



**World Health  
Organization**

**Lesotho**

# **Retreat Report**

**2022**



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**BUILDING A STRONG TEAM AMIDST COVID-19 AND BEYOND  
4TH – 7TH APRIL 2022. | THABA-BOSIU , MASERU**

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# Introduction

Following the completion of the 2020-21 biennium plans, the WHO Country office for Lesotho held a staff retreat to collectively reflect on working processes, achievements and to plan for the implementation of its new biennium work plan. The retreat also offered the opportunity to review the ongoing work on evaluation and development of a new Country Cooperation Strategy (CCS) for 2022 – 2026.

The purpose of the retreat was to enable the country office to take a step back from the day-to-day work of the organization to strategize, harmonize working processes and spend time to rejuvenate while building a strong team bond needed to achieve biennium goals.

The retreat led by the Country Representative was scheduled from Monday 4th - Thursday 7 April 2022 at 'Melesi Lodge in Thaba-Bosiu Maseru district. The theme for the retreat was "*Building a strong team amidst COVID-19 and beyond.*"

## 1.2 Objectives of the Retreat

The objectives of the retreat were built around four (4) Rs namely Reorient, Review, Rebuild and Refresh.

### 1. Reorient

- a. Understanding WHO business rules
- b. Prevention and Addressing Abusive Conduct: Policy and Procedures concerning Harassment, Sexual Harassment and Abuse of Authority.

### 2. Review & Reflect

- a. review and reflect on the following
  - 2020 – 2021 biennial work-plan (all units)
  - COVID 19 preparedness and response plan and pillar contributions
- b. Reflections of the new WCO organogram and working modalities
- c. Define priorities for the new Country Cooperation Strategy 2022-25
- d. Overview of the draft Essential Health Package
- e. Overview of the new Emergency Response Framework
- f. Support for continuation of Essential health Services



3. Refresh –relaxing from day-to-day work schedule while improving work relations.

4. Rebuild & strategize – to plan and strategize on organizational processes and effectiveness to build a strong and well supported implementation plan for the biennium. Deliberate on and build consensus on organizational strength tactics to promote team building and stronger bonds

a. Reflections of the working modalities

-Harmonization of working processes

b. 2022 – 23 biennial plans

c. Reinstatement of regular staff meetings (general and technical)

### 1.3 Retreat Format

The method used to achieve objectives and outcomes of the retreat included presentations and discussions, group consultations, plenary sessions, informal interactions and recreational activities. The Office engaged the services of a team building consultancy named Mountain Peak to facilitate team building and fun exercises. Each day of the retreat had two sessions; the morning and the afternoon sessions.





# Day One

## Welcome and Introduction

Dr. Richard Banda, the WHO Representative welcomed all participants to the 2021 retreat. He started off by appreciating the staff for the good work done during the pandemic especially the District COVID-19 Assistants who were present in the districts for their great efforts of representing WHO in all ten districts of Lesotho. He mentioned a few of the achievements of the office during the Pandemic response. These were the establishment of diagnostics capacity and the provision of technical assistance in different areas of the pandemic.



In addition the provision of Emergency Operating Centers (EOCs) in three districts to coordinate the emergencies was needed and timely. He also reminded staff that since the procurement of Two (2) COVID-19 testing machines in Lesotho, the delays caused by sending test samples to South Africa have been drastically reduced and subsequently more machines are in the pipeline for other Districts. Three (3) Districts were capacitated with EOCs to gather , collect and analyse outbreak data for decision-making at district level.



He reiterated the purpose of the retreat and encouraged all to participate freely and actively and by so doing, participants would have the opportunity to socialize, and know each other better as meetings like the retreat happen once a year. According to Dr. Banda, although the approach to the retreat is friendly, it should ultimately lead to the achievements of its objectives.

He informed staff that the office has been assessed for restructuring to make it fit for purpose . Furthermore a strategy on how to implement the changes is in progress with assistance from the Regional Office. He added that the details of the new organogram will be presented later in the retreat.

The work that is done by staff especially at district level was appreciated as it was emphasized that the National Level only develop plans and provide guidance however implementation is outside the Head Office.

