



CHAL SECRETARIAT STRATEGIC
PLAN
SUMMARY 2021

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AGM	Annual General Meeting
ART	Anti-Retroviral Therapy
CHAL	Christian Health Association of Lesotho
DMI	District Management Improvement
GAVI	Global Alliance for Vaccines and Immunization
GoL	Government of Lesotho
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRD	Human Resources Development
MOHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
MSF	Medicines Sans Frontiers
NGO's	Non Governmental Organisations
PHC	Primary Health Care
PMTCT	Prevention of Mother To Child Transmission
RED	Reach Every District
SP	Strategic Plan
TB	Tuberculosis
UNICEF	United Nations Children's Fund
SWOT	Strengths, Weaknesses, Opportunities and Threats
WFP	World Food Programm

FOREWORD

The development of this Strategic Plan demonstrates our determination and renewed commitment to realize our corporate vision and mandate in providing quality health care services in collaboration with various partners and stakeholders. The Strategic Plan sets out noble goals and objectives to be pursued and achieved over its life span of five years.

The attainment of these goals and objectives is largely dependent on a professional conduct of service operations based on management practices that promote and sustain transparency and accountability in the use of scarce resources. We shall foster partnerships with the Government of Lesotho (GoL) especially the Ministry of Health and Social Welfare (MoHSW) in implementing the Memorandum of Understanding (MoU). We are also aware of the importance of working closely with various public sector institutions, the private sector, local communities and development partners as well as other interested parties. This will be done in the realization that without their support and contribution there will be little or no achievement of set goals and objectives. The SP, therefore, seeks to promote the sustainability of such strategic alliances in providing quality and sustainable health care services to all Basotho especially the underprivileged and poor in the rural areas.

CHAL Secretariat will endeavour to participate in the decentralization process and ensure that its member units are actively involved in planning at the grass root level. The ultimate goal would be increased resource allocation to CHAL Units through increased involvement of CHAL units in planning at the local level.

In this context, it is recognized that successful implementation of the Plan will depend mainly on regular monitoring and review of individual and team work plans and better management practices and positive work ethics as well improved communication and networking with other organizations. In this respect, I have no doubts that the development and adoption of this SP has created opportunities that will be maximized during the implementation process. For one thing, the SP has unfolded internal strengths that will drive the implementation process into the desired destination.

Therefore, it is my wish and prayer that members of staff of the Secretariat and the Board will not only use this document as a guiding tool but also to be a source of inspiration, motivation and involvement in working as a team and ensuring timely actions that will contribute to the realization of desired change and performance improvements in the delivery of health care services and implementation of specific programmes. To our valued partners, it is hoped the document will be more than an entry point in supporting the desired strategic improvements needed in realizing our mandates and the broader objectives of health reforms in Lesotho.

Board Chairperson.

CHAL IDENTITY

CHAL is a voluntary organization of six member churches, namely; Anglican Church in Lesotho, Assemblies of God, Bible Covenant, Lesotho Evangelical Church, Roman Catholic, and the Seventh Day Adventist Church of Southern Africa. The Association was registered in Lesotho in 1974 under the Societies Act following some historical developments briefly discussed below. CHAL currently provides about 40% of health care in Lesotho and is a key partner of the GoL in the health sector. Among the member churches they own 8 hospitals and 72 health centres throughout Lesotho.

BACKGROUND TO CHAL'S ESTABLISHMENT

The roots of its establishment can be traced to 1844 when Christian Mission clinics started to operate in Lesotho followed by hospitals in 1937. However, the set up lacked an organizational framework for collective efforts and common voice until 1960s when physicians from different mission hospitals began meeting regularly to discuss common problems, seek common solutions and find fellowship. In the early 1970s organizations such as the Christian Council of Lesotho and Oxfam advocated for a more formal organization which led to the Minister of Health supporting the formation of the Association in 1973.

MANDATE OF CHAL

The Constitution mandates CHAL “to facilitate the participation of the Christian Churches in ensuring that the right of all members of the community to the highest quality health services is upheld”. The Constitution further outlines six strategic aims which CHAL seeks to achieve.

