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*Applying Science to Strengthen
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USAID ASSIST Project

Lesotho Country Report FY14

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2013 – September 30, 2014

DECEMBER 2014

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DISCLAIMER

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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
DNA	Deoxyribonucleic acid
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
eMTCT	Elimination of mother-to-child transmission
FY	Fiscal year
GOL	Government of Lesotho
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
MMR	Maternal mortality rate
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
NACS	Nutrition assessment, counselling, and Support
PCR	Polymerase chain reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PIH	Partners in Health
PMTCT	Prevention of mother-to-child transmission
Q	Quarter
QAU	Quality Assurance Unit
QI	Quality improvement
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

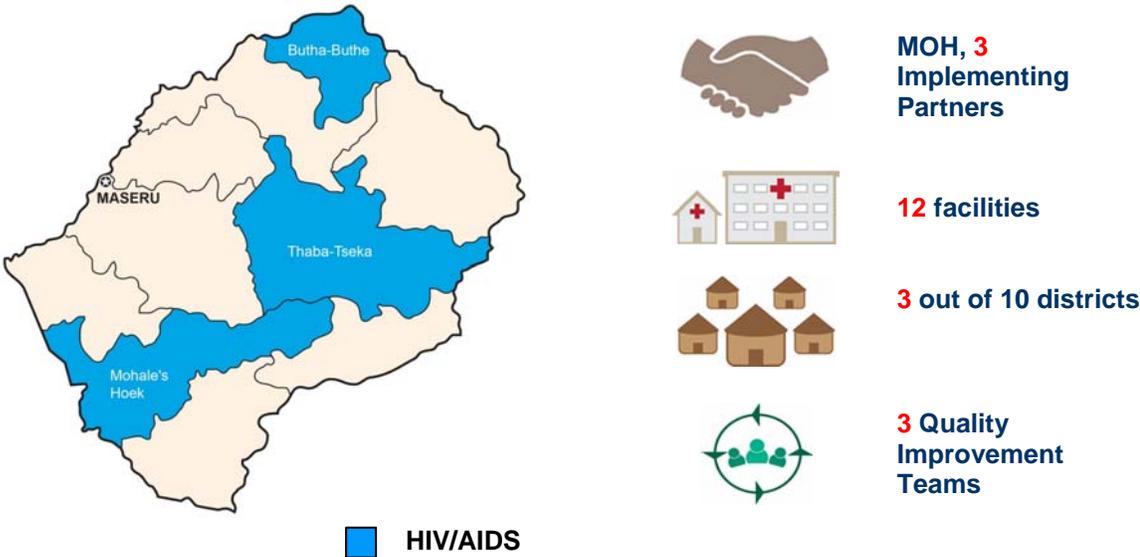
1 Introduction

Lesotho has the second highest HIV prevalence in the world at 23.1% (Lesotho National ART Guidelines, 2013). Despite efforts to combat the epidemic, Lesotho’s HIV prevalence has remained stable for a decade. Prevalence is above 20% in nine of its 10 districts, indicating that the severity of the epidemic is practically uniform throughout the country. Compounding these extremely high HIV prevalence rates is the growing increase in maternal deaths. The maternal mortality rate has increased from 416 deaths in 2004 to 1,200 deaths per 100,000 live births in 2012 (UNICEF Lesotho Country Information Sheet). Moreover, 27.7% of pregnant women are HIV-positive. (Lesotho National PMTCT Guidelines, 2010). The alarmingly high maternity mortality and HIV prevalence rates emphasize the need to expand coverage and strengthen the linkages between prevention of mother-to-child transmission (PMTCT) of HIV and maternal, newborn, and child health (MNCH) services to eliminate new infections among children and reduce HIV-related maternal deaths.

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 Ministry of Health (MOH) and other partners in the implementation of the Partnership for HIV-Free Survival (PHFS). In addition, 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.

Due to the moratorium placed on travel to the districts by the MOH Director General of Health Services and the ongoing instability of the political climate, ASSIST faced major challenges in advancing improvement work in Lesotho in FY14. The MOH’s new Health Reform Program, which is being supported by Partners in Health (PIH), has changed the way that US-based program managers and partners are to have access to the districts and runs counter to agreements previously reached with the MOH and USAID in terms of how ASSIST would relate to district-based counterparts. For example, there was an agreement that there would be regularly scheduled “Learning and Sharing Sessions” at which all district coaches would gather at one meeting to review progress and to plan for ongoing programming. Under the PIH-led reforms, all training is to now take place in the district and will involve only the personnel working in that district in order to minimize on the disruption of services that results from workers leaving their duty stations/districts to attend trainings/workshops.

