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**Ministry of Finance and Development Planning**

# **EIGHTEEN MONTHS PROGRESS REPORT FOR ROUND5 GRANT**

**REPORTING PERIOD: NOVEMBER 2006 – APRIL 2008**

**COMPILED BY: GLOBAL FUND COORDINATING UNIT (GFCU)  
JULY 2008**



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## Abbreviations

	IMMUNE DEFICIENCY SYNDROME
ART	- ANTIRETROVAL THERAPY
ARV	- ANTIRETROVAL DRUGS
CHAL	- CHRISTIAN HEALTH ASSOCIATION OF LESOTHO
DOTs	- DIRECTLY OBSERVED TREATMENT
DHMT	- DISTRICT HEALTH MANAGEMENT TEAM
GF	- GLOBAL FUND
GFCU	- GLOBAL FUND COORDINATING UNIT
HIV	- HUMAN IMMUNODEFICIENCY VIRUS
HR	- HUMAN RESOURCE
HTC	- HIV/AIDS TESTING AND COUNSELING
IEC	- INFORMATION, EDUCATION AND COMMUNICATION
MCH	- MATERNAL CHILD HEALTH
MGT	- MANAGEMENT
MOHSW	- MINISTRY OF HEALTH AND SOCIAL WELFARE
NDSO	- NATIONAL DRUGS SERVICE ORGANISATION
NGOs	- NON - GOVERNMENTAL ORGANISATION
OIs	- OPPORTUNISTIC INFECTIONS
PEP	- POST EXPOSURE PROPHYLAXIS
PMTCT	- PREVENTION OF MOTHER TO CHILD TRANSMISSION
PR	- PRINCIPAL RECIPIENT
PSM	- PROCUREMENT AND SUPPLY MANAGEMENT
QA	- QUALITY ASSURANCE
SDA	- SERVICE DELIVERY AREA
SR	- SUB-RECIPIENT
STIs	- SEXUALLY TRANSMITTED INFECTIONS
TA	- TECHNICAL ASSISTANCE
TB	- TUBERCULOSIS
UNICEF	- UNITED NATIONS CHILDREN FUND
VCT	- VOLUNTARY TESTING AND COUNSELING

## EXECUTIVE SUMMARY

This report covers implementation and progress of the Round 5 for the period of 18 months from November 2006 to July 2008. The cumulative budget allocated for this period under review was \$8,678,311.78. The funds that have been disbursed to date from Geneva is \$7,355,810.67 against the expenditure realized at \$5,139,901.18.

The Round 5 grant activities comprised of training and skills development of health sector, procurement of goods and services, engagement of health personnel as well as construction of ART centers.

Series of trainings were conducted during the period under review, and these included the training on HTC, Psychosocial support, and addressing stress burnout for health care workers, community workers and community leaders. Out of 310 people that were supposed to receive training, 549 received trained. Furthermore, training on integrated management of STI were carried-out for different cadres of health workers and the number achieved were 1085 as opposed to 830 initially proposed. 206 Laboratory staff were also strengthened on issues such as testing protocols and Quality Assurance and control system, laboratory diagnosis of STIs and procurement and supply management of health equipment.

Non-health products goods were purchased and these included IEC materials for promotion of ART treatment, PMTCT services, HTC services, medical equipment, computers, vehicles and furniture and these were distributed to health facilities throughout the country. Health products were bought and these included reagents, drugs for OIs, and drugs for STI and were distributed to all hospitals, ART centers and Central laboratory for treatment and care of patients.

Construction of ART centers is on-going in Butha-Buthe and expected to be completed in September 2008, while the ART Center in Paray tendering process have been finalized, and construction is expected to commence during the month of July, 2008.

The funds also contributed to the support of new engagements of staff as well as payment of incentives for the current staff within the clinical services. Out of the 79 newly positions proposed, 89 have been established and personnel are already in place, while out of 1337 health workers who were to receive incentives, at least 2465 have so far been provided with incentives and allowances.

Majority of these activities were tied and related to the 12 indicators that have been put in place to measure performance. Out of the 12 performance indicators, nine have achieved +100%, one indicator achieved +80% while two performed fairly.

## CTION AND BACKGROUND

### 1.1 Introduction

This report is an outline of progress and results attained from the implementation of the Round 5 (Phase I) grant for the period of 18 months i.e. from November 2006 to April 2008. It will cover achievements, constraints, challenges as well as budget and expenditure realized during the implementation period. Recommendations and conclusion will also form an integral part of the report.

**The report is structured into five chapters and these include:**

**Chapter 1:** The chapter will outline the introduction and background to the Round 5 grant.

**Chapter 2:** the Chapter will discuss activities that are comprised of training and skills development, Procurement of goods and services as well as human resources.

**Chapter 3:** The chapter will deal with performance indicators categorized by thematic areas including Prevention, Care and Support as well as supportive environment.

**Chapter 4:** The chapter looks at the budget and expenditure of the period under review.

**Chapter 5:** This will include recommendations and conclusion, and the way forward.

### 1.2 Background

The goal of the Round 5 grant is to reduce the spread of HIV/AIDS, reduce morbidity and mortality, and mitigate the social and economic impact of the epidemic. The grant implements activities based on three key objectives: namely, (I) to expand and strengthen HIV testing and counseling services and post care and support, (ii) to provide comprehensive treatment of HIV, TB and STIs across all sectors, (iii) lastly to strengthen

support the scaling up of coordinated HIV, TB and STI

**The first objective attainment composed of the implementation of the following key activities.**

- Increasing access to HIV testing and counseling services by providing HTC training to health workers at all levels,
- Procurement of rapid test kits for HIV testing,
- Printing and dissemination of IEC materials to promote HTC services, ART treatment and PMTCT services.
- Printing and dissemination of HTC tools
- Strengthening provision of PEP services
- Provision of psychosocial training to counselors in private, NGOs and public sectors.

