



CHRISTIAN HEALTH
ASSOCIATION OF LESOTHO

ANNUAL REPORT

2019 -2020

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LIST OF ACRONYMS

ACL	-	Anglican Church in Lesotho
AGM	-	Annual General Meeting
AHF	-	AIDS Healthcare Foundation
AMREF	-	African Medical Research Foundation
AOG	-	Assemblies of God
ART	-	Anti-Retroviral Therapy
CBC	-	Church of the Bible Covenant
CHAL	-	Christian Health Association of Lesotho
CHE	-	Council on Higher Education
EHSP	-	Essential Health Services Package
E-Learning	-	Electronics Learning
GOL	-	Government of Lesotho
HC	-	Health Centre
HIV	-	Human Immune Virus
JCC	-	Joint Commission for Cooperation
LECSA	-	Lesotho Evangelical Church in Southern Africa
LMDA	-	Lesotho Millennium Development Agency
LNC	-	Lesotho Nursing Council
LRCS	-	Lesotho Red Cross Society
MCH	-	Maternal and Child Health
MOU	-	Memorandum of Understanding
NTI's	-	Nurses Training Institutions
PBF	-	Performance-Based Financing
PHC	-	Primary Health Care
PIH	-	Partners in Health
RCC	-	Roman Catholic Church
SDA	-	Seventh Day Adventist Church in Lesotho
STO	-	Senior Technical Officer
TB	-	Tuberculosis
VHW	-	Village Health Workers
WHO	-	World Health Organization

CHAL is a 6 member Churches:

Anglican Church of Lesotho (ACL), Assemblies of God (AOG), Church of Bible Government (CBC), Lesotho Evangelical Church in Southern Africa (LECSA), Seventh Day Adventist (SDA) and Roman Catholic Church (RCC).

Vision

To significantly improve the Christian health services by total commitment to quality health care provision, with emphasis on the peri-urban and rural areas.

Mission Statement

CHAL's Mission is to facilitate the participation of the Christian Church in ensuring that the right of all members of the community to the highest quality health services is upheld.

Core Values

CHAL is guided in all its operations by the following core values:

- Belief in Christian Values including Spirit of Caring
- Professionalism
- Quality and affordable services
- Transparency, Integrity and Accountability
- Innovation, Creativity and Flexibility
- Participation and involvement
- Gender sensitivity
- Non-discrimination/non-partisan (human dignity and rights)
- Honesty

GOVERNANCE AND LEADERSHIP

The Annual General Meeting (AGM) and the Board of CHAL are the main governing bodies of CHAL as an organisation. The two governing bodies are constituted by proportional representation of member churches and entrusted with decision making authority.

The Annual General Meeting (AGM)

The Annual General Meeting (AGM) is the policy decision making authority of CHAL and takes place once in every year. The last AGM was held in 2018. The 2019 AGM could not be held because of COVID 19 which restricted gatherings of many people in one area.

The theme for the AGM was **Universal Health Coverage: CHAL for everyone, everywhere.**

63 delegates out of the total of 68 delegates attended the 2017 AGM. The representation was as follows:

Denomination	No. of Delegates Expected	No. of Delegates who attended
Anglican Church of Lesotho (ACL)	8	8
Assemblies of God (AOG)	4	3
Church of the Bible Covenant (CBC)	4	4
Lesotho Evangelical Church in Southern Africa (LECSA)	12	10
Roman Catholic Church (RCC)	32	30
Seventh Day Adventist (SDA)	8	8
Total	68	63

The Board of CHAL

The Board of CHAL serves as the second leg of governance of CHAL and provides strategic leadership and oversight on the operations of the Association. The Board is also constituted by proportional representation of member churches with additional three members of the government of Lesotho. During the period of this report, the Board membership stood as follows:

Name	Denomination/Organisation
1. Dr. Mpolai Moteetee	LECSA
2. Dr. John Oliphant	LECSA
3. Rev. Lefumanyane Ntsasa	LECSA
4. Ms. Moroosi Kokome	SDA
5. Mr. Thabang Pulumo	SDA
6. Ms. Maphillip Thaisi	CBC
7. Canon John Mahooana	ACL

Name		Denomination/Organisation
8.	Canon Matiisetso Libetso	LECSAACL
9.	Ms. Maneo Kou	AOG
10.	Ms Marealeboha Makhooane	RCC
11.	Ms Mantopi Leboga	RCC
12.	Ms Relebohile Mabote	RCC
13.	Ms Lydia Keketsi-Mokotso	RCC
14.	Sr. Catherine Lebina	RCC
15.	Francina Mamokotjo Mokoteli	RCC
16.	Mr. Leutsoa Matsoso	RCC
17.	Fr. Ramotinyane Tampane	RCC

The Executive Committee

On a more regular basis and whenever the need arises, the Executive Committee (EXCO) of the meets and take decisions on behalf of the Board as mandated by the Constitution. The members of

EXCO in 2019/20 were as follows:

- | | | |
|----|---------------------------|--------------------|
| 1. | Dr Mpolai Moteetee | Chairperson |
| 2. | Canon Matiisetso Libetso | Deputy Chairperson |
| 3. | Ms Moroesi Kokome | Treasurer |
| 4. | Ms. Lydia Keketsi-Mokotso | Secretary |
| 5. | Ms. Relebohile Mabote | Deputy Secretary |

The Finance Committee:

The Finance Committee is the sub-committee of the Board of CHAL chaired by the Treasurer and consists of experts in the fields of accounting and financial management. This committee provides technical guidance and support and recommends accordingly to the Board. Members of the Finance Committee are as follows:

1. Ms. Moroesi Kokome
2. Ms. Marealeboha Makhooane
3. Mr. Matela Thamae
4. Mr. Thabang Pulumo
5. Mr. Moqephe Mathe
6. Ms. Refiloe Mpholo

The Nurses Training Institutions' (NTI) Council

The NTI Council is one of the sub-committees of the Board of CHAL that advises the Board on academic and operational issues of the training institutions. This committee ensures compliance with all the requirements of regulatory bodies and assure quality. Membership of the Council include representatives of the four CHAL Nurses Training Institution (NTI), National Health Training College (NHTC), National University of Lesotho (NUL), Lesotho Nursing Council (LNC), Lesotho Nurses Association (LNA) and they are as follows:

Name	Organisation
Ms. Lebohang Mothae	CHAL Secretariat
Ms. Jane Ramokhitli-Mofoka	CHAL NTI
Ms. Miriam Shawa	Paray School of nursing
Sr. Immaculate Pooka	Paray School of nursing
Ms. 'Mamaema Ramaema	NHTC
Ms. Thithi Mphenetha-Lejaha	Roma College of Nursing
Ms. Ella Ramatla	Scott Hospital
Mr. Motlatsi Tsoeu	Scott College of Nursing
Ms. 'Makhabiso Ramphoma	Scott College of Nursing
Ms. Regina Mpemi	NUL
Sr. Callectina Maepa	Paray Hospital
Ms. Lydia Keketsi-Mokotso	Roma College of Nursing
Dr. Rets'elisitsoe Matheolane	NUL (Education department)
Ms. Mantsopa	St Joseph's Hospital
Mr. Lillo Kuape	Maluti Adventist College
Ms. Gloria Sefuthi	Maluti Adventist College
Ms. Martina Moturumane	Maluti Adventist Hospital
Ms. Flavia Moetsana-Poka	Lesotho Nursing Council
Ms. 'Mantja Khechane	Lesotho Nurses Association

The Secretariat

The Secretariat is the administrative and coordinating mechanism of the Association and is led by the team of senior managers as follows:

Secretariat senior management members

Name	Designation
Ms Lebohang Mothae	Executive Director
Mr. Paseka B. Ramashamole	Deputy Executive Director & Head of Programs
Ms. Pinkie Molelle	Finance Manager
Mr. Peko Tlalajoe	Senior Technical Officer
Ms. Matseliso Noe	Senior Primary Health Care Coordinator
Ms. Jane Ramokhitli-Mofoka	NTI Executive Secretary
Ms. Motena Teisi	Human Resources and Administration Manager

FOREWORD

Christian Health Association Lesotho (CHAL) was formed in 1974 and it is the second largest healthcare provider in Lesotho after the Government of Lesotho with eight (8) hospitals, seventy-one (71) health centres and four (40) Nurses Training Institutions (NTI's). In 2007 CHAL came into partnership with the GOL through the MOU where it was agreed that the GOL will assist the association in its operations and health care service delivery through the government funded subvention and that CHAL will continue to fulfil its mandate to provide health care services to Basotho communities in the Peri-Urban and rural parts of the country. For coordination and administration CHAL has the Secretariat which among other things is tasked with supporting the smooth running of the facilities, ensuring compliance and quality health care service delivery.

