.

Activities

a) OVCs receiving care and support

One the critical areas for support were renovation of houses belonging to the OVC households. It was found that houses belonging to orphans in most cases were dilapidated and in need of repairs. CHAL initiated this activity during phase I implementation. To date other NGOs were brought on board and these include World Vision, LRC, CRS and PGD who are already working in the implementation of IGAs. Modalities on the implementation of this activity have been finalized and implementation is scheduled to start in September.

Challenges

- The quality of OVC interventions is not yielding the impact as majority of OVC are still not benefiting from these IGAs.
- Income generating activities as have been experienced, their sustainability is proving to be a problem to date.

Recommendations

- Commission an assessment of the quality of OVC care and support interventions supported with Global Fund investments
- Review the utility and effectiveness of Income generating activities as a source of resources to provide OVC with a basic package of care and support
- Identify and develop a local sustainable financing mechanism to support the bursary scheme

Objective 2: To increase the general awareness of human rights of PLWHAs in Lesotho by 40% by 2007.

Indicator	Implementers	Q13 = Jan-Mar 07		Q14 = Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. Number of individuals reached with outreach programs focusing on the human rights of PLWHAs.	FIDA, LRC				
Target		-	-	250	750
Results		-	-	901	1280
Global Funds disbursed for the achievement of this Indicator	\$93,833.00				
Expenditure	\$76, 510.42				

Progress was made towards acceleration of the outreach programs focusing on the rights of PLWHAs.

Activities

a) Reduction of reported infringement of PLWHAs rights

TOT training was conducted for 48 members of the Child and Gender Protection Unit (CGPU) within the police units from the ten districts. The content of the training was on basic laws of Lesotho (inheritance, property rights, and sexual abuse).

IEC material on the basic laws was distributed to the CGPU at police units and the general community. These IEC materials are intended to create awareness on the rights of children, OVC and PLWHAs. The demand for the IEC material was been found to be high, particularly from organisations implementing interventions to do with children welfare. Radio programmes also form part of the awareness campaigns and for the reporting period, 5 programmes were held in 5 different local radio stations.

During the reporting period 43 cases of property grabbing and infringement of PLWHAs rights and maintenance were reported and are currently being handled by the relevant authorities.

b) PLWHAs receiving advocacy skills training for human rights

WILSA was contracted to undertake the refresher course for PLWHAs on advocacy skills in July 2007.

2.2.4 Governance

Objective 1: To operationalize and strengthen NAS coordination mandate in the implementation of NSP 2006-2010

Indicator	Implementers	Q13 = Jan-Mar 07		Q14 = Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
% of approved NAS staff positions filled	NAC				
Target		-	-		
Results		-	-		
Global Funds disbursed for the achievement of this Indicator					

Achievements under objective 1: M&E

NAC coordinated three trainings on monitoring and evaluation was conducted under the technical support of Measure Evaluation. The first training was on Basic M&E Concepts, the second one focussed on MS strengthening tool and the third on Data Analysis and Use. The participants for the trainings were drawn from MOHSW, NAC and the civil society organisations. These trainings are intended to equip people working in the environment of HIV/AIDS to better appreciate the National M&E Plan for HIV/AIDS and link it with their program M&E plans.

Training of line ministries HIV /AIDS focal persons on M&E was initially planned to be conducted August but it has been postponed to 8th-14th and 18th -21st September. From the 18th -21st September the same training will be provided for civil society organizations and private sector HIV/AIDS focal persons.

The Monitoring and Evaluation Technical Working Group has been resuscitated and is sitting on monthly basis to discuss M&E issues on a broad basis from different sectors. During the reporting the National HIV/AIDS Annual report was produced and is already been finalized with stakeholders.

The major challenges are decentralization of the M&E system to the district level, data flow and harmonization of M&E systems of implementing Partners

Objective 2: To establish and strengthen NAS coordination units in all public sectors and at least 80% private sector and NGOs sector

Indicator	Implementers	Q13 = Jan-Mar 07		Q14 = Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. % of line ministries surveyed with HIV/AIDS workplace policies and programmes	NAC				
Target		-	-		
Results		-	-		
Global Funds disbursed for the achievement of this Indicator					
Expenditure					

Indicator	Implementers	Q13 = Jan-Mar 07		Q14 = Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
2. % of private sector organisations surveyed with HIV/AIDS workplace policies and programmes	NAC				
Target		-	-		
Results		-	-		
Global Funds disbursed for the achievement of this Indicator	\$68,709.00				
Expenditure					

Achievements under objective 2:

A consultant has been engaged by NAC to support line Ministries on life-skills and peer education, counselling, home-based care, HIV/AIDS competency and knowledge and education on drug literacy. A report on capacity assessment and situational analysis was produced and disseminated at a one day workshop. After the workshop, a training plan for line Ministries was finalized and is to be implemented from 20/08/2007 – 09/08/2007.

