



Bo-mphato
Litšebeletsong
Tsa Bophelo

Partners In Health

Annual Report

FY25

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FAREWELL LETTER FROM THE EXECUTIVE DIRECTOR



Dr. Melino Ndayizigiye

OUTGOING EXECUTIVE DIRECTOR

Dear PIH Lesotho team and friends,

It is with great pleasure that I write this letter to express my sincere gratitude for your support throughout fiscal year 2025 and during my five-year tenure as Executive Director of PIH Lesotho. As I step down and transition into my new cross-site role as Senior Health and Policy Advisor for Infectious Diseases, I feel incredibly proud of what we have accomplished together.

I will always cherish the 11 years I spent in Lesotho, working alongside all of you and our Ministry of Health colleagues on various projects and health systems improvement initiatives. These have included health reform, innovative strategies to address the TB burden, improving maternal and child health, building a robust oxygen ecosystem, improving cancer care, and training the next generation of health professionals. The list is endless.

I am particularly happy and proud to hand over my leadership responsibilities to Mme Retšepile Tlali (Mathemba Radebe), with whom I've had the privilege of working as my deputy over the past two years. I am confident she will lead the organization to even greater impact in our areas of intervention and will continue to work closely with all of you to support the Ministry of Health in achieving its goals.

Thank you once again for your unwavering dedication to saving the lives of the most vulnerable communities and for your steadfast commitment to the mission of Partners In Health. Keep up the great work!

Warm regards,

A handwritten signature in black ink, appearing to read 'Melino Ndayizigiye', written over a white, brush-stroke-like graphic element.

Dr. Melino Ndayizigiye
Outgoing Executive Director

EXECUTIVE SUMMARY

During fiscal year 2025, Partners In Health Lesotho (PIH Lesotho) continued its support to the Government of Lesotho in delivering high-quality health care from primary care services in rural, hard-to-reach areas (Lebakeng, Tlhanyaku, Manamaneng, Methalaneng, Bobete, Nohana, and Nkau), to nationwide drug-resistant tuberculosis (DR-TB) care, and technical and logistical support in the districts of Butha-Buthe, Leribe, Berea, and Mohale's Hoek. We also strengthened biomedical capacity and the national oxygen ecosystem, and provided technical assistance to the Ministry of Health (MoH) in the development of strategies, policies, and clinical guidelines.

Despite a challenging funding environment, our commitment to achieving results remained strong. FY25 data show encouraging reductions in leading causes of mortality, demonstrating that their elimination is possible. This year, we eliminated vertical transmission of HIV from mother to child in a cohort of 76 HIV-exposed infants and achieved a remarkable 95.2% viral load suppression rate among more than 5,300 people living with HIV.

Our efforts to tackle TB were similarly impactful. We diagnosed and initiated treatment for over 400 drug-sensitive TB patients in rural, hard-to-reach clinics, achieving a 90% treatment success rate. We also treated nearly 100 patients with DR-TB, including four with pre-extensively drug-resistant TB (pre-XDR-TB), with a treatment success rate of 84%. In addition, we launched an ambitious five-year TB elimination project and are working with the MoH to implement a comprehensive "Search, Treat, and Prevent" strategy for all TB cases.

In our rural clinics, we reached nearly 40,000 people. We provided antenatal care to over 1,000 women and supported them through our maternal waiting homes to ensure safer deliveries. We also treated nearly 1,000 patients with mental health conditions by integrating mental health care into our Primary Health Care and DR-TB programs, and by introducing the Problem Management Plus (PM+) intervention to address depression, anxiety, and substance abuse.

Our work to strengthen the national oxygen ecosystem remained one of our most successful programs. In FY25, we filled nearly 6,000 large oxygen cylinders, which were distributed to 24 hospitals and health centers across the country, enough to treat more than 2,000 adults. To further support the MoH in closing the gap in medical equipment maintenance and repair, we built a biomedical center of excellence, where we now perform calibration, maintenance, and repairs, as well as training technicians and users on preventive maintenance.

We enhanced laboratory services, achieving 93% on-time turnaround for over 85,000 tests, and opened a new mini-lab in Manamaneng. Looking ahead, we have begun preparing our central laboratory for international accreditation. Radiology services also expanded, with all our rural supported rural clinics now equipped with digital x-ray machines, artificial intelligence (AI), teleradiology and TB hunter systems.

To improve maternal and child health and nutrition services, we launched new partnerships with the University of California San Francisco's Global Action Nursing (GAIN) program, the Lesotho Nutrition Initiative (LNI), and Mercy Air Aviation.

Our commitment to building local capacity remained at the center of our work. We provided training in areas such as post-TB lung disease, oncology, ultrasound, and DR-TB management. We are also proud to support six Basotho students currently enrolled in the MBBS/MGD program at the University of Global Health Equity in Rwanda.

We pursued 15 new funding opportunities this year, of which six were successfully awarded.

In addition to delivering high-quality care and supporting the MoH in building a resilient health system, we shared our best practices through the publication of six peer-reviewed articles and presentations at several international conferences.

These achievements were made possible through our strong collaboration with the Government of Lesotho and our valued partners. I am proud that PIH Lesotho remains deeply committed to our mission to accompany the Government of Lesotho, through the Ministry of Health, in improving the health and well-being of all Basotho.

The great achievements were made because of a wonderful collaboration with the government of Lesotho and its partners, and PIH is committed to continue to accompany the government through the MoH to improve health care to all Basotho.

ACRONYMS

AI : Artificial Intelligence	MDR-TB : Multi Drug-Resistant Tuberculosis
ANC : Antenatal Care	MDS : Misconduct Disclosure Scheme
ART : Antiretroviral Therapy	MoH : Ministry of Health
BMSF : Bristol Myers Squibb Foundation	MOTUs : Mental Health Observation and Treatment Units
CAD : Computer Aided Detection	MOU : Memorandum of Understanding
CDC : Centers for Disease Control	NCDs : Non-Communicable Diseases
CGPU : Child and Gender Protection Unit	NDSO : National Drug Service Organisation
CHAL : Christian Health Association of Lesotho	OPD : Outpatient Department
COPD : Chronic Obstructive Pulmonary Disease	OVC : Orphans and Vulnerable Children
CRP-TB : C-Reactive Protein in relation to Tuberculosis	PDE : Professional Development Experience
CXR- : Chest X-Ray	PHC : Primary Health Care
CY-TB : Cytoburin next-generation skin test for tuberculosis	PIH : Partners In Health
DM : Diabetes Mellitus	PM+ : Problem Management Plus
DR-TB : Drug-Resistant Tuberculosis	PMDT : Programmatic Management of Drug-Resistant Tuberculosis
DS-TB : Drug-Susceptible Tuberculosis	POCUS : Point-Of-Care Ultrasound
ECG : Electrocardiogram	pre-XDR-TB : pre-Extensively Drug-Resistant Tuberculosis
FASH : Focused Assessment with Sonography for HIV/TB	PSEAH : Protection from Sexual Exploitation, Abuse, and Harassment
FY25 : Fiscal Year 2025	PTLD : Post-TB Lung Disease
GAIN : Global Action In Nursing	PWRDF : Primate's World Relief and Development Fund
GF : Global Fund	RI : Rural Initiative
GRAD-TB : Global Resilience Against Drug-Resistant Tuberculosis	TB : Tuberculosis
HIV : Human Immunodeficiency Virus	TILES : Tharollo Institute of Labour, Economics and Management Studies
HTN : Hypertension	TPT : Tuberculosis Preventive Therapy
ICU : Intensive Care Unit	UGHE : University of Global Health Equity
IPC : Infection Prevention and Control	UHC : Universal Health Coverage
KCS : Knowledge-Centered Service	USAID : United States Agency for International Development
LNI : Lesotho Nutrition Initiative	VHW : Village Health Workers
MBBS : Bachelor of Medicine, Bachelor of Surgery	
MCH : Maternal and Child Health	

1

5S MODEL

We look at health system strengthening as a mix of five fundamental ingredients: staff, stuff, space, systems, and social support. Removing any one item would result in a weaker health system overall.

STAFF



PIH Lesotho employs over 350 Basotho staff. At the PIH-supported Botšabelo MDR-TB Hospital and 7 rural clinics, a diverse team, including nurses, lab and pharmacy staff, counsellors, clerks, and treatment supporters, deliver high-quality care. This dedicated workforce is central to PIH's mission of strengthening the health system and expanding access to essential services across Lesotho.



The 2025 Nurses Week celebrated in honor and appreciation of the selfless work by PIH Lesotho Nurses in their respective roles held at Botsabelo MDR premises. Photo by Justice Kalebe/ PIH.

