



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
LESOTHO HEALTH SECTOR PERFORMANCE ENHANCEMENT
APPROVED ON APRIL 11, 2013
TO
MINISTRY OF FINANCE
HEALTH, NUTRITION & POPULATION
AFRICA
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ABBREVIATIONS AND ACRONYMS

CERC	Contingent Emergency Response Component
CPF	Country Partnership Framework
CRI	Corporate Results Indicator
DHS	Demographic and Health Surveys
DOTS	Directly Observed Treatment Strategy
EmONC	Emergency Obstetric and Neonatal Care
FM	Financial Management
FY	Fiscal Year
GOL	Government of Lesotho
HMIS	Health Management Information System
HNP	Health, Nutrition, and Population
HRITF	Health Results Innovation Trust Fund
IP	Implementation Progress
IRI	Intermediate Results Indicator
ISR	Implementation Status and Results
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MNH	Maternal and Newborn Health
MOF	Ministry of Finance
MOH	Ministry of Health
MU	Moderately Unsatisfactory
NSRHSC	National Sexual and Reproductive Health Steering Committee



PBF	Performance-Based Financing
PAU	Project Accounting Unit
PDO	Project Development Objective
PMTCT	Prevention of Mother to Child Transmission
PNC	Post-Natal Care
PPP	Public Private Partnership
QMMH	Queen 'Mamohato Memorial Hospital
RF	Results Framework
SRH	Sexual and Reproductive Health
TA	Technical Assistance
TWG	Technical Working Group
VHW	Village Health Worker



BASIC DATA

Product Information

Project ID P114859	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 11-Apr-2013	Current Closing Date 30-Jun-2019

Organizations

Borrower Ministry of Finance	Responsible Agency Ministry of Health, Ministry of Finance
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Project Development Objective (PDO)

Original PDO

The overall project development objective is to improve the utilization and quality of maternal and newborn health (MNH) services in selected districts in Lesotho.

Current PDO

The overall project development objective is to: (i) increase utilization and improve the quality of primary health services in selected districts in Lesotho with a particular focus on maternal and child health, TB and HIV; (ii) improve contract management of select PPPs; and (iii) in the event of an Eligible Crisis or Emergency, to provide immediate and effective response to said Eligible Crisis or Emergency.

Summary Status of Financing

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-52290	11-Apr-2013	18-Apr-2013	14-Feb-2014	30-Jun-2019	12.00	6.91	4.22
TF-14147	18-Apr-2013	18-Apr-2013	14-Feb-2014	30-Jun-2019	4.00	2.00	2.00



Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Project Status

1. The Lesotho Health Sector Performance Enhancement (formerly Maternal and Newborn Health Performance-Based Financing [PBF]) Project (P114859) in the amount of US\$12 million (IDA-5229) was approved by the Board on April 11, 2013, and became effective on February 14, 2014 with an original closing date of June 30, 2017. The credit is co-financed with a US\$4 million grant from the Health Results Innovation Trust Fund (HRITF) and another US\$4 million of counterpart funding from the Government of Lesotho. The project is now fully operational in all six targeted districts. Following implementation in the two pilot districts – since April 2014 in the case of Quthing, and January 2015 in the case of Leribe – the project was scaled up to Mokhotlong and Thaba-Tseka districts in July 2016, and subsequently to Mafeteng and Mohale’s Hoek districts in October 2016, encompassing 92 health centres and 8 district hospitals. Health Centres and District Hospitals have signed performance contracts, opened Health Centre Committee administered bank accounts, submitted invoices, and undergone verification and counter verification processes on a quarterly basis.
2. The Project has demonstrated continued progress since 2014. Both Project Development Objective (PDO) and implementation progress (IP) ratings continue to be Moderately Satisfactory (MS), having both been upgraded from Moderately Unsatisfactory in July 2017. After the first restructuring in November 2016, the governance structure of the project was improved to address financial management and operational issues. The restructuring also improved the integration of the secondary level of health care (district hospitals) in the project. These changes contributed to the achievement of targets for two out of six PDO level indicators and for four of the six intermediate results indicators (IRI). Most of the PDO level and IR indicators – or their respective proxies – have demonstrated positive trends based on the project’s web-based portal, and Health Management Information System (HMIS) data.
3. Implementation of capacity strengthening activities has been generally satisfactory with more than 100 clinical staff, and more than 2,000 village health workers receiving training. Furthermore, after experiencing delays, Public-Private Partnership (PPP) contract management strengthening within the GOL has progressed with Terms of Reference prepared by government and two posts advertised. One position (Clinical Advisor) has been filled.
4. In addition, the Project’s PBF component has accomplished the following:



- (a) Instilled a “can-do” spirit and determination among facility managers in PBF districts to address challenges and strive to make improvements. The performance of the PBF program thus far in the six target districts has generated interest from the four remaining non-PBF districts to participate in the PBF to the extent that they have been requesting the MOH to be included in the PBF Program.
- (b) Demonstrated continued progress with respect to health services. For example:
 - (i) Post-natal care (PNC) visits between 24 hours and one week of delivery: In Quthing, PNC visits increased from a monthly average per health center of 3 cases in 2014 to 5 in 2017; in Leribe, it increased from 7 cases in 2015 to 8 in 2017. Meanwhile average monthly PNC visits per health center also increased in the four phase II districts between enrollment in 2016 to date: Mokhotlong (1.9 to 3.1), Thaba-Tseka (3.7 to 5.4), Mafeteng (0.2 to 3.8), and Mohale’s Hoek (0.1 to 4.4);
 - (ii) Child full immunization: In both Quthing and Leribe, this increased from a monthly average per health center of 8 children in 2014 to 10.5 in 2017. Meanwhile average monthly immunizations per facility increased in the four phase II districts between enrollment in 2016 to date: Mokhotlong (3.3 to 7.0), Thaba-Tseka (3.0 to 6.9), Mafeteng (2.2 to 9.5), and Mohale’s Hoek (1.3 to 7.1);
 - (iii) Users of long-term modern contraception: In Quthing, this increased from a monthly average users per health center of 2 in 2015 to 10 in 2017; in Leribe, it went up from 3 to 6.6 cases over the same period. Meanwhile average monthly users per health center increased in the four phase II districts between enrollment in 2016 to date: Mokhotlong (6.3 to 6.6), Thaba-Tseka (3.0 to 12.76), Mafeteng (4.7 to 16.9), and Mohale’s Hoek (3.1 to 8.0); and
 - (iv) Quality of care: from a 2015 baseline score of 59.6% in the two pilot districts, the 2017 quality score across all six target districts is 74.4%.
- 5. Despite the above increases, the still relatively low average volume of services delivered per health center can be explained mainly by the previous overall tendency to refer those seeking health services to district hospitals because many HCs suffered from poor physical infrastructure and shortages of equipment and staff. As a result of complementary efforts by the Millennium Challenge Corporation (a United States Government financed infrastructure program targeting health, education and water) to refurbish 138 out of 145 health facilities just prior to the start of the HSPEP and the progressive rollout of the PBF approach under the HSPEP which has been instrumental in allowing contracting and retention of staff and the provision of other services such as LT contraceptives, there has been a gradual yet steady increase in utilization of health services at the health center level. Since the PBF, more HCs are providing more services on a regular basis – implementing what is referred to in the health sector in Lesotho as a “supermarket” approach. For example, mothers can go for their check-ups and have their children immunized and monitored for growth on the same day in more HCs instead of having to return on another day to avail of services for themselves or their children. Using PBF funds, more HCs are also implementing demand-side strategies alongside supply-related interventions such as providing baby hampers and blankets to women who deliver in health facilities.
- 6. Project disbursements began to accelerate since FY17. As of March 1, 2018, the project disbursed US\$ 6.91 million (62%) of the total IDA Credit of US\$12 million, and US\$2.0 million (50%) of the total HRITF grant of US\$4 million. Disbursements are expected to continue to accelerate, as implementation of activities progress, particularly if the plan to restructure the project and implement the PBF at full scale nationwide is approved.