He further informed participants that the retreat program included presentations on the Prevention of Sexual Exploitation, Abuse and Harassment as well addressing Abusive work behaviour in the workplace.

He finally concluded by wishing everybody a successful retreat that will bear fruits, and finished by reiterating the words "let's feel free to interact".



## **Presentation 1: PRSEAH & Discussions**

Ms. Francesca Paola, from AFRO led the presentation on Preventing and Responding to Sexual Harassment, Exploitation and Abuse (PRSEAH). This was a two-hour presentation done virtually with the following objectives;

- Establish/Strengthen understanding of SEAH and our obligations and actions to Prevent & Respond to SEAH
- Explore the drivers of SEAH and how SEAH manifests in conflict and humanitarian emergencies/contexts

Familiarize more with;

- WHO Internal complaints procedures
- Protection from Retaliation Policy
- Whistleblower Protection Policy
- Media handling

The presentation provided information on the definition of concepts; obligations of UN personnel, IASC 6 Basic Principles of Sea, consequences of PSEA on all stakeholders, protection against retaliation and Whistleblower Protection Policy.

WHO - Information on Policy Directive on Protection from sexual exploitation and sexual abuse (SEA) – December 2021:

1. Sexual exploitation and sexual abuse constitute acts of serious misconduct and is therefore grounds for disciplinary measures, including summary dismissal, or for termination of contract;
2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence;
3. Exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, is prohibited. This includes any exchange of assistance that is due to beneficiaries of assistance;
4. Sexual relationships between WHO personnel and beneficiaries of assistance, since they are based on inherently unequal power dynamics, undermine the credibility and integrity of the work of WHO and the United Nations and are strongly discouraged;
5. Where a WHO staff member, consultant, contractor or partner develops concerns or suspicions regarding sexual exploitation or sexual abuse by a fellow worker, whether in the same agency or not, and whether or not within the United Nations system, he or she must report such concerns via established reporting mechanisms, which include the WHO Integrity Hotline Integrity hotline (who.int);
6. WHO staff are obliged to create and maintain an environment that prevents sexual exploitation and sexual abuse. Managers at all levels have a particular responsibility to support and develop systems that maintain this environment.

Discussions after the presentation, established that every member of the WCO has the responsibility to ensure complains for WHO's PSEAH policy.

## **Presentation 2 -Policy on addressing Abusive Conduct and Discussion**

The presentation was done by Ms. Muthoni Mucheru, Human Resource Officer at AFRO. She taught on the impact of Abusive conduct , the policy regarding such behaviour and Staff's obligations in preventing and addressing abusive conduct.

- Psychological effects, such as anxiety, depression, low self-esteem, etc.
- Lower productivity, which means that our programmes are compromised.
- Financial costs from lack of productivity absenteeism, staff turnover, and claims/appeals.
- Potential damage to WHO's reputation. People may lose confidence in WHO.



# Day Two

## Presentation 3: Understanding WHO Business Rules

Ms. Flora Lekhanya- Mohatla, Operations Assistant, reoriented staff and consultants on working modalities as well as processes for supporting activities such as Direct Implementation (DI), Direct Financial Cooperation (DFC) and Grand letter of Agreement(GLOA). She presented on the responsibilities of officers, MOH and NSAs during implementations of office activities.



### Rules and procedures

- DI implemented based on WHO rules/procedures
- DFC implemented based on Government Rules/procedures
- GLOA implemented based of external party's rules/ procedures
- WHO monitors implementation
  - o Follow ups of meetings
  - o On site visits
- Verification & validation of all supporting docs (vouchers, receipts)

Table 1: DI & DFC

Direct Implementation	DFC & GLOA
BC TO prepares report after 3months/ on completion of activities	DFC - MoH submits report after 6 mths/on completion of activities (FACE &TEC). GLOA – Reports submitted on agreed dates
Finance prepares FACE form/ TO TEC	WHO reviews the report
Certification and approval	Approval or Rejection
Finance requests final closure	Unspent balance returned to WHO bank account and DFC is closed

## Presentation 4: Overview of the new Emergency Response Framework (ERF)



The presentation was done by Emergency Team officer, Mr. Albert Hlabana and the purpose was to provide WHO staff with guidance on how the Organization manages the assessment, grading and response to public health events and emergencies with health consequences, in support of Member States and affected communities.