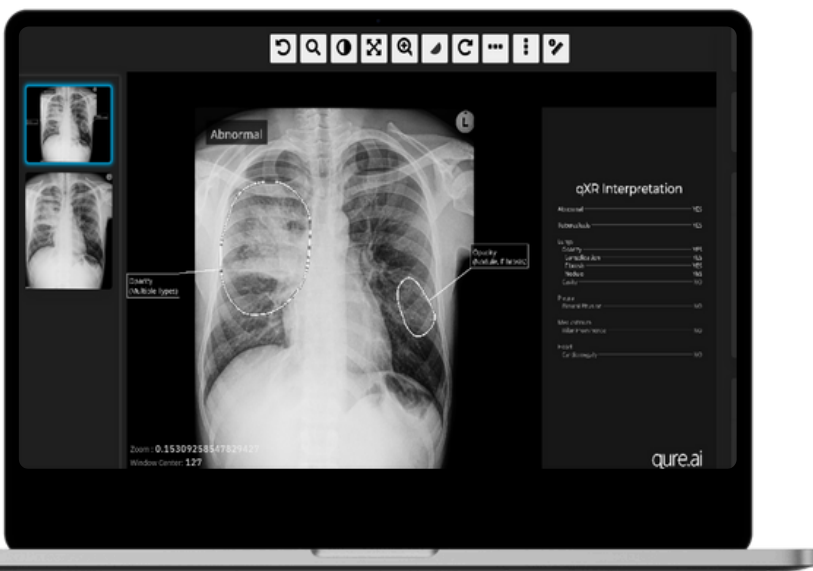
STUFF



Butterfly iQ+ training at Botšabelo Hospital. Photo by Tšepo Monakalali/PIH

PIH Lesotho ensures that its Botšabelo MDR-TB-supported hospital and its 7 Rural Initiative Sites have essential stuff, from vaccinations and antibiotics for TB to IV fluids and medical oxygen. PIH's supply chain team standardises requests, streamlines procurement, and aligns with national protocols. This guarantees health workers have the tools and resources needed for safe, effective patient care and efficient facility administration.

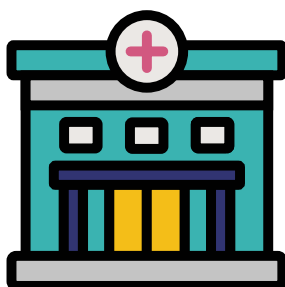
SYSTEMS



An X-ray as displayed in the qTrack system.

PIH Lesotho has strengthened systems for quality health care by improving data collection, supply-chain and patient record management. PIH Lesotho enhanced digital tools and reporting systems enable real-time monitoring, informed decision-making, and reduced stockouts. These innovations ensure consistent access to medicines, better patient follow-up, and improved treatment outcomes across health facilities.

SPACE



To deliver quality care, PIH Lesotho ensures safe, functional spaces equipped with essential utilities like electricity and clean water. While some facilities exist, many require renovation or new construction. Working with partners, PIH expands, upgrades, and equips health spaces to meet clinical needs and provide patients with a dignified, healing environment across underserved communities.



Wards at Botšabelo Hospital in Maseru, Lesotho. Photo by Caitlin Kleiboer/PIH

SOCIAL SUPPORT



PIH recognizes that social determinants significantly impact health outcomes. PIH Lesotho provides food packages for MDR-TB patients and transport reimbursement to ensure adherence to treatment. Support extends to treatment supporters through monthly stipends and new mothers through starter packs. Special interventions include providing home-based oxygen support for MDR-TB patients and covering medical bills for patients referred to other facilities. For orphans and vulnerable children (OVCs), we enhance food security, socioeconomic stability, and transport reimbursement for pregnant women attending ANC visits in Bobete.



Treatment supporters Tankiso Bohloko and Malerato Ratsetse collecting food packages for patients at the Botšabelo TB Clinic. Photo by Justice Kalebe/ PIH.



2

THEORY OF CHANGE

PIH's approach is one of accompaniment. We work side-by-side with our friends and colleagues at all levels, whether they are community-based, local health authorities, or global health advocates, to deliver the highest quality care. We take our best practices and conduct research to demonstrate our impact and to educate current and future leaders at the local, national, and global levels. We are an organization that is diverse, nimble, and rises to the challenges we encounter with optimism, compassion, and tenacity.



CARE

We deliver high-quality health care where it does not exist—ensuring every person’s right and ability to survive and thrive. We treat the whole person by providing routine, equity-based care, as well as specialized, advanced care. We deliver whatever it takes to fight and prevent disease.

PRIMARY HEALTH CARE

From the initial HIV services, PIH Lesotho has expanded its work to deliver comprehensive Primary Health Care (PHC) that addresses the full range of community health needs, especially in remote and underserved area. PIH Lesotho supports the ministry of health with operations in seven rural health centers: Nohana, Nkau, Bobete, Methalaneng, Manamaneng, Tlhanyaku, and Lebakeng. These health facilities provide a critical support to people living in some of the country's most hard-to-reach areas.

PIH Lesotho has expanded to provide comprehensive primary health care, including Tuberculosis (TB), Maternal and Child Health (MCH), Non-Communicable Diseases (NCDs), and Mental Health services. This approach also prioritizes preventive services such as immunization, health education, and nutrition programs, strengthening the foundation for healthier communities.





MATERNAL & CHILD HEALTH

PIH Lesotho strengthens maternal and child health through comprehensive services, including antenatal, perinatal, and postnatal care, family planning, cervical cancer screening, and immunization. Maternal Waiting Homes at remote clinics provide safe accommodation, nutritious meals, toiletries, and regular clinical monitoring for expectant mothers, ensuring timely access to skilled care. These efforts promote facility-based deliveries, improve service uptake, and help reduce maternal and infant mortality, significantly improving health outcomes across rural and hard-to-reach communities.

PIH has equipped its rural supported sites with modern medical technologies such as ultrasound and Cardiotocography machines to improve maternal and child health outcomes.



Mampho Mojela with her new born baby Blessings Mojela inside the Lebakeng Maternal waiting ward. Photo by Justice Kaleb/PIH



MATERNAL AND CHILD HEALTH SERVICES IN FY25

4,080

Antenatal Care visits

1,111

Women Admitted In
Maternal Waiting Homes

938

Facility based deliveries

1,281

Children Fully Immunized

1,127

New clients enrolled on
Family Planning

690

Women Screened
For Cervical Cancer

IMPACT STORY

Since 2009, Partners In Health (PIH) Lesotho has led the way in transforming maternal health through the establishment of maternal waiting homes in hard-to-reach areas. These homes provide a safe, nurturing environments situated near health centers. Maternal Waiting Homes have become sanctuaries for expectant mothers like Ntsoane Mofao, who faces treacherous terrain and long distances to care.

At 36 weeks pregnant, Mofao chose to stay at the PIH-supported Nohana maternal waiting home, a decision that ensured timely access to skilled midwives and emergency care. Her story is one of thousands that reflect PIH's commitment to equitable, life-saving maternal health services. The expansion of these homes, including the newly opened 32-bed facility at Lebakeng and Bobete, signals a broader national shift in addressing maternal mortality, with PIH at the helm.

Beyond safe delivery, maternal waiting homes offer women critical education on postnatal care and the life-saving power of childhood immunizations. Mofao's stay not only resulted in the safe birth of her daughter, Nkeletseng, but also instilled a deep understanding of vaccine importance. This highlights PIH's holistic model of care: linking maternal health with early childhood protection to build healthier communities.

"I am grateful for everything I've learned here. Because of this place, I had a safe delivery, and now my baby has a chance to grow up healthy. I encourage other pregnant women who live far from the health centres to stay at the waiting homes; it can save both your life and your baby's."



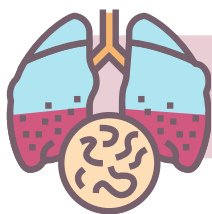
Expectant mother Ntsoane Mofao from Lipeneng village sits outside maternal waiting home at Nohana Health Center. Photo by Justice Kalebe/PIH



New mother Ntsoane Mofao from Lipeneng village visits the Nohana clinic with her daughter Nkeletseng Mohlakoana. Photo by Justice Kalebe/PIH



Community mentor mother Mahlapane Mphuthi weighs Ntsoane's daughter Nkeletseng. Photo by Justice Kalebe/PIH



TUBERCULOSIS

PIH Lesotho has supported the Ministry of Health to introduce digital x-ray machines, computer aided detection (CAD), and a telemedicine system in rural, hard-to-reach health centers to fill the gap in TB case finding. The telemedicine system has been very helpful to provide remote feedback from senior TB clinicians to the frontline clinical teams.