B. Rationale for Restructuring

- 7. The rationale for project restructuring is to respond to a formal request from the Government of Lesotho dated January 26, 2018, to scale up the current project geographical coverage from six districts to all ten districts of the country in preparation for the institutionalization of the PBF approach in the country’s health sector with possible additional financing from the World Bank. The proposed PBF expansion would also require a reallocation of project costs across certain expenditure categories. The Government also expressed the need to adjust the Result Framework, including the identification of more frequently available, clearer and consistent sources of data necessary to enhance project monitoring and evaluation.



II. DESCRIPTION OF PROPOSED CHANGES

8. With this restructuring, the project's geographical coverage will be scaled up from six to ten districts, with the remaining four districts, i.e. Maseru, Berea, Butha-Buthe and Qacha's Nek, planned to be enrolled by the second quarter of 2018. The following proposed changes will be required to accommodate the geographical scale-up of the PBF approach: (a) more realistic Result Framework that is consistent with both the Project's theory of change and aligned with regular data sources, and (b) reallocation of funds to provide more financing to the PBF scale-up to cover four additional districts. This reallocation will enable the project to cover four quarters of incentive payments out of the seven remaining quarters of the current project implementation period for all ten districts.
9. Overall, the geographical scale-up of the PBF approach will entail a financing gap of US\$4.3 million to cover performance-based grants (category 1) under Component 1 of the project. The Government of Lesotho commits to providing an additional US\$0.85 million from the existing US\$4 million in counterpart funding to partially cover the deficit. The Government of Lesotho intends to request, at a later stage of project implementation, additional financing (AF) from the World Bank to cover the remaining shortfall, as well as to extend the project closing date. The preparation of the AF will look at options for supporting mainstreaming of the PBF approach, as well as actions to contribute to its financial sustainability in the medium to long term. The AF will also incorporate measures to strengthen PBF and PPP governance arrangements including mechanisms for stakeholder grievances so that concerns in these areas can be raised and addressed more systematically.

C. Modify the Results Framework

10. The Results Framework (RF) will be revised to better reflect the Project's results chain/theory of change to ensure consistency in classifying PDO and Intermediate Results (IR) level indicators, improve the measurability of specific PDO and intermediate results indicators, and the consistency of data sources. The proposed changes are reflected in the attached Results Framework in section IV of this paper. The previous November 2016 level I restructuring had proposed to harmonize RF indicators with Lesotho's Health Management Information System (HMIS), as well as routine utilization data from the PBF invoices reporting on the incentivized quantitative and qualitative indicators under the Project. Nevertheless, most of the indicators that were selected for the RF are still sourced from infrequently conducted household surveys that can only provide estimated data for the project intervention areas. The proposed level II restructuring will use data generated by the Project and the HMIS electronic platform.
11. In addition, the current RF includes indicators that were phrased in alignment with the previous paper-based HMIS framework utilized in Lesotho. The Country has since adopted an electronic and web-supported platform for HMIS reporting which also adjusted the wording/phrasing of some indicators. The proposed restructuring will adjust the RF indicators to be consistent with the wording of the revised HMIS indicators.
12. Specific changes include:
 - (a) Introducing five new PDO indicators: (i) an indicator measuring utilization of PBF reproductive health services in terms of utilization of modern contraceptive services of women in general, replacing the former institutional deliveries and modern (short term and long term, excluding condoms) contraception uptake among married women indicators; (ii) an indicator measuring progress made in addressing malnutrition (underweight) in children under five (comprising one of two parts of



the HNP corporate results indicator (CRI) measuring the number of recipients of essential HNP services); (iii) an indicator measuring the number of children under 1 fully immunized (the second part of the aforementioned HNP CRI to replace the former PDO indicator measuring the percentage of children under 1 fully immunized, as well as a similar Intermediate Results indicator (IRI) measuring the number of children immunized; (iv) an indicator measuring initiation of TB treatment, replacing the former indicator on treatment for TB in accordance with Directly Observed Treatment Strategy (DOTS); and (v) an indicator measuring the number of current recipients of HIV therapy, replacing the former Prevention of Mother to Child Transmission (PMTCT) indicator.