### Critical Functions Of WHO Country Office During Emergencies

1. Leadership: Provide leadership of the health sector in support of the government
2. Information: coordinate the collection, analysis and dissemination or communication of essential information on health risks, needs, health sector response, gaps and performance.
3. Technical expertise: Provide technical expertise appropriate to the health needs of the emergency including:
  - Provision of health policy advice
  - Promotion of expert technical guidelines, standards and protocols, best practices
  - Strengthening of disease surveillance and disease early warning systems
4. Core services: Ensure sufficient enabling function capacity (administration, logistics, finance)

### Guiding Principles

- Country Focus: supports national response – works with government and partners
- Humanitarian principles: humanity, impartiality, independence, neutrality – are central to WHO's emergency work. Saving lives and relieving suffering supersede all considerations
- Evidence-based and knowledge-based programming: promote adherence to technical standards and best practices
- Partnership: work with others with the intent of saving lives
- Protection: ensure availability of health services to prevent and alleviate human suffering

- Gender, age and vulnerability sensitive: Certain groups are more vulnerable to the health consequences of emergencies.
- Accountability: to serve communities, Member States and partners through:
  - Evidence-based programming
  - Clarification of roles and responsibilities
  - Transparent information sharing
  - Participation of affected populations
  - Securing feedback from communities and other stakeholders
- Strengthening the humanitarian-development nexus: lay the foundation for health sector recovery, based on a health systems approach.
- Surge policy: Mobilize and deploy experts as part of ERT
- Health emergency leader policy: Head of Office leads emergency team in Level 1 or 2. In some level 2 or above leader may be appointed or deployed within 72 hours. Responsible for all staff plus normal WCO
- Policy of "no regret": better to err on the side of over-resourcing the critical functions rather than risk failure by under-resourcing.

## **GRADING EVENTS**

Speaking on the importance of Grading an event he reiterated the following to inform staff of the extent, complexity and duration of organizational and or external support required.

- Prompt WHO offices at all levels to be ready to repurpose resources in order to provide support;
- Ensure that the Organization acts with appropriate urgency and mobilizes appropriate resources in support of the response of the affected MS, partners and the WHO country office;
- Trigger WHO's Emergency Response Procedures and emergency policies;
- Remind the Head of the WHO country office to apply WHO's SOPs as per the Director General's memorandum of 15 January 2008;
- Expedite clearance and dissemination of internal and external communications.





# Key Success of COVID-19 Response Strategy

## Coordination

- Early preparedness planning December 2019
- February used WHO pillar based planning
- Regular interpillar meetings at start
- Regular WCO and AFRO IMS meetings
- Consistent Partners meetings chaired by WHO
- Regular RRT meetings at district level
- Weekly district and national reports
- Fairly good Partner support to the response
- WHO deployed staff to districts

## Surveillance

- Developed and implemented C-19 guidelines in line with country IDSR and WHO guidelines
- Decentralized surveillance activities
- Weekly epidemiological updates and sharing
- Involved community structures and other line ministries in reporting alerts
- Surveillance electronic information system for real time access to required data
- Capacity building at all levels

## Risk Communication

- NRCCE established under DMA Act at the beginning of the pandemic
- Evidence-based IEC material for all platforms
- Active and Early Engagement of Media
- Robust Involvement of Community Structures and leadership in the response
- Demand Creation Campaigns for priority subjects nationally during the pandemic.
- Involvement of non-state actors

**Engagement of  
five Non-State  
Actors to reach  
vulnerable  
communities**

## **Laboratory**

- RT-PCR testing established at NRL
- Decentralized Regional PCR testing using GeneXpert platforms at Mafeteng and Motebang laboratories
- SARS-CoV-2 testing by private laboratories
- RDT Ag National rollout to all 10 districts for community testing
- Genomic sequencing established
- Enrolment in Global Influenza Surveillance
- Weekly updates to Partners, IMS-WCO/AFRO