Strategic Aims:

1. To facilitate the provision by CHAL institutions of quality and holistic health care to the people of Lesotho.
2. To coordinate curative, preventive, rehabilitative, and palliative care in Members' institutions.
3. To facilitate the production of committed, competent and skilled nurses who can function in all settings of health care environment.
4. To strengthen human resources development strategies through deployment of committed, competent and skilled staff.
5. To strengthen the link between the CHAL Secretariat, CHAL Member institutions, GoL and other stakeholders.
6. To strengthen the CHAL Secretariat in order that it performs the intended functions both short and long term through the partnerships with Member institutions, GoL and other stakeholders.

CHAL GOVERNANCE

Annual General Meeting (AGM): The role of the AGM is to receive reports and consider proposals and recommendations from the Board and ratifies policies, approves the activity, financial reports of the previous year, annual budgets, and selects the auditor. It is the highest decision maker for CHAL.

CHAL Board: This is the executive arm of the AGM and guides the operations of CHAL. It is responsible for ensuring that the decisions of the AGM are executed.

The operations of the Board are supported by two Committees, namely; the Executive Committee and the Finance Committee. The former meets frequently to monitor and review implementation of policies while the latter oversees financial matters and provides financial advice to the Executive Committee and the Board and meets quarterly.

CHAL Secretariat: This is a functional body of the Association. It is responsible for the realization of the objectives of CHAL and implementing the decisions of the Board and the AGM. It operates under overall leadership of the Executive Secretary (ES) who also gives advisory services to the Board on policy and operational matters. The ES is an ex-officio member of the CHAL Board.

KEY SERVICES AND PROGRAMMES

CHAL Secretariat's role is to coordinate the provision of health services provided by the eight (8) general hospitals, and seventy two (72) health centres. Some of the health centres in the rural areas have additional outposts and provide outreach services.

The array of services and programme/project activities provided by CHAL Secretariat are under three main components as follows:

- ❖ Primary Health Care
- ❖ Capacity Building
- ❖ Infrastructure Development

PARTNERSHIPS WITH OTHER ORGANIZATIONS

CHAL works in partnership with the GoL, donor organizations and NGOs operating in the health sector. The organizations provide a wide range of support without which CHAL and its member institutions could not provide health care services to the level achieved so far. It is, therefore, the aim of CHAL to promote and strengthen existing partnerships as well as establish new ones given the many challenges that it is facing. These partnerships are not only intended to be a source of support in capacity building initiatives and service deliver but also to provide forum for networking and forging a common agenda.

PAST AND CURRENT ACHIEVEMENTS

Over several decades of its existence CHAL has made significant contributions to the health sector and implemented various programmes and projects throughout the country; with the support from various development partners, local and international partners. It is notable that CHAL has not only increased the scope of health services but also expanded the geographical coverage for its services. In this connection, CHAL Secretariat runs a number of projects in support of health services members' institutions provide. This has greatly contributed to CHAL becoming undoubtedly a key partner to the GoL especially through the MoHSW in providing reliable and sustainable health services.

KEY CHALLENGES

It is undeniable that CHAL has made tremendous gains and contributions in the health sector especially through its comparative advantage at rural level. However, various constraints and challenges have in the past and present frustrated its organizational effectiveness. While it is acknowledged that negating forces on its capabilities are diverse and numerous, the SWOT Analysis unfolded following key issues:

1. Declining standards in the delivery of health services due to increased demand and access to CHAL health services;
2. Weak Leadership and Management Capacity at various levels of CHAL organization;
3. Inadequate, ineffective and unresponsive organizational structure of the Secretariat;
4. Weak intra and inter communication mechanisms and processes;
5. Inadequate human resources and systems;
6. Poor Conditions of Service and low levels of motivation;
7. Inadequate levels of staff competencies and experience;
8. Inadequate staff and work over loads;
9. Impact of HIV/AIDS pandemic;
10. High staff turnover;
11. Poor work ethics;
12. Inadequate financial resources and poor financial management and accounting practices;
13. Poor planning, programming, monitoring and review;
14. Weak capacity for collaboration, partnership and networking.