- (b) Introducing four new intermediate outcome indicators: (i) an indicator that relates to community engagement/beneficiary feedback; (ii) an indicator that reflects progress made in supervision of health facilities; (iii) an indicator that relates to improving and updating quality checklists; and (iv) an indicator that relates to the approval of key Government PPP positions' Terms of Reference;
- (c) The former indicator measuring the number of health personnel receiving training will be split into two categories: one measuring clinical services-oriented training, and the other health systems strengthening-oriented training;
- (d) Adjusting sources and wording for all the PDO level indicators (PDO indicator numbers 1 to 5) that depended on household surveys so that they can be more frequently measured using the regular web-supported HMIS.
- (e) Adjusting the baseline and targets for all indicators (except PDO indicator 7 which deals with PPP staffing) to include the 4 additional districts.

D. Reallocations between Component Costs and Disbursement Categories

13. Aiming for creating available funds for the RBF scale-up, the reallocation of funds across project components and disbursement categories with respect to both the IDA credit and HRITF grant are proposed (see Section IV below). Funds will be reallocated across the project components as follows: (a) Component 1 (Improving Health Service Delivery through Performance-Based Financing) increasing from US\$11.45 million to US\$11.64 million to accommodate the proposed PBF scale-up, and (b) Component 3 (Enhance PPP Management Capacity within the Government of Lesotho) decreasing from US\$0.82 million to US\$0.63 million. This will lead to the following revisions on disbursement categories: (a) increased allocations to (i) category 1 (performance-based grants) and category 6 (inputs-based goods) under the IDA credit and (ii) operating costs under both the IDA credit (category 4) and HRITF grant (category 3); (b) decreased allocations to (i) consulting services under both the IDA credit (category 2) and HRITF grant (category 2) and (ii) category one (performance-based grants) under the HRITF grant.

E. Disbursement Estimates

14. Given the proposed geographical scale up of the project, the disbursement estimates have been revised and are detailed in Section IV below.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Change in Results Framework	✓	
Change in Components and Cost	✓	
Reallocation between Disbursement Categories	✓	



Change in Disbursement Estimates	✓	
Change in Implementing Agency		✓
Change in DDO Status		✓
Change in Project's Development Objectives		✓
Change in Loan Closing Date(s)		✓
Cancellations Proposed		✓
Change in Disbursements Arrangements		✓
Change in Overall Risk Rating		✓
Change in Safeguard Policies Triggered		✓
Change of EA category		✓
Change in Legal Covenants		✓
Change in Institutional Arrangements		✓
Change in Financial Management		✓
Change in Procurement		✓
Change in Implementation Schedule		✓
Other Change(s)		✓
Change in Economic and Financial Analysis		✓
Change in Technical Analysis		✓
Change in Social Analysis		✓
Change in Environmental Analysis		✓

IV. DETAILED CHANGE(S)

RESULTS FRAMEWORK

Project Development Objective Indicators

PDO 1: Number of women using modern contraceptive method in PBF enrolled health facilities in target districts				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	70956.00	96600.00	117900.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	



PDO 1a: Number of women using modern contraceptive method in PBF enrolled health facilities in target districts - first batch (Quthing)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	2648.00	2224.00	2900.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

PDO 1b: Number of women using modern contraceptive method in PBF enrolled health facilities in target districts - second batch (Leribe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	13757.00	16615.00	18000.00	New
Date	30-Jan-2015	29-Dec-2017	30-Jun-2019	

PDO 1c: Number of women using modern contraceptive method in PBF enrolled health facilities in target districts - third batch (Mafeteng, Mofale's Hoek, Mokhotlong, Thaba-Tseka)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	21958.00	26858.00	32000.00	New
Date	29-Jul-2016	29-Dec-2017	30-Jun-2019	