TB program assistant attending TB patient Maqholo Makao using a digital x-ray at Thanyaku health centre. Photo by Tšepo Monakalali /PIH

Our success in TB treatment comes from ensuring that most of our drug-susceptible TB patients complete their treatment. This is made possible by the dedication of village health workers, who provide direct observation treatment and support patients every step of the way. To find TB cases, we screen every patient who visits the health centre, conduct screenings during outreach activities, and train village health workers to identify and refer presumptive cases. Today, most of our TB patients are diagnosed through X-ray, a critical tool in saving lives.

Palesa Khomonngoe-Moea
Bobete Health Center Site Director



TB Care Cascade For RI in FY25

62598

Number of
screenings for TB

7622

Number of people screened
positive for TB

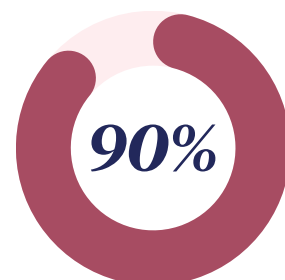
401

Number of patients
Diagnosed (New and
relapse)

401

Number of new and
relapse TB patients
treated for TB tr

TB treatment success rate for FY24 cohort



Due to the investment in 5S, the current TB success rate in PIH supported clinics is 90% while the success rate in the country is 80%



HIV

To achieve the UN global target of 95-95-95 to end the HIV/AIDS, PIH Lesotho offers HIV services such as testing, counselling, and linkage to care for HIV. PIH Lesotho has implemented additional interventions in collaboration with the ministry of health including:

- ✓ HIV Self-testing
- ✓ Targeted testing for high-risk groups
- ✓ Strategies for adherence to treatment:
 - Multi Months Dispensing, Community ART groups



Drawing of blood for HIV testing as a part of Staff wellness initiative.
Photo by Mpho Marole/PIH.

6,884
HIV tests performed

5,533
People living with HIV
currently on ART

76
Number of
exposed infants

0%

All the 76 HIV exposed infants have been tested negative for HIV. PIH Lesotho has achieved zero transmission of HIV from mother to child

95.2%

Viral load suppression rate



OPD

Outpatient visits at PIH-supported facilities capture a wide range of cases, from sudden illnesses to urgent medical concerns, with respiratory, musculoskeletal, skin, and ear, nose, and throat conditions ranking among the most common reasons patients seek care.

The top four conditions of OPD visits include :

- ✓ Respiratory
- ✓ Musculoskeletal
- ✓ Skin
- ✓ Ear, Nose, & Throat



Mareatile Leqheka from Matsoeteng village getting services from Molehi Matooane of PIH during outreach activity at Matsoeteng Village.
Photo by Justice Kalebe/PIH

39,345

OPD attendants

13,091

Respiratory tract visits

7,113

Musculoskeletal and
connective tissue visits

3,349

Skin and subcutaneous
visits



NCDs

PIH Lesotho has seamlessly integrated the screening and management of non-communicable diseases (NCDs) such as hypertension, diabetes, asthma, and epilepsy into primary health care services. Patients receive early detection, ongoing treatment, and regular follow-up at rural clinics, reducing complications and improving quality of life. These services ensure that NCD care is accessible, continuous, and well-coordinated alongside other essential health programs.

We are currently providing chronic care for :

- ✓ Hypertension (HTN)
- ✓ Diabetes (DM)
- ✓ Asthma
- ✓ Epilepsy



*Motumi Tlali from Ha Mokhorro Village in Lesotho travels Methalaneng Health Center for his routine health checkup pertaining hypertension and asthma.
Photo by Justice Kalebe/PIH*



13,823

Patients with hypertension

580

Patients with diabetes

1,056

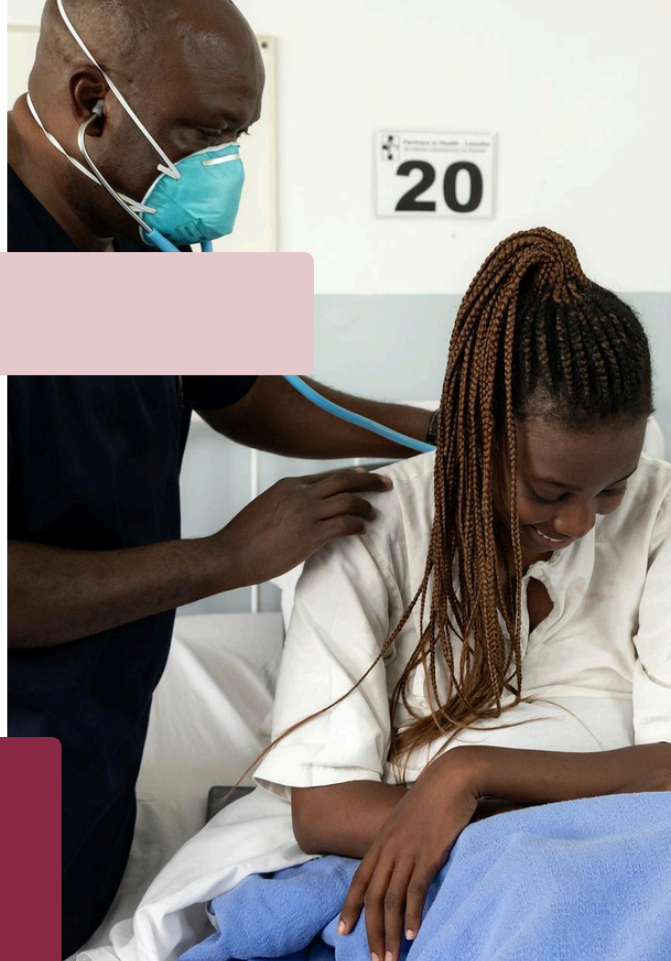
Patients with
epilepsy

475

Patients with hypertension
and diabetes

772

Patients with asthma



Dr. Stephanie Mpinda examines MDR-TB patient Sarafina Makashane at Botšabelo. Photo by Joshua Berson/PIH

DR-TB PROGRAM

Partners In Health Lesotho has been at the forefront of combating drug-resistant tuberculosis (DR-TB) by implementing comprehensive treatment and care strategies that span from community outreach to intensive care unit (ICU).

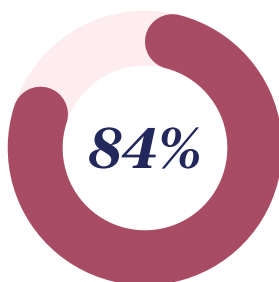
PIH has established robust support networks, ensuring that patients receive consistent follow-up and adherence support through home visits and local treatment supporters.



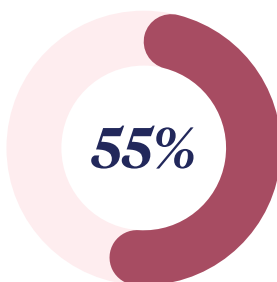
DR-TB Treatment and Care IN FY25

Patients enrolled in the program against patients put on treatment

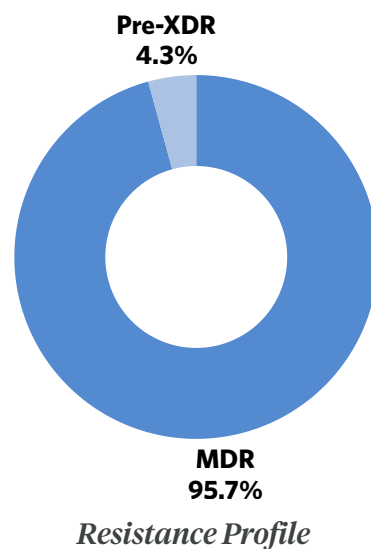
94



Treatment success rate for DR-TB patients for the FY23 cohort.



DR-TB and HIV Co-Infections



Very sick patients are admitted at Botšabelo MDR TB hospital



EMERGENCY & CRITICAL CARE

PIH Lesotho has invested in intensive and critical care; recruitment of emergency and critical care specialists, internists and infectious diseases specialists.

IMPACT STORY

At 33, Mokoto Kotelo never imagined his journey home from South Africa would lead to a critical battle for his life. Diagnosed with multi-drug resistant tuberculosis (MDR-TB) and living with advanced HIV, Mokoto was referred to Partners In Health (PIH) Lesotho-supported Botšabelo MDR-TB Hospital after struggling with unrelenting fatigue and a persistent cough.

Upon arrival, thorough PIH-led evaluations including chest X-rays and an abdominal ultrasound revealed the full extent of his illness: extensive TB affecting his lungs, liver, spleen, and abdominal lymph nodes, along with a collapsed lung and pus collection in his pleural cavity. He was immediately transferred to the Intensive Care Unit (ICU) after presenting with dangerously low oxygen levels and rapid breathing. Despite these life-threatening complications, PIH's specialized ICU care stabilized Mokoto's condition, allowing him to regain oxygen saturation and discontinue supplemental oxygen, an early but vital step in what will be an 18-month treatment journey.