**The second objective achievement was to be through the increased access to quality treatment of HIV/ AIDS, OI and STIs through:**

- Production of IEC material on ARVs with more emphasize on adherence and drug toxicity.
- Procurement of drugs to manage OIs and STIs
- Training of health care providers on integrated management of HIV/STI.
- Printing and distribution of patient tools for HIV/AIDS and STIs
- Strengthening the laboratory services at all levels of health on diagnosis and monitoring of HIV/AIDS, STIs and OIs
- Training of laboratory staff quality assurance and control system, STI diagnosis
- Supporting community based management of TB and HIV.
- Controlling TB/HIV in congregate settings

ieved by implementing the following activities.

- recruitment of essential staff for the ART centres.
- Provision of incentives and allowances to designated health care workers
  - Procurement of vehicles and equipment for ART
  - Enhancing M&E capacity at all levels.
  - strengthening the procurement unit of MOHSW
  - Support to drug distribution

The next chapter will discuss the activities that were implemented in accordance with the objectives above, and their level of achievement, and challenges that were met.

## 2: GRANT ACTIVITIES

ation of the grant activities as articulated in the work-plan. It is comprised of three sections; training and skills development, Procurement of goods and services and human resources.

**Section 1** deals with all the trainings executed to strengthen the health sector personnel to deliver quality HIV and AIDS services. The series of training conducted consist of four broad areas; training of health care workers on counseling and testing, training of health workers on integrated management of HIV/STI, and inclusive of prisons staff, military/police staff and health workers on infection control policy for TB and training of laboratory staff on the integrated management of HIV/AIDS.

**Section 2** encompasses all procurement of goods and services for the health infrastructure development and system strengthening for delivering quality of HIV/AIDS services at all levels. Procurement goods and services consist of health and non-health products. Non-health products contained the printing and dissemination of IEC material and standardized protocols for HIV, procurement of vehicles and equipment for the ART centers, while health products include drugs for OIs, drugs for STIs and PEP, HIV Test kits and laboratory reagents and consumables. Construction of ART centers will form part of discussion under this section.

**Section 3** will look at Human resource, covering the recruitment of essential staff for the ART centers, provision of incentives to health care providers, allowances for community workers and community lay counselor.

### SECTION 1:

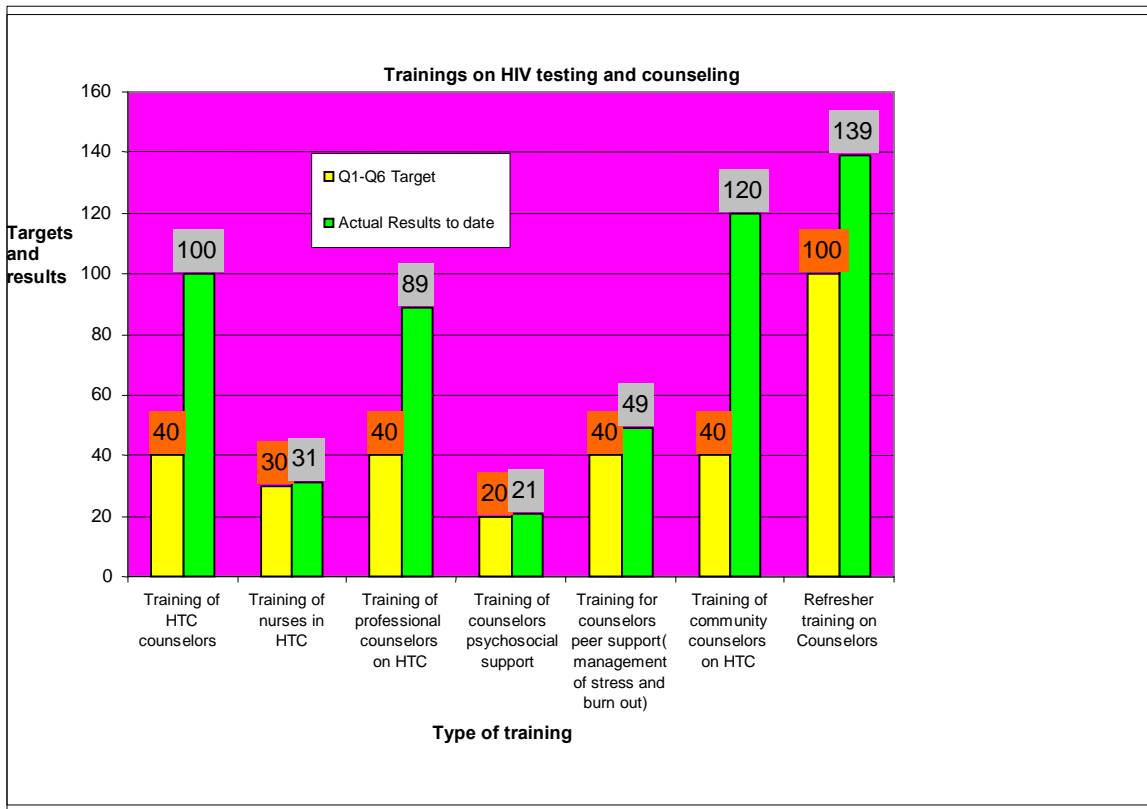
## 2.1 Training and Skills Development

### 2.1.1 Training on HIV/AIDS testing and counseling

Under objective 1, HTC trainings were planned and executed during phase 1 of the grant. These are training of 100 counselors on HTC, training of 89 professional counselors on HTC, training of 31 health centre nurses and 120 community counselorø community

trainings on psychosocial support and management of provided to 49 counselors. The aim of undertaking these trainings was to expand and increase access to HTC services at all levels of care.

Out of 130 intended targets, 549 have been achieved during the period under review. The bar chart below depicted the achievement according to the cadre and the type of training provided.



### Challenges

The overall challenge for the implementation of this activity was the insufficient budget allocation that resulted to supplementary budget used from government in order to meet the intended result.

### Management of HIV/STI

The care for HIV/AIDS continued with the training of health care workers on integrated management of HIV/STI. 630 Health workers were to be trained on STI, ARV and OI case management. By end of the period under review, 1033 health care workers were trained. In addition, 200 community leaders were to be trained on the management of exposure in order to assist victims of sexual assault and other related incidences such as occupational exposure to HIV, out of these only 52 were provided with skills development.

The table below shows trainings undertaken during the period under review and actual results attained.

<b>Object #</b>	<b>SDA</b>	<b>Type of training</b>	<b>Q1 - Q6 target</b>	<b>Actual results To-date</b>
<b>1</b>	<b>2</b>	Training of health workers and community leaders on management and exposure to HIV( Occupational post -sexual assault)	<b>200</b>	<b>52</b>
<b>2</b>	<b>5</b>	<b>Training of health workers on STI case management using guidelines</b>	<b>180</b>	<b>160</b>
<b>2</b>	<b>5</b>	<b>Training of health care providers in ARV management and OIs</b>	<b>375</b>	<b>772</b>
<b>2</b>	<b>5</b>	<b>Training of health care providers in ARV management and OIs (Advanced course)</b>	<b>75</b>	<b>101</b>
<b>Total</b>			<b>830</b>	<b>1085</b>

As illustrated from the table above, achievement surpassed the intended results and reached +100%.

the implementation of the activity included low attendance of community leaders in the planned training. In addition to this, there were insufficient funds to accommodate the proposed number as stipulated in the proposal. It is envisaged that the target for phase 1 will be achieved within the remaining six-month period.

### 2.1.3 Training on Infection control policy for TB

Endeavors to control HIV/TB in congregate setting continued with the training of 400 different cadres including health workers, prison staff, and military/police staff on infection control for TB, while at community level, TB/HIV activities were strengthened through the recruitment and training of DOTs facilitators. Out of the 400 intended results, actual result reached was 592. The table below demonstrates intended target against the actual results obtained to date.

Objective #	SDA	Type of training	Q1-Q6 Target	Actual results to date
2	2	Recruit and Train DOTs facilitators for ART and TB	100	344
2	6	Training of health workers on infection control policy for TB	200	120
2	6	Training of prisons staff on infection control policy for TB	50	50
2	6	Training of military/police on infection control policy for TB	50	78
<b>TOTAL</b>			<b>400</b>	<b>592</b>

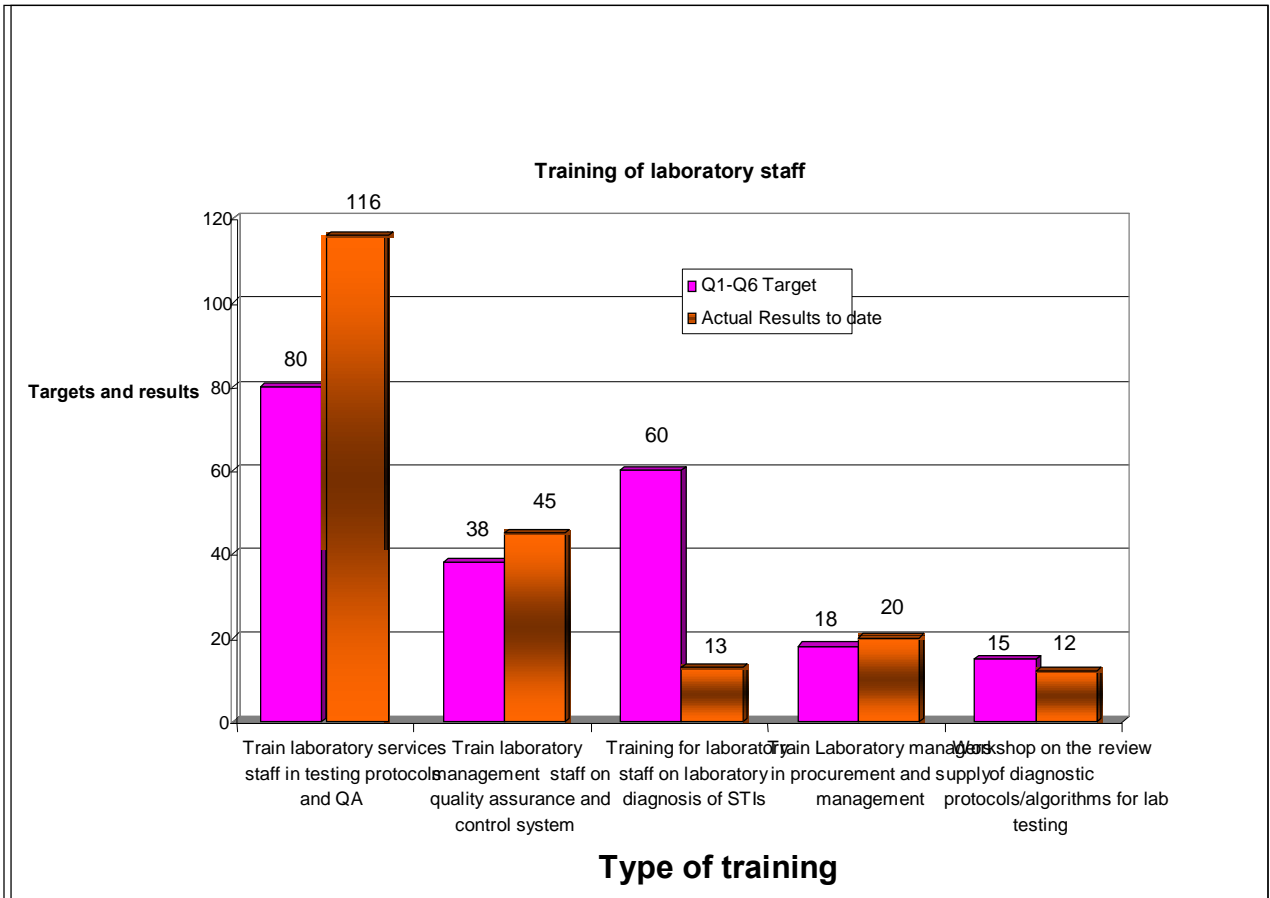
...faced with challenges, especially on activity two.

These included insufficient budget, as well as limited availability of health workers to be trained on infection control policy on TB.

#### 2.1.4 Training of Laboratory staff on Integrated Management of HIV/STI

Objective 2 focused on access to quality treatment of HIV/AIDS, STI and OIs. Diagnosis and monitoring of HIV/AIDS, STIs and OIs constitute as essential towards achieving the objective. Series of trainings were conducted for the laboratory staff at all levels of care and these included review of diagnosis protocols algorithms for laboratory testing, testing protocols and QA, QA and control system, laboratory diagnosis of STI, and procurement and supply management. Out of 211 laboratory staff, 206 were trained.

The bar chart below presents the results of number of people trained on different topics.





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majority of activities were achieved except for two trainings. That includes laboratory diagnosis of STI and review of protocols. The reason for the shortfall included shortage of staff and right caliber to be trained in order to meet the requirements.

In a summary, it can be concluded that even though programmes met with challenges during the initial implementation, majority of activities were done and targets achieved at +90 % with support from other sources of funds including the Government contribution. Furthermore, limited human resources within clinical services posed a challenge to conduct series of training planned as this could disrupt provision of services to patients. However, it can be concluded that the number of trainings conducted had strengthened skills for the newly hired as well as the existing health care workers for diagnosis and management of HIV and TB looking at the ever-changing technology.

## **SECTION 2:**

### **2.2 PROCUREMENT OF GOODS AND SERVICES**

This section focuses on the procurement of essential health and non - health products to strengthen and support decentralized health system. Non Health Products that were to be procured included Information, Education and Communication (IEC) material promoting HIV care and treatment, PMTCT services and HTC; procurement of vehicles to strengthen District Health Management Teams (DHMTs) especially ART programmes within the hospital; medical equipment and furniture to equip ART centers; and computers and flash disks to strengthen monitoring and collation of data. Health Products to be procured included Drugs for Ois and STIs, Reagents and HIV test kits for Central laboratory and all hospitals to support and treat patients. Lastly, construction of ARV centers to strengthen health infrastructure development to make services accessible to all.



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## Printed protocols for HIV

10 000 pamphlets on *Thuso e tengö*, which promoted ART treatment services, PMTCT services as well as HTC were printed and distributed to district government and CHAL hospitals, ART clinics, MCH clinics, private practitioners and private counselors. These IEC material had assisted to create awareness on benefits on the know your HIV status, importance of MTCT services, as well as to inform the public where to access ART services which are now available countrywide.

10 000 bangles on HTC were also printed and distributed to all Health facilities. Clients who have undergone HIV counseling and testing are offered the bangles as a token of encouragement from the facilities.

4,500 wall chart protocols on administration of PEP were printed and distributed to government and CHAL hospitals as well as private practitioners. ART staff to create awareness and strengthen the delivery of PEP services use these wall charts. Fifty (50) PEP registers were also printed and distributed to all government and CHAL hospitals, private practitioners and this was done to enhance data collection from facilities across the country.

Efforts to promote understanding of HIV/AIDS care and treatment literacy continued through printing and distributing of 3000 posters by the Ministry of Health and Social Welfare. The availability of this information is intended to enhance knowledge of the community about ARVs and the importance of adherence to treatment as well their toxicity. The materials were distributed to government health facilities, CHAL hospitals and community health workers.

In order to improve HTC services 12 000 client intake forms, 10 000 Consent forms, 190 HTC monthly report books, 30 000 referral forms and cross sectional monthly reporting books were printed and distributed to all HTC sites in the country. These tools are utilized on the rolling of HTC services to new facilities, importantly; these tools were



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ing of HTC information in public, NGOs and private

80 000 ART patients cards, 250 pre-ART and 250 ART registers, 120 client referral forms, 75 cohort analysis report boards ART chronic care appointment book 100, 120 Monthly cross sectional books, 60 000 pieces of encounter page were printed and distributed to ART clinics countrywide. These tools served to strengthen patient monitoring activities on day-to-day basis. Because of the provision of these tools, collection of data on ART services across the facilities has tremendously improved.

### **2.2.2 Construction of the ART Centers**

Four ART centers were to be constructed by the end of phase 1. To date one ART centre has been constructed and operational with support from UNICEF while the remaining two are under construction in Butha-Buthe and Paray hospitals. The Botha- Bothe ART center is near completion and expected to operational by last quarter of phase I. Furthermore, the construction of ART clinic at Paray hospital tendering process has been finalized and Private Contractor has been selected. Work is scheduled to start beginning of the last quarter of Phase I and completion scheduled within 9 months. The fourth ART center could not be constructed due to limited funds available, and fortunately, the MCC has to take over to support the construction of more than 140 health facilities including include extension of buildings for provision of ART.

### **2.2.3 Procurement of vehicles**

Nine (9) 4X4 vehicles were procured, allocated to DHMTs for utilization by ART programmes at nine Districts, excluding Maseru. Additionally, One half ton tuck was procured for NDSO to support transportation and distribution of drugs and other health products.

ported with vehicles.

ict:

Object	SDA	Vehicles procured	District Health Management Teams
3	8	Nine 4X4 vehicles were procured and distributed to the districts	Mafeteng
			Mohale's hoek
			Quthing
			Qacha's nek
			Thaba-Tseka
			Mokhotlong
			Botha-Bothe
			Leribe
			Berea
3	11	Half Ton Truck	NDSO- Mafeteng

#### 2.2.4 Equipment procured and distributed to ART Centers

Equipment and furniture was purchased for 15 ART centers. These goods were provided to enable smooth delivery of decentralized HIV and AIDS services across the country. The furniture includes computers, desks, filing cabinets, TV and VCR, heaters, chairs, cameras, shredders, refrigerators etc., while medical equipment includes patients chairs and couches, scales, trolleys, foot stools, glucometers, Pediatrics and adults mercury BP etc. The tables below illustrate description of the products procured, its quantities and area of destination of the product.

ed.

## Procurement and Distribution of Office Equipment for ART clinics

Item	Central Office	Mabote Clinic	Likotsi Clinic	Qoaling Filter Clinic	Queen II ART adult clinic	LDF clinic	Berea ART clinic	ART clinic Motebangu	ART clinic Botha-Bothe	ART clinic-Mafeteng	ART clinic Nts'ekel Hospital	ART Clinic Quthing	T.Tseka Health Division	St.James Hospital	Paray Hospital
Lab top	6	1	1	1	2	1	1	1	1	1	1	1	0	0	0
Projector	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Camera	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shredder	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DVD Camera	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Desk	0	1	2	1	2	1	1	1	1	1	1	1	0	0	0
Ordinary Desks	0	0	0	0	0	0	5	0	0	0	0	5	2	1	1
Executive Desks	0	0	0	0	0	0	3	0	0	0	0	3	0	0	0
Glass Door Bookcase	0	0	0	0	0	0	3	0	0	0	0	3	1	1	1

TV	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0
VCR	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0
Refrigerator	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0
Dustbins	0	0	0	0	0	0	8	0	0	0	0	8	6	1	1
Electric heaters	0	0	0	0	0	0	9	0	0	0	0	9	4	1	1
Electric Fern	0	0	0	0	0	0	9	0	0	0	0	9	4	1	1
Benches	0	0	0	0	0	0	6	0	0	0	0	6			
High Back chair	0	1	2	1	2	1	1	1	1	1	1	8	2	1	1
Filling Cabinet	0	2	4	2	4	2	2	2	2	2	2	2	4	1	1
Visitors Chairs	0	2	4	2	4	2	2	2	2	2	2	2	4	2	2
Reception Desks	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0

Required for ART centres

Item	Central Office	Mabote Clinic	Likotsi Clinic	Qoaling Filter Clinic	Queen II ART adult clinic	LDF clinic	Berea ART clinic	Tsepong ART clinic Motebang Clinic	Paballong ART clinic Botha-bothe	Karabong ART clinic-Mafeteng	ART clinic – Nts’eke Hospital	Ncedo e khona ART Clinic
Patient Chair	2	2	3	2	3	2	2	2	2	2	2	2
Medical Couch	2	1	3	1	3	1	1	1	1	1	1	1
Adult Scale	0	2	2	2	0	2	0	0	0	0	0	0
Drug Cupboard	0	1	1	1	1	0	0	0	0	0	0	0
Wall Mounted	0	1	1	1	1	0	0	0	0	0	0	0
Desk Top Mercury	0	1	1	1	1	0	0	0	0	0	0	0
Adult Digital BP	0	1	1	1	1	0	0	0	0	0	0	0
Pediatrics Mercury BP	0	1	1	1	1	0	0	0	0	0	0	0
Glucometer	0	1	1	1	1	0	0	0	0	0	0	0
Pediatrics B.P.	0	1	1	1	1	0	0	0	0	0	0	0
Cholesterol	0	1	1	1	1	0	0	0	0	0	0	0
Foot Stools	0	1	1	1	1	0	0	0	0	0	0	0
Wheel Chair	0	1	1	1	1	0	0	0	0	0	0	0
Patient Trolley	0	1	1	1	1	0	0	0	0	0	0	0
Medicine Cupboard	0	1	1	1	1	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>11</b>	<b>14</b>	<b>11</b>	<b>12</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

### Products

Health Products including HIV test kits, reagents, Drugs for PEP, OIs and STIs were also purchased and distributed to all ART centers Central laboratory and all hospitals to support and care for patients. The table below depicts type of health product description as well as quantity procured.

Object	SDA	Health Product	Health Product Description	Unit Pack	Quantity Procured
2	5	<b>1. Laboratory reagents and consumables</b>	Vacucare Yellow Top SST Gel Tube ( 100 )	100	216
			2IG Blood collection Needle Green ( 100)	100	922
			Facscout Reagent Kit	50	300
			Tritest CD3/CD4/CD45	50	410
			Facscout control Kit 25T	25T	8
			Trucount Control /30 Test	30T	6
			Calibrite 3 colour Kit 25T	25T	12
			Facsclean 5 Liter	5L	10
			Facsflow sheath Fluid 20L	20L	13
			Facscout Therm Paper /ea	4	8
1&2	1&5	<b>2. Test Kits</b>	Determine HIV 1/2	100 tests	2500Kits
			Double Check Gold HIV 1/2	100 tests	770 kits
		<b>3. ARVs for PEP</b>	Lamivudine 150mg tabs	60	9, 470
1	2	<b>4. Drugs for IOs</b>	Aciclovir 200mg tablets	100 tabs	6, 829
			Aciclovir 800mg tablets	100 tabs	30, 000
			Albendazole 200mg (1000 tabs)	1000 tabs	1, 000
			Clotrimazole 1% topical cream	20g	1, 000
			Doxycycline 100mg (1000 tabs)	1000 tabs	500
			Amoxicillin 250mg (1000 caps)	1000 caps	4, 000
			Ciprofloxacin 500mg (100 tabs)	100 tabs	10, 000



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			Cotrimoxazole 960mg tablets 500 tabs		2, 140
2	5	<b>5. Drugs for STIs</b>	Aciclovir 200mg tablets	100 tabs	1, 805
			Clotrimazole 100mg pessaries	6	1, 515
			Ciprofloxacin 500mg (100 tabs)	100 tabs	630



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### Computers (Laptops), printers and flash disks

Computers, printers and flash disks were procured to support the District HIV/AIDS Officers deployed at district level in order to strengthen monitoring and evaluation activities, as well as to feed the central level HIMS with statistical data for analysis, in order to inform senior management on the trends of epidemic. Furthermore, by end of this phase I, expectation was that electronic database would be installed and be use throughout the ART centers and hospitals to track HIV/AIDS patients. Currently database system had been developed and all existing staff within ART centers have been trained on the usage to collect, collate information required for reporting, quantification of ARV stock and need requirements as well as tracking patients who are still in system, defaulted and those who have died.

					BREA	LRIBE	BB	MK	TSEKA	Q' NEK	M'HOEK	QTHING	MTENG
3	10	Laptops	10	1	1	1	1	1	1	1	1	1	1
		Printers	10	1	1	1	1	1	1	1	1	1	1
		20 Flash Disks	20	2	2	2	2	2	2	2	2	2	2

The table illustrates distribution of computers and its accessories per district.

\* **BB** denotes Buthat-Buthe; **MKG** Denotes Mokhotlong; **TTseka** denotes Thaba-Tseka; **Q' nek** denotes Qacha'nek; **MHoek** denotes Mohale'hoek; **Mteng** denotes Mafeteng



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l to procurement of goods include long tendering procedures, which have resulted in delays in the delivery of required goods, as well as payments of invoices, consequently having a negative impact to implementation and use of funds.

Besides this, insufficient budget allocated for construction of ARV centers resulted in delays to start the process, and reducing the number of ART centers in order to accommodate the required Architectural plan per ART center per population.

Furthermore, there had been delays in the initiation on tendering process for health products due to inadequate coordination of the PSM plan at all levels, the PR as well as the SR.

In conclusion, the procurement of goods and services had been slow to take off especially regarding the health products including drugs for OIs and STI. Additionally medical equipment and furniture for newly ART centers at Butha-Buthe and had Paray could not be procured as the structures are under construction and subsequently this had impact on the expenditure reported , as well as resulted in funds not being 100% utilized by end phase I.

In order to address this challenge, it has been proposed to reallocate some funds during phase II to engage Procurement officer whose role and responsibilities would include coordination of PSM plan. The Officer will be working closely with SR to ensure that procurement, as well as evaluations are done on a timely manner.

## 2.3 Human Resource

The human resource component seeks to support the scale up of the comprehensive HIV/TB care at the district hospitals, strengthen Central level and NDSO by supporting recruitment of newly positions on Monitoring and evaluation and Procurement.. The intention is to build capacity at all levels of care by offering incentives to health workers and providing allowances for community based workers as well as payment of salaries for cadres such as M&E Officer, Procurement Officers, Registered nurses and Counselors. It is envisaged that this will lead to strengthening of the health system by retaining essential health care workers for provision of quality HIV/AIDS services.

The table below elaborate on positions proposed in the proposal vise visa the actual targets achieved.

<b>2.3.1 Staff recruited</b>	<b>SDA</b>	<b>Position</b>	<b>Q1-Q6 target</b>	<b>Actual target recruited</b>
3	8	Drivers ( <i>to be place at the districts</i> )	9	10
3	10	Central Monitoring and Evaluation ( <i>based at HIV/AIDS Directorate</i> )	1	1
3	10	Professional Counselors ( <i>Placed at HTC centers</i> )	36	55
3	10	Nurse Clinicians ( <i>at health facilities</i> )	18	16
3	11	Procurement Officers ( <i>one to be placed at PU and the other at NDSO</i> )	2	2
3	11	Driver ( <i>placed at NDSO</i> )	1	1

		er (placed at NDSO)	2	2
		Technician (placed at NDSO)	1	1
3	11	4 months TA for operationalization of procurement mechanism (to be placed at NDSO)	1	1
<b>Total</b>			<b>71</b>	<b>89</b>

All proposed positions have been filled. Notably, the recruitment of professional counselors had surpassed the intended result due to revise allocation of budget. This was achieved through the revision of salaries of this cadre and the inclusion of all levels of the counseling cadre. Number of professional counselors recruited was revised from 36 to 22, and enabling further engagement of 11 basic counselors and 22 assistant counselors, achieving actual target of 55 counselors. Because of the revision, there has been increased access to HTC services to the public in general.

NDSO, through the support by World Bank, engaged the TA to assist with the development and review of the procurement mechanisms and their operationalization. The scheduled time for TA ended in August 2007 prior to strengthening of staff to operationalize the prepared manual and tendering procedures. Funds were used to extend the TA contract for a period of four months in order to build skills of NDSO on procurement mechanisms.

### 2.3.2 Disbursement of Incentives

The initial proposed number of different cadres to receive incentives to date was 1337 and these included Nurses, Pharmacists, Medical Doctors and Consultants, District HIV officers and community health workers and Lay counselors. Because of many challenges encountered in the initial implementation of the incentives, a decision was reached by SR to provide incentives to those in the clinical areas at district level. Currently actual target

health care workers, community health workers and lay

The table below illustrates list of different cadres receiving incentives

Objective	SDA	Incentives to health care providers	Q1-Q6 target	Actual results to date
3	7	Nurse (Assistants & Registered)	118	1235
3	7	Pharmacist	36	71
3	7	Medical Doctors	18	62
3	7	Lab Technologists	54	80
3	7	Consultant	1	2
3	7	District HIV&AIDS Officers	10	10
3	7	Community Health Workers	1000	1005
3	7	Lay Community Counselors	100	100
<b>Total</b>			<b>1337</b>	<b>2565</b>

### Challenges

The main challenge was delays in the provision of incentives due to changes to include all clinical people and as a result affected the level of expenditure during the first and second quarters on implementation.

In conclusion the provision of incentives have seen majority of health personnel motivated irrespective of amount provided. The recruitment and provision of salaries including those of Registered nurses and counselors had positive outcome, as Government was able to open more ART centers in order to provide comprehensive HAART services to People in need of ARV treatment and counseling services



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to access, afford services within their home proximity  
willingness from individuals to know their HIV status  
with the reassurance of receiving necessary support.

The next chapter will discuss grant performance indicators that relates to activities that have been discussed above.

## Performance Indicators

This chapter looks at the performance of the grant based on the commitment indicators of the grant. It provides a detailed account on performance of each objective by the thematic area based on set target indicators.

### The overall performance

The grant initially scored A rating and later reduced to B1 for both programmatic and financial performance due to low expenditure reported. Thus, the overall performance can be classified as good taking into considerations that the majority of phase I target indicators have been achieved with positive variances.

The chapter had been divided into thematic areas that include Prevention, Care and treatment, and supportive environment.

### 3.1 Prevention

This thematic area focuses on HIV and testing and counseling service that consists of one objective and five performance indicators.

Objective	Performance Indicator	Phase 1 Target	Actual Results to date
1. To expand and strengthen HIV testing and counseling services( HTC) and post test care and support services in the public, private and NGOs sector	1.1 Number of people receiving HIV testing and Counseling	350 000	416 370
	1.2 Percentage and Number of health facilities with at least 1 community counselors	(160/160) 100%	(133/160) 83%
	1.3 Number and percentage of service delivery points able to administer Post exposure	(90/180) 50%	(163/180) 91%

	...ylaxis (PEP) according to national guidelines		
	1.4 Number and percentage of care providers provided with psychosocial support	(64/107)60%	(102/107) 95.3%
	1.5 % of respondents surveyed with knowledge of HIV care and treatment services and knowing where to go receive such care and services	80%	86%

The Prevention thematic area have performed with excellent rating as all indicators have achievement surpassing +100% with exception on one indicator that have reached +80%.

### 3.2 Care and support

The care and treatment dealt with integration of management of HIV/STI/TB indicators. Out of the four indicators, three achieved 100% while the rest did not perform well.

Objective	Performance Indicator	Phase 1 Target	Actual Results to date
2. To provide quality treatment of HIV, sexually transmitted (STI) and opportunistic infections (OI) in the public, private and NGO sectors to 60% of those clinically eligible by 2010	% of designated facilities surveyed with drugs for HIV, TB and STIs in stock and no stocks of >1 week in the last 12 months	80%	78%
	Number of patients receiving care for integrated management of HIV, TB and opportunistic infections	1500	5140
	Number and percentage of service	80%	0

	every points providing		
	rated HIV/TB/STI		
	management		
	Number of service providers trained to prevent and control TB using infection control guidelines	200	421

The challenge was the delays in conducting the survey due to capacity problems. However, the WHO has offered to the MOHSW and the PR the technical assistance required for the survey. The Protocols, data tools were developed and finalized while and survey team have been organized to start work during the month of July 2008. The report of the survey will be available by September 2008.

### 3.3 Supportive Environment

This thematic area consists of one objective and four indicators, which covers provision of financial support in terms of incentives and salaries. The table below reflects intended result and the actual achieved.

Objective	Performance Indicator	Phase 1 Target	Actual Results to date
3. To strengthen a health system that supports the scaling up of coordinated HIV, TB & STI interventions	Number of key service providers provided with financial incentives	90	1458
	Number of AIDS care providers ,professional counselors and lay community counselors provided with salaries	18	126
	Number of community based care providers provided with allowances	1000	1105
	Number of ART centres constructed to	4	1



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the provision of ART		
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The main challenge on construction that contributed was to insufficient budget allocated to the activity, and long tendering process to engage Private contractors.

It can be concluded that even-though initially implementation was slow, because of various challenges as mentioned in all sections of the document, there had been turn around as performance picked momentum for both programmatic and financial aspect. This is reflected by the projected funds that have been proposed to be forwarded to Phase II and good performance of indicators as reflected above. Out of 12 indicators mentioned above, nine have achieved +100%, while one achieve +80% and two the results are very poor.

## Chapter 4: Budget and Expenditure

The total budget for the period from November 2006 to July 2008 is USD\$8,678,311.78 and cumulative budget disbursed to the PR amounted to USD\$7, 355, 810.67. To date the actual expenditure stands at \$5,139,901.18. The table below illustrates the budget allocation as per category.

### 4.1 Budget and Expenditure

	BUDGET/ CUMULATIVE NOV. 06 – JUL. 08	EXPENDITURE NOV.06 –JUL.08	CURRENT BUDGET NOV.07 –JUL.08	CURRENT EXPENDITURE NOV 07 – JULY 2008
HUMAN RESOURCE	3,136,450.00	2,322,692.73	1,413,330.00	1,124,902.70
TA	126,000.00	39,092.97	-	39,092.97
TRAINING	1,128,186.16	700,082.85	278,554.34	210,032.38
HEALTH PRODUCTS AND HEALTH EQUIPMENT	1,363,726.33	608,542.73	623,817.09	7,718.27
MEDICINES	560,725.46	142,348.95	243,334.44	72,738.00
PROCUREMENT AND SUPPLY MANAGEMENT	-	0.00	-	-
INFRASTRUCTURE AND EQUIPMENT	2,065,545.33	1,211,935.08	1,054,533.33	415,405.61
COMMUNICATION AND MATERIALS	135,475.66	25,960.78	66,442.33	16,647.19
MONITORING AND EVALUATION	15,135.00	73,027.43	-	20,497.78
LIVING SUPPORT	-	-	-	-
PLANNING AND ADMINISTRATION	7,500.00	16,217.66	3,750.00	1,813.34
OVERHEADS	-	-	-	-
OTHERS (Research and QA)	139,567.50	0.00	110,183.33	-
	<b>8,678,311.44</b>	<b>5,139,901.18</b>	<b>3,793,944.86</b>	<b>1,908,848.23</b>

## ents, Challenges, Recommendations

### and Conclusion

#### 5.1. Achievements

The overall performance of the Grant has maintained good momentum during phase I implementation, of which majority of targeted indicators have met or surpassed their intended targets. The PR has continued to increase its spending rate, quickly catching up for the extremely low expenditures during Quarters 1& 2. The overall achievement of a selection of Top 10 Targets is higher at 135%.

Through this grant implementation of HTC, Chronic HIV Care, TB/HIV, ART and STI services have been rolled out to rural hard to reach areas under the Lesotho Flying Doctors Service with the support of PIH and Irish Aid. The grant has contributed largely to building capacity of health care workers in HTC and ART in line with Restructuring Plan of the MOHSW. The grant has created a momentum for expanding access to HIV prevention, treatment, care and support at all levels especially at primary health care level.

#### 5.2. Challenges

The process of revising and restructuring the incentives for the health staff to a more equitable scheme, which is now in place, delayed implementation of this activity.

The under - budgeting for construction of the ART centers led to the delays in preparation of tendering process. Furthermore, the identified site has to be excavated prior to construction led to the construction work starting later than the scheduled time.

Progress was slow in the disbursement of incentives due to identification of proper beneficiaries, revision of the rates for the different levels and cadres coupled with issues related to exclusivity of majority of the health personnel. This was done to increase the

...ove the quality of service delivery in all hospitals and

### **5.3. Recommendations**

- Consider separation of PR functions and SR function from the PAU to observe the accounting principle of segregation of duties.
- M& E training for the MOHSW departments at national and district levels including systems development.

### **5.4. Conclusion**

On all trainings conducted for health workers, it can be concluded that the trainings conducted had strengthened skills for the newly hired as well as the existing health care workers for diagnosis and management of HIV and TB looking at the ever-changing technology.

The procurement of goods and services had been slow to take off especially regarding the health products including drugs for OIs and STI. Additionally medical equipment and furniture for newly ART centers at Butha-Buthe and Paray could not be procured as the structures are under construction and subsequently this had impact on the expenditure reported , as well as resulted in funds not being 100% utilized by end of phase I.

The provision of incentives have seen majority of health personnel motivated irrespective of amount provided. The recruitment and provision of salaries including those of registered nurses and counselors had positive outcome, as Government was able to open more ART centers in hospitals and health center in order to provide comprehensive HAART services to People in need of ARV treatment and counseling services countrywide



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ings it can therefore be concluded that the Round 5  
ling up HIV prevention, treatment, care and support  
programmes. This grant programme has contributed immensely to the implementation of  
the national HIV and AIDS strategic plan in the country.