PDO 1d: Number of women using modern contraceptive method in PBF enrolled health facilities in target districts - fourth batch (Maseru, Berea, Qacha's Nek, Butha-Buthe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	50903.00	50903.00	65000.00	New
Date	15-Mar-2018	15-Mar-2018	30-Jun-2019	

People who have received essential health, nutrition, and population (HNP) services

Unit of Measure: Number

Indicator Type: Corporate



	Baseline	Actual (Current)	End Target	Action
Value	24153.00	26170.00	34340.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

Number of children immunized
 Unit of Measure: Number
 Indicator Type: Corporate Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	22834.00	24399.00	31440.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

PDO 2a: Number of children under-1 fully immunized at PBF enrolled facilities-first batch (Quthing)
 Unit of Measure: Number
 Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	1236.00	1250.00	1500.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

PDO 2b: Number of children under-1 fully immunized at PBF enrolled facilities- second batch (Leribe)
 Unit of Measure: Number
 Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	4391.00	4202.00	4500.00	New
Date	30-Jan-2015	29-Dec-2017	30-Jun-2019	

PDO 2c: Number of children under-1 fully immunized at PBF enrolled facilities - third batch (Mafeteng, Mohale's Hoek, Mokhotlong, Thaba-Tseka)
 Unit of Measure: Number
 Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	5804.00	8024.00	8440.00	New
Date	31-Oct-2016	29-Dec-2017	30-Jun-2019	



PDO 2d: Number of children under-1 fully immunized at PBF enrolled facilities - fourth batch (Maseru, Berea, Qacha's Nek, Butha-Buthe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	10923.00	10923.00	17000.00	New
Date	15-Mar-2018	15-Mar-2018	30-Jun-2019	

Number of women and children who have received basic nutrition services

Unit of Measure: Number

Indicator Type: Corporate Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	1319.00	1771.00	2900.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 3a: Number of underweight children under 5 years detected and treated in the target districts-first batch (Quthing)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	78.00	114.00	150.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 3b: Number of underweight children under 5 years detected and treated in the target districts- second batch (Leribe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	208.00	223.00	250.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 3c: Number of underweight children under 5 years detected and treated in the target districts - third batch (Mafeteng, Mophale's Hoek, Mokhotlong, Thaba-Tseka)

Unit of Measure: Number

Indicator Type: Custom Breakdown



	Baseline	Actual (Current)	End Target	Action
Value	225.00	626.00	700.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 3d: Number of underweight children under 5 years detected and treated in the target districts- fourth batch (Maseru, Berea, Qacha's Nek, Butha-Buthe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	808.00	808.00	950.00	New
Date	15-Mar-2018	15-Mar-2018	30-Jun-2019	

PDO 4: Number of patients started on TB treatment in the target districts

Unit of Measure: Number

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	3725.00	3713.00	4220.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

PDO 4a: Number of patients started on TB treatment in the target districts-first batch (Quthing)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	150.00	159.00	200.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

PDO 4b: Number of patients started on TB treatment in the target districts- second batch (Leribe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	595.00	527.00	670.00	New
Date	30-Jan-2015	29-Dec-2017	30-Jun-2019	



PDO 4c: Number of patients started on TB treatment in the target districts- third batch (Mafeteng, Mofale's Hoek, Mokhotlong, Thaba-Tseka)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	888.00	908.00	1050.00	New
Date	29-Jul-2016	29-Dec-2017	30-Jun-2019	

PDO 4d: Number of patients started on TB treatment in the target districts- fourth batch (Maseru, Berea, Qacha's Nek, Butha-Buthe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	2119.00	2119.00	2300.00	New
Date	15-Mar-2018	15-Mar-2018	30-Jun-2019	