Mokoto's case reflects the complexity and urgency of MDR-TB treatment in Lesotho, where PIH Lesotho is uniquely positioned to deliver advanced care to the most vulnerable.



Mpho Mpholoanyane, ICU Nurse assisting Mokoto Kotelo a 33-year-old MDR-TB inpatient currently receiving care at Botšabelo MDR-TB Hospital in Maseru. Photo by Caitlin Kleiboer/PIH

At Botšabelo Hospital's ICU, a multidisciplinary team stepped in to address both the clinical and emotional toll of Mokoto's condition. As a husband and father of two, Mokoto's greatest concern has remained his family.

"I didn't know what to think when they told me I had MDR-TB," he said. "I was just worried about my wife and children." Through intensive monitoring, tailored treatment plans, and psychosocial support, PIH is not only treating Mokoto's disease but also addressing his adherence challenges to ensure long-term recovery. His survival and slow but steady progress signal the power of PIH's commitment to equity in care; bringing life-saving ICU interventions to those who need it most, no matter how severe their condition is.



COMMUNITY-BASED CARE

Halfway Homes (Malaeneng)

PIH Lesotho's Halfway Home (Malaeneng) is a residential facility in Maseru that provides a safe, supportive space for individuals undergoing extended treatment for multidrug-resistant tuberculosis (MDR-TB). Malaeneng is part of PIH's comprehensive care model, offering patients a place to stay close to Botšabelo MDR-TB Hospital while receiving daily medical supervision, adherence support, nutritious meals, and psychosocial assistance alongside treatment supporters. A critical feature of PIH's approach in Lesotho is accompaniment: patients are guided through treatment, and are gradually reintegrated into their communities upon completion; even accompanied home when ready.

IMPACT STORY

At 26, Sefonthoane Mohohla's life was upended by a diagnosis he never anticipated. A barber in Maseru, Mohohla initially dismissed his symptoms which included a lingering flu and blood-tinged cough as seasonal flu. But as his condition worsened, he sought help at a local clinic, where tests confirmed he had multidrug-resistant tuberculosis (MDR-TB). Immediately referred to Partners In Health (PIH) Lesotho-supported Botšabelo MDR-TB Hospital, Sefonthoane began a complex treatment journey.

Recognizing the importance of patient-centered care, PIH introduced him to its innovative MDR-TB halfway home, a safe, supportive space for patients to stabilize before continuing treatment at home. There, Sefonthoane received not only medications and daily monitoring, but also education on DR-TB, adherence counseling, and emotional support crucial for navigating the long road to recovery. After completing the initial intensive phase of treatment at the halfway home, Sefonthoane was accompanied back to his community by a dedicated PIH community nurse, which is part of a system designed to ensure continuity of care and reduce treatment interruptions.



Sefonthoane Mohohla, a 26-year-old barber working at a hair salon in Maseru on initial phase of his MDR-TB treatment at the halfway home. Photo by Justice Kalebe/PIH

This transition marks more than a change of location; it's a symbol of restored dignity, mobility, and the power of proximity-based health care. "I'm thankful for the support I've received," he shared. "I was scared at first, but now I know I can finish this treatment and get back to my life."

For many like him, the halfway home serves as a vital bridge between hospital-based care and community reintegration. Through this model, PIH Lesotho is rewriting the MDR-TB recovery experience, making it more compassionate, comprehensive, and connected to the daily realities of patients.

Orphans & Vulnerable Child (OVC)

PIH Lesotho's Orphans and Vulnerable Children (OVC) program provides a holistic, long-term support to children whose parents have died from multidrug-resistant tuberculosis (MDR-TB) and are at risk of neglect or abandonment. The program addresses the full spectrum of needs for these children ranging from food, clothing, education and health care, including critical mental health. Through the OVC program, PIH Lesotho ensures that some of the country's most vulnerable children are not only protected and cared for, but also given the tools and opportunities to thrive and lead meaningful lives.



*Mahata Taolana (18) is under PIH Orphan and Vulnerable Children program.
Photo by Justice Kalebe/PIH*

HEALTH REFORM

Partners In Health Lesotho launched a National Health Reform ("Reform") to strengthen the primary health care system and improve maternal health, child health, HIV, and Tuberculosis (TB) outcomes, based on the successful model implemented in the rural clinics.

The health reform systems-based approach led to significant improvements in service delivery and health system components with relatively modest investments, providing a replicable model for achieving Universal Health Coverage (UHC).

The Reform initiative has successfully strengthened Lesotho's primary health care system, demonstrating that a holistic, systems-based approach can yield significant results. The decentralization of services from hospitals to local health centers and the professionalization of the VHW program were identified as critical drivers of improved service uptake and outcomes.



*The Reform was piloted in all health facilities across four pilot districts:
Berea, Leribe, Butha-Buthe,
and Mphahle's Hoek.*



*Makhauhele Noko outside the maternal waiting home at Mpharane health center in Berea.
Photo by Mpho Marole/PIH.*

MENTAL HEALTH

In FY25, Partners In Health Lesotho continued strengthening and decentralizing mental health care by integrating services across multiple platforms and supporting the Ministry of Health's (MoH) reform agenda. The PIH Mental Health Program currently supports four core areas: MDR-TB care, seven PIH-supported primary health care facilities, Reform sites in Berea and Butha-Buthe, and technical accompaniment to the MoH.

Mental health services are integrated into MDR-TB care to support treatment adherence and improve patient outcomes. At the primary health care level, mental health is embedded into maternal and chronic care services through routine screening and psychosocial support. The program applies a task-shifting model where nurses, counselors, and community coordinators identify, refer, and follow up with patients requiring mental health support.



Mapakiso Suping, from Ha Kamoho Butha Buthe gave a speech of her journey during the the 2024 Mental Health Commemoration organized by the Ministry of Health in Qholaqhoe Butha Buthe. Photo by Justice Kalebe/PIH

Renovation of Mental Health Observation and Treatment Units (MOTUs)

In Berea and Butha-Buthe, PIH supported the renovation of Mental Health Observation and Treatment Units (MOTUs), providing dignified environments for both inpatient and outpatient care. These efforts are aligned with the national decentralization plan to decongest Mohlomi Psychiatric Hospital and bring mental health services closer to communities. The team also worked closely with MoH through the Mental Health Technical Working Group, co-authoring Lesotho's first national Mental Health Policy and Strategic Plan.



Thabo Lengoasa during maintenance at PIH supported mental health facility at Butha Buthe hospital. Photo by Justice Kalebe/PIH

Staff Psychological Support

PIH's mental health team further contributed to staff wellness by providing psychological support and medication management for PIH employees experiencing mental health challenges. In FY25, the program made significant progress toward improving data systems by helping the MoH endorse key monitoring and evaluation tools, including screening forms and a national mental health register.

New Mental Health Intervention

Program innovations included the continued rollout of the Problem Management Plus (PM+) psychological intervention and the piloting of standardized mental health care pathways in both rural initiative (RI) sites and MDR-TB facilities. Twenty-two lay and professional counselors received refresher training on PM+, improving delivery of low-intensity psychological services at the community level. The team also piloted video conferencing tools to support remote supervision and mentorship for mental health staff at PIH-supported sites.



PIH senior leadership; Dr. Melino Ndayizigiye, Retsepile Tlali and Danielle Sharp meeting with the acting World Health Organization Representative Dr. Mary Stephen during the 2024 Mental Health Commemoration organized by the Ministry of Health in Qholaqho Butha Buthe. Photo by Justice Kalebe/PIH



3,960

Screenings for mental health conditions in FY25

917

Diagnosis with common mental health disorders

917

Patients treated for common mental health disorders

20.8%

Lesotho's mental health point prevalence is 20.8%, which translates to nearly one-fifth of the population experiencing mental illness.

OXYGEN ECOSYSTEM

To meet the rising demand for medical oxygen, PIH Lesotho significantly expanded its production capacity at Botšabelo Hospital in FY25. The original oxygen plant produced only 10 cylinders per day; insufficient to meet the needs of the high-volume MDR-TB hospital and partner facilities. The installation of a second oxygen plant increased daily production to 50 cylinders of 50 liters each, enabling PIH to supply all its supported sites and extend free oxygen support to 24 additional government and Christian health Association of Lesotho (CHAL) health facilities across the country.

PIH is now the only organization in Lesotho offering free home-based oxygen therapy. As of FY25, five patients with chronic lung conditions were receiving long-term oxygen support at home, including the delivery of both oxygen and related equipment.



To ensure a steady supply, PIH Lesotho has established a national oxygen distribution network, delivering filled cylinders to various hospitals and health facilities, thereby addressing critical shortages and improving patient care.