## **Case Management**

- Identification of treatment centres and isolation facilities in local hospitals
- National case management guidelines developed
- Country-wide capacity building in COVID-19 management
- Procurement and mobilization of medical equipment
- Recruitment of clinical and support staff for COVID-19 response

## **Point of Entry**

- Joint response to COVID-19 by Border Agencies
- Cross-border collaboration with South Africa through Cross Border Committees initiatives
- Use of standardized screening, testing and referral procedures at PoEs
- Adoption of SARS-COV2 RDT at POE
- Intensifying enforcement on criminalization of illegal crossing activities

## **Continuity of Essential Services**

- Continuity of essential health services (CES) guidelines amidst covid-19 pandemic were developed and introduced.
- Rapid assessment on CEHS amidst COVID 19 pandemic was conducted and results disseminated
- Annual performance of CEHS indicators conducted

## **Infection Prevention & Control**

- Availability of comprehensive COVID-19 National IPC Guidelines with SOPs
- Introduction of IPC scorecard to 23 hospitals as well as risk assessment tools
- Availability of virtual platform (meetings, trainings and or webinars)
- Establishment of triage stations at points of entry in every health facility.
- Availability of HCWs protection and wellness program.

## **Vaccination**

- High political will
- Coordination by EPI Program
- TWG for new vaccines in place
- Good supply of vaccines in place
- Demand creation group within RCCE
- ±40% reached with vaccines
- Launch of booster dose
- Private sector involvement in procuring vaccines
- DHIS2 platform for vaccines in place

## Conclusion

- Implementation of response plan has been fair with varying achievements across pillars.
- Funding to implement plan was available with partners including WHO providing a significant proportion – GoL funding was pledged though reported not easy to access
- WHO timely deployed surge staff for almost 18 months in two phases
- More than 80% of WHO commitments in emergencies were achieved in support of the country response
- WHO can do better in information sharing if it could use data availed through district-based teams
- Efficiency in the use of funds can be improved through early implementation
- WCO communication has been very good but collaboration needs to be enhanced
- Move to set up PHEOCs at national and district level is a positive move towards strengthened coordination and data sharing
- Critical to finalize and disseminate the updated plan
- Deployment of DCAs to districts has increased WHO visibility and positively influenced the response at district level

## Presentation 6: Team building exercise



The team building activities were facilitated by Mr. Harry Nkhetse, Team Building Consultant for the 2nd and 3rd days. The Consultant started by posing a question on what differences participants may have in the Retreat room and why? Answers such as Culture, Age, Experiences, perceptions, Education, upbringing and abilities, religion were mentioned as reasons for the differences. The purpose of the exercise, he explained was that, these differences should not stop staff from working together. He further pointed out that employees have the responsibility to further the objectives of their employer by working together as a TEAM.

The consultant taught on the relevance of the word TEAM - Together Each Achieves More. He emphasized the importance of working together as employees of WHO. This, he said, is highly essential as it makes achieving the mandate of WHO easier and faster.

It was further explained to the participants how the organisation, WHO, paves their roadmap for working as a team by setting the Vision, Mission, Objectives, Values and many other management guidelines that bind employees to work together as one Team. There is a structure (organogram) that will specify each employee's responsibility, function and seniority levels.



## Outdoor activities

The Outdoor Activities went well as participants were engaged in numerous games that challenged their mental, physical abilities while learning and applying leadership skills to do the games guided by consultants. After every game participants are gathered together to review leadership lessons learned from each game. Participants were also divided into two (2) groups to complete tasks so as to make games more exciting, active and lively.







# Day Three

## Presentation 3: Reflections on 2020 – 2021 Biennial Workplan

The purpose of the presentation by Mr. Wilfred Dodoli, the Project Management Officer (PMO) was to stimulate a discussion on better programme delivery based on lessons learned in 2020 – 21 biennium, share information of WHO Priorities and 2022 calendar of events and to explore some behavioral aspects (attitudes) of teams towards better programme management to inform further interventions.