PDO 5: Number of people currently on HIV treatment in the target districts

Unit of Measure: Number

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	128037.00	201758.00	216300.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 5a: Number of people currently on HIV treatment in the target districts-first batch (Quthing)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	5354.00	6429.00	7500.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 5b: Number of people currently on HIV treatment in the target districts - second batch (Leribe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
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Value	24690.00	35415.00	38500.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 5c: Number of people currently on HIV treatment in the target districts- third batch (Mafeteng, Mohale's Hoek, Mokhotlong, Thaba-Tseka)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	13797.00	15239.00	17300.00	New
Date	30-Dec-2016	29-Dec-2017	30-Jun-2019	

PDO 5d: Number of people currently on HIV treatment in the target districts - fourth batch (Maseru, Berea, Qacha's Nek, Butha-Buthe)

Unit of Measure: Number

Indicator Type: Custom Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	108496.00	108496.00	115000.00	New
Date	15-Mar-2018	15-Mar-2018	30-Jun-2019	

PDO 6: Average Health Facility Quality of Care Score in target districts

Unit of Measure: Percentage

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	59.60	74.40	78.00	Revised
Date	31-Dec-2015	30-Dec-2017	30-Jun-2019	

PDO 7: MOF Central PPP Unit and MOH PPP Contract Management office established and fully staffed

Unit of Measure: Percentage

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	100.00	Revised
Date	31-Oct-2016	29-Dec-2017	30-Jun-2019	

1. Pregnant women delivering in PBF enrolled health facilities in target districts

Unit of Measure: Percentage

Indicator Type: Custom



	Baseline	Actual (Current)	End Target	Action
Value	53.20	74.30	80.00	Marked for Deletion
Date	31-Dec-2009	30-Apr-2017	30-Jun-2019	
2. Children under 1-year fully immunized in PBF enrolled health facilities in the target districts				
Unit of Measure: Percentage				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	60.10	67.20	72.00	Marked for Deletion
Date	31-Dec-2009	30-Apr-2017	30-Jun-2019	
3. Currently married women using modern contraceptive method in target districts				
Unit of Measure: Percentage				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	40.40	58.10	62.00	Marked for Deletion
Date	31-Dec-2009	30-Apr-2017	30-Jun-2019	
4. People receiving tuberculosis treatment in accordance with the WHO-recommended "Directly Observed Treatment Strategy" (DOTS) (number)				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	4925.00	13228.00	9500.00	Marked for Deletion
Date	30-Jan-2013	31-Oct-2017	30-Jun-2019	
5. Pregnant women living with HIV who received ARV prophylaxis or complete course of ARV to reduce the risk of MTCT in target districts				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	3910.00	16010.00	13000.00	Marked for Deletion
Date	30-Jan-2013	30-Oct-2017	30-Jun-2019	

Intermediate Indicators



IRI 1: Number of health facilities with PBF contracts				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	100.00	171.00	Revised
Date	30-Jan-2013	30-Dec-2017	30-Jun-2019	
IRI 2: Number of health personnel in the target districts that received training focused on clinical services				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	105.00	465.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	
IRI 3: Number of health personnel in the target districts that received non-clinical health systems-related training				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	2266.00	6500.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	
IRI 4: Community-based satisfaction score for PBF enrolled facilities in the target districts				
Unit of Measure: Percentage				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	75.00	88.40	89.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	
IRI 5: Number of Terms of References for key PPP positions in the Government drafted and approved				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	1.00	4.00	New
Date	31-Oct-2016	29-Dec-2017	30-Jun-2019	



IRI 6: Number of District Steering Committee meetings in target districts providing feedback and grievance redress mechanisms based on assessments to facilities and involve community representatives

Unit of Measure: Number

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	2.00	12.00	18.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

IRI 7: Number of Quality checklists revised and streamlined (cumulative)

Unit of Measure: Number

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	0.00	2.00	4.00	New
Date	31-Dec-2014	29-Dec-2017	30-Jun-2019	

1. Mothers who received postnatal care within two days of childbirth in target districts

Unit of Measure: Percentage

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	40.00	60.70	70.00	Marked for Deletion
Date	31-Dec-2009	30-Apr-2017	30-Jun-2019	

2. Pregnant women receiving antenatal care during a visit to a health provider (number)

Unit of Measure: Number

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	17233.00	69694.00	60000.00	Marked for Deletion
Date	30-Jan-2013	30-Oct-2017	30-Jun-2019	

People who have received essential health, nutrition, and population (HNP) services

Unit of Measure: Number

Indicator Type: Corporate

	Baseline	Actual (Current)	End Target	Action
Value	17851.00	61915.00	50000.00	Marked for Deletion
Date	30-Jan-2013	30-Oct-2017	30-Jun-2019	



Number of children immunized
Unit of Measure: Number
Indicator Type: Corporate Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	17851.00	61915.00	50000.00	Marked for Deletion
Date	30-Jan-2013	30-Oct-2017	30-Jun-2019	

6. Health personnel receiving training (number)

Unit of Measure: Number
Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	0.00	2371.00	1500.00	Marked for Deletion
Date	30-Jan-2013	29-Dec-2017	30-Jun-2019	

COMPONENTS

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
Component 1: Improving Health Service Delivery through Performance-Based Financing	11.45	Revised	Component 1: Improving Health Service Delivery through Performance-Based Financing	11.64
Component 2: Capacity Building Support to the Ministry of Health	3.73	No Change	Component 2: Capacity Building Support to the Ministry of Health	3.73
Component 3: Enhance PPP Management Capacity within the Government of Lesotho	0.82	Revised	Component 3: Enhance PPP Management Capacity within the Government of Lesotho	0.63
Component 4: Contingent Emergency Response	0.00	No Change	Component 4: Contingent Emergency Response	0.00
TOTAL	16.00			16.00

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)
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			Current	Proposed
IDA-52290-001 Currency: XDR				
iLap Category Sequence No: 1	Current Expenditure Category: Gds,SmWks,POC,NonCS,PC PT A.1			
3,650,392.00	1,766,078.16	3,728,966.13	75.00	75.00
iLap Category Sequence No: 2	Current Expenditure Category: Cons Svcs except PT A.1			
3,116,147.00	1,776,780.75	2,994,901.56	65.00	67.3
iLap Category Sequence No: 3	Current Expenditure Category: Training except PT A.1			
559,457.00	558,830.46	559,457.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: Operating Costs except PT A.1			
206,111.00	207,428.29	220,738.87	42.40	59.7
iLap Category Sequence No: 5	Current Expenditure Category: PPF REFINANCING			
174,691.00	174,690.71	174,691.00		
iLap Category Sequence No: 6	Current Expenditure Category: GDS,WKS,NCS except part A.1			
93,202.00	0.00	121,245.44	100.00	100.00
iLap Category Sequence No: 7	Current Expenditure Category: Emergency Expend part D			
0.00	0.00	0.00	100.00	100.00
Total	7,800,000.00	4,483,808.37	7,800,000.00	
TF-14147-001 Currency: USD				
iLap Category Sequence No: 1	Current Expenditure Category: Gds,SmWks,POC,NonCS,PC PT A.1			
1,774,780.00	819,308.28	1,763,316.21	25.00	25.00



iLap Category Sequence No: 2	Current Expenditure Category: Cons Svcs except PT A.1			
2,041,598.00	818,762.03	2,025,518.49	35.00	32.3
iLap Category Sequence No: 3	Current Expenditure Category: Operating Costs except PT A.1			
183,622.00	210,386.97	211,165.30	57.60	40.3
Total	4,000,000.00	1,848,457.28	4,000,000.00	

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates

Yes

Year	Current	Proposed
2013	0.00	0.00
2014	0.00	397,610.70
2015	397,610.70	2,000,000.00
2016	2,478,777.30	4,620,000.00
2017	5,198,656.00	4,370,000.00
2018	4,582,447.00	4,380,000.00
2019	3,342,509.00	232,389.30

Note to Task Teams: End of system generated content, document is editable from here.