In addition to expanding production, PIH took over the maintenance of the Botsabelo plant from the external supplier, Fox Solution. Previously, the supplier conducted four expensive maintenance visits annually. PIH now handles three of these visits in-house, reducing costs by over 70% while maintaining operational standards and equipment safety.

5,894

Oxygen filled cylinders

24

Government hospitals
and health facilities

5

Patients receiving medical
oxygen at their homes

OXYGEN ECOSYSTEM

Partners In Health (PIH) Lesotho remains committed to strengthening critical care services across Lesotho by ensuring that health facilities have reliable access to oxygen. Oxygen is a life-saving resource for patients with respiratory conditions, including those battling tuberculosis and other severe illnesses. By equipping these facilities with oxygen, PIH is not only improving the quality of care but also reinforcing the capacity of healthcare providers to respond effectively to emergencies.

Below is the list of facilities that receive oxygen support as part of PIH Lesotho's ongoing commitment to saving lives and building a stronger health system:

Lebakeng Clinic Tebellong Hospital

Seboche Hospital Nohana Clinic

Makoanyane Barracks Hospital Mabote Filter Clinic

Botšabelo MDR Hospital St. Joseph Hospital

Qoaling Filter Clinic

Butha-Buthe Hospital Ntšekhe Hospital

St. James Hospital Tlhanyaku Clinic

Scott Hospital 'Mamohau Hospital

Methalaneng Clinic Nkau Clinic

Likotsi Filter Clinic Paray Hospital

Manamaneng Clinic Beira

AIDS Healthcare Foundation (AHF) Berea Hospital

Bobete Clinic

HOME BASED OXYGEN SUPPLY TO PATIENTS WITH RESPIRATORY PROBLEMS

Kaizar Mahapa, a former MDR-TB patient, now lives with post-TB lung disease (PTLD), which left him reliant on oxygen therapy. Partners In Health (PIH) Lesotho provided him with a home-based oxygen concentrator and continuously supplies him with oxygen cylinders, enabling him to breathe with ease and restore a sense of normalcy. This support is part of PIH's commitment to caring for patients with long-term respiratory conditions. Through regular maintenance and follow-up, PIH ensures that patients like Mahapa receive reliable, life-sustaining care from the comfort of their homes.



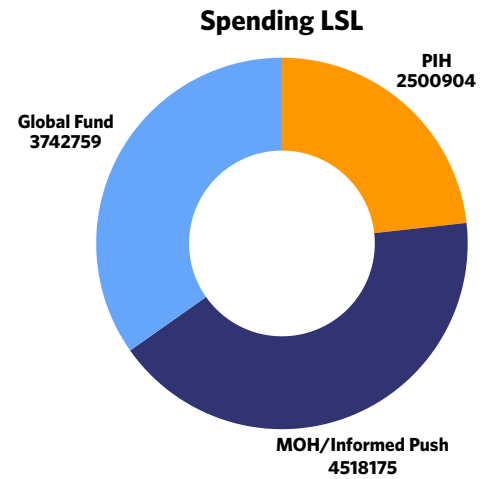
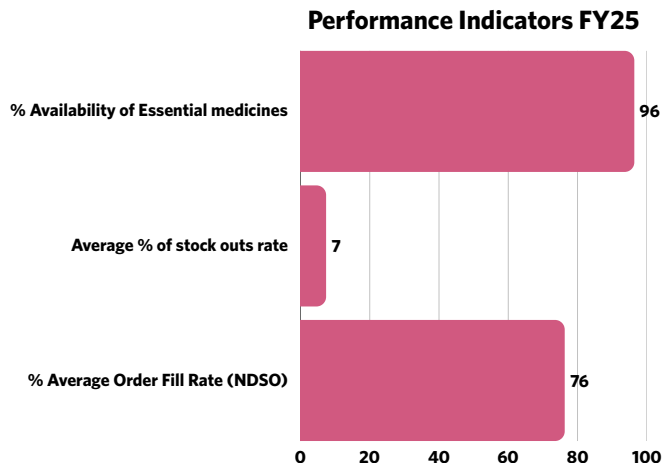
Kaizar Mahapa at home and feeding his chicken. He requires supplemental oxygen after suffering permanent lung damage from MDR-TB. Photo by Justice Kalebe/PIH

PIH Lesotho provides oxygen concentrators to all patients who are dependent to oxygen and have access to electricity at home, and ensure that the concentrators are maintained on a regular basis

That's when PIH's commitment went beyond hospital walls. Recognizing that oxygen therapy is essential for patients like Mahapa, PIH Lesotho provided a portable oxygen concentrator and ensured it could be safely used by arranging for electricity installation at his home. This critical intervention allowed him to safely transition back to his community while continuing his treatment in a stable and supportive environment.

At the heart of PIH Lesotho's MDR-TB response is an innovative approach: providing oxygen concentrators to all oxygen-dependent patients with access to electricity, and ensuring regular maintenance of these life-saving machines. For Mahapa, this went hand-in-hand with practical and emotional support, household repairs, a dignified home environment, and the continuity of care needed to manage a chronic condition. "Without PIH supplying me with oxygen tanks, I don't know how I would have survived," he says. Now able to breathe unaided and maintain his concentrator at home, Mahapa is rebuilding his life, running a small shop in his yard and growing vegetables. His story is not only one of survival, but of restored dignity.

PHARMACY



The Pharmacy and Medical Supply Chain plays a critical role in ensuring uninterrupted access to quality medicines, medical supplies, and equipment across all PIH-supported facilities. By integrating robust forecasting and inventory management systems, the department works to minimise stock-outs and wastage while aligning with Ministry of Health policies and international standards. This ensures that patients consistently receive the essential care they need through a reliable and efficient supply chain.



Lerato Ponto, Pharmacy Technician at Bobete prepares and packs medication for an outreach clinic in a community near Bobete Health Center. Photo by Caitlin Kleiboer / PIH

LABORATORY



New HIV Viral Load,HPVetc Machine. Photo by Mpho Marole/PIH

Central Lab

Located at Botšabelo hospital, and offers a range of accurate, reliable and timely laboratory services; liver function tests, renal function tests, cardiac Therapeutic drug monitoring, HBA1c, electrolytes, Lipids, FBC, differentials, HIV viral load, DS-TB, MDR-TB, and XDR-TB, Blood gas etc.



Mini Lab at Bobete Health Centre. Photo by Tšepo Monakalali /PIH

Mini Labs

PIH Lesotho established five mini labs in the rural clinics at Nohana, Nkau, Bobete, Lebakeng, and Manamanang health centers.

The mini labs are all equipped with Xpert machines, CD4 machines, Microscopes, and other point-of-care testing tools.



Total number of tests performed at PIH Labs in FY25

41,744

Tests for PIH Lesotho supported facilities

44,406

Tests for MoH facilities

Quality Indicator Performance

Target

Results turnaround time - 93%

>80%

Specimen rejection 0.2%

<1%

Laboratory Accreditation Initiative:

International Accreditation application was submitted to SADCAS for Clinical Chemistry, HIV Viral load and MTB sections

NURSING

The PIH Nursing Department remains at the heart of service delivery in Lesotho's rural health system, ensuring that quality patient-centered care reaches some of the country's most remote communities. Nurses are often the first point of contact for patients and play a vital role in both treatment and prevention. Over the past year, the department has continued to strengthen its clinical presence across PIH Lesotho's Rural Initiative Sites (RI), provide mentorship to nurses based in rural settings, and expand its role in system-wide support. This work has been anchored in PIH's core mission of bringing dignified health care to all, with a strong emphasis on capacity-building, ongoing training, and professional development to ensure sustainability.



PIH Lesotho held global action in nursing presentation on the 28th November 2024 at New Central Hotel in Qacha's Nek district, the event brought together nurses and midwives. Photo by Tšepo Monakalali /PIH

Leadership and Mentorship

Nurse mentorship continues to be a pillar of PIH's strategy in building a strong health workforce across Lesotho. In 2024–2025, senior PIH nurses provided targeted leadership and clinical guidance to colleagues at rural health centers and hospitals, with particular focus on maternal health, tuberculosis, and HIV care. Structured mentorship sessions have helped improve clinical decision-making, enhance adherence to protocols, and boost confidence among less experienced staff. The Nursing Department also prioritized leadership development by training emerging nurse leaders in management and supervision, ensuring that a new generation of nurses is prepared to guide health teams. This dual approach of mentorship and leadership development strengthens both the current quality of care and the long-term resilience of Lesotho's health system.