Scale of USAID ASSIST’s Work in Lesotho



2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Quality improvement technical assistance for the PHFS	<ul style="list-style-type: none"> Reduce HIV transmission to exposed infants and reduce infant mortality by ensuring care is provided in line with 2010 WHO PMTCT guidelines Improve retention of mother-baby pairs Improve data quality (completeness and accuracy) Improve delivery of standard services during routine visit for mother-baby pairs 	3 districts: Thaba Tseka, Mohale's Hoek, and Butha Buthe (4 sites per district) 3 QI teams	x	
2. QI strategy and capacity building for all HIV/AIDS activities to include antenatal care (ANC), maternal, neonatal, and child health (MNCH), antiretroviral therapy (ART), and HIV testing and counselling (HTC)	<ul style="list-style-type: none"> Develop a uniform QI approach across all programs including structure and functional capability 	National		x

3 Key Activities, Accomplishments, and Results

Activity 1. Quality Improvement Technical Assistance for the PHFS

BACKGROUND

The Partnership for HIV-Free Survival was launched in March 2013 as a six-country initiative of Tanzania, Kenya, Uganda, Mozambique, Lesotho, and South Africa, designed to assist the countries with their national efforts to improve postnatal HIV, maternal, and infant care and nutrition support through effective implementation of the 2010 World Health Organization (WHO) Guidelines on HIV and Infant Feeding. In Lesotho, the PHFS was launched in November 2013.

Using quality improvement methods, the PHFS supports existing country-specific protocols and ongoing Nutrition Assessment, Counselling, and Support (NACS) activities to achieve four essential steps of postnatal mother-infant care to result in improved nutritional and HIV care for both the HIV-exposed and non-exposed infants over the first 24 months of life. PHFS seeks to accelerate the progress of existing national programming using quality improvement (QI) methodologies and a multi-country learning platform established to share successful ideas, models, and interventions.

While countries are expected to continue to focus on the entire continuum of PMTCT care, starting in the antenatal period, the PHFS will focus on the postnatal pathway as countries strive to achieve their elimination of mother-to-child transmission (eMTCT) goals. The PHFS has these specific aims across six countries, within target populations:

- Achieve more than 90 percent coverage of eMTCT services, thereby reducing MTCT from 15 percent to 1 percent
- Achieve more than 90 percent coverage of NACS programming

Partners will apply QI methods in a small number of highly functional sites to gain technical learning, with a focus on improving service quality and efficiency. Using data to demonstrate the effect of proposed “change ideas,” the program will develop a “best practice” in one or two districts of each country and then rapidly spread the implementation lessons learned throughout the country. The PHFS learning platform will serve as a vehicle for spreading successful ideas and other lessons from the front line of individual sites to other participating countries.

USAID ASSIST has been tasked with providing technical assistance in quality improvement for the PHFS, working through the MOH and implementing partners.

KEY ACCOMPLISHMENTS

- Conducted first learning session** (November 25-26, 2013): USAID ASSIST organized this two-day workshop to introduce participants to improvement principles and discuss how they would be applied to achieve PHFS aims. Participants included: Head of Quality Assurance Unit (QAU) of the MOH, USAID representative, and CDC representative (Nutrition Counselling and Support focal person); district coaches from all three demonstration districts; site representatives from all 12 demonstration sites; and staff from Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Focus areas for improvement in Lesotho were agreed upon. These are presented in Table 1 below.

Table 1: Focus areas for improvement in the PHFS

Focus areas	Components
Data quality	<ul style="list-style-type: none"> Data completeness Data accuracy
Retention of mother-baby pairs	<ul style="list-style-type: none"> Baby received any service in under 5 register in month of interest Mother received ART in month of interest
Routine visits	<ul style="list-style-type: none"> Infant and young child feeding counselling Nutrition assessment for the baby Nutrition assessment for the mother Vital signs for the mother and baby Nevirapine/ Cotrimoxazole prophylaxis for the baby depending on age Antiretrovirals for the mother Counselling on adherence Screening for opportunistic infections and tuberculosis Give appointment for the next visit Update the data tools
6-week visit	<ul style="list-style-type: none"> DNA/PCR for the baby Exclusive breastfeeding Immunization
10-week visit	<ul style="list-style-type: none"> Immunization
14-week visit	<ul style="list-style-type: none"> 2nd DNA/PCR for the baby Immunization
6-month visit	<ul style="list-style-type: none"> Complementary feeding Vitamin A supplementation
9-month visit	<ul style="list-style-type: none"> Rapid test Immunization
13.5-month visit	<ul style="list-style-type: none"> Post breastfeeding dried blood spot testing
18-month visit	<ul style="list-style-type: none"> Vitamin A supplementation Albendazole