CHAL SECRETARIAT'S STRATEGIC DIRECTIONS

MISSION STATEMENT

CHAL's Mission exists at two levels, namely; Association and Secretariat level.

Association's Mission

CHAL is a voluntary association of Christian Churches in Lesotho. It exists to provide (not-for-profit) equitable, quality and sustainable health care services to Basotho, especially those living in the rural and semi-urban areas, in the spirit of mutual trust and cooperation through the members' health facilities as a tangible expression of Christ's vision of love thy neighbour as thy self.

The Secretariat's Mission

CHAL Secretariat exists to support the provision of not for profit equitable, quality and sustainable health care services by members' health facilities to all Basotho, especially those living in the rural and semi-urban areas, through the coordination of their activities, representing their common interests and providing technical, administrative and management support.

VISION STATEMENT

Association's Vision

CHAL aspires to be the Center of Excellence in the provision of health services throughout Lesotho

The Secretariat's Vision

To be an organization of excellence in all its operations and services in supporting member churches and their institutions and through its collaborative efforts with various stakeholders (government, civil society, NGOs, the private sector and local communities)

CORE VALUES:

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

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

STRATEGIC GOALS, OBJECTIVES, STRATEGIES AND OUTCOMES

The Secretariat focuses on two main strategic areas, namely;

1. Improving quality of health care delivery and
2. Enhancing organizational effectiveness and efficiency.

STRATEGIC GOAL:

To ensure delivery of holistic and sustainable quality healthcare services and enhance organisational effectiveness and efficiency of CHAL.

KEY STRATEGIC DIRECTION 1: IMPROVING QUALITY OF HEALTH CARE DELIVERY

This forms the core business of the CHAL organization as a whole. Therefore, the Secretariat is committed to playing a catalytic role in improving quality of health services in all the facilities under CHAL through the following objectives and strategies.

KEY DELIVERY ISSUES:

ISSUE 1: QUALITY ASSURANCE AND IMPROVEMENT

Objective 1: Ensuring that all CHAL health facilities meet agreed standards

Strategic Action 1.1: To facilitate capacity building for health facilities to deliver quality health care services.

Core Activities:

- ❖ Revive and establish quality assurance committees
- ❖ Conduct mock accreditations
- ❖ Refresher training on accreditation requirements

Desired Outcome 1.1.1: CHAL health facilities provide quality health care services consistently.

ISSUE 2: PRIMARY HEALTHCARE SERVICES PROVISION

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

1. **Strategic Action:** To enhance and improve quality of PHC services.

Core Activities:

- ❖ Carry out regular (quarterly) internal quality assurance assessments
- ❖ Develop and implement quality improvement plan
- ❖ Carry out public outreach services on PHC services

Desired Outcome: CHAL health facilities deliver quality PHC services

2. **Strategic Action:** To facilitate integration and linkage of services

Core Activities:

- ❖ Conduct supervisory visits on supermarket approach (perusal of registers and observation of delivery of services)
- ❖ Conduct refresher course on supermarket approach to the facilities

Desired outcome: CHAL health facilities provide comprehensive health services

Objective 3: Fostering of Active community participation in CHAL served communities.

Strategic Action: To promote and support social mobilization strategies

Core Activities:

- ❖ Conduct public outreaches
- ❖ Revive and establish Community ART Groups (CAGs)
- ❖ Strengthen village health work

Desired outcome: Communities access and utilize health services.

ISSUE 3: MITIGATION OF THE IMPACT OF COMMUNICABLE AND NON COMMUNICABLE DISEASES

Objective 4: Reduction in HIV incidences, increase in TB detection and cure rate and mitigation of the impact of HIV and AIDS and TB.

Strategic Action: To promote prevention, screening, treatment and care of HIV and AIDS, and TB services in all CHAL health facilities.