### 2020 – 2021 End of Biennium Assessments

Table 2: Technical Output Scorecard

Dimension	Average of Scores for NGA	Remark
1 - Technical Support	3.83	Above SATISFACTORY - very sound understanding of country priorities, capacities and vulnerabilities
2 - Leadership	3.39	Above SATISFACTORY - vision, strategy or targets are well established
3 - Global Goods / TPs	N/A	Assessment not applicable at WCOs
4 - Gender, Equity, Human Rights and Disability	3.00	Marginal SATISFACTORY, there is room for improvement
5 - Value For Money	3.21	Above SATISFACTORY - most Products & services in GSM delivered within expected completion dates
6 - Narratives	N/A	To be summarized
7 - Results	TBD	- System failure to consolidate - Generally Teams struggling to set KPI Targets so this to be revisited



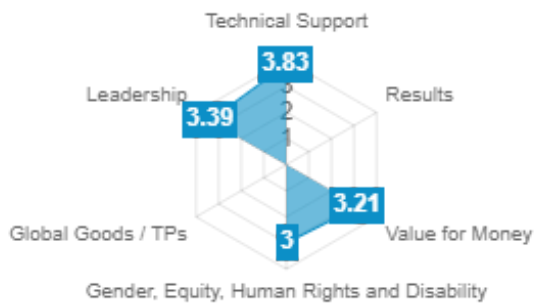


Figure 1: Technical Output Scorecard



Figure 2: Enabling Output Scorecard

Table 2: Enabling Output Scorecard

Dimension	Average of Scores for NGA	Remark
1 - Strategy and Leadership	3.84	Above SATISFACTORY - very sound understanding of country priorities, capacities and vulnerabilities
2 - Accountability	3.75	Above SATISFACTORY - vision, strategy or targets are well established
3 - Client service delivery	3.50	Assessment not applicable at WCOs
4 - Gender, Equity, Human Rights and Disability	3.00	Marginal SATISFACTORY, there is room for improvement
5 - Value for Money	3.50	Above SATISFACTORY - most Products & services in GSM delivered within expected completion dates
6 - Narratives	N/A	To be summarized
7 - Results	TBD	- System failure to consolidate - Generally Teams struggling to set KPI Targets so this to be revisited



# Reflections on 2020-2021

## Technical Support

- Through WCO leadership, the country was successfully supported to undertake the following key IHR (2005) monitoring and evaluation framework elements using multi-sectoral approach:
- Annual reporting,
- Capacity assessments, and development of
- Multi-hazard and contingency plans
- AMR/NAP
- Technical backstopping was timely solicited from AFRO
- Built national capacities in different aspects of emergency management including IDSR implementation
- Availability of guidelines and programme specific plans
- Availability of funding facilitated timely support
- TA was provided to member state including partners: guidelines and other strategic documents amidst COVID-19



## Leadership

- Through the WCO influence and follow up, the following were achieved under the oversight of the relevant technical working groups:
- Tobacco control mechanism is in place and functional (technical level)
- Advocacy for tobacco control bill to be enacted into law
- Engagement with public and non-state actors to address alcohol abuse through alcohol policy – draft policy in place pending endorsement
- Availability of functional polio eradication committees
- Regular capacity building of health workers on polio surveillance
- WHO had continued engagement and providing guidance (guidelines and convening partners, facilitating policy dialogue)



## Value for Money

- The following were considered during the implementation:
- Use of DI modality where participants were paid DSA to take care of themselves
- Venues for catering for meetings and workshops were selected based on the service provider offering the best services in the most affordable cost
- Procurement of services based on WHO policies and SOPs
- Due considerations made for ensuring the effectiveness of the support provided
- Working with partners (Non-state actors and partners)

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## GEHRD

- Gender, equity and human rights dimensions are still under development as it has not been well assessed during the planning stage and its monitoring has not been well followed up.
- Capacity of WCO staff on GER under development to ensure adequate inclusion of the dimension attributes at planning, implementation, monitoring and evaluation
- Newly introduced (beginning to orient managers, government partners and country office)

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## Lessons Learnt

- Multi-sectoral collaboration has remained very strong leading to ability to achieve the highlighted work.
- The Ministry of Health leadership through the IHR and Points of Entry Programmes has been crucial for facilitating the achievements.
- Recommendations from Annual State Party Reporting and implementation of NAPHS mechanism used to guide on
- Though efforts made to engage the alcohol industry on the process of developing alcohol policy, the industry continued to interfere with the development process which delayed the endorsement of the policy.
- Very good working relationships between the Ministry of Health and other Ministries including health training institutions.
- Unprecedented COVID-19 pandemic distorted health systems and services
- Covid -19 diverted attention and resources
- Embargo passed by government on implementation of essential services
- Inadequate coordination mechanisms (within and beyond)