Focus areas	Components
Malnourished mother/baby	<ul style="list-style-type: none"> Treat malnutrition
Mothers with unknown/HIV negative status	<ul style="list-style-type: none"> Test for HIV Enroll in care if positive
ART naïve positive mothers	<ul style="list-style-type: none"> Provider-initiated testing and counselling Initiate ART
HIV-positive baby	<ul style="list-style-type: none"> Enroll on ART Start presumptive treatment if suspect

- **Conducted coaches' meeting** (November 27, 2013). The meeting included national coaches from EGPAF, the MOH QAU, and NACS coordinators in addition to district coaches from the three demonstration districts (Mohale's Hoek, Butha-Buthe, and Thaba Tseka). The outputs of the meeting included terms of reference for coaching visit 1, a revised coaching guide, and a copy of ASSIST multi-facility database to be used by coaches.
- **Undertook quarterly coaching visits to each of the three PHFS pilot districts** [Quarters (Q) 1-4]. ASSIST has undertaken coaching visits to 12 facilities in the three districts (Thaba Tseka, Butha Buthe, and Mohale's Hoek) in order to provide program updates.
- **Discussed initial planning with the MOH to integrate PHFS activities into overall PMTCT program** (Q2).
- **Collected PHFS baseline performance data (Q2) and presented and discussed the initial findings with the MOH (Q3).**
- **Reviewed the national PHFS plan and made recommendations to the MOH (Q3).**

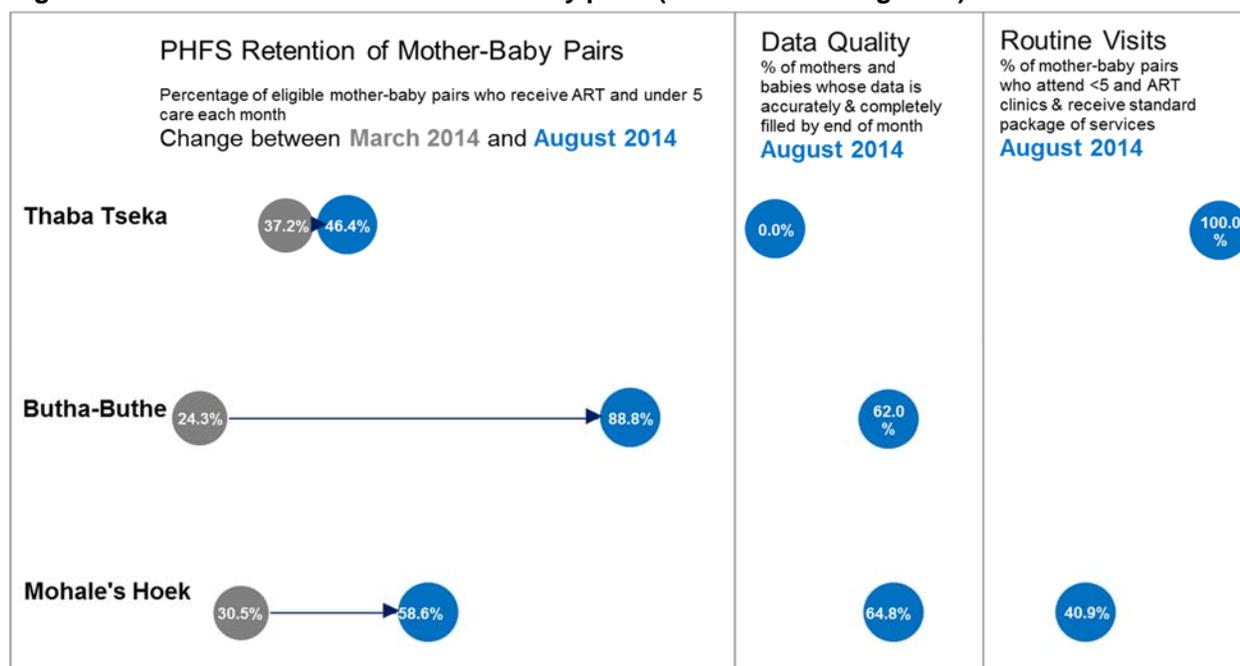
RESULTS

Improvement in Key Indicators

PHFS Activity	Indicators	Baseline (September 2013)	Last value (August 2014)	Magnitude of Improvement (percentage points)
Retention of mother-baby pairs	% of eligible mother-baby pairs who receive ART and under 5 care each month	32.7% (12 sites)	64.6% (11 sites)	31.9
Data quality	% of mothers and babies whose data are accurately and completely filled by the end of the month	No data available	42.3% (11 sites)	---
Routine visits	% of mother-baby pairs who attend under 5 and ART clinics and receive the standard package of services	No data available	70.5% (11 sites)	---