Objective 3: To strengthen the capacity of the District HIV/AIDS coordination mechanism in all the sectors.

Indicator	Implementers	Q13 = Jan-Mar 07		Q14 = Apr-Jun 07	
		Quarterly	Cumulative	Quarterly	Cumulative
1. % of District AIDS taskforces with the capacity to plan, manage, monitor and evaluate district responses to HIV/AIDS	NAC				
Target		-	-		
Results		-	-		
Global Funds disbursed for the achievement of this Indicator	\$205 000.00				
Expenditure	0				

Achievements under objective 3:

Coordination at the district level remains a challenge. While staff and district AIDS committees are in place at the district level, these structures require significant capacity building to enhance their effectiveness. During the reporting period meetings have been held by a team comprised of NAC, UNAIDS and MOHSW with District Health Management Teams in Berea and Mohales Hoek. The purpose of these meetings was to obtain a full understanding of what people who work on HIV and AIDS at the district level do.

The key findings reveal that various departments/units report to MOHSW and NAC headquarters without clear collaboration at the district level. Subsequent to the district meetings the team met with Director of STI & HIV and AIDS Directorate to share the findings.

It was agreed that the team will meet with senior management of the MOHSW to look at how best to streamline the operations of district offices for better coordination and data management. The meeting would further discuss coordination structure for HIV/AIDS at the district level.

On the implementation of the HIV/AIDS workplace survey, a call for proposal to engage a consultant was re-advertised and the deadline for submission was 10th August 2007. The evaluations will follow thereafter.

3. OVERALL CONCLUSIONS AND RECOMMENDATIONS

The past six months saw good progress on the implementation of activities. There is also commendable improvement commitment indicators as 69% of them were exceeded compared to 64% in December, 2006.

However, more focus and attention has to be given to those areas where performance is still lagging behind. Acceleration of activities that will positively affect performance on commitment indicators on life-skills education on youth at school, PMTCT, HTC and OVC support is encouraged.

Annex 1: Budget and Expenditure analysis

A total of USD 3,255,260.04 was received on the 23rd February 2007 as the first disbursement for two quarters (Jan 2007-Jun 2007).

Budget Analysis

Budget	Expenditure	Commitments	Expenditure as % of Budget
USD 3,255,260	USD 1,459,729.30	USD 410,224.39	45%

The analysis of the budget indicates that expenditure was 45% of the total budget. When commitments (payment in process) are added to expenditure it increases expenditure as percentage of budget to 57%. This performance is quite satisfactory owing to the fact funds were received towards the end February 2007.

HIV AND AIDS – contracts signed with various organizations for implementation in 2007

Organization	Component	Overall budget	Funds disbursed to date	Expenditure reported
LENEPWHA	Mitigation	M1,114,996.00	M534,996.00	M136,006.85
NAC	Governance	M2,721,750.00	M362,000.00	0
² MOET	Mitigation and Prevention	M8,509,890.00		M4,844,534.61
Peka Dev Group	Mitigation	M608,800.00	M348,255.00	M216,805.88
Plot Point PTY LTD	Prevention	M743,669.00	M279,393.00	M118,888.73
Skills Share	Mitigation	M444,500.00	M109,250.00	M106,289.00
FIDA	Mitigation	M736,473.00	M548,266.00	M227,714.02
Lebone Consultants	Prevention	M59,000.00	M59,000.00	Financial report is yet to be submitted
Hope Education Project Lesotho	Prevention and Mitigation	M789,000.00	M141,500.00	M141,523.00
Crossroads Lesotho	Prevention	M730,000.00	M269,190.00	Financial report is yet to be submitted
MYGSR	Prevention	M2,281,800	M1,524,000.00	Financial report is yet to be submitted

² Money was not transferred to the MOET, payments were done by PR for their activities

LCN		M500,000.00	M122, 000.00	Financial report is yet to be submitted
³ MOHSW		M18, 341,868.00		M6, 059 472.16
Total Disbursed to date			M4,297,850.00	

Budget and Expenditure Analysis by Components beyond the reporting period

Component	Budget	Expenditure as of 31st August,07
Prevention	\$691,160.00	\$466, 437.28
Care and Treatment	\$1, 383,589.00	\$762, 227.84
Mitigation	\$468,883.00	\$730, 963.88
Governance +Monitoring and Evaluation	\$675698	\$ 182,606.63
TOTAL	\$3,219,280.00	\$2,142,235.63

³ Money was not transferred to the MOHSW ,payments were done by PR for their activities