Core Activities:

HIV and AIDS

- ❖ Conduct sensitization campaigns on HIV/AIDS and TB, on condom usage, VMMC, and BCC
- ❖ Perform Voluntary Medical Male Circumcision
- ❖ Provide HIV Testing and counseling
- ❖ Initiate those who test positive on treatment and care

TB

- ❖ Screen all HIV positive clients for TB
- ❖ Screen all those who have worked or are working in the mines and factories for TB
- ❖ Place those all those who test TB positive on treatment

Desired Outcome: CHAL health facilities implement and expand HIV and AIDS, and TB activities in the context of the National Health and PHC strategies

Objective 5: Strengthening control and management of non communicable diseases, with special focus on hypertension, diabetes and cancer.

Strategic action: To promote prevention and management of diabetes, hypertension and cancer.

Core Activities:

- ❖ Conduct sensitization campaigns (community outreaches) on diabetes, hypertension and cancer
- ❖ Provide special education at the facility level on diabetes, hypertension and cancer (health talks)
- ❖ Provide screening and testing services for cancer
- ❖ Provide management and treatment to those who are already , hypertensive and have cancer.

Desired Outcome: Non communicable diseases in CHAL facilities controlled and managed effectively.

ISSUE 4: MATERNAL AND CHILD HEALTH CARE

Objective 6: Reduction of maternal and child morbidity and mortality in CHAL health facilities

Strategic Action: To facilitate implementation of maternal and child health care programmes

Core Activities:

- ❖ Obstetric care
- ❖ ANC
- ❖ Immunisation programme

Desired Outcome: Maternal and child morbidity and mortality cases reduced

ISSUE 5: ENVIRONMENTAL HEALTHCARE

Objective 7: Management of healthcare waste and assurance of Safe environment

Strategic Action: To facilitate implementation of environmental policies and guidelines

Activities:

- ❖ Distribute environmental policies and guidelines to the facilities
- ❖ Provide supportive supervision of the facilities to ensure adherence to the policies

Desired Outcome: The set environmental and health care waste management standards met by CHAL facilities

ISSUE 6: DRUGS AND MEDICAL SUPPLIES

Objective 8: Improvement of drugs and medical supply chain management system.

1. **Strategic Action 1:** To increase access to quality cost effective drugs and medical supplies

Core Activities:

- ❖ Monitor

Desired Outcome: Consistent availability of drugs and medical supplies in CHAL health facilities.

2. **Strategic Action 2:** To facilitate capacity building on drug and medical supply chain management

Core Activities:

- ❖ Conduct trainings to CHAL staff (facilities) on drugs and medical supply chain management

Desired Outcome: Efficient management of drugs and medical supply

ISSUE 7: ACTION RESEARCH AND SYSTEMS DEVELOPMENT

Objective 9: Fostering Culture of research in CHAL to support evidence based decision making

Strategic Action: To facilitate and support research initiatives

Core Activities:

- ❖ Conduct research with facilities
- ❖ Capacitate CHAL staff on research

Desired Outcome: Informed decision making and improved health services.

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

Delivery of quality services is very much a function of organizational effectiveness of CHAL structures at the level of the Board, Secretariat, and health facilities. It is about issues of governance – leadership and management, design of organizational structures, human resource capacity, communication, availability and utilization of financial resources, capacity for planning, monitoring and reporting as well as effective management of partnerships. The Secretariat is committed to improving its organizational effectiveness and providing an expert role for organization capacity building initiatives to CHAL health facilities in areas of priority. The following issues, goals, objectives and strategies form the framework for enhancing organizational effectiveness of the Secretariat, CHAL Board and health facilities.

ISSUE 8: GOOD GOVERNANCE FOCUSING ON LEADERSHIP AND MANAGEMENT

Objective 10: Promotion of good governance in CHAL

Strategic Action: To enhance and improve coherence of governance system in CHAL

Core Activities:

- ❖ Develop CHAL communication plan
- ❖ Ensure adherence to existing policies and procedures (Financial Policies and procedures, HR Policies and regulations.etc)

Desired Outcome: CHAL governing bodies providing effective oversight and strategic leadership

Objective 11: Capacity building of governing bodies and their members

1. **Strategic Action 1:** To develop and implement management and leadership programmes

Core Activities:

- ❖ Engage in exchange programmes in management and leadership
- ❖ Draw and implement training plan on management and leadership

2. **Strategic Action 2:** To develop and implement governing mechanisms for the members of the governing bodies

Desired Outcome: Governing bodies have required competencies

ISSUE 9: INSTITUTIONAL CAPACITY

Objective 12: Improvement of Nature and functionality of CHAL Secretariat.