Figure 1 shows improvements achieved by district in terms of improved retention of mother-baby pairs, data quality, and the proportion of mother-baby pairs receiving the standard package of services at their last visit.

Figure 1: Results of retention of mother-baby pairs (March 2014 – Aug 2014)



Activity 2. QI strategy and capacity building for all HIV and AIDS activities to include ANC, MNCH, ART, and HTC

BACKGROUND

Lesotho has embarked on an accelerated program to achieve universal access to HIV prevention, treatment, care, and support. This is in line with the commitments the Government of Lesotho (GOL) made at the United Nations General Assembly in 2006. In response, GOL has put in place several programs and developed policies to provide guidance in the areas of HIV prevention, care, support, and treatment.

A key undertaking has been the revision of National ART Guidelines. The revision constituted the 4th edition of the National ART Guidelines, undertaken to bring the National Guidelines in line with the World Health Organization (WHO) 2013 consolidated guidelines. The National ART Guidelines constitute an ambitious intention on the part of GOL to address the HIV and AIDS pandemic and its devastating impact on the people of Lesotho. In light of this, the GOL has requested the support of USAID in the introduction of a quality improvement initiative through the USAID ASSIST Project.

KEY ACCOMPLISHMENTS

- **Completed Country Operation Plan for 2014/2015 (Q2).**
- **Met with the Director of the Disease Control Division to discuss the introduction of the QI approach into the national HIV and AIDS Program (Aug 6, 2014).** A meeting is pending with all managers in the program as well as the district HIV and AIDS focal points.

4 Sustainability and Institutionalization

Through the interventions of USAID ASSIST, the heads of both the National PMTCT Program and the Quality Assurance Unit have agreed to assume leadership responsibility over the PHFS program. The program is now (correctly) being led by the PMTCT Program Manager. This bodes well for both the sustainability of the program as well as for the institutionalization thereof.

5 Directions for FY15

For FY15, the aim is to ramp up the implementation of the program of support that has been defined for Lesotho. Given the likely cessation of the political strife that plagued the country during FY14, it is expected that it should be possible to significantly improve the rate of implementation.

The project for Lesotho has two components. One deals with PMTCT (as is being dealt with under the PHFS); and the second component focuses on the general National ART Program. To date, the primary focus has been on PMTCT/PHFS, and the intention is to expand into the general ART program in this in FY15.

Due to the political instability referred to previously in this report, a number of activities had to be postponed. These include the 2nd learning and sharing session, as well as regularly scheduled district coaching visits. These are all to be undertaken in FY15.

Specific Activities:

- Revisit both Buta Buthe and Mohale's Hoek hospitals to work with the QI teams in both institutions regarding the PHFS program.
- Hold a workshop with the National HIV and AIDS Program to prepare for the institution of the QI approach into the work of the program.
- Hold 2nd learning and sharing forum.
- Through in-service and preceptor training, mentoring, and the introduction of quality improvement tools and approaches, ASSIST will assist the GOL and PEPFAR to improve the quality of PMTCT and follow-up services, at different levels of health care facilities, in all 10 districts.
- Work with the GOL and PEPFAR implementing partner (IP) staff to expand and scale up existing pediatric HIV and ART programs, in all 10 districts, in line with current national targets.
- Work with implementing partner and community-based organization staff to apply QI tools and methodologies to ensure timely initiation of ART for eligible HIV-infected pregnant women, adherence to ART medications, and compliance with follow-up among mothers and infants in care and support services at health facilities and in communities.
- Provide QA/QI training and ongoing mentoring in all 10 districts to ensure that existing ART programs are family-centered, enabling parents, children, and other dependents to have access to HIV care and treatment services.
- Implement the Chronic Care Model in all 10 districts through the use of expert patients (people living with HIV) who can help support patients in understanding their diagnosis, setting health-related goals, and reaching those goals.

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