PIH Collaboration with Mercy Air to Deliver GAIN Project Construction Materials

Through the UCSF Global Action in Nursing (GAIN) project, PIH Lesotho's Nursing Department has made significant strides in improving staff housing in remote sites such as Lebakeng, Nohana, and Bobete. Construction materials were difficult to transport to these mountainous areas, but with the collaboration of Mercy Air, an aviation mission from Switzerland, PIH successfully delivered building materials that were difficult to transport by road. Mercy Air's helicopter support was critical in overcoming logistical challenges, ensuring timely progress of the building projects. These staff houses will serve as accommodation for nurse mentors and supervisory teams, allowing them to remain longer at sites and strengthen ongoing mentorship. The initiative marks an important milestone in addressing workforce retention and supporting nurses who deliver essential health services in hard-to-reach communities.



TB ELIMINATION PROJECT

The TB Elimination Project is a strategic initiative aimed at achieving tuberculosis elimination by implementing the innovative “Search, Treat, and Prevent” approach in targeted areas. Over five years, PIH Lesotho seeks to detect and treat an additional 5,151 people with TB, significantly reducing TB incidence and advancing toward national elimination goals.

TB ELIMINATION



SEARCH

The TB Elimination project's **Search** approach involves intensified community outreaches for both latent and active TB screening. Utilizing GIS technology, TB hotspots are mapped to guide mass screenings and contact tracing. The innovative PIH-designed TB Hunter system supports real-time tracking and informs testing, while decentralized, point-of-care diagnostic tools confirm TB cases at the community level.



Mobile X-Ray vehicles for TB elimination project from the Ministry of Health at PIH Lesotho. Photo by Justice Kalebe/PIH



TREAT

The **Treat** component of the TB Elimination strategy ensures patients are promptly linked to appropriate treatment and care. Drug-sensitive TB patients receive treatment and social support at health centers, while those with Drug-resistant TB who are stable are referred to Nt'sekhe Hospital. Critically ill patients are managed at the PIH-run Botsabelo MDR-TB hospital where intensive and critical care are being provided to DR TB patients



PREVENT

The **Prevent** approach in the TB elimination strategy focuses on preventing all cases of TB by giving TB Preventive Therapy (TPT) to all contacts of active TB disease who don't have active TB. We will strengthen TB contact tracing and adherence to TPT with use of the PIH-designed TB Hunter system.

5s Model



STAFF

- Medical Officer
- Nurses
- Radiologist
- TB Screeners
- Lab assistants
- X-ray assistant
- Pharmacy technician

STUFF

- Truenat
- POCUS
- CY-TB
- CRP-TB
- CXR-TB



SPACE

- Mobile trucks
- 7 High Volume Facilities
- Nts'ekhe hospital

SYSTEMS

- Teleradiography
- TB hunter
- Computer Aided Detection (CAD)



SOCIAL SUPPORT

- Transportation
- OVC food packages
- Subsistence allowance
- Referrals to the next level of care



INFLUENCE

We advocate for national and global health policies that prioritize, rather than marginalize, the most vulnerable among us. We fight widespread bias and dogma with rigorous evidence-based results.

MDR-TB DECENTRALIZATION ACCOMPANIMENT

Partners In Health (PIH) Lesotho, in collaboration with the Ministry of Health (MoH), supported the implementation of the decentralization of drug-resistant tuberculosis (DR-TB) treatment in Mphahle's Hoek district hospital. The initiative commenced with readiness assessments conducted in Leribe and Mphahle's Hoek district hospitals. Based on the findings, MoH, the Global Fund (GF), and PIH Lesotho jointly resolved to designate three facilities as DR-TB treatment centers. Botšabelo Hospital was identified as the national referral tertiary hospital for DR-TB, while Leribe and Mphahle's Hoek hospitals were selected to function as regional DR-TB centers.

PIH Lesotho has provided technical and financial support to MoH to develop an operational plan and budget required to operationalize these decentralized DR-TB regional centers. The MoH has submitted the budget proposal to the Global Fund which aligned with the PIH 5S framework. The proposal included key investments for infrastructure improvement such as the establishment of additional DR-TB wards in Mphahle's Hoek, installation of negative pressure systems, and the development of halfway home facilities to accommodate patients while recruiting their treatment supporters.

NURSING MoH ACCOMPANIMENT



Accompaniment of the Lesotho Ministry of Health (MoH) remains central to the nursing department's approach. In 2024-2025, PIH through the GAIN project, collaborated with the ministry of health to implement a longitudinal mentorship program in rural facilities. The intervention aims to develop a local group of expert providers proficient in midwifery care and leadership, with the goal to prevent maternal and neonatal deaths during child birth. To ensure the long-term success and widespread impact of improvement, PIH collaborates closely with the ministry of health throughout the entire process. This partnership reflects PIH's broader philosophy of walking together with the MoH to advance health equity in Lesotho.



REPLICATION

We support national governments and other partners by sharing our approach, research, and best practices to ensure equitable access to dignified quality health care. Through PIH's [University of Global Health Equity](#) and our teaching hospitals, we prepare the next generation of social medicine practitioners and global health leaders.

UGHE

Accompanying the Government Of Lesotho to train the next generation of doctors.

Through a Memorandum of Understanding (MOU) with the University of Global Health Equity (UGHE) in Rwanda, Partners In Health Lesotho accompanied the Ministry of Health by sending two Basotho students to study medicine on full scholarships. Graduates will earn both an MBBS and a Master of Science in Global Health Delivery. In return, the students commit to working in Lesotho's public health sector for at least six years. This initiative is part of PIH's effort to strengthen the country's healthcare system by training a new generation of doctors.



Two Basotho students, Nteboheleng Khatoane and Liao Molapo, who have been awarded scholarships by UGHE to pursue Medicine at the University of Global Health Equity, pictured with the Minister of Health, Hon. Selibe Mochoboroane. Photo by Tšepo Monakalali/PIH

ONCOLOGY

Partners In Health Lesotho supports the ministry of health's oncology program with diagnostic services, reducing turnaround time for results that once took months.

Through strategic partnerships with institutions such as the Dana-Farber Cancer Institute, the Butaro Cancer Center of Excellence, The Bristol Myers Squibb Foundation, and the University of Pennsylvania, PIH brought world-class expertise to Lesotho, including virtual tumor boards and visiting oncology professionals. The introduction of telepathology at the National Reference Laboratory further revolutionized diagnostics, cutting result times from six months to just three days and giving patients a real shot at timely treatment and survival.



Partners In Health Lesotho supported the oncology program with IV finders and pumps for chemotherapy. Photo by Matthonolofatso Lekoeneha/PIH.



BIOMED ENGINEERING SUPPORT

**Advocacy for a Bio-Medical Center of Excellence for long-term sustainability
maintenance of medical equipment.**

FY25 marked the completion of the Biomedical Center of Excellence; a major investment in the sustainable management and quality assurance of medical equipment. This facility reflects PIH's growing internal capacity, with a dedicated team of two biomedical engineers and two technicians now handling most equipment maintenance in-house. This shift has reduced downtime, shortened emergency response times, and significantly lowered costs that were previously spent on external service providers.

The Center will serve as a national training hub, equipping technicians, including those from other technical backgrounds such as electrical engineering, with the skills needed to manage hospital equipment. It will also function as a quality control site where all maintained equipment is verified and tested before being returned for clinical use, ensuring safety, accuracy, and compliance with medical standards.



Bio-med Centre of Excellence at Botšabelo Hospital, Maseru



TRAINING

We invest in ongoing clinical education and training for our staff at every level in order to improve patient care and strengthen health systems for the long term. Through our clinical residency and fellowship programs, we continue to train future generations of leaders in global health and equity.

CAPACITY BUILDING

MDR-TB DECENTRALIZATION

As part of Lesotho's ongoing decentralization of drug-resistant tuberculosis (DR-TB) care, 61 healthcare workers from Leribe and Mohale's Hoek were trained on the Programmatic Management of Drug-Resistant TB (PMDT). Mohale's Hoek, already functioning as the southern regional DR-TB center, manages patients from Mohale's Hoek, Quthing, and Mafeteng. Leribe is being prepared to serve as the northern regional center, covering Berea, Leribe, Butha-Buthe, and Mokhotlong. This shift aims to bring DR-TB services closer to communities and improve treatment outcomes.



Dr. Afom Andom in Mohale's Hoek during TB Elimination project presentation.
Photo by Retšepile Tlali/PIH

The training focused on clinical and programmatic aspects of DR-TB, including treatment protocols, infection control, data reporting, and use of second-line TB drugs. The training laid the groundwork for further decentralization, and participants are expected to conduct step-down trainings, improve facility-level case management, establish TB infection control committees, and ensure consistent quality of care at district level.

POST TB LUNG DISEASE

Partners In Health conducted two rounds of training on post-TB lung disease (PTLD) at Botšabelo Hospital. The sessions targeted nurses and doctors from MDR-TB sites and health centers to strengthen their capacity in managing chronic respiratory conditions resulting from past TB infections.