Strategic Action: To undertake organizational development processes and implementation thereof.

Core Activity:

- ❖ Review CHAL organogram

Desired Outcome: Capability and performance of the Secretariat improved.

ISSUE 10: ADEQUACY AND QUALITY OF HRH

Objective 13: Enhancing HR performance and productivity.

- 1. Strategic Action 1:** To foster improvement of Human Resources Management best practices

Core Activities:

- ❖ Review CHAL secretariat performance management system (PMS)
- ❖ Introduce performance recognition mechanisms
- ❖ Set performance standards

Desired Outcome: Improved performance and productivity in CHAL

- 2. Strategic Action 2:** To support HR capacity building in CHAL

Core Activities:

- ❖ Develop and implement long term staff development plan
- ❖ Establish staff exchange programmes

Desired Outcome: Competent and motivated HRH in CHAL

Objective 14: Responding to the country's needs for HRH

Strategic Action: Contribution towards the production of quality HRH

Core Activities:

- ❖ Coordinate education and training of HRH in CHAL training institutions.
- ❖ Roll out competency based curriculum in all Nursing programs

Desired Outcome: Competent and adequate HRH availed.

ISSUE 11: IMPROVING INTERNAL AND EXTERNAL COMMUNICATION

Objective 15: Improvement of Internal and external communication processes and work place relationships.

Strategic Action: To improve communication (internal and external) strategy

Core Activities:

- ❖ Revive CHAL website
- ❖ Introduce CHAL newsletters
- ❖ Establish public relations office

Desired Outcome: Improved communication amongst CHAL and its stakeholders

Objective 16: Enhancement of communication infrastructure (hard and soft)

Strategic Action: To assess and update capacity of existing infrastructure

Desired Outcome: Updated and functional communication infrastructure

ISSUE 12: CHAL FINANCIAL SUSTAINABILITY

Objective 17: Improvement of resource mobilization strategies and financial management systems

Strategic Action: To strengthen financial resource mobilization strategies and implementation thereof.

Core Activities:

- ❖ Establish resource mobilisation unit
- ❖ Provide capacity in resource mobilisation
- ❖ Partner with experienced and capable organisations in resource mobilisations

Desired Outcome: Improved mobilization of financial resources

Objective 18: Improvement of CHAL's financial management, accounting and reporting systems and practices

Strategic Action: To review and update financial management and accounting systems

Desired Outcome: Improved and functional financial management accounting and reporting systems

ISSUE 13: PLANNING, PROGRAMMING, BUDGETING, MONITORING AND EVALUATION, AND REPORTING

Objective 19: Capacity building for development and implementation of programmes at CHAL

Strategic Action: To build capacity for implementing CHAL strategic activities and programmes.

Core Activities:

- ❖ Engage in exchange programmes in project management.
- ❖ Training on project design, implementation and research.

Desired Outcome: Strengthened capacity for development and implementation of programmes

Objective 20: Enhance programmes and projects monitoring and evaluation at CHAL

Strategic Action: To adequately monitor and evaluate performance of CHAL projects and programmes

Core Activities:

- ❖ Develop and implement M&E Plan
- ❖ Conduct research
- ❖ Report CHAL projects and programmes performance

Desired Outcome: Performance of CHAL documented and communicated.