## Key Challenges

- COVID-19 response affected delivery of other planned deliverables
  - Understaffing in most of the programmes in the Ministry especially under NCD
  - Funding from government to support implementation has been very limited which poses sustainability challenges
  - Government transition plan on polio not strong – resourcing and integrating all surveillance related activities yet to be achieved
  - Underutilization of data for decision making at all levels
- 



## Recommendations & Way Forward

- Continuous advocacy with senior management in Ministry of Health to ensure:
- Integration of routine services with outbreak response
- Integrating vaccine preventable disease surveillance into IDSR (implementation)
- Improving staffing status at all levels
- Dedicate adequate time and a conducive environment for thorough assessment of biennial plan implementation
- Attempt to allocate resources (financial) allocated to the budget center as guided by CCS

## Presentation 8: Overview of the draft Essential Health Package

Dr. Mesfin Zbelo, the HSS Officer, introduced the package to the participants and indicated that, the new package replaces the one that was developed in 2005. The government, as well as all stakeholders, were involved in the development of the new essential health services package. The basic health package addresses the health issues of citizens of all ages. It tackles the causes of morbidity and mortality, as well as risk factors for morbidity and mortality, and public health issues. The essential health package is a contract between a government and its citizens.





The essential health package, according to the presentation, considered a cost-effectiveness analysis as well as other technological, regulatory, and societal issues. Critical inputs such as human skills, medications, equipment, and other resources required to deal with interventions within the package should be accessible for its effective execution.

The essential health services package is the basis for universal health coverage and its salient elements:

- Accessibility of quality essential health services to all people,
- Utilization of these services is at a level needed, and
- Financial hardship minimized during access and use of essential services



## **Presentation 9: CCS Evaluation Report**

Mr. Wilfred Dodoli, the PMO, led staff to review the 2014 - 2019 Country Cooperation Strategy Evaluation report. The following were the report recommendations;

- WCO should continue to be actively engaged in supporting the MOH and the National TB and leprosy Control Programme to ensure an effective and rapid response to COVID-19 while ensuring that TB services are maintained.
- The WHO should support the country's efforts to continue to expand HIV diagnostic services and access to ART and conduct ongoing surveillance to detect increases in HIV incidence and respond promptly
- WCO should continue supporting the MOH to address major bottlenecks in maternal and child health service delivery, including weaknesses in health capacity to support implementation of Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH) intervention packages

- The WCO should provide support to the EPI to improve uptake of the Reaching Every District (RED) strategy, which has been weak, leading to stagnation in vaccination coverage below 70% for all antigens from 2014 to 2016
- WHO should support the country to implement all the ten recommended interventions for NCDs
- The WCO should support the development and endorsement of national documents to guide health promotion initiatives.
- WCO should prioritize technical assistance to address specific bottlenecks and build response capacity at national and sub-national levels



## **Presentation 9a: Country Cooperation Priorities 2022 – 2025**

The following priorities were identified in the evaluation;

- Improve access to essential services through people-centered health services, based on primary health care.
- Strengthen health sector governance including financing mechanisms.
- (Strengthen preparedness and response to health emergencies)
- (Strengthen health data, analytics and information systems and
- Address gaps in health workforce



# Day Four

## Presentation 10: New WCO Organogram and working modalities

Dr. Banda presented the new Country Office organogram to staff, identifying the new positions that have been added. He revealed that there is a need to raise enough funds to cover implement the new staff cost as AFRO expects the country offices to mobilize funds for the positions. He emphasized the need for technical officers to integrate the External Relations and Communications roles into their work to deliver on stakeholder expectations and enhance donor visibility. This would enhance resource mobilization efforts at the Country Office.