PTLD is a growing health concern in Lesotho, especially among patients with a history of pulmonary TB or drug-resistant TB. The training aimed to equip frontline workers with knowledge on identifying and managing PTLD, using tools like spirometry to diagnose conditions such as chronic obstructive pulmonary disease (COPD) and differentiate them from asthma or recurrent TB.

A total of 48 participants attended across both sessions. The training included theory, practical demonstrations, and hands-on use of spirometers. Participants' knowledge improved significantly, with post-test scores rising from an average of 61% to 71% in the first group, and from 50% to 73% in the second. The training supports the broader decentralization of care by ensuring that healthcare workers at peripheral facilities can accurately diagnose and manage PTLD using available tools.



A spirometer in use Practical of the Post TB Lung Disease at Botšabelo Hospital.
Photo by Melino Ndayizigye/PIH

POCUS TRAINING

Partners In Health conducted a training on Point-of-Care Ultrasound (POCUS) for healthcare workers from decentralized DR-TB districts. The training aimed to strengthen diagnostic capacity in support of Lesotho's decentralization of DR-TB care to regional facilities.

Nine participants, including doctors, nurses, and laboratory technicians were trained on the use of POCUS, iStat, and ECG as diagnostic tools, particularly for identifying extra-pulmonary TB. POCUS is especially effective in low-resource settings due to its portability, low cost, and ability to support bedside assessments.

The training included both theoretical sessions and hands-on practicals covering ultrasound principles, image optimization, probe movement, the FASH (Focused Assessment with Sonography for HIV/TB) protocol, and ECG interpretation. This training supports the decentralization strategy by equipping district-level providers with tools to diagnose and manage complex TB cases locally.



Dr. Chanel Fischetti, from Brigham and Women's Hospital Department of Emergency Medicine and Ultrasound Division, provides Point of Care ultrasound training to nurse midwives at the Lebakeng Health Center in Lesotho. Photo by Mpho Marole/PIH

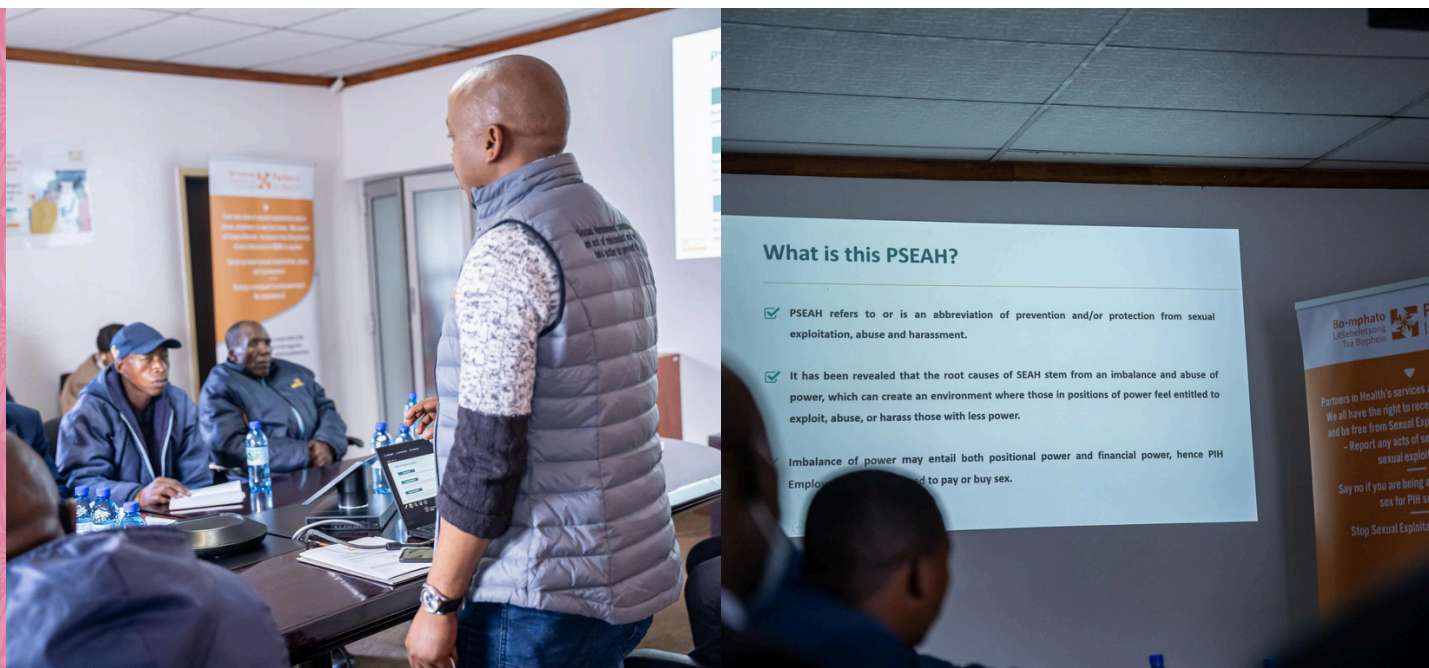
MDR-TB IPC TRAINING

PIH Lesotho, through Global Fund support, trained 38 clinical staff at Botsabelo MDR-TB Hospital on infection prevention and control (IPC). The two-day sessions strengthened knowledge of TB infection control, antimicrobial stewardship, and medication safety. Post-test scores improved from an average of 71% to 92%, demonstrating significant knowledge transfer and readiness to improve patient safety and care quality.



Palesa Chetane leading a quality improvement session. Photo by Mpho Marole/PIH

SAFEGUARDING & PSEAH



New Security Company Safeguarding and PSEAH Onboarding intensive training at PIH Lesotho boardroom by Toka Senkoto Safeguarding Manager. Photos by Justice Kalebe/PIH

Strengthening Safeguarding and PSEAH Systems

In FY25, PIH Lesotho strengthened its Safeguarding and Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH) systems through new awareness campaigns, expanded training, and improved policy infrastructure. A major milestone was the launch of the multilingual “Bringing Safeguarding Home” campaign, aimed at improving the accessibility and cultural relevance of safeguarding messages across PIH-supported communities. This initiative was driven by findings from the 2024 PSEAH digital survey and led to the development of bilingual Sesotho-English materials such as posters and stickers using locally relevant visuals.

Joining the Misconduct Disclosure Scheme (MDS)

PIH Lesotho joined the global Misconduct Disclosure Scheme, committing to enhanced recruitment procedures that prevent individuals with a history of sexual misconduct from moving between organizations undetected. The affiliation required policy alignment with MDS standards, implementation of thorough background checks, and consent language on all recruitment materials for global misconduct history checks. This step significantly elevated PIH Lesotho’s accountability and commitment to safe hiring practices in line with international standards.

Capacity Building

Safeguarding and PSEAH training was delivered to staff across all PIH sites, except for Lebakeng and Manamaneng. Training extended to security guards and focal points, ensuring wider institutional awareness and preparedness. Tailored sessions with site directors focused on risk mitigation and accountability strengthening. In addition, the department hosted representatives from the British Red Cross for an external assessment, and conducted a digital stakeholder survey to evaluate the effectiveness of current reporting channels and inform future improvements.

Finalization of Safeguarding and PSEAH Policies

In a critical step toward institutionalizing protections, PIH Lesotho finalized both a comprehensive Safeguarding Policy and a standalone PSEAH Policy. Dissemination and training on these policies are scheduled for FY26. Collaboration with external protection structures continued, where the Lesotho Mounted Police's Child and Gender Protection Unit (CGPU) outsourced the Safeguarding department, reinforcing an integrated, survivor-centered case management approach.

Participation in the OnePIH Safeguarding Conference

PIH Lesotho's Safeguarding department participated in the OnePIH Safeguarding Conference in Rwanda, where discussions focused on cross-site learning, investigation protocols, and strategic priorities for FY26. This engagement ensured alignment with global safeguarding standards and informed the planning of future programmatic improvements.

HUMAN RESOURCES

The Workplace Discipline training, facilitated by the Tharollo Institute of Labour, Economics and Management Studies (TILES) for Partners in Health, aimed to strengthen understanding and application of disciplinary practices in the workplace. The training covered the foundations of the employment relationship, employee rights and obligations, and the legal framework that governs workplace discipline.

22 managers explored the purpose of discipline as a corrective rather than punitive tool, emphasizing its role in promoting order, compliance, and organizational harmony. The sessions highlighted common causes of indiscipline, including poor management practices, lack of communication, and absence of clear codes of conduct, while also stressing the costs of indiscipline such as reduced productivity, reputational risks, and low morale.

BIO-MED INTERNS

Partners In Health Lesotho's Biomedical Engineering Department attached two final-year Environmental Science students, **Morapeli Twala** and **Litšoanelo Thokoa**, to a six-week internship focused on occupational safety and health. Tasked with assessing safety protocols and quality assurance processes in the oxygen production unit, the interns identified key hazards such as improper PPE usage, risks associated with heavy gas cylinders, and inadequate adherence to safety standards. Their observations reinforced the department's commitment to producing medical-grade oxygen within the critical 90–96% purity range and also introduced fresh perspectives on hazard mitigation. During FY25, the department hosted two interns who contributed to critical areas such as quality assurance and oxygen purity testing.



MENTAL HEALTH INTERN

Partners In Health Lesotho's Mental Health Department hosted **Khauhelo Mokheseng**, a Mandela Washington Fellowship scholar, selected for a six-week Professional Development Experience (PDE) through the Mandela Washington Fellowship. Mokheseng, a Nurse Midwife and Psychiatric Nurse, works as Quality Assurance Officer, leading efforts to strengthen high-performing mental health programs and address gaps in underperforming ones. Driven by Lesotho's urgent need for mental health support and the alarming suicide rates, she used the attachment opportunity to engage in policy discussions, gain hands-on experience, and contribute to PIH's mission of improving psychiatric care.



*Malehlohonolo Masilo attached under Mental Health Department at Botsabelo is a Mandela Fellowship Scholarship beneficiary.
Photo by Justice Kalebe/PIH*

3

POLICY AND PARTNERSHIPS

PIH Lesotho manages multi-million-dollar institutional grants, leveraging a long-term health system strengthening approach.

Academic Partners



University of California
San Francisco



HARVARD
MEDICAL SCHOOL



Penn
UNIVERSITY of PENNSYLVANIA



UNIVERSITY OF
Global Health
EQUITY

Donors



JAPAN GOV
THE GOVERNMENT OF JAPAN



Many Voices

**Pittsfield
Anti-Tuberculosis
Association**

Stakeholders



POWER



4

RESOURCE MOBILIZATION

DEVELOPMENT RECORDS

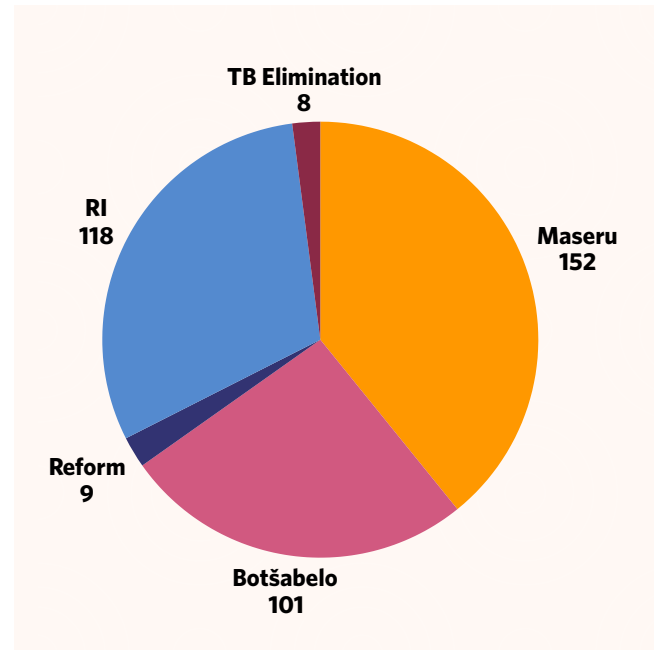
#	Opportunity	Status	Timeframe	Award Amount (USD)
	Unitaid: Accelerate and promote responsible introduction of new DR-TB drugs and regimens	Lost	2years	
	KCS Foundation	Awarded	2years	\$200 000.00
	Gain	Awarded	2years	\$704 185.00
	Whitt Family Foundation	Awarded	1 year	\$25 000.00
	Many Voices	Awarded	3 years	\$876 823.00
	USAID: GRAD-TB	Awarded	5years	
	International Foundation	Lost		
	Together Women Rise	Submitted		
	Global Grant Challenge	Lost		
	Lisa Stone Pritzker Fundatoin	Submitted		
	Nursing Innovation Fund	Awarded	6 months	\$5 000.00
	Charles A King Post-Doctoral Fellowship	Lost		
	CDC Research	Lost		
	UNITAID: Enhancing and sustaining access to medical oxygen	Lost		
	iF Social Impact Prize	Lost		
Total				\$1 811 088.00
				M 41 712 426.00

5

HUMAN RESOURCES

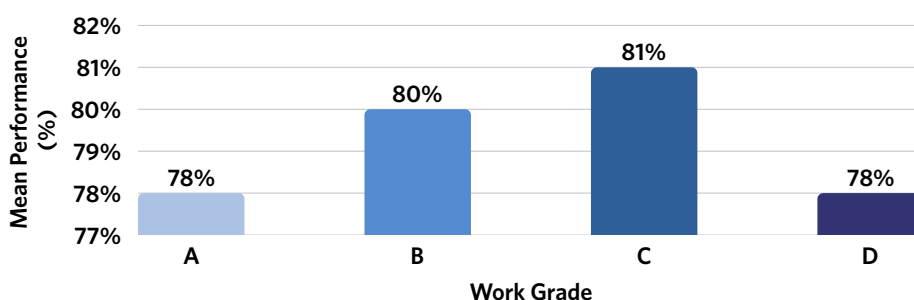
STAFF DISTRIBUTION

PIH Lesotho views change management as more than just responding to shifting circumstances; it is a proactive commitment to resilience and ensuring continuity in how we deliver on our mission. As the Human Resource department, we recognise that strategic change thrives when transitions are managed smoothly and aligned with our organisational intent. A critical part of this process is ensuring effective staff distribution and performance management, which allows us to place the right talent where it is most impactful while maintaining a culture of accountability and growth. Just as important is our investment in empowering staff and giving them opportunities for ownership in the change journey. By doing so, we create an environment where staff not only adapt but also thrive, promoting unity, trust, and long-term sustainability for both our workforce and the communities we serve.



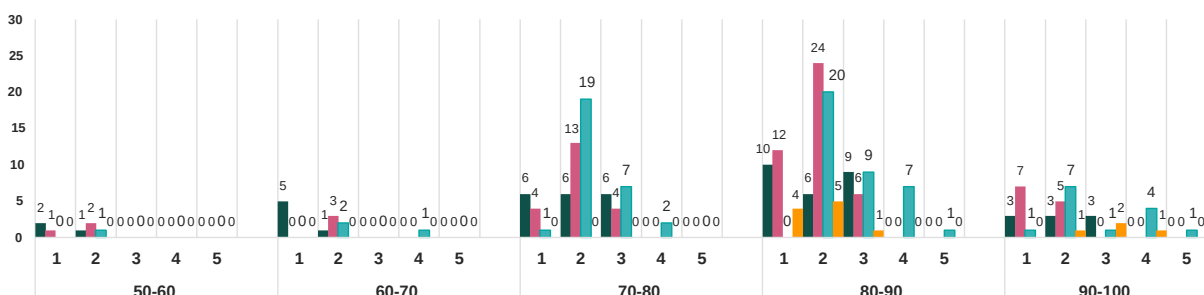
PERFORMANCE

Mean Performance by Grade



80.3%
Overall Mean
Performance

Performance by Grade and Grade Band



6

RESEARCH & PUBLICATIONS

Oral regimens for Rifampin-resistant, Fluoroquinolone-susceptible Tuberculosis

January 29, 2025

<https://www.nejm.org/doi/full/10.1056/NEJMoa2400327#qp0>

The impact of the Lesotho health reform in the re-structuring of the village health workers program

January 23, 2025

<https://link.springer.com/article/10.1186/s12913-025-12259-x>

Revealing disparities in representation in knowledge generation and guideline development

November 30, 2024

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-11958-1%E2%80%8B>

Implementation of a National Oxygen Distribution Network in Lesotho

September 9, 2024

<https://www.medrxiv.org/content/10.1101/2024.09.05.24313130v2.full-text>

Post-tuberculosis Lung Disease: Addressing policy gap

September 5, 2024

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003560>

Healthcare workers' views on decentralized Primary Health Care management in Lesotho

July 11, 2024

<https://link.springer.com/article/10.1186/s12913-024-11279-3>

FY26 PRIORITIES

- ✓ **TB Elimination**
- ✓ **Development - PIH Lesotho Strategic Plan Review and the next steps**
- ✓ **Update the MOUs with the government of Lesotho**
- ✓ **Implementation of the expense reduction**
- ✓ **Restructuring of different departments to align with the planned expense reduction**
- ✓ **Infrastructure Improvement Continuation**
- ✓ **PIH Lesotho Website and Social Media**
- ✓ **Continue Government Accompaniment**
- ✓ **Continue support for our staff under the Staff Wellness Program**
- ✓ **Strengthen social medicine in action**

http://



 **Bo-mphato**
Litsebeletsong
Tsa Bophelo
Partners In Health