ISSUE 14: STRENGTHENING PARTNERSHIPS FOR COLLABORATION AND NETWORKING

Objective 21: Effective management of partnerships

Strategic Action: To enhance and improve institutional linkages, with Government, development partners, civil society, sister Associations, at national, regional and international levels etc

Core Activities:

- ❖ Assist in revival of GoL – CHAL partnership management structures
- ❖ Contribute in the review of GoL – CHAL partnership
- ❖ Develop and ensure adherence to agreements obligations
- ❖ Create platforms for networking and participate in the existing platforms

Desired Outcome: CHAL Partners and Networking forums diversified and strengthened

Objective 22: Active involvement and engagement of authorities of member churches in CHAL affairs for strengthening and sustaining the Association

Strategic action 1: To facilitate capacity building amongst heads of churches

Desired outcome: Stronger and sustained Association

Objective 23: Promotion of unity within CHAL fraternity

Strategic action 2: Create platforms for collaboration

Desired outcome: Unity in CHAL promoted for the best interest of the Association

ISSUE 15: INFRASTRUCTURE DEVELOPMENT AND AVAILABILITY OF EQUIPMENT

Objective 24: Uphold properly designed and constructed infrastructure with procured equipment installed and maintained in accordance with the approved standards.

Strategic Action: To facilitate development and improvement of infrastructure in CHAL

Core Activities:

- ❖ Assist facilities with infrastructure designs and supervision
- ❖ Monitor maintenance of the procured equipment

Desired Outcome: Improved and functional infrastructure and equipment

Objective 25: CHAL Secretariat and facilities have necessary equipment

Strategic Action: To facilitate availability of requisite equipment.

Desired Outcome: Availability of necessary equipment

Objective 26: CHAL infrastructure and equipment are maintained

Strategic Action: To facilitate development and implementation of a Planned Preventative Maintenance System (PPMS).

Desired Outcome: Availability of a functional Planned Preventative Maintenance System

Overall, CHAL Secretariat is committed to ensuring the achievement of these goals and objectives in order to realize its corporate vision and mission thereby strategically positioning itself as a reliable partner in the delivery of health services as well effectively contributing to the design of future reforms and programmes in Lesotho. Specific activities, performance indicators and accountabilities are outlined in the log frame and implementation plan presented under separate cover to this SP document.

STRATEGIC IMPLEMENTATION ARRANGEMENTS

IMPLEMENTATION OVERSIGHT

Implementing the plan will require the commitment of all managers and members of staff of the Secretariat. This means having collective responsibility and working as an effective team. However, the Board is ultimately responsible for the implementation of the Plan. The Executive Secretary supported by departmental heads shall be responsible for daily implementation and report to the Board on quarterly basis and or as may be determined from time to time.

MONITORING AND EVALUATION

To ensure that the Strategic Plan guides CHAL Secretariat to its vision, mission and goals, monitoring and evaluation will take a central role of the SP implementation process. The monitoring and evaluation system will involve the following elements.

1. Mid Term Review

There will be a mid term review workshop to review the SP to see progress being made towards the attainment of the set goals and at the same time to see its relevance with the time so as to allow for re-planning for organizational effectiveness

2. Quarterly Review and Planning Meetings

To track progress being made towards achievement of the strategic actions / indicators, there will be quarterly review and planning meetings.

3. Development of a Log-frame

A logical framework for the SP will be developed and incorporated as monitoring and evaluation tool.

4. Alignment of Yearly Plans

Annual project plans will be aligned with the SP through yearly planning retreats so that implementation of projects will be fulfilling the plans set in the SP. The annual reviews and planning retreats will also take into account progress in implementing the MoU and other relevant government initiatives especially in the health sector.

KEY SUCCESS FACTORS/CRITICAL SUCCESS FACTORS

The following factors are critical to successful implementation of this Strategic Plan:

- ❖ Political will and support by both the GoL and CHAL Board.
- ❖ Visionary, inspirational and committed leadership.
- ❖ Shared responsibility and team work
- ❖ Innovation and flexibility.
- ❖ Effective institutional and reporting arrangements.
- ❖ Action planning, regular monitoring and review.
- ❖ Availability of adequate and sustainable resources including financial, competent, qualified, and skilled staff, which is also healthy and productive, disciplined, motivated and performance oriented.
- ❖ Individual commitment and enthusiasm
- ❖ Accountability and transparency.
- ❖ Stakeholder collaboration and support.
- ❖ Responsive and robust organizational structure

CONCLUSION

The CHAL Board and Management of the Secretariat look forward to the years ahead with great optimism. However, it is recognized that the environment in which CHAL Secretariat is operating, is increasingly challenging and dynamic and complex. The future holds many unforeseen forces with real and potential threats and uncertainties and would obviously bring challenge the implementation of the SP. In the light of this, CHAL Secretariat is committed to explore ways of addressing real and possible challenges through its quarterly, bi-annual and annual work plans and reviews in order to sustain and improve delivery of services and programmes. CHAL Secretariat will also strive to conform to acceptable standards during the execution of development programmes bearing in mind that there is always room for improvement and continuous learning. In this respect, the Plan will be a vital road map and compass on the journey into the future over the next five years and beyond.

LIST OF ANNEXES

Annex 1: Institutional Arrangements and Policy Framework for Health Care Delivery

Annex 2: List of CHAL Hospitals and Main Health Centres

Annex 3: List of CHAL Key Partners

Annex 4: Selected Achievements of CHAL

ANNEX 1: INSTITUTIONAL AND POLICY FRAMEWORK FOR HEALTH CARE DELIVERY

1. Institutional Framework

The GoL through the MoHSW is the principal provider of health services in Lesotho. However, over the years CHAL, other Non-Governmental Organizations and the private sector have increasingly supported and complimented Government's efforts in providing health care services. This means that Government depends on the cooperation and contribution of these partners without which it cannot meaningfully succeed in meeting health aspirations of the Basotho. Therefore, the GoL through the MoHSW working with NGOs and private sector has established a public-private partnership framework for delivery of health care services. The framework provides the basis by which the Ministry enters into specific agreements for health care delivery with the private sector which includes faith organizations such as CHAL.

2. Evolution of the Health Care System in Lesotho

Apart from being the principal provider of health services the role of the GoL through the Ministry is to provide policies and strategic framework within which other partners provide services to the Basotho people. Hence, since the advent of independence in 1966, successive Governments of Lesotho have introduced and implemented various initiatives, projects and programmes, all of which were aimed at effecting improvements in the health status of Basotho. These initiatives such as Primary Health Care (PHC) and other programmes have been implemented with technical and financial support of various donors resulting in varying degrees of success including improvements in some health indicators such as life expectancy, child survival, etc and in the extension of service infrastructure throughout the country.

Although the MoHSW has implemented several major policies, the following are vital in helping to define the present policy context for provision of health care services in the country.

- 1. Decentralization of Health Services Provision:** This was promulgated to facilitate and ensure the participation of communities in matters pertaining to their own health. The intention was to decentralize certain management functions (e.g., planning and budgeting) that had, historically, been considered the exclusive domain of the central government.
- 2. Introduction of the Multi-sectoral Approach to Health Services Provision:** This was instituted in recognition of the fact that the provision of health services, and ultimately the attainment of improvements in health status is not the sole responsibility of the health sector. Other sectors that play an instrumental role in improving health status include the Ministry of Education and Training (e.g. the Literacy Promotion Programme), the Ministry of Home Affairs (e.g. the Rural Roads Construction Programme and the Village Water Supply Programme).
- 3. Introduction of the Health Service Area Concept (HSA):** This was intended to ease the hitherto cumbersome and overly centralised administration of health services in the country. There was also the secondary purpose of entrenching the decentralization policy and thus making possible for communities to finally play a role in matters pertaining to their health. The challenge is that HSAs are being re-decentralized to

Administration Districts. This has an important consequence on health services especially on supervision, referrals and staffing levels.

4. **Introduction of the Nurse Clinician Cadre:** This was designed to address two key problems faced by the MOHSW: (i) the lack of doctors in numbers adequate to address national requirements, and (ii) insufficient capacity within the nursing cadre to implement and manage PHC. It was expected that this cadre would function unsupervised within defined limits to diagnose certain conditions as well as to prescribe from a limited list of drugs.
5. **Introduction of the Community Health Worker Programme:** This programme was crucial to Lesotho's attaining her stated goals within the "Health for All by the Year 2000" declaration. In particular, Community Health Workers were expected to be at the forefront of a multi-sectoral scheme of rural socio-economic development.
6. **District Management Improvement (DMI) Project:** This project was introduced with the intention of effecting improvements in the managerial capacity of the ministry. It was directed particularly at management structures at HSA level.
7. **Health Sector Reform Programme:** While the various initiatives resulted in significant improvements in the health status of Basotho, various challenges and set backs have also persisted over the years. The health sector has been persistently plagued by problems such as severe shortages of technical staff, equipment and medical supplies. There have also been problems such as poor planning and maintenance of facilities, as well as inefficient management of resources. Due to the real and potential effects of these deficiencies on the health status of the populace, the GoL, through the MOHSW, embarked on the current process of reforming and restructuring the health system. The advent of the HIV/AIDS pandemic, coupled with the absence of a clear and comprehensive policy framework (legislation and regulations) and a "dual" system of health care system resulting in a fragmented and uncoordinated delivery of health care services further informed the reform agenda and process. It is expected that this reform programme will be implemented over a period of ten years, and that this will be undertaken in a phased manner.

In view of these and other initiatives within the health sector that entail significant changes and increased expectations, CHAL realizes that she cannot continue to do business as usual. Strategic changes and improvements are expected in one way or other. Hence, the implementation of GoL-CHAL Partnership Agreement is vital in seeking to gain the needed changes and improvements in the quality and reliability of delivery of health care services within the context of decentralization. For one thing, decentralization entails strengthening capacities of district level and community institutions as well as communities themselves to ensure they effectively deliver decentralized services and functions in a sustainable manner.

ANNEX 2: LIST OF CHAL HOSPITALS AND NURSING SCHOOLS

1. Seboche Hospital, Botha Bothe
2. Maluti SDA Hospital, Mapoteng with Diploma Nursing School
3. Mamohau Hospital, Mamohau
4. St. James Hospital, Mantsonyane
5. Paray Hospital, Thaba-Tseka with Nursing Assistants School
6. St Joseph's Hospital, Roma with Diploma School of Nursing
7. Scott Hospital, Morija with Diploma School of Nursing and Nursing Assistants school
8. Tebellong Hospital, Tebellong

Note: As at 30th November, 2008, member churches operate 72 health centres some with outposts and outreach services.

ANNEX 3: LIST OF KEY PARTNERS

1. The Government of Lesotho: subvention for salaries and operating costs
2. Irish Aid: capacity building, medical services, PHC and infrastructure improvements
3. Solidar Med: support to three hospitals and a nursing assistant school; provision of doctors and technical officer, ART programmes
4. Doctors without Borders (MSF): decentralized ART programme
5. World Food Programme (WFP): distribution of food to vulnerable members of the society
6. UNICEF: support of women in reproductive age group
7. Global Fund: support of AIDS orphans and the TB programme

ANNEX 4: SELECTED ACHIEVEMENTS OF CHAL

1. CHAL Secretariat has registered a number of achievements over time. Some of its achievements are listed below.
2. Initiated PMTCT program in 2002; this has now become a National Programme;
3. In the year 2000 CHAL pioneered the use of ARVs in the management of HIV and AIDS, now a National Programme;
4. Expanded geographic area of service through building Village Health Posts and implementation of “ Reaching Every District” (RED) strategy;
5. Participation in the write up of the application to GAVI, for the new Pentavalent vaccine. The proposal was approved in 2007.
6. Participated in the write up of Global Fund Round 8 proposal. Lesotho’s proposal was approved in 2008
7. Developed Accounting Manual for the Health centres, as a guideline for financial management.
8. Building, expanding and equipping laboratories in all CHAL hospitals;
9. Infrastructure has improved significantly following accreditation exercise;
10. Updating laboratory equipment enabling hospitals to perform other necessary tests, e.g CD 4 counts and chemistry analysis;
11. Human Resource Policy initiated by the Secretariat and shared with institutions. This resulted in institutions developing their own in line with the Secretariat’s;
12. Installation of Pastel programme, enabling the Secretariat to record financial transactions and produce reports in a standardized and efficient manner, including production of payslips;
13. Acquisition of land for building office block