In the year 2019 the CHAL facilities through the continued assistance of the GOL and other partners has managed to perform its mandate of quality health care to all Basotho and has even and will continue to do so. Most of the plans and targets were achieved. The focus was on the following areas: Providing quality health care human resources, reduction of HIV, management of non-communicable diseases, reduction of maternal morbidity and mobility, improved communication with stakeholders, infrastructure and equipment development and management. It is my conviction that all these were achieved through dedication of the staff strategic direction of the board and the sound financial management and control systems that we have in place and continue to strengthen.

EXECUTIVE SUMMARY

This part of the report serves as an abridgement of the bigger document where the activities and achievements, challenges and recommendations have been explicitly stated. While the sentiment has been that the work done in the year 2019 signified some of the successes, it is still prudent to acknowledge the challenges that came in the form of delayed subventions that in some cases affected the efficiency of the CHAL facilities service delivery;

Programmatically it is noteworthy to mention the following as some the successes as informed by our two strategic directions:

Strategic Direction 1: Improving Quality Health Care Delivery

- Ensuring that all CHAL health facilities meet agreed health standards through conducting mock accreditations, conducting supportive supervisions and assessments of the facilities
- Ensuring that there is improvement of Primary Health Care Services in all CHAL health facilities by conducting supportive supervisions, development and review of Primary Health Care guidelines and the training of village Health workers
- Ensuring that there is reduction in HIV/AIDS incidences, increase in TB detection and cure through conducting readiness assessment for provision of VMMC services, conducting PMTCT supportive supervision of the implementation of the HIV/AIDS and TB programme using the standardized guidelines
- Strengthening control and management of non-communicable diseases with special focus on hypertension, diabetes and cancers by conducting health promotion and education in the health facilities and communities
- Ensuring that there is reduction of maternal and child morbidity and mortality in CHAL health facilities by developing PMTCT and ANC guidelines, supervision and provision of maternal and child health care services as well as producing midwives in the nursing schools and deploying them to our health facilities

Strategic Direction 2: Enhancing Organizational Effectiveness and Efficiency of CHAL

Improved the response to the country's need for Human Resources for Health by ensuring that CHAL nursing schools produce world class nurses by engaging external examiners from South African Universities to assess the examinations, ensuring that CHAL nursing schools are accredited and that the curriculum is constantly reviewed for excellence.

- Improving communication amongst CHAL and its stakeholders by revamping and updating the CHAL website, face book page and twitter. Furthermore, we promote the work of CHAL through print media, television as well as radio stations across the country.

- Ensuring that there is improved and functional infrastructure and equipment in CHAL Secretariat premises and in all CHAL facilities. We have ensured this by engaging Bigen developers were engaged to develop the CHAL site, engaged in the infrastructural needs of the facilities, ensuring that there is availability of necessary equipment in the CHAL facilities and the maintenance of the existing facilities and infrastructure.

Over and above, we have managed to build partnerships and networks were built that have indeed enhanced the work that CHAL is doing in the communities through the health facilities. CHAL continues to benefit from the GOL-CHAL MOU which has over the years supported the big chunk of the CHAL interventions and operations through the GOL subvention. Moreover, there is the PSI-CHAL partnership of the HIV project called FCI implemented in 5 districts of Lesotho, the Jhpiego-CHAL partnership on VMMC project and the AHF-CHAL partnership which is also a project focusing on HIV interventions. Other partnerships are with the following organizations; Mothers to Mothers, EGPAF, AMREF, WHO and LRCS.

STRATEGIC DIRECTION 1: IMPROVING QUALITY OF HEALTH CARE DELIVERY

OBJECTIVE1: Ensuring that all CHAL health facilities meet agreed standards

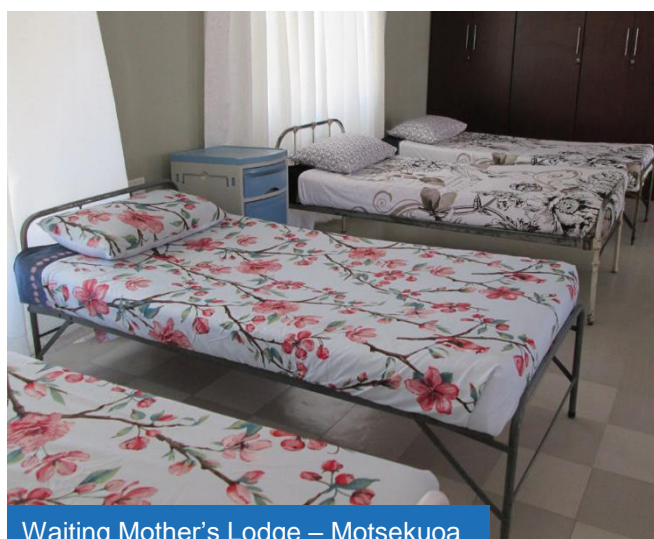
DESIRED OUTCOME: CHAL health facilities provide quality health care services consistently.

Essential Health Service Package Assessment

The assessment of the Essential Health Service was done in several health facilities to determine whether CHAL is still operating under the required standards set by the Ministry of Health. The EHSP defines and guides types and quality of health services that CHAL is expected to provide to Basotho as per the agreement between the GOL and CHAL. Assessment was conducted in some selected facilities of CHAL, GOL and Red Cross.

Purpose of the Assessment

The main purpose of the work was to assess the implementation of the 2005 Lesotho EHP in-order to guide the development of the next EHSP. The training of the EHSP was held in 17/02/2020 for a week by two Consultants from Kenya. The Consultants were engaged in order to monitor and evaluate the framework used to track the implementation progress.



Waiting Mother's Lodge – Motsekuoa



Store Room – Maluti Adventist Hospital

Findings:

It was found that in the first EHSP, allocation of resources is not aligned to the services and despite the highly consultative process, EHP was not formerly endorsed by the Government of Lesotho and was not introduced to the districts for implementation.

Recommendations:

The next EHP need to be developed in a more participatory manner involving all health stakeholders' including the Districts and the rest of the Community members as well as the technical staff. The new package should be costed and presented to the cabinet for endorsement to foster commitment to its implementation and allocation of resources.

Facilities Supportive Supervisory Visits

The office further conducted supportive supervisory visits to the 8 facilities as shown in table 1.0 below. It was discovered also that the dependent health centers have challenges in conducting their daily operations. The common challenges range from health centers staff members lacking information regarding budget allocations to access to the health centers' resources.

Table 1.0 Supportive Supervisory Visits

District	Facility	Date	Summary of findings	Recommendations/Action
Maseru	Good Shepherd	15/04/2019	HC is well staffed according to Minimum staffing pattern. However, with the pharmacy store, the facility was not happy with the person in it. They encountered overstocking; and while doing the spot check, the bin cards did not match with the medicines on the shelves. The facility happened to have macerated and two still births. Meetings was held with DHMT to discuss the deaths.	Personnel files were kept in a safe place except that there were no licenses in the Nurses files. Recommended that they should ensure that they have copies of licenses in their files.
Berea	St. Magdalene		Facility was challenged in conducting deliveries due to unavailability of water. Relatives of the expectant mothers were obliged to bring water for the deliveries to happen. The other issue was access delays in getting mental health drugs from DHMT.	The STO attended to the issue of the water and reported it to LMDA. The issue of delays of mental drugs was taken up with the DHMT.
Berea	St. Theresa Bela Bela	17/04/2019	The facility met most of the standards because of having PBF which assesses them regularly on quality assurance. Fire extinguishers were up to date and waste is collected on time by LMDA. Pharmacy stores are very small.	They used to receive the delivery equipment from PIH, but that supply ended. It was recommended that they seek assistance from LMDA in terms of delivery equipment.

Berea	Sebedia	16/04/2019	Number of deliveries dropped. Reason was that they are using Solar system of which many a times, the batteries are not working. And during the night there are no deliveries being conducted due to having no light.	The matter was reported to LMDA for attention.
Berea	Sion	16/04/2019	During the visit, the clinic had just been handed over to the new management and they were doing well. The only challenge was the delivery bed which was broken and were improvising with Couch.	The delivery bed was taken to LMDA for repairs.
Berea	Immaculate		The clinic was very clean and intact. Pharmacy store was up to scratch due to having competent Pharmacy technician in place.	Personnel files were lacking performance appraisals and job descriptions. Recommended that they perform the PMS at least once a year.
Mafeteng	Kolo	17/04/2019	During our visit, the clinic had just been handed over to Maluti as it was previously managed by Scott hospital. There was a lot of progress in terms of staffing unlike in the past. But when it comes to finances, the facility was struggling as they dependent on mother hospital for survival.	
Maseru	Marakabei	16/04/2019	<p>The facility is struggling to run the operations due to insufficient financial resources.</p> <p>The nurses are using funds from their own pockets to attend the workshops.</p> <p>The facility Nurse in Charge during our talk, she was aware of the facility's allocation. The recommendation was for her to follow up with mother hospital on finances that are required for smooth operations of the facility.</p> <p>The nurse in charge was not aware of the facility budget.</p>	

OBJECTIVE 2: Improvement of Primary Health Care Services in all CHAL health facilities

DESIRED OUTCOME: CHAL health facilities deliver quality PHC services

PHC SUPPORTIVE SUPERVISION

PHC supportive supervision was conducted in 6 health centres, namely: Mount Tabor, Mount Olivet, Samaria, Paki, Matukeng and Motsekuoa health Centres.

Table 2.0 Summary for supportive summary visits

District	Facility	Date	Summary of findings	Recommendations/Action
Mafeteng	Motsekuoa H/C	05/04/2019	<ul style="list-style-type: none">Community gatherings and outreaches are conductedThere was a functional health centre and Q/I Committee.Staff absentees observed.Facility is doing well in terms of reporting, Health care waste management pharmaceutical and Staffing pattern.Out reaches, pitsos and health education is done regularly.There are VHWs who have not received Initial training.	<ul style="list-style-type: none">To discuss further the issue of absentees and find out the reasons for absentees. Involve the manager.
Mafeteng	Mount Tabor H/C	11/04/2019	<ul style="list-style-type: none">Community gatherings and outreaches are conductedThere was a functional health centre and Q/I Committee.Facility is doing well in terms of reporting, Health care waste management pharmaceutical and Staffing pattern.Out reaches, pitsos and health education is done regularly.Gaps Identified in the HTS and ART registersCervical cancer screening is done as per guidelines.Newly recruited VHWs need initial training.	<ul style="list-style-type: none">To fill the gaps in the ART and HTS Registers.
Mafeteng	Samaria H/C	08/04/2019	<ul style="list-style-type: none">Community gatherings and outreaches are conducted.There was functional health centre and Q/I committee, but the youth is not represented in H/C committee.Facility is doing well in terms of reporting, Health care waste management pharmaceutical and staffing pattern.Out reaches, pitsos and health education is done regularly.Initial training for newly recruited VHWs is not yet conducted.	<ul style="list-style-type: none">To fill up the missing representation in the committee.

Mafeteng	Mount Olivet H/C	08/04/2019	<ul style="list-style-type: none"> Community gatherings and outreaches are conducted There was a functional health centre and Q/I Committee. Facility is doing well in terms of reporting, Health care waste management pharmaceutical, conducting deliveries and Staffing pattern. Out reaches, pitsos and health education is done regularly Cervical Cancer screening is done. Newly appointed VHW are not yet trained initial training. 	<ul style="list-style-type: none"> To strengthen the social mobilizing activities
Maseru	Paki H/C	12/04/2019	<ul style="list-style-type: none"> The facility has a functional health centre and quality improvement committees. Out reaches and deliveries are Conducted. Essential drugs were available Staff establishment list was met. Oxygen is not available. Community gatherings have not been conducted for some time. Cervical Cancer screening not done. Some VHW do not have initial training 	<ul style="list-style-type: none"> To strengthen mobilization of pregnant mothers to use mothers waiting shelters. To strengthen community gathering and other mobilizing activities. To attach personnel at Sankatana for training.

From the supervision visits, it was observed that some health centre committees were functional however they need further training. Furthermore, the office participated in the development and review of the of PHC guidelines. The process is complete and the guidelines will assist in standardization of PHC areas for review and to enable fair performance measurement.

Lastly, the office supported Matukeng Health Centre in the training of Village Health Workers on initial training in November 2019. Twenty-five (25) VHWs were successfully trained and awarded certificates. The initial training is the introductory training that VHWs receive after selection to give them direction in provision of Primary Healthcare services, skills in health problem identification and problem solving within their communities. The training entailed the following aspects of health: Personal hygiene and cleanliness, environmental hygiene and sanitation, nutrition, non-communicable and communicable diseases and their prevention and control, health education for better community mobilization, First Aid and trauma care, maternal and child healthcare, family planning, referrals, follow up and record keeping.



Graduation Ceremony for Training of Village Health Workers – Matukeng HC

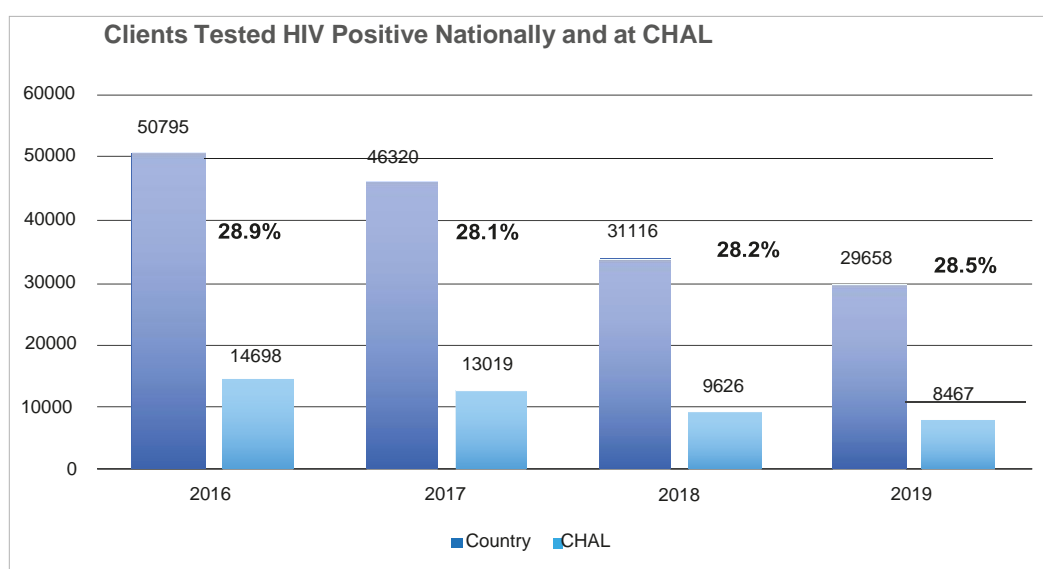
OBJECTIVE 3: Reduction in HIV/AIDS incidences, increase in TB detection and cure rate and mitigation of the impact of HIV and AIDs and TB

DESIRED OUTCOME: CHAL health facilities implement and expand HIV and AIDS and TB activities in the context of the national health policies

HIV

Throughout the past four years, CHAL has been contributing about 28% to the national performance in case identification the people living with HIV countrywide.

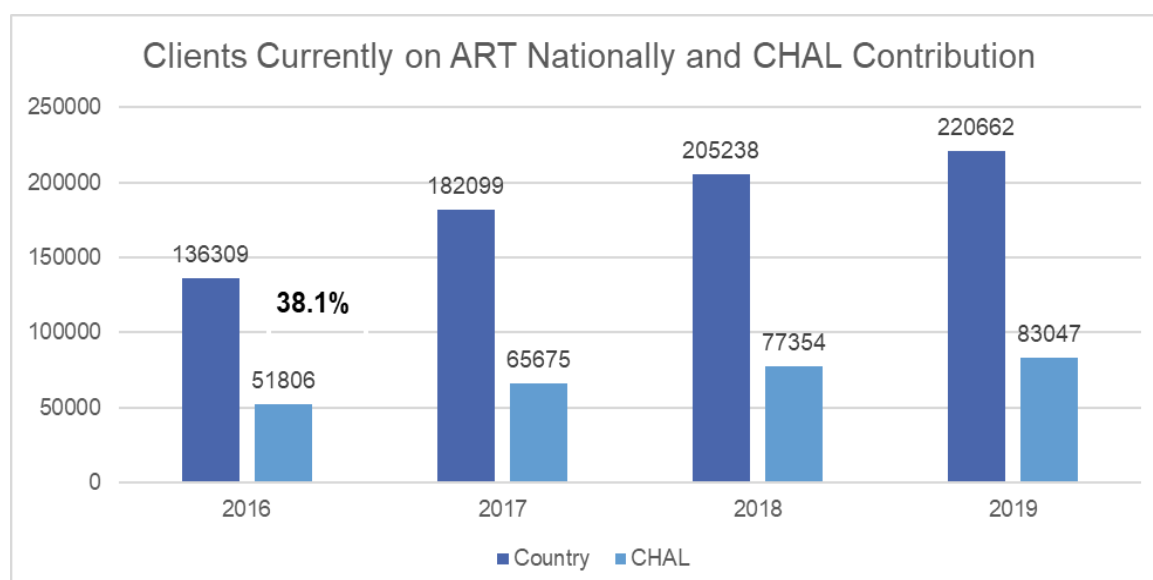
Figure 1. People provided with HIV Testing at CHAL VS Country Performance



Anti-Retroviral Therapy (ART)

In the past four years, CHAL's contribution in ensuring that people who test positive for HIV are placed and retained in treatment and care has been around 38% to the national performance as shown in figure 2 below.

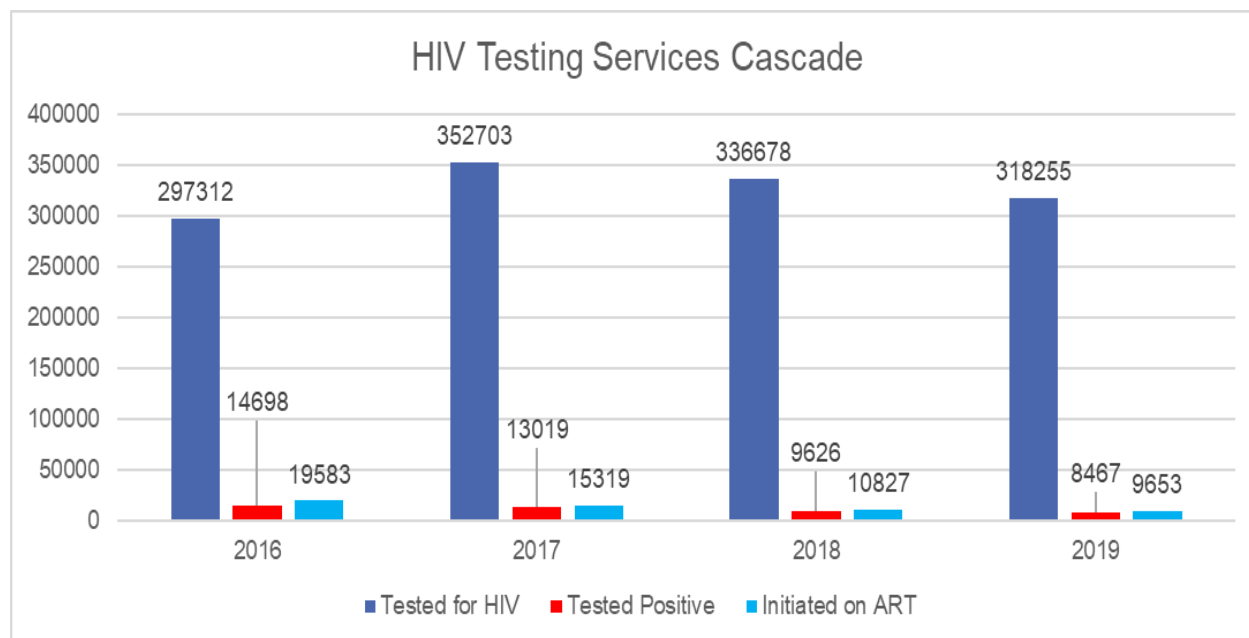
Figure 2. Total number of People receiving ART in Lesotho and at CHAL facilities



HIV Testing Cascade

From 2017 to 2019, the total number of people receiving HIV services has been declining, as well as case identification of the people living with HIV, and consequently a decline in people initiated on a life-saving ART treatment in CHAL facilities.

Figure 3. HIV Cascade



Readiness assessment for VMMC services

Readiness assessment for VMMC services was conducted in 19 CHAL health facilities in October 2019. The facilities which were assessed were: Maseru SDA, St. Dennis, St. Rodrique, St. Andrews, Nazareth, Immaculate, Loretto, Matukeng, Maluti Adventist hospital, Sebedia, Mapheleng, St. Theresa Bela- Bela, Bethany, Our Lady of Lourdes, Emmanuel, Mamohau Hospital, Motsekuoa, Mount Tabor, Emmaus and St. Joseph's Hospital.

Table 3.0 List of facilities assessed for VMMC readiness

District	Facility	Date
Maseru	Loretto HC	14th Nov, 2019
	Matukeng HC	15th Nov, 2019
	Maseru SDA	18th Nov, 2019
	St. Joseph's Hospital	19th Nov, 2019
	Nazareth HC	19th Nov, 2019
	St. Rodriguez HC	
Berea	Maluti Adventist Hospital	20th Nov, 2019
	Sebedia HC	20th Nov, 2019
	Mapheleng HC	20th Nov, 2019
	St. Theresa Bela-Bela HC	21st Nov, 2019
	Immaculate Conception HC	17th Jan, 2020
	Bethany HC	17th Jan, 2020
Leribe	Mositi (Our lady of Lourdes) HC	25th Nov, 2019
	Emmanuel HC	25th Nov, 2019
	Mamohau Hospital	03rd Dec, 2019
Mafeteng	Motsekuoa HC	28th Nov, 2019
	Mt. Tabor HC	28th Nov, 2019
	Emmause HC	28th Nov, 2019
	St. Andrews HC	28th Nov, 2019

Table 3.1 Findings for VMMC services

Health Domain	Findings
Infrastructure	All 19 assessed facilities have the space which can be used as a waiting area to support group education sessions. Counselling rooms are big enough to accommodate the client and the counsellor. Storage space is available in 19 facilities and in good condition and required standards. There is, however, a challenge with working space to conduct VMMC procedures with the exception of St. Andrew's and St. Rodrigues (but requires electrification). For St. Joseph's Hospital, there is a space in the recently opened Men's Clinic, but it will require some minor works of partitioning to create more confidential spaces.
VMMC Trainings	Generally, there is very limited VMMC training in CHAL facilities. There are 2 doctors trained on VMMC in St. Joseph's Hospital, 1 doctor and 9 nurses (EIMC) at Maluti Adventist Hospital. At the health centre level, there are only 2 nurses trained in VMMC in the assessed facilities, 1 nurse in Motsekuoa and the other in Sebedia.
Equipment/ Supplies	All the necessary equipment supplies are available and kept well in the store room, with the exception of Male Circumcision kits and sets as CHAL facilities are not currently performing VMMC (it is only done by partners including Jhpiego at the facilities).
Infection Prevention	All assessed facilities are adhering to infection prevention protocols. The three bin system in all 19 assessed facilities is in place and well utilized.
Emergency Preparedness	All assessed facilities are adhering to infection prevention protocols. The three bin system in all 19 assessed facilities is in place and well utilized.
Waste Management	All assessed facilities adhere to waste management policy. At the health centres level, infectious waste is collected by Lesotho Millennium Development Agency (LMDA) on specified days and general waste is burnt either openly or in the incinerator. There are placenta fridges to keep human tissues while waiting for collection. Few facilities have placenta pits.
Way forward	CHAL had a meeting with Jhpiego following the findings of the assessment and it was agreed that Jhpiego will help bridge the human resource gap or challenge that was evident from most of the facilities wherever possible. It was further agreed that CHAL will start with the facilities that could easily be supported by Jhpiego staff as they start, and therefore only Maseru and Berea were included for support during Tsepo project. The facilities that will start as pilot in TSEPO project to keep human tissues while waiting for collection. Few facilities have placenta pits.

Prevention of Mother-to-Child Transmission (PMTCT) supervision

A joint PMTCT supervision was conducted with the MoH to establish the reasons behind raising infections among exposed infants despite PMTCT initiatives piloted in Quthing District. Supervision was done at Villa Maria H/C, St Mathews and St Gabriel in March 2020. Challenges identified and recommendations were compiled in a report for interventions for improvement and better services.

Table 3.2 Summary of Supportive Supervisory Visits

District	Date of visit	Facility	Findings
Quthing		St. Matthews	<ul style="list-style-type: none">Two exposed babies were infectedMothers started ART in the previous years but defaulted treatmentAdherence to Treatment was poor because they migrated to South Africa
Quthing	5th March 2020	Villa Maria	<ul style="list-style-type: none">One exposed baby was infected. The mother started ART very late in pregnancy(in late third trimester)
Quthing	Quthing	St. Gabriel	<ul style="list-style-type: none">Two babies were infectedThe mother was positive and started treatment but did not disclose to the husband. Adherence for the mother and therefore child was the very poorThe other mother was mentally retarded and defaulted treatment and did not attend ANC clinic

Supervision for Implementation of HIV/AIDS and TB programme

Supervision for implementation of HIV/AIDS and TB programme was conducted in both health facilities and hospitals to monitor facilities adherence to HIV/AIDS guidelines, protocols and standard operating procedures. It was observed that our facilities are adhering to guidelines and SOPs. There is integration of services including HIV/AIDS and TB. Screening for HIV and TB is done at every service point of care for early detection and due treatment and care.

OBJECTIVE 4: Reduction of Maternal and child morbidity and mortality in CHAL health facilities

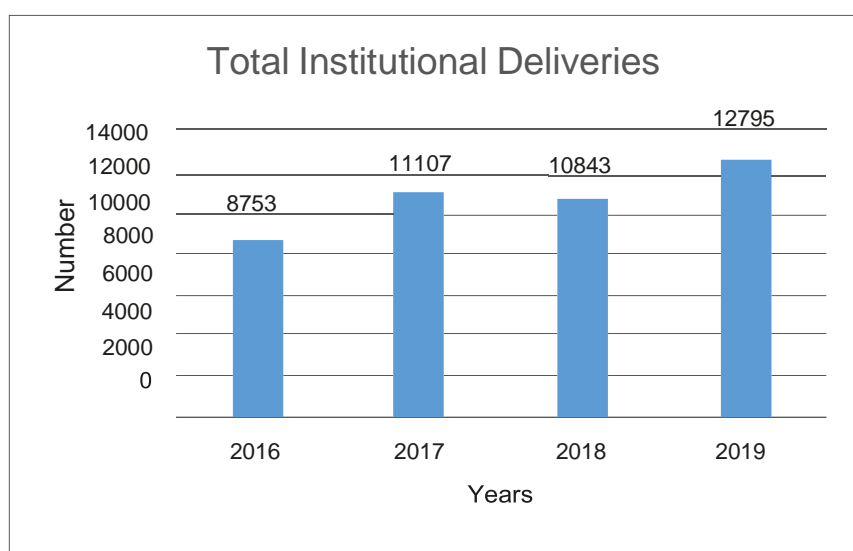
DESIRED OUTCOME: Maternal and child morbidity and mortality cases reduced.

Review of PMTCT and ANC Guidelines

The office participated in the development of Kangaroo mother and new born care guidelines, and the review of PMTCT and ANC guidelines at Blue mountain INN and Berea Road Directorate respectively. The guidelines were successfully developed, distributed and now being used by all the facilities.

There was also supervision on provision of maternal and child health care services in health facilities and they are providing maternal and child health services in accordance with the guidelines. There is an increase in mothers attending ANC and facility based deliveries.

Figure 4. Number of Deliveries in CHAL Facilities from 2016 to 2019



However, there are still notable challenges where the space for waiting mother's shelters is inadequate in most of CHAL facilities. Some facilities experience stock-outs of drugs.

Production of Midwives in CHAL schools of Nursing

All the four schools provide the midwifery programme which has the same curriculum. Each year the Midwives are produced and get deployed in different health care facilities in the country. For the academic year 2018/2019, the number Midwives who graduated for the four schools is 157. In the academic year 2019/2020, 158 Midwives graduated from the four schools. All these candidates are considered to be skillful and competent in as far as maternal and child health are concerned, given the quality measures that have been put in place throughout their learning.

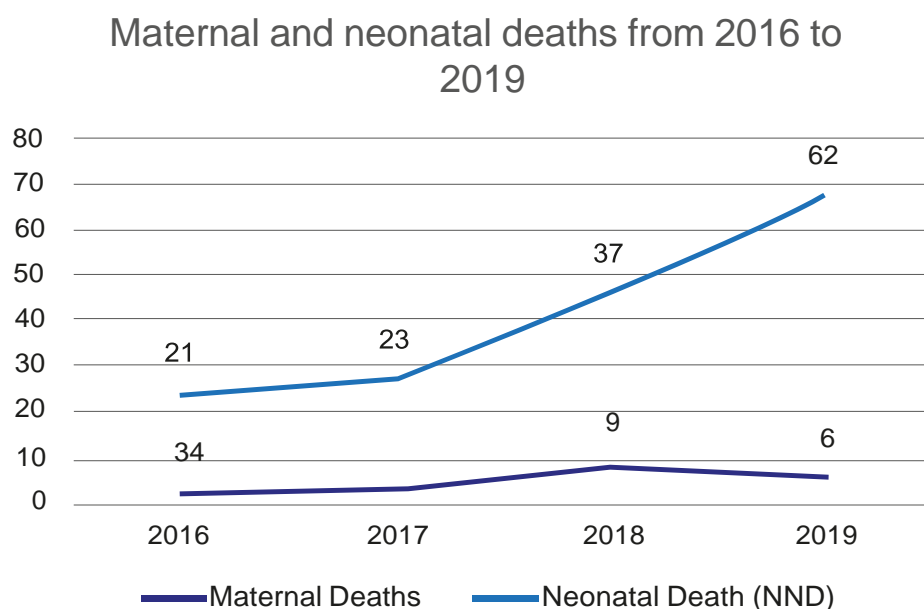
AMREF for Africa Project, also supported the Nurses Training Institutions inclusive of CHAL NTIs,

among others for strengthening the maternal and child health. The project supported the Midwifery Blended e-Learning that was offered by Maluti Adventist College. The Programme focused on capacitating all the Nurses without Midwifery qualification who were already practicing in different health facilities country wide. The project has also paid the schools' subscription for the Student Information Management System (FEDENA) for the period which ends in 2022. The NTIs in the country inclusive of CHAL have developed a Midwifery register which addresses the country maternal issues. The register is yet due for review.



Maternal and Neonatal Deaths

Figure 5. Maternal and Neonatal Deaths (2016-2019)



For the past four (4) years, CHAL facilities have experienced a steady increase in the number of children who die before their next birth day month (from 0 to 28 days old), with 2019 almost doubling the deaths of 2018. The deaths of women dying during pregnancy or after delivery or termination of pregnancy within 3 weeks and the cause of death resulting from pregnancy, maternal deaths, increased from 4 in 2017 to 9 in 2018 and dropped to 6 in 2019 (which is still high).

KEY STRATEGIC DIRECTION 2: ENHANCING ORGANIZATIONAL EFFECTIVENESS AND EFFICIENCY OF CHAL

OBJECTIVE 5: Responding to the country's needs for Human Resources for Health (HRH)
DESIRED OUTCOME: Competent and adequate HRH availed.

Recruitment of External Examiners

The quality of Nurses and Midwives produced from the CHAL NTIs is up to standard. The quality is ensured through the quality assurance processes implemented by the schools during training. The first QA processes is to ensure the quality of the examination written whereby twenty (20) external examiners were recruited for moderation of examination for Nursing and Midwifery programmes. Eight (8) are from Durban University of Technology and Nelson Mandela Metropolitan University, six (6) are from National Health Training Center (NHTC) while the other six (6) are from the National University of Lesotho (NUL). They have been approved by the NUL as the Affiliation body for the three (3) schools. The period which the approved external examiners will serve is two (2) years, which may be renewable. The approval letter from NUL has been received. The fourth school (Paray) is affiliated to University of Free State and has its own external examiners. The quality of examination is also up to standard and allows for assessment of competencies required in the clinical areas. Hence the product is of good quality which will efficiently render quality health care services. Another QA measure that ensures production of quality Nurses and Midwives is through accreditation of the institutions

Accreditation of Institutions

All CHAL Nurses Training Institutions have received full accreditation, by Council on Higher Education (CHE) on other Programmes that they offer while other programmes have received probationary accreditation. Scott, Roma Colleges of Nursing and Maluti Adventist College are fully accredited for Nursing Programme. Paray has full accreditation for both Nursing and Midwifery Programmes. All Schools have also been assessed and accredited by the Lesotho Nursing Council (LNC). The LNC has recommended areas for improvement, as summarized below for the period until the next accreditation/assessment.

Review of Curricula

There are scheduled intercollege meetings every semester which also address issues on curricula review, and they were held as planned for 2019-20. Some of the issues discussed in the intercollege meetings are carried further by the task teams which work with the NTI office. Currently the three curricula (Nursing Assistant - NA, Nursing and Midwifery curricula) are under review and there are task teams responsible for the reviews. The Nursing Curriculum review process is at planning stage, the Midwifery curriculum has been reviewed and the copy has been submitted to the consultant,

while the NA curriculum is at the stage where the consultant needs to be engaged to undertake the survey which will inform the curriculum review.

Review of Competency Based (CBC) Curriculum

Furthermore, three of the nursing schools have implemented the Competency Based Curriculum (CBC). The first school to pilot this project was Paray School of Nursing in the academic year 2017/2018 and has already produced the first batch of graduates. Roma and Scott Colleges of Nursing implemented the curriculum following Paray. Maluti Adventist College is yet to implement the curriculum in the academic year 2020/2021. Although all the three schools have implemented the CBC, the curricula interim review is due and has already commenced. The curricula for all the Programmes are under review. The Midwifery CBC has been implemented by all the schools and the examinations are common.



The CBC is focusing on improving the skills and competency of students through work integrated learning (WIL). The main focus is on the improvement of competencies that the learner will utilize upon completion. The product is believed to be of better quality given the processes they had gone through during the CBC training. WIL enabled the students to perform all the skills immediately after they had acquired the theory content. However, due to different times of implementing the CBC, the examinations were also different with different moderators. That was a challenge to the NTI office for administration of those examinations.

Graduations for Academic Years 2018/2019 And 2019/2020

In 2019 the number of candidates who graduated are below:

Table 5.0 2019 Graduations in different Programmes from all 4 NTIs

Category/certification	No. of Graduates
- Diploma in General Nursing	188
- Diploma in Midwifery	157
- Certificate in Nursing Assistant	66
Total	411

Results of the final year, 2019/2020 academic year have been approved by NUL. The statistical summary was as follows:

Table 5.1: 2020 Graduations on Diploma in General Nursing and Midwifery

Category	Passed	Supplementary	1st writing during supplementary	Deferred	Official withdrawal from programme
Diploma in General Nursing	131	8	1	1	0
Diploma in Midwifery	153	4	1	0	2
Total	284	12	2	1	2

All the twelve students who supplemented in both Programmes had passed their examinations. The sixty-six (66) Nursing Assistants wrote their semester two examination in December 2020 and January 2021. The results are yet to be computed for Scott College of Nursing and will be published immediately after. Among the 66, thirty-two (32) Paray School of Nursing, NursingAssistant students are yet to write final practical examinations after completion of the internship. Almost 100% of students graduated, meaning there was a slight variation between enrolment and graduates in 2019. In 2020 there was 100% pass for Diploma in Midwifery and General Nursing.

Another achievement is that of the approval of the CHAL NTI rules and regulations that facilitated approval of the results. There are students who would officially withdraw from studies on account of ill health or pregnancy. This affected the duration of completing the respective programmes as they break. There are also students who were suspended due to examination misconduct they have committed.

The internal students, first and second years, have written both the standard and supplementary examinations and the results have already been published. The assessment and accreditation by LNC and CHE has improved the quality assurance measures towards teaching and learning at the NTIs, therefore can anticipate quality nurses. However, there is still a challenge of schools writing different examinations due to the fact that they had implemented the CBC at different years and have different moderators. The plan is to write same examination where one (1) Nurse Educator will be the examiner for all the schools.

OBJECTIVE 6: Improvement of Internal and external communication processes and work place relationships.

DESIRED OUTCOME: Improved communication amongst CHAL and its stakeholders

The office of Communications has developed print materials such as the brochures, both in English and Sesotho languages. The old brochures and pamphlets were also reviewed to ensure that they provide recent and updated information about CHAL. The office also continued to organise media interviews, from both radio and print to further publicise the work of CHAL. CHAL facilities work and affairs were aired in 4 radio stations, which are; Radio Lesotho, PC FM, Molisa ea Molemo FM and Bokamoso FM.

The office of CHAL Communications has also supported several CHAL health Centres with planning and organising health promotion activities and media coverage to enhance CHAL visibility to the public and showcase the work of CHAL. These activities include commemorations of health advocacy days (e.g. World AIDS Day, World TB Day, Africa Vaccination Week) and different activities hosted by the facilities (e.g. Farewell ceremonies for retiring Village Health Workers). These activities were featured in different radio stations and Lesotho Television to increase visibility of CHAL.



Other platforms such as social media, newspapers, website, twitter and Facebook were used to further promote and share CHAL and its facilities' work. The office also provided support for communications and media activities of CHAL partners such as AHF, PSI and Jhpiego.

The Communications Policy and Communications strategy development and they will be completed in the next financial year (2021/22). These two documents will help guide how CHAL engages with its stakeholders, both internal and external.

OBJECTIVE 7: Enhancement of communication infrastructure (hard and soft)

DESIRED OUTCOME: Updated and functional communication infrastructure

Information and Communications Technology Office is responsible for CHAL health facilities and the Secretariat hardware and software infrastructural needs and this is achieved through supporting, maintaining hardware and software systems, maintaining current knowledge of hardware, software and networking technology and recommends modifications. It is responsible for effective functioning of local hardware and software configurations of all ICT equipment within CHAL as an organisation.

In the reporting period, the ICT infrastructure, both hardware and software were well maintained to allow proper functioning of CHAL in terms of communication. All Computers and Laptops run on a Licensed Operating System, Microsoft Office and Anti-viruses. All laptops and desktop computers have access to network and internet through network cables and wireless signals. CHAL Secretariat have Website and E-mail hosted by a private company, LEO for business continuity in case CHAL premises suffer incidents like power outages or damage of property.

ICT office is constantly working in collaboration with Advocacy office to update CHAL website to ensure that the content delivered to the public is relevant and up-to-date. This was done by restructuring and updating new content and developing easy to read page views on the website.

OBJECTIVE 8: Improvement of resource mobilization strategies and financial management systems

DESIRED OUTCOME: Improved mobilization of financial resources

Faith and Communities Initiative Project

The secretariat, in its role of resource mobilisation, managed to secure M21,859, 292.00 worth of funds to implement a Faith and Communities Initiative (FCI) Project, from Population Services International (PSI) under PEPFAR. This is a one-year project aimed at finding men and children living with HIV and link them to care and treatment, as well as disseminating Messages of Hope to the communities of faith. The contract was signed in December, 2019 and implementation started in January, 2020 and ends September 2020. The project is implemented in the five (5) mountainous districts of Lesotho (Quthing, Qacha's Nek, Thaba-Tseka, Mokhotlong and Butha-Bothe).

Tsepo Voluntary Medical Male Circumcision (VMMC) Project

This is the project that is implemented by CHAL in collaboration with Jhpiego and the funding is also from the USAID fund. The total budget for the implementation of the project is M1 000 000.00 and the target is to circumcise 1 000 men and boys who are fifteen years and above. It is a six months' project, implemented in the three districts (Maseru, Mafeteng and Leribe). The contract was signed in December, 2019 and implementation commenced in January, 2020.

CHAL managed to train a total of 24 Nurses from 10 facilities (22) and the Secretariat (2) on VMMC, as shown in **table 8.0** below. The trained nurses were capacitated with the skills of performing medical male circumcision as one of HIV prevention strategies. The facilities have started performing VMMC to their communities. Ten (10) data clerks and ten (10) professional counsellors were also trained on working with VMMC, from handling VMMC data to patients counselling.

Facility	Nurses	Professional Counsellors	Data Clerks/Health Information Officer	Total
Bethany HC	2	1	1	4
Immaculate HC	2	1	1	4
St. Denis HC	2	1	1	4
Mositi HC	2	1	1	4
St. Andrews HC	2	1	1	4
Matukeng HC	3	1	1	5
Maseru SDA HC	3	1	1	5
St. Rodrigue HC	2	1	1	4
St. Theresa HC	2	1	1	4
St. Josephs HC	2	1	1	4
Secretariat	2	-	1	3
Total	24	10	11	45

OBJECTIVE 9: Enhance programmes and projects monitoring and evaluation at CHAL
DESIRED OUTCOME: Performance of CHAL documented and communicated.

CHAL facilities performance is made possible by many partners, and the 2019 -20 performance was supported financially by the Government of Lesotho, as the major funder, and other partners like PSI, Jhpiego and AMREF. Other partners provided non-monetary support. The service provided to the public, as the main reason for our existence, is summarised below by different programmes performance.

OBJECTIVE 10: Effective Management of Partnerships

DESIRED OUTCOME: CHAL Partners and Networking forums diversified and strengthened

Review of GOL-CHAL Partnership

There are significant changes in the health sector, thus among others, disease burden, service demands, multiplicity of role players, changing health policies and interventions, the dynamism of human resources for health and health financing complexities which necessitates the review of the partnership. These changes imply the changing landscape and foundations of GOL-CHAL partnership hence the expected change of the terms and conditions of the partnership.

The discussions for the review of the MOU are ongoing though with a very slow pace mainly because of the changes in the leadership of the Ministry of Health and the government in general. Therefore, partnership structures, especially the JCC and its sub-committee remain dormant thereby making it difficult for decisions to be made without the relevant authority. While addendums continue to validate the partnership, the terms and conditions of the partnership remain the same against the constantly changing environment. The unchanged terms and conditions of CHAL-GOL partnership affect service delivery in the facilities. The number of patients seen at the facilities has increased from the signing of the agreement about 14 years ago (in 2007), yet the staffing pattern (agreed number of healthcare providers as per the MOU in CHAL facilities) has not changed.

Last disbursement of funds from GOL results in CHAL facilities running out of funds to operate the facilities and in provision of services. Facilities are, in some cases, unable to pay for operating costs, including medical supplies, electricity, water, telephone, stationary, transport as well as staff salaries to the extent that some facilities went on industrial actions (Strikes), in trying to put pressure on their employers (e.g. Maluti and St. James Hospitals).

Planning, Budgeting and Acquisition of Subvention Funds

The 2019/20 CHAL subvention budget submitted to the Ministry of Health (MOH) amounted to M 381,590,016 as per the agreed financing mechanism. Contrary to the projections of the financing mechanism provision, the MOH allocated CHAL M360,000,000. Comparatively, 2019/20 quarterly disbursements are not different from other years. In this financial year, almost all quarters, CHAL received funds in the last month of the quarter. The pie chart below shows the share of individual institution as per the subvention allocated by the MOH in 2019/20. CHAL health centers has the largest share with 31% of the total allocated resources going to them. District hospitals have also received bigger shares in line with their health services provision magnitude, i.e. Maluti, St. Joseph's, Scott, Paray, and Seboche have received 13%, 12%, 11%, 11% and 8% respectively. The lower level hospitals have received more or less similar percentage shares

Figure 7. Share of Allocated subvention among Facilities

2019/20 Subvention
Allocation to Facilities
March, 2020

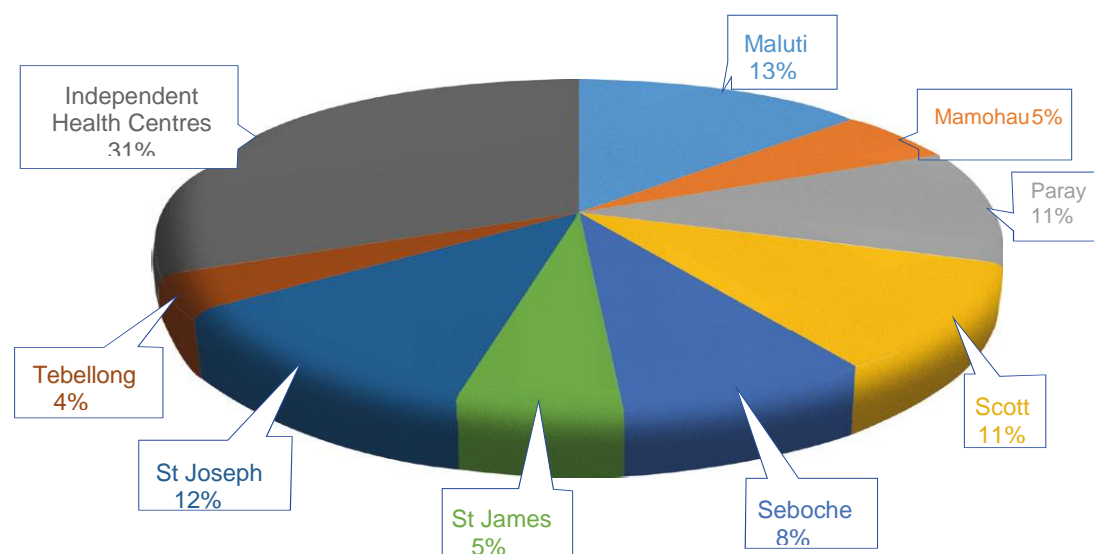


Table 10.0 Budget Versus Allocation in 3 years' period

Financial year	Budget	Allocation	Variance
2017/'18	369 011 273,00	322 000 000,00	47 011 273,00
2018/'19	405 822 917,00	322 000 000,00	83 822 917,00
2019/'20	381 590 016,00	360 000 000,00	21 590 016,00

Other Partners

Direct partners' support to CHAL is steadily increasing where CHAL facilities are supported in different programmes with more support directed at HIV and AIDS programmes.

Population Services International (PSI) – CHAL Partnership

CHAL was awarded a one-year project by Populations Services International (PSI) upon submission of the proposal and subsequent winning of the award. The agreement between CHAL and PSI was signed in December, 2019, with implementation starting in January 2020. The project is funded under PEPFAR and is aimed at scaling up HIV services to men and children and dissemination of Messages of Hope to the communities of faith through a structured model of Faith and Communities Initiative (FCI) Project. The project is implemented in the five (5) mountainous districts of the country, i.e. Quthing, Qacha's Nek, Thaba-Tseka, Mokhotlong and Butha-Bothe.

Aids Healthcare Foundation (AHF) – CHAL Partnership

This is a partnership which CHAL receives support on HIV from AIDS Health Foundation (AHF). Ever since the signing of the MOU in 2016, the programme has been growing steadily from support to one

facility to the current 12 facilities. Particularly in the reporting period, the programme expanded with five facilities in the districts of Mafeteng and Berea. The expansion facilities are Kolo, Mofoka, Mt. Tabor, Bethany and Holy Family.

Mothers to Mothers (M2M) – CHAL Partnership

Mothers to Mothers also support CHAL on HIV and AIDS using its mentor Mother Model. Based on CHAL discussions with M2M, it is anticipated that the programme will expand further to support mother and child health (MCH) departments at the selected facilities in Mafeteng and Mohale's Hoek. The support will include clinical human resources at the MCH departments in the facilities. The new initiative is supported through PEPFAR.

EGPAF – CHAL Partnership

The two organisations have established a partnership where EGPAF is supporting CHAL mainly with human resources. The support includes the following cadres: Nursing, records, pharmacy and counselling. The project is operating in the ten (10) districts of Lesotho. The partnership has been going on smoothly with minor challenges of human resource management at facility level.

Africa Medical Research Foundation (AMREF) – CHAL Partnership

The support is currently supporting CHAL colleges of nursing with teaching resources with ultimate goal of achieving improvement in the maternal services in the country. In the reporting period the major focus has been on the operational study to assess the successes of e-learning and modalities of rolling out the project. Amref has expanded its current support to CHAL on capacity building in the following areas; Leadership, Management, Governance and health systems strengthening.

World health Organisation (WHO) – CHAL Partnership

In the reporting period, a proposal on mini-project on commemorating Africa Vaccination Week was drawn and submitted to WHO. The proposal was approved by WHO and implementation was done between the 10th and the 26th April 2019. The activities which included advocacy and expansion of immunization were done by Tebellong Hospital and Qacha's Nek DHMT through coordination of the Secretariat.

Lesotho Red Cross Society (LRCS) – CHAL Partnership

CHAL and LRCS implemented a project on non-communicable diseases, focusing on early case detection of cervical cancer. Through the project, two CHAL facilities (St. Leo and Loretto Health Centres) benefited by receiving cancer screening equipment and expansion of outreach services on cervical cancer screening and other non-communicable diseases.

OBJECTIVE 11: Uphold properly designed and constructed infrastructure with procured equipment installed and maintained in accordance with the approved standards.

DESIRED OUTCOME: Improved and functional infrastructure and equipment

Development of CHAL Site

CHAL site development was awarded to Bigen Group as the prospective developer. Bigen Group has, in the reporting period, developed a marketing strategy for engagement of potential tenants and approved the quotation from Webber Newdigate Attorneys, which will form part of the professional fees, to be paid on behalf of CHAL. They have also started engaging with commercial banks for potential funding and Maseru City Council on rates and taxes for issuance of building permit. On the property management, Sekhametsi Property Group, has been provisionally engaged as potential “right fit partners” to be co-investors with CHAL. This is because Bigen has made it clear that they only do site/property development, but do not provide property management services. Sekhametsi was brought in with its property management expertise and the agreement is yet to be finalized.

Infrastructural Needs of the facilities

The office carried out site surveys where infrastructure is required in different facilities, and survey reports with detailed measurements of spaces were submitted to the facilities. **Table 11.0** below summarises the facilities for which surveys were done and for what type of infrastructural need:

Table 11.0 Infrastructural needs per facility

Facility	Infrastructural Need
Mohlanapeng Health Centre	Construction of new waiting mothers lodge
Paray Hospital	Alterations and Renovation of existing building
Scott College of Nursing	Construction of a new wellness centre
Tebellong Hospital	Construction of new TB ward

The bidding and tendering process for the above works was led by CHAL secretariat with evaluations of the bids done by the facilities management, with guidance from the secretariat.

Construction supervision in the facilities

Mamohau hospital



Construction supervision/inspections is at Mamohau Hospital and physical progress is at 90% for the new operating theatre and 80% for new X-ray building. Paving and storm water drainage are complete. There was a delay in completion of the project due to unavailability of material locally and in neighboring South Africa. The challenge was mitigated by ordering the concerned material from China.

Mohlanapeng Health Centre



Construction of a new waiting mothers shelter commenced in November 2019 and practical completion inspection was conducted in April 2020. During inspection, a snag list was compiled for the contractor to attend to. Handover of the building is yet to be done once the contractor has attended the snag list. The application to Lesotho Electricity Company for testing of the electrical supply has been submitted but testing is yet to be done. The contractor will continue to make some follow ups to LEC on the matter.

Paray Hospital

Construction and alteration of existing building to accommodate a new maternity ward is going on well, at 70%, with adherence to the specifications, good workmanship using relevant standards, codes of practice and good engineering practices. The building has incurred many variations with the possibility of the finished product going to be used as something else other than the intended maternity ward. Construction period will extend by a few weeks.

Due to many variations incurred during construction, the intended spaces turned out not to be what the building was intended for.



Construction of a new wellness center is going on well, at 70%, with adherence to the specifications, good workmanship using relevant standards, codes of practice and good engineering practice. Practical completion inspection is due end of June 2020. Facilitation of engaging a structural engineer for structural drawings, detailing and supervision of the proposed new teaching and office block is underway.

Tebellong Hospital

Construction of a new TB ward is going on well, at 65%, with adherence to the specifications, good workmanship using relevant standards, codes of practice and good engineering practice.

On realizing that certain items were not included in the drawings/bills of quantities, and that other activities would not happen with ease within the new building, the hospital has requested a variation of installing whirly birds and double doors in the TB ward. This new requirement will extend construction period by a few weeks.

OBJECTIVE 12: CHAL Secretariat and facilities have necessary equipment

DESIRED OUTCOME: Availability of necessary equipment

Assessment of Equipment at the Facilities

The office carried out an assessment of equipment at the Secretariat and at Good Shepard, Bethany, Sion, Sebedia, St. Theresa Bela Bela and Immaculate Conception health centers. The report was compiled and submitted to the relevant facilities. The secretariat equipment needs were procured as per the assessment report. For the facilities, the reports were sent to LMDA for consideration and most of the required equipment were not budgeted for by LMDA. Going forward, facilities will prepare a list of equipment needs and submit to CHAL for onward transmission to LMDA for budgeting purposes. The office also participated in the process of mapping and valuation of assets at Paray Hospital.

OBJECTIVE 13: CHAL infrastructure and equipment are maintained

DESIRED OUTCOME: Availability of a functional Planned Preventative Maintenance System

LMDA, under their hard facilities component includes: electrical services, building, water & plumbing, medical equipment, and equipment & furniture maintenance. It is through their Client Site Agents (CSAs) that surveys of infrastructure and equipment at facilities are to be regularly carried out.

The LMDA ICT component has sought services for the development of an android based application that is to be used for reporting and tracking defects. This new application will be able to address the challenges that were faced by the components, especially the hard facilities component. Once the application has been tested, it will be installed at all facilities.

More LMDA Client Site Agents (CSAs) are required for thorough supervision of works by its contractors. It is impracticable that one CSA can supervise two projects ongoing at the same time at Mafeteng and another at Qacha's Nek without missing some major technical faults.

The office also conducted supervisory visits to assess infrastructural and equipment defects at several health facilities and **table 12.0** below summarises those visits in different facilities:

Table 12.0 Summary of Technical Supportive Supervisory visits

District	Facility	Date	Summary of findings	Recommendations /Action
Berea	Good Shepard	15/04/2019	<p>Hard Facilities - LEC grid connected to the facility. Batteries for solar panels need distilled water to complement LEC power. Solar geysers have been attended to. Water tank, autoclave, door locks to TB shelter and staff houses need repairs. Wall plaster cracks visible in the interior and exterior of all buildings. Fire alarm and fire extinguishers available and up to date. Need to work on paved parking area as water does not flow in some places. In general, LMDA supervision lacking in this component (hard facilities).</p> <p>Environmental Waste Management -Best component of the LMDA maintenance project. Waste collected on time and enough supplies delivered on time. Supervision is good.</p> <p>Information and Communication technology - Facility has not been assessed for network and internet connectivity.</p>	<p>All defects reported to LMDA for action and to be followed up.</p> <p>To work with LMDA to ensure internet connectivity of facilities in the coming year.</p>
Berea	Sebedia	15/04/2021	<p>Hard Facilities - One staff house is completely without water. Toilet leakages at staff houses, autoclave, and some furniture and equipment, and door locks to TB shelter and staff houses need repairs. Wall plaster cracks in the building. Fire alarm and fire extinguishers available and up to date. Bad supervision by LMDA personnel.</p> <p>Environmental Waste Management - Waste collected on time. Supplies always available. Supervision is good.</p> <p>Information and Communication technology - Facility has been assessed for network and internet connectivity. Satellite phone available.</p>	<p>All defects reported to LMDA for action and to be followed up.</p>
Berea	Sion	16/04/2019	<p>Hard Facilities - One staff house is completely without water. Toilet leakages at staff houses and cistern problems in clinic building. Door locks in staff house 2 need repairs. Wall plaster cracks visible in the interior and exterior of all buildings. Walls on the west side of all buildings moist and paint peeling off, could be due to low dpc. Water seeps through chimney walls, below external pharmacy door. Floor tiles coming off in ANC. Wall mounted diagnostics set needs repairs in consulting room 2. Delivery bed taken by LMDA contractors last year and has not been returned. Fire alarm and fire extinguishers available and up to date. Some furniture and equipment need repairs. Bad supervision by LMDA personnel.</p> <p>Environmental Waste Management - Waste collected on time, except one time when a month passed. Supplies always available. Supervision is good.</p> <p>Information and Communication technology - Facility has not been assessed for network and internet connectivity.</p>	<p>All defects reported to LMDA for action and to be followed up.</p>

Many of the unresolved issues are mainly due to the fact that LMDA and CSAs do not visit the facilities to access the problem.

Planned Preventative Maintenance System (PPMS)

On development and implementation of a planned preventative maintenance system (PPMS), the secretariat is working with LMDA. The external services of providers were sought for the tagging of assets at all facilities. A system has been installed at the Ministry of Communications to track the condition of assets and their service due dates. The CHAL secretariat ICT officer is currently working on a system that will be beneficial to CHAL institutions as the system installed at the Ministry of Communications is only accessible through the government network.



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