## Mountain Hiking





# Retreat Recommendations

Recommendation	Responsible	Timeline
<p>To have a two days meeting with the Ministry to discuss the following;</p> <ul style="list-style-type: none"> <li>• Business Rules</li> <li>• Emergency Response Framework</li> <li>• Review of COVID 19 Response</li> <li>• CCS Evaluation Report &amp; Priorities</li> </ul>	<p>Ms. Flora Lekhanya-Mohatla</p>	<p>End of Q3</p>
<p>- Staff &amp; Consultants must adhere to the right administrative processes being mindful of the requirements</p> <p>- Explore areas to transfer money via mobile platforms</p>	<p>Ms. Flora Lekhanya-Mohatla</p>	<p>End of Q3</p>
<p>-COVID 19 achievements to be used for the 2021 annual report and to be shared with ministry and partners. -In add review of the 2020 – 2021 biennium plans to the 2021 annual plans</p>	<p>Mr. Mxakaza/ Princess</p>	<p>End of Q2</p>
<p>-Negotiate and dialogue more with Ministry for the dissemination of appropriate information during emergencies</p>	<p>Dr Banda</p>	<p>End of Q2</p>





## Retreat Recommendations

Recommendation	Responsible	Timeline
Meeting with all technical officers to finally review the CCS evaluation report and proposed priorities.	Dr Mesfin & Mr. Wilfred	By end of April
-Convene quarterly project/programme meetings to monitor progress on implementation of the biennium workplan	Mr. Wilfred	Quarterly
- Integration External Relations and Resource Mobilization into country and pillar operations and to allow the EXT to coordinate and lead comms with donors and partners	Ms. Princess & All Officers	End of Q4
Disseminate new working roles in line with new organogram. One on one discussion with staff on their new roles	Dr Banda	End of Q2
All units to share 2022 work plan priorities with Project Manager	Mr. Wilfred	By end of April



## Conclusion

### WR Remarks

Dr. Banda, in his closing remarks urged all staff to continue with the good work in responding to the COVID-19, as the pandemic is not yet over. He said, the renewed morale and vitality gained from the retreat should propel the office to work together as a team and to deliver effectively the work plan for the biennium.

The staff was given the opportunity to evaluate the retreat and make recommendations for the next retreat. The following were some of the responses to the evaluation questions;

1. Which topics or aspects of the Retreat did you find most interesting or useful?

- The soft skill (teambuilding, communication, change management) exercises helped to foster integration and teamwork
- Understanding WHO Business rules
- Emerging Response Frame - this allowed us to do a introspection on our performance relating to the COVID -19 response and preparing participants to appreciate related policies for future emergency challenges.
- Review of COVID-19

2. How do you think the Retreat could be made more effective?

- Less focus on technical issues
- Enough time for teamwork and building exercises
- It would be more effective if DCAs, Consultants and UNV fully participated in all the days
- Request inputs from all staff on the Agenda instead of Staff Retreat Committee
- Have discussions on our day to day communication between staff members (the way we talk to each other, our responsibilities, the sharing of work so that others are not overwhelmed by work while others don't have anything on their desks)
- Administrative support to technical officers

# Annex 1: Retreat Agenda

**WCO LESOTHO STAFF RETREAT**  
 Monday – Thursday: 4<sup>th</sup> – 7<sup>th</sup> April 2022. | Melesi, Lodge  
 Theme: *Building a strong team amidst COVID-19 and beyond*

**DAY 1 (04/04/2022) Chair: Dr. Mesfin Zbelo**

TIME	ITEM /ACTIVITY	RESPONSIBLE/PRESENTER	NOTE TAKER
10:00	Departure to Venue (UN House )		
10:30-12:00	Arrival & Check-ins /Allocation of rooms	OA/HR Ms. Flora & Ms Refiloe	
1:00 – 2:00	<b>Lunch</b>		
2:00 – 2:20	Welcome and Introduction	WR – Dr. Richard Banda	Ms. Princess Sekyere Bih
2:20 – 2:40	Retreat mission, purpose, objectives and outcomes with ground rules	EPI – Ms. Selloane Amelia Maneo MAEPE	Ms. Princess Sekyere Bih
2:40– 3:40	Prevention and Addressing Abusive Conduct Discussion	HQ/AFRO Ms Muthoni Mucheru (PAAC )	Ms. Thato Seutloali
3:40 – 4:00	<b>Tea Break</b>		
4:00 – 6:00	Policy and Procedures concerning Harassment, Sexual Harassment and Abuse of Authority. Discussion	AFRO Ms Francesca Paola Crabu (PRSEAH)	Ms. Thato Seutloali
7:00	<b>Dinner</b>		



**DAY 2 (05/04/2022) Chair: Ms. Selloane Amelia Maneo MAEPE**

TIME	ITEM /ACTIVITY	RESPONSIBLE/PRESENTER	NOTE TAKER
7:00 - 8:30	<b>Breakfast</b>		
8:30 – 8:45	Recap of previous day		
8:45-10:00	Understanding WHO business Rules - Reflections of the working modalities - Harmonization of working processes	OA- Ms. Flora Lekhanya-Mohatla  - Procurement - Selection - DMT issues	Ms. Regina Molomo
10:00-10:20	<b>Tea Break</b>		
10:20 -11:20	Review and reflections on COVID 19 response strategy	Emergency Mr. Albert Hlabana	Ms. Regina Molomo
11:20-12:30	Team Building exercises	Consultant	
1:00	<b>Lunch</b>		
2:00 – 3:00	Overview of the new Emergency Response Framework	Emergency Mr. Albert Hlabana	Mr. Thato Mxakaza
3:00 – 3:20	<b>Tea break</b>		
3:20 – 4:30	Free Time / Mountain hiking	Team exercise	
4:30 – 5:30	Team building	Consultant	
6:00	<b>Dinner</b>		



**DAY 3 (06/04/2022) Chair: Mr. Albert Hlabana**

TIME	ITEM /ACTIVITY	RESPONSIBLE/PRESENTER	NOTE TAKER
7:00 – 8:30	Breakfast		
8:30 – 8:45	Recap of previous day		
8:45 – 9:15	-Reflections on 2020 – 2021 biennial work-plan (all units)	PMO Mr. Wilfred Dodoli	Mr. Thato Mxakaza
9:15-10:15	Reflection on 2020 – 2021 by Pillar (Group Work)	Pillars	
10:15-10:45	Tea Break		
10:45-11:45	Plenary Reporting	Pillar (Mesfin, Albert, Thato, Princess & Flora)	Ms. Selloane MAEPE
M	Overview of the draft Essential Health Package	HSS – Dr. Mesfin Zbelo	Ms. Selloane MAEPE
12:15 –1:00	Team building exercise	Consultant	
1 – 2pm	Lunch		
2:00 – 2:20	CCS Evaluation Report	PMO Mr. Wilfred Dodoli	Ms. Princess Sekyere Bih
2:20 – 3:20	Define priorities for the new Country Cooperation Strategy 2022-25	Pillar (Group Work )	
3:20 – 3:35	Tea break		
3:35 – 4:35	Plenary session	Pillars	Ms. Princess Sekyere Bih
4:35 – 5:45	Team building exercise	Consultant	
6:00	Dinner		

**DAY 4 (07/04/2022) Chair: Ms. Flora Lekhanya-Mohatla**

TIME	ITEM /ACTIVITY	RESPONSIBLE/PRESENTER	NOTE TAKER
7 – 8:30am	Breakfast		
8:30 -8:45	Recap of previous day		
8:45 – 9:00	New WCO organogram and working modalities	WR Dr. Richard Banda	Mr. Wilfred Dodoli
9:00– 9:45	Priorities for 2022 from biennium plan by Pillar (Group Work)	Pillar	
9:45 -10:45	Plenary session		Mr. Wilfred Dodoli
10:45-11:30	Summary of Retreat recommendations	EXT Ms. Princess Sekyere Bih	
11:30 –1:00	Check-Out		
1:00	Lunch		
	GER		



# Participants

1. ABOBO, Francis - COVID-19 Vaccination Consultant
2. BANDA, Richard - WHO Representative
3. BULA-BULA, Andy - IPC Consultant
4. DODOLI, Wilfred - Project Management Officer (PMO)
5. HLABANA, Albert - Emergency Preparedness and Response Officer
6. ITUMELENG, Malope - District Coordination Assistant
7. KