

Lesotho Operational Plan for the scaling up of 3 I's for TB/HIV

Programme components	Objective	Activities	Sub-activities	Indicators for follow up	Time frame	responsible unit	Budget
ICF/IPT							
Policy/guidelines		Finalise national guidelines and tools on ICF/IPT		national guideline developed and validated	Apr-11	Disease control department	
	100 % screening of all PLWHA seeking HIV care and treatment at every encounter with a HIV service	Printing of guidelines		guidelines disseminated to all health facilities	Apr-11		
		Dissemination of guidelines/tools and training manual	stakeholders meeting		May-11		
			Sensitization meeting at district level		May-11		
			actual distribution of guidelines / tools to facilities		May-11		
HR/ capacity building		Organise training of trainers		60 DHMT members and hospital managers trained	Mar-11		
		Organise district step down TB/HIV training in all 10 districts		500 HCW trained	Sep-11		
		Implement joint supervision and mentorship visits by DHMT		joined supervision schedule developed	Sep-11		
Planning and site preparedness		Develop national roll-OUT plan		national roll-out plan developed	Apr-11		
		Develop district level roll-out plan		district roll-out plan developed	Jun-11	no focal person HIV activities at district level	
ACSM: Advocay/ social mobilisation	IPT provided to all eligible PLWHA : 60% year 1 80% year 2	Develop IEC material		new IEC material developed	Sep-11		
		printing and distribution of IEC material		New IEC material available at all sites	Sep-11		
strengthen diagnostic capacity		SOP for sputum collection and transport developed and disseminated		SOP developed and disseminated	Sep-11		
		Implementation and roll-out of Gene-Xpert to all 10 districts		Roll out Plan developed GeneXpert installed in 17 ?? hospitals			
		strengthen transportation of sputum and results (more frequent visits by Riders by health with minimum of twice a week)		2 visits per week in all Health centers by Riders for Health	Sep-11		

strengthen laboratory analysis in district hospital laboratories	training 1 additional lab technician (18) for each existing diagnostic centre	18 more lab technicians trained and employed	Sep-11
	Purchase additional microscopes (18 more for each (18) diagnostic centre)	18 more microscopes purchased	Aug-11
	Increase quantity of lab commodities (slides, reagents,...)		Sep-11
expand X-ray capacity	Decentralise microscopy to 13 additional health centers (already trained)	13 more microscopy centers operational at HC level	Sep-11
	Increase quantity of films, reagents,...		
	increase number of X-ray technicians (employ and train)		
expand capacity for culture and DST	implement 2 regional lab with culture and DST		

Logistics/procurement

Develop procurement and distribution plan for INH

quantification of INH need

Order INH by SHAD

storage at national level (NDSO)

Distribution to the districts by NDSO

District pharmacy to quantify and order and monitor consumption

quantification, order and monitoring by hospital pharmacy

Recording /reporting

development and implementation of M&E plan

development /adaptation of new tools (TB screening tool, IPT register, appointment book, ART monthly report)

consultation of HCW on new collection tools to capture ICF/IPT data

Disseminate new tools to 10 districts

Training HCW (HIV clinic, MCH) on new tools
implement analysis of data at district level including provision of feedback from district level to health facility level

Joint report writing meetings at district level

Joint review and planning meetings at national level (quarterly)

IC

Policy/guidelines	<p>all health facilities have a written IC plan consistent with national guidelines all health facilities have an IC committee/focal person to implement IC 80% of CHW are trained on IC</p>	Finalise national guidelines and tools on TB IC and assure incorporation within general IC policy/guidelines		Apr-11
		Printing of guidelines		Apr-11
		Dissemination of guidelines/tools (incl. stakeholders meeting, sens)	stakeholders meeting	May-11
			Sensitization meeting at district level	May-11
HR/ capacity building		Organise training of trainers	60 DHMT members and hospital managers trained	Mar-11
		Organise district step down TB/HIV training in all 10 districts explore task sharing: lay counselors, cough officers, Implement joint supervision and mentorship visits by DHMT	500 HCW trained	Sep-11
		Organise training for CHW on IC (including contact tracing) in all districts	joined supervision schedule developed	Sep-11
			80% of CHW trained on IC	Mar-12
Planning and site preparedness		Develop national roll-OUT plan	national roll-out plan developed	Apr-11
		Develop district level roll-out plan	district roll-out plan developed	Jun-11
		install IC committee at all health facilities and develop plan		Jul-12
		Implement renovations of 138 HC and 17 OPD (at district hospitals) including IC measures (by MCC)	138 HC renovated and 17 OPD'S at district hospital	Dec-12
		assessment of all newly renovated sites at completion	assessment report with IC recommendations	
ACSM: Advocacy/ social mobilisation		Develop IEC material	new IEC material developed	Sep-11
		printing and distribution of IEC material to all health facilities	New IEC material available at all sites	Sep-11
Routine surveillance for all HCW		routine TB screening for all HCW as part of IC plan		
Logistics/procurement		procure N95 masks to all Health facilities procure surgical masks for TB patients and patients		
Recording /reporting		development and implementation of M&E plan	<p>development /adaptation of new tools (Template IC plan, monthly report)</p> <p>consultation of HCW on new collection tools to capture IC</p> <p>Disseminate new tools to 10 districts</p> <p>Training HCW (HIV clinic, MCH) on new tools</p> <p>Implement analysis of data at district level including provision of feedback from district level to health facility level</p> <p>Joint report writing meetings at district level</p> <p>Joint review and planning meetings at national level (quarterly)</p>	

ICF/IPT and IC in prisons	100% screening for all prisoners and staff for TB	assess IC measures at all prisons	assessment report and recommendations formulated for all prisons
		develop TB IC committee in all prisons	IC committee installed in all prisons
		implement routine TB screening for all prisoners at incarceration	TB screening documented for all prisoners
		Provide INH to all prisoners and staff eligible	% of new prisoners put on IPT
	IPT provided to all eligible prisoners :	strengthen quality assurance of IC in all prisons	all prisons supervised by TB coordinator in all districts
	60% year 1		
	80% year 2	provide IEC to prisoners by civil society	all prisons visited by civil society and provided with IEC talks and material
		implement follow up of discharged prisoners infected with TB and/or HIV by civil society	number of discharged prisoners followed up by civil society