

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	LSO-607-G04-T		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jan-2011	End Date:
Progress Update - Number:	15		

0.646744931

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are targets/results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B. Programmatic Indicators

Objective No.	* Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 indicator?	Baseline (if applicable)		Intended Target to date	Actual Result to date	% achievement (Please calculate as appropriate)	Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Value	Year				
1	1.1	# of new smear positive TB cases detected every year	National Program	Y-cumulative annually	Yes - Top 10	3600	2009	1075	789	73%	There has been lower achievement in this indicator owing to the unavailability of reagents at some point during the quarter. During the reporting period 789 new smear positive TB cases were diagnosed.
1	1.2	# and % of new smear positive TB cases that successfully completed their treatment among the new smear positive TB cases registered in a specified period	National Program	Y-cumulative annually	Yes - Top 10	70%	2009	913(85% of P11 cohort)	606/937(65%)	66%	935 TB cases were registered, 606 of these cases successfully completed treatment comprising of 522 patients who were cured and 84 who completed treatment. It is believed that low performance on the indicator might be attributed to unavailability of reagents in facilities in the current quarter.
1	1.3	# of TB suspects referred by community health workers	National Program	Y-over program term	Top 10 equivalent	N/A	2006	1750	706	40%	In P14 the cumulative number of TB suspects referred by CHWs was 519. During the reporting period 187 TB suspects were referred. The indicator is performing below optimal because it is believed that due to high level of awareness of TB in communities suspects are actually undertaking self referrals directly.
1	1.4	# of Community Health Workers trained on community TB care and Referrals	National Program	Y-cumulative annually	Yes - Top 10	2563	2008	NA	221	NA	The indicator is due for reporting in P17, however during the reporting period 221 CHW were trained from the following districts, Maseru, Berea and Thaba-Tseka
2	2.1	# of health workers trained in Community TB care, TB/HIV collaborative activities and referrals	National Program	Y-cumulative annually	Yes - Top 10	868	2009(June)	280	199	71%	Planned Trainings in Leribe, Quthing, Mhaheshoek and Qachasnek could not be undertaken because of no funds in the account. The programme is waiting for a disbursement to continue with these training. The trainings were scheduled for 28th March 2011. During reporting period trainings were implemented in Maseru and Thaba-tseka only. The cumulative figure reported in P14 was 69 while in P15 130 HCW were trained in Maseru(98) and Thaba-Tseka Districts(32).
2	2.2	# of community leaders trained on social mobilisation and communication	National Program	N-not cumulative	Yes - Top 10	58	2008	NA	-	NA	No due for reporting
2	2.3	# and % of districts with written social mobilisation and communication plans	National Program	Y-cumulative annually	No	100%	2009(June)	NA	-	NA	Not due for reporting
2	2.4	Proportion of PTB cases detected through smear microscopy	National Program	Y-cumulative annually	Yes - Top 10	55%(NSP)	2008	73%	67%	92%	During the reporting period PTB cases detected through smear microscopy were 789 while 589 cases were negative. Smear was not done to 686 PTB cases. Smear microscopy was done to 1378 on the total of 2064 and it translates into 67%. The low performance is attributed to unavailability of reagents in facilities.
2	2.5	# of laboratory workers trained on drug sensitivity testing and culture	National Program	N-not cumulative	Yes - Top 10	30	2008	NA	-	NA	The training was not implemented due to unavailability of the Laboratory staff
2	2.6	# of registered TB patients who receive HIV testing and counselling	National Program	Y-cumulative annually	Yes - Top 10	11458	2008	2468	2392	97%	2392 TB patients received HTC between January - March 2011. Some few patients are still reluctant to test for HIV.
2	2.7	# of HIV positive TB patients who receive cotrimoxazole preventive therapy during TB treatment	National Program	Y-cumulative annually	Yes - Top 10	7272	2008	1500	1699	113%	The number of TB patients given cotrimoxazole preventive therapy is 1699
2	2.8	# of HIV positive TB patients who receive ART	National Program	Y-cumulative annually	Yes - Top 10	2064	2008	691	637	92%	Provision of ART to HIV positive TB patients has seen a slow increase over the years. However, the current performance is expected to improve further with the implementation of the revised WHO guidelines, where all HIV positive clients will be put on treatment as opposed to the current eligibility criteria.

* Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1.1, 1.2, etc.)

C. Analysis of data quality and reporting issues

(!) This section should contain (1) a summary of issues related to data quality and reporting on programmatic indicators, and any relevant issues which are not covered in 'Reasons for programmatic deviation', and (2) remedial actions that are underway or planned to address these issues.

Performance on this grant was assessed based on eight(8) indicators. One indicator achieved over 100%, three scored over 90%, two achieved over 70% of the intended target, one recorded over 65% of the target and one performance just above 40%. The challenges realised during the reporting period included lack of reagents within facilities and this affected indicators 1.1, 1.2 and 2.4. Lack of funds affected performance on indicator 2.1 and scheduled trainings were cancelled. Trainings are expected to continue once the funds are available. The quality of data of the indicators reported was found to be credible based on the supporting documents submitted to the PR.