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USAID ASSIST PROJECT
Applying Science to Strengthen and Improve Systems

USAID ASSIST Project

Lesotho Country Report FY15

Cooperative Agreement Number:
AID-OAA-A-12-00101

Performance Period:
October 1, 2014 – September 30, 2015

DECEMBER 2015

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DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CDC	U.S. Centers for Disease Control and Prevention
DHMT	District Health Management Teams
FY	Fiscal year
GOL	Government of Lesotho
HBC	Home-based care
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
M&E	Monitoring and evaluation
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PMTCT	Prevention of mother-to-child transmission
Q	Quarter
QI	Quality improvement
TA	Technical assistance
USAID	United States Agency for International Development

1 Introduction

The Government of Lesotho (GOL) launched its National Antiretroviral Therapy (ART) Program in November 2004. Since the national program was launched, the GOL's efforts to provide ART have been hampered by chronic shortages of staff due to high staff attrition rates and historically high costs of drugs used in ART. In recent years however, the country has made significant progress in scaling up treatment for HIV and AIDS, and the number of people on treatment has risen steadily since the onset of the national program in spite of service delivery gaps. Yet, a remaining key problem is that only a few children requiring ART receive it.

A major constraint of the Ministry of Health (MOH) in Lesotho to effectively and efficiently provide HIV care and treatment services has been the vertical manner in which these services are rendered—despite policies and strategies to do so otherwise. Given the limited resources the MOH has, enhanced linkages with other government departments are needed in order to provide improved health care services, particularly in the remote parts of the country.

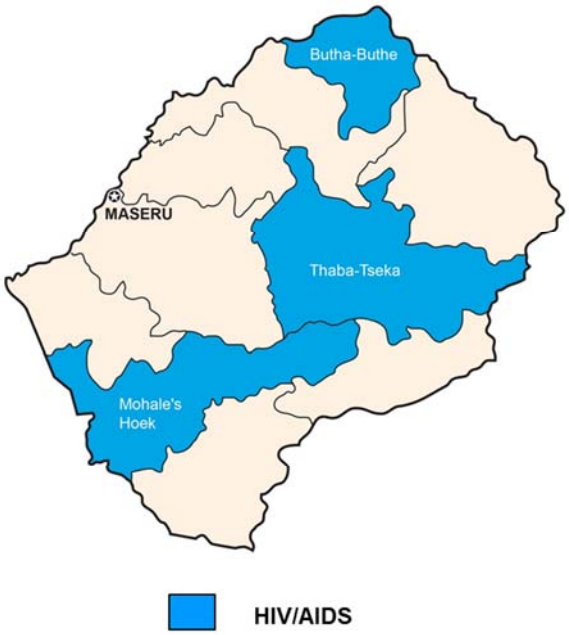
With funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began working in Lesotho in November 2013, supporting the MOH and other partners in the implementation of the Partnership for HIV-Free Survival. The Partnership for HIV-Free Survival (PHFS) program works to strengthen linkages in order to ensure that the objective of "keeping mothers and babies alive" is met. However, improved collaboration is needed between prevention of mother-to-child transmission of HIV (PMTCT) and nutrition programs, laboratory services, pharmaceutical services, transport department, District Health Management Teams (DHMTs), facility staff, and the MOH transport office so that services are provided in a proper and equitable manner.

USAID ASSIST is working with the MOH and USAID implementing partners on applying a uniform quality improvement approach across all health programs consistent with the new PEPFAR Quality Strategy. In particular, ASSIST is working to achieve the following objectives:

- Support the development of a National Strategy for improving the quality of clinical services, in line with the PEPFAR Quality Framework
- Strengthen linkages between HIV testing and counselling (HTC), antenatal care (ANC), maternal nutrition and child health (MNCH), HIV care and treatment, PMTCT, and home-based care (HBC) services
- Improve the quality, uptake, and retention of services along the continuum of PMTCT care; and
- Scale up of quality improvement within integrated clinical services

During the current phase of program implementation, the role of ASSIST is mainly to provide technical assistance (TA) for capacity building for quality improvement within the MOH. The entry point for this role is the PHFS program, where in FY15, ASSIST provided support to four facilities in each of three districts. It is expected that in the next phase of the work (to start in FY16), ASSIST's role shall expand to include a more intensive involvement in providing quality improvement TA to the general HIV and AIDS program.

Scale of USAID ASSIST's Work in Lesotho



2 Program Overview

What are we trying to accomplish?	At what scale?
1. Strengthen linkages and retention to improve clinical services	
• Eliminate new infections among children through implementation of evidence-based high impact interventions • Reduce AIDS-related maternal deaths through implementation of evidence-based high-impact interventions • Increase ART coverage by establishing linkages to ART programs, and home-based care • Improve patient knowledge, skills, and self-confidence to manage their HIV as a chronic condition through implementation of the Chronic Care Model	• Districts: 3 out of 10 (Butha-Buthe, Thaba-Tseka, and Mohale's Hoek) • Facilities in selected districts: 4 facilities in each of the 3 pilot districts (12 facilities in total, 27% of all facilities in the 3 districts) • Population served: 411,853 (population of 3 districts)

Improvement Activity

3 Key Activities, Accomplishments, and Results

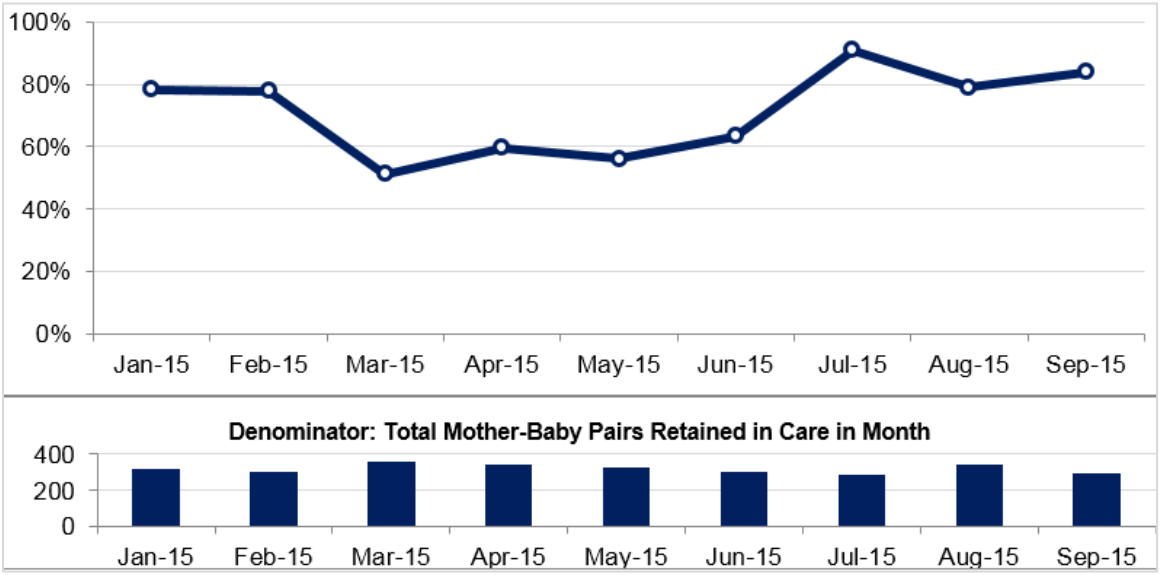
Activity 1. Strengthen linkages and retention to improve clinical services

KEY ACCOMPLISHMENTS AND RESULTS

During FY15, ASSIST provided TA to the MOH and PEPFAR implementing partners at national and district levels. ASSIST contributed to the reduction of maternal and newborn mortality by providing TA to facility-based staff to help improve the application of essential preventative and management interventions. ASSIST used three approaches in the technical assistance it provided:

1. **Capacity building through onsite coaching and mentorship:** All 12 pilot facilities were provided with coaching and mentoring during FY15. Key quality improvement (QI) interventions that were implemented included:
   - **Addressing data quality issues at site level*:*** Facility teams were given refresher training on the proper use of registers in the MNCH, ANC, and ART clinics. This training took place at every contact that the national QI team (comprised of the ASSIST Chief of Party and the MOH quality assurance/quality improvement unit) had with the facilities. It should be noted that in spite of the interventions undertaken, two facilities (Nts'ekhe Hospital and Butha-Buthe Hospital) face significant management challenges that have adversely affected their participation in PHFS activities.
   - **Ensuring that HIV-exposed babies are alive, thriving, and free from HIV at 18 months of age***:* The focus in the past year was to ensure that all mother-baby pairs, at every contact with the health system, received the standard package of services defined for them. A crucial component of this standard package is an assessment of the nutritional assessment of both the mother and the baby. In the event that either is found to require supplementation, the package includes the provision of "Plumpy-Nut" as a supplement. Due to the persistent shortage of the supplement, an additional intervention was to continuously advocate for the provision of the supplement.
2. **Strengthening the correct use of standardized Health Management Information System data collection and reporting tools**: At the beginning of this reporting period, about 75% of facilities had complete data sets covering all three indicators being monitored under the PHFS activity. This proportion peaked at 90% at the beginning of quarter four and then dropped to 85% at the end of the quarter (**Figure 1**). Note that Figure 1 excludes data from Nts'ekhe Hospital and Butha-Buthe Hospital due to aforementioned challenges limiting their participation in PHFS activities.

Figure 1: Percentage of mother-baby pairs with complete and accurate data, 10 facilities, 3 districts (Jan-Sept 2015)



3. **Quarterly coaching and supportive supervision visits:** A total of three coaching and supportive supervision visits were conducted during the course of FY15. Two Church Health Association of Lesotho facilities, Paray Hospital and Mofumahali-Oa-Rosari Health Center, are performing very well in terms of the three PHFS indicators. Lithipeng Health Center, a GOL facility, has also shown improvement in relation to the three PHFS indicators. **Figures 2-3** demonstrate site-specific improvements in retention of mother-baby pairs at Paray Hospital and Lithipeng Health Center, respectively.

Figure 2: Percentage of mother-baby pairs retained in care, Paray Hospital (Apr 2014 – Sept 2015)

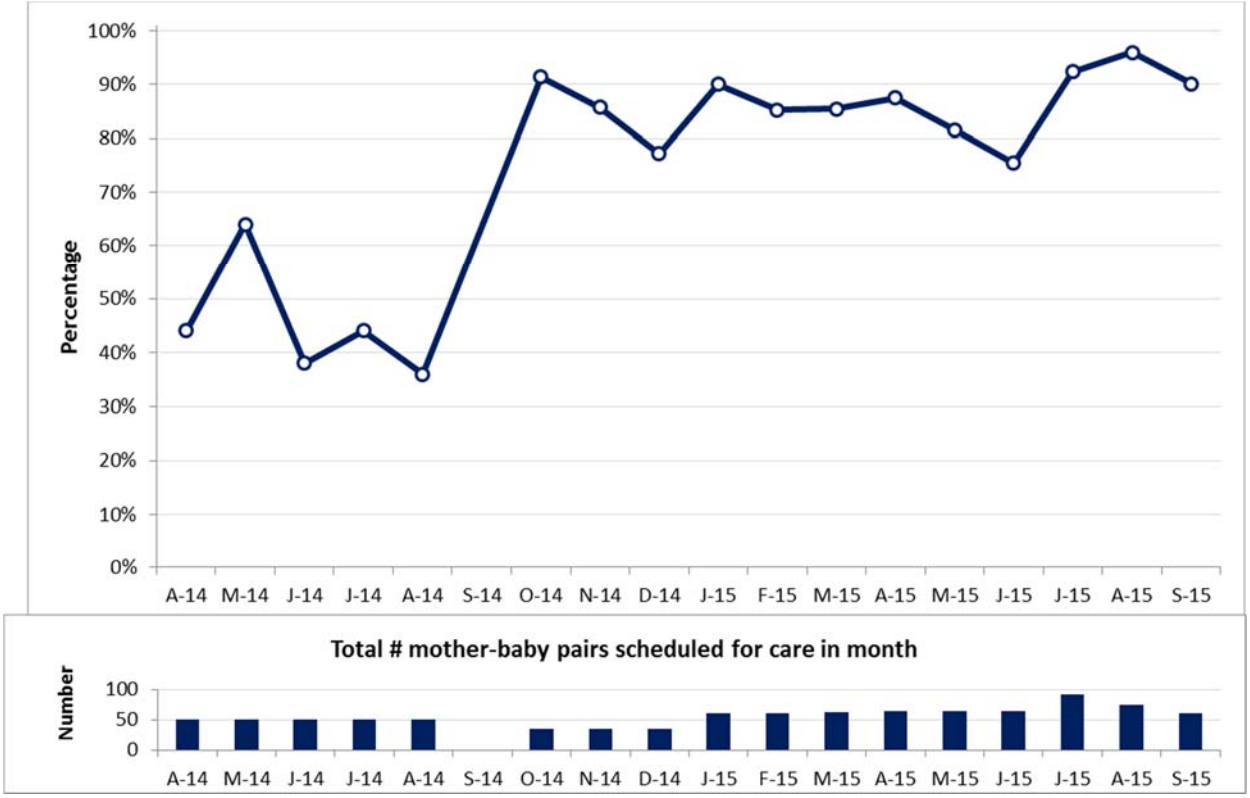
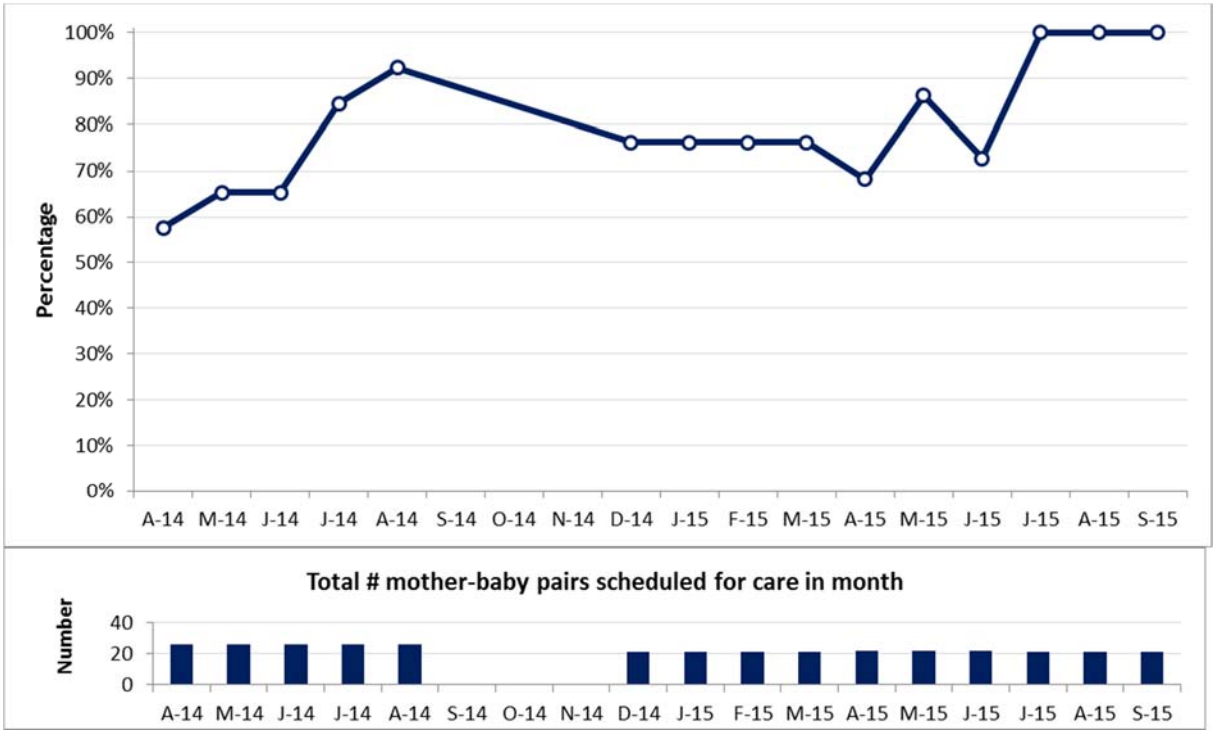


Figure 3: Percentage of mother-baby pairs retained in care, Lithipeng Health Center (Apr 2014 – Sept 2015)



- **Figures 4-5 show results for the PHFS retention and data quality indicators across all 12 sites.**

Figure 4: Percentage of mother-baby pairs retained in care, 12 facilities in PHFS pilot districts (Sept 2013 – Sept 2015)

Figure 5: Percentage of mother-baby pairs receiving the standard package of services, 12 facilities in PHFS pilot districts (Jan 2014 – Sept 2015)

IMPROVEMENT IN KEY INDICATORS

Indicators	Facility	Baseline (April 2014)	Sept 2015	Change (percentage points)
Retaining mothers and babies in care: Percentage of eligible mother-baby pairs who receive ART and under 5 care each month	**MOHALE'S HOEK DISTRICT**			
	Nts'ekhe Hospital	No data	17%	-
	Morifi Health Center	58%	93%	35
	Lithipeng Health Center	58%	100%	42
	Mofumahali-Oa-Rosari Health Center	89%	97%	8
	BUTHA-BUTHE DISTRICT			
	Butha-Buthe Hospital	No data	Validating data	-
	Linakeng Health Center	74%	73%	1
	Motete Health Center	89%	Validating data	-
	St. Paul Health Center	79%	53%	26
	THABA-TSEKA DISTRICT			
	Health Division	71%	87%	16
	Mohlanapeng	100%	82%	18
	Paray	44%	90%	46
	Linakeng	75%	65%	10
Data quality: Percentage of mothers and babies whose data are accurately and completely filled by the end of the month	**MOHALE'S HOEK DISTRICT**			
	Nts'ekhe Hospital	No data*	63%	-
	Morifi Health Center	No data*	77%	-
	Lithipeng Health Center	No data*	95%	-
	Mofumahali-Oa-Rosari Health Center	No data*	97%	-
	BUTHA-BUTHE DISTRICT			
	Butha-Buthe Hospital	No data*	Validating data	-
	Linakeng Health Center	No data*	100%	-
	Motete Health Center	No data*	Validating data	-
	St. Paul Health Center	No data*	50%	-
	THABA-TSEKA DISTRICT			
	Health Division	No data*	100%	-
	Mohlanapeng	No data*	100%	-
	Paray	No data*	100%	-
	Linakeng	No data*	76%	-
Routine visits: Percentage of mother-baby pairs who attend under 5 and ART clinics and receive the standard package of services	**MOHALE'S HOEK DISTRICT**			
	Nts'ekhe Hospital	No data*	78%	-
	Morifi Health Center	No data*	100%	-
	Lithipeng Health Center	No data*	100%	-
	Mofumahali-Oa-Rosari Health Center	No data*	100%	-
	BUTHA-BUTHE DISTRICT			
	Butha-Buthe Hospital	No data*	Validating data	-
	Linakeng Health Center	No data*	100%	-
	Motete Health Center	No data*	Validating data	-

Indicators	Facility	Baseline (April 2014)	Sept 2015	Change (percentage points)
	St. Paul Health Center	No data*	88%	-
	THABA-TSEKA DISTRICT			
	Health Division	No data*	100%	-
	Mohlanapeng	No data*	100%	-
	Paray	No data*	100%	-
	Linakeng	No data*	100%	-

SPREAD OF IMPROVEMENT

PEPFAR's guidance in relation to COP15 is that the districts of Butha-Buthe and Thaba-Tseka fall within what are now defined as "Sustained Response Districts". Within these districts, implementing partners are to be limited to work with the DHMTs and are precluded from working directly with sites. In preparation for this shift in approach, each implementing partner has been requested to develop a "Transition Plan" that guides the transition of support for site-level interventions to the MOH which is expected to assume the responsibility for continuing with all site-level interventions, which shall be focused on assuring that a minimum package of care, treatment, and support services is provided to all HIV-positive who are already on ART. The transition phase is to go on until March 31, 2016.

The plan developed and submitted by ASSIST to USAID entails rapidly spreading PHFS to all remaining sites in the two districts such that by the end of March 2016, all remaining sites in the two districts will have QI teams established and being fully engaged in working to improve retention in care of mother-baby pairs, data quality, and provision of the standard package of services at all routine visits of the mother and baby.

The third district, Mohale's Hoek, has been defined as one of the five "Scale-up Districts" within which implementing partners are allowed to work at the site/facility level. In FY16, ASSIST will provide site-level support in all five scale-up districts, beginning with a 12-month demonstration in a slice of the system in each district. ASSIST will work closely with the DHMT in each district to select suitable health facilities for the demonstration. We will set up and develop QI teams in the demonstration facilities and at the district management levels in the four new districts and continue to strengthen the teams already formed in Mohale's Hoek.

4 Sustainability and Institutionalization

ASSIST is supporting the MOH to establish QI teams at various levels of the health care system. This will serve to ensure that QI becomes entrenched within the MOH. In addition, ASSIST will support the establishment of a QI technical working group in 2016 whose membership shall include the major health-related development partners, as well as key implementing partners under the USAID/PEPFAR/CDC umbrella. ASSIST will also support the development of a MOH quality improvement policy and a QI strategy (with an attendant implementation plan).

During the demonstration and the scale-up phases of the project, ASSIST will develop the capacity of DHMT members to serve as district-level improvement coaches who will be able to support national scale-up and sustain improvements. In 2016, ASSIST will transition to a reduced support-mode to allow the MOH, DHMTs, and implementing partners to lead improvement efforts. With a national quality improvement strategy in place, and improvement coaches at each level of the health system, ASSIST anticipates creating a sustainable environment for implementing quality improvement approaches to eliminate new infections among children and reduce AIDS-related maternal deaths.

5 Knowledge Management Activities and Products

- **A Lesotho–Uganda knowledge exchange visit was undertaken to Uganda** (Feb 2015). The team from Lesotho was comprised of the ASSIST Chief of Party, one M&E Officer from the Health Planning Department, two Quality Assurance Managers from the MOH, one "in-charge" nurse from Motete Health Center, and the District Coach from Mohale's Hoek.

  The exchange visit enabled valuable direct peer-to-peer learning. Trust building between all

participants was fostered, and as a result, representatives from both countries' ministries were transparent about their gaps, experiences, and areas that need improvement, leading to a deeper exchange that often is not possible during large multi-country meetings. The direct sharing of knowledge and experiences by the ministry staff was noted as highly valuable, as was the knowledge shared from supporting partners.

A technical report authored by organizers of the knowledge exchange describes the insights and most valuable lessons generated during the exchange. Four areas of key learning emerged and are summarized in the report: 1) Role of the MOH and implementing partners, 2) Coaching and Engaging Teams, 3) Gathering and Using Data, and 4) Tested Changes and Guidance.

Visiting Lesotho delegation observes a quality improvement team meeting in a Health Centre IV, Uganda. *Photograph by Sidhartha Deka. CCP*

At the end of the exchange visit, the Lesotho delegation articulated that their way forward would include more targeted involvement of senior leadership, ongoing and regular learning sessions, having an amended work plan with all timelines which can be signed once by the Director General (DG) of Health (the DG has to approve every training that is done outside facilities, a challenge for getting individual authorization for the numerous individual activities), and ongoing mentorship and coaching by well-informed and skilled MoH coaches.

Successful practices that were noted from Uganda to be adapted by Lesotho included the following:

- Involving/engaging central office (MoH)
- Ensuring increased mentoring skills of district coaches (facilitation, mentoring, informal interaction between coach and team) as well as enhancing technical skills
- Ownership of QI initiatives by facility team
- Holding QI meetings after clinic days to monitor tested changes and document any emerging patterns
- Improving usage of QI documentation journal
- Increasing capacity for data management within facilities
- Setting up or strengthening the data system so that correct data reaches the national level (through capacitating M&E point person in facility)
- Ensuring a continuous data flow and feedback loop - data should flow from the facility to national level and vice-versa (feedback from national back down to facility level staff)
- Use of dashboard (increase its use and increase capacity to use it)

Additionally, one Lesotho team member noted the exchange provided clarity in what his/her role should be in the overall PHFS program, also citing how much work needs to be done in their home country.

6 Gender Integration

- **Gender integration technical support was provided to ASSIST Lesotho** (Jul 2015). Ms. Megan Ivankovich of ASSIST's partner, WI-HER LLC, conducted gender training for ASSIST staff and government partners, provided TA to identify and respond to gender-related gaps affecting outcomes and ensure quality assurance tools were gender-sensitive, and built capacity on and led a rapid gender analysis for the project, particularly related to the needs of adolescent girls and boys to prepare for upcoming project activities. She also briefed USAID and government staff on ASSIST's gender approach and activities and presented the Chief of Party with detailed recommendations for strengthening the integration of gender issues in improvement work in Lesotho.

- The team identified gender-related issues affecting PHFS health outcomes including high rates of adolescent pregnancy and its negative impacts on girls who then have to drop out of school. The team has also identified the potential for involving male partners and mothers-in-law in services related to the retention of mother-baby pairs.

7 Directions for FY16

- Restructure the program approach in line with the revised PEPFAR Strategy that defines five "Sustained Response Districts" within which support is limited to DHMTs, and five "Scale-up Districts" within which support is provided to all levels, including at site level.
- Support the development of a MOH Quality Improvement Policy and Strategic Plan.
- Strengthen the capacity of the MOH quality assurance/quality improvement unit to enable the unit to adequately undertake its role in relation to quality improvement in the MOH.
- Build capacity of the MOH and implementing partners, DHMTs, and facility QI teams to implement QI projects based on program data.
- Mentor health workers in the scale-up districts in the use of QI methods to improve adult and pediatric HIV care and treatment and PMTCT.
- Support collaborative and knowledge exchange learning for sites implementing similar projects.
- Pursue strategic linkages with training institutions (e.g., the National University of Lesotho and the National Health Training College), and local implementing partners/NGOs that are active in tuberculosis and HIV and AIDS programming.

USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Tel: (301) 654-8338
Fax: (301) 941-8427
www.usaidassist.org