



2016 ANNUAL REPORT to the National AGM

Prepared for presentation to the AGM on 22nd April, 2017

ACKNOWLEDGEMENTS

- ▶ **Acknowledgements**

- ▶ Acknowledgements are made to volunteer structures for their involvement in program implementation and monitoring through their various structures especially the Branch Executive Committees, YAM Committees, National Programs Committee, the Finance Committee and the NEC. The government is acknowledged for the continuing support it has provided to the MA through provision of free SRH commodities such as family planning contraceptives, HIV testing commodities and Anti-Retroviral treatment drugs. The following donors have maintained their trust in LPPA: UNFPA, JHPIEGO, GLOBAL FUND, and PSI. The MA also signed a new agreement with EGPAF to increase the uptake of PITC and FP services among Sex Workers and MSM. The MA acknowledges the partnership spirit displayed by local CSOs in joining LPPA in a consortium to close the tap of infections among key populations. The 2015 Demographic Health Survey results have assisted the MA to address researched indicators.

INTRODUCTION

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- ▶ The MA implemented the program in accordance with the Annual Program and Budget 2016 which was derived from the MA Strategic Plan 2016-2020, this being the first year of the implementation of the current Strategic Plan. The program was implemented according to the four outcomes outlined in the 2016- 2022 Strategic Plan.

The following donors contributed specifically towards outcome 2 and 3:

- ▶ UNFPA: Improvement of Maternal health through outreach work for the hard to reach areas in 5 districts
- ▶ JHpigo: Through this project, the MA contributed towards HIV prevention with VMMC services
- ▶ Global Fund and PACT: Providing services to key populations, especially Sex Workers and MSM
- ▶ PSI: Increasing contraceptive method mix among adolescent girls and young women in Maseru and Berea districts
- ▶ LPPA signed with EGPAF to implement a project to increase the coverage of HIV clinical care and treatment services among Sex Workers and young people for the period, 2016-2020, although the funds were not received until December 2016.

OUTCOME 1

- ▶ Increased level of support for SRHR

Five partners: UNFPA, PSI, JHPIEGO, GLOBAL FUND and PACT have increased the level of support for SRH. MOH has continued its support with FP and HIV commodities.

- ▶ Increased involvement in realization of SRHR

Key LPPA staff were provided with skills on CSE. LPPA is also an active member of the National CSE Committee, Reproductive Health and Commodity Security committee, SRH Steering Committee, and SRH Technical committee. LPPA is a member of GF civil society and SADC parliamentary forum.

OUTCOME 2

- ▶ Adolescents Involvement in CSE for improved reproductive health

- ❖ >900,000 young people were reached with information on adolescent health

CSE curriculum from Grade 4 to 9 well running in Lesotho. A CSE curriculum has also been developed with strong involvement from LPPA.

- ▶ >50 teachers and 20 nurses attended an online course organised by UNFPA and UNAIDS. Three LPPA officers were also included during the online training.

The Government of Lesotho through the Ministry of Education is already committed in CSE alongside the Ministry of Health and the support of donors such as UNFPA and UNAIDS. LPPA Youth Officer, POIEC and the Thakaneng clinic Nurse have undergone the online CSE course, and hold CSE certificates and have facilitated CSE campaigns among young people from vulnerable communities and institutions of higher learning. The POIEC is a member of the National CSE Steering Committee and is thus familiar with CSE initiatives at the national level. 105 Peer Educators trained with the support of PSI, PACT and IPPF have been very instrumental in disseminating SRH information through reach programs

105 Peer Educators were trained to inform and refer youth groups to services..

A group of youth from Maseru and Berea posing for a picture during their 10 days training in Peer education



OUTCOME 3 Project Title Indicators	Achievements 2016	Reason for variance
Number of people provided with FP services	100876	PSI supported outreach services in two districts UNFPA supported outreach services in 5 districts The Ministry of Health provided contraceptives
Number of people tested for HIV and treated	33,969	MOH provided commodities and drugs
Number of males by age provide with VMMC	536 males	LPPA was supported by JHpiego
Number of sex workers and MSM served	1 164	LPPA was supported by Global Fund and PACT
Number of ANC services provided to women & girls	4842	EGPAF doctor oriented a service provider on use of ultra-sound scan for pregnant women during ANC days. (12 pregnant women were scanned)

LPPA in partnership with UNFPA serving women in factories with SRH services during International Women's Day



Enhancing accountability and improving program performance

- ▶ LPPA income increased from M8,917,900 in 2015 to M16,766,622 IN 2016
- ▶ The MA was successful in engaging with donors, and consistent reporting including new ones in 2016.
- ▶ The MA has continued to comply with IPPF standards having hosted all the required statutory meetings for volunteers. An accreditation review exercise was undertaken to reinforce compliance with IPPF standards where the MA scored 69%.
- ▶ External Finance Audit was undertaken with a clean bill of health for 2015.
- ▶ MA structures consistently include women and young people.
- ▶ 143 new volunteers were recruited across the branches.

What worked well

- ▶ The country has many radio stations and one TV network. This has helped in disseminating MA services across the rural and urban areas. LPPA also took advantage of the PC Radio Pitiki custom to address women.
- ▶ The donor environment was very conducive in 2016 especially with regard to funding key populations programs.
- ▶ It is necessary to review MA policies to align with national and IPPF documents
- ▶ The MA has in place new officers basically M&E Officer and Youth Officer.
- ▶ LPPA received support from EGPAF to improve the Thakaneng hall with new equipment including new computers for the internet café, office equipment for the Youth Officer and clinic equipment for the Thakaneng clinic.

What did not work well?

- ▶ The IPPF Accreditation score was basically lowered by policies which had not been reviewed including the constitution. All policies have since been reviewed to align them with national and IPPF policies.
- ▶ While LPPA and its partners still enjoyed support from government, a few Parliamentarians and chiefs, the political events of 2016 took a centre stage countrywide, and prevented social and other SRH advocacy activities among government officials and parliamentarians. Nevertheless the MA engaged with chiefs, counsellors and sometimes parliamentarians during public forums such as the Family Health Day at Ha Ramabanta, Youth Day in Leribe, World Population celebrations where LPPA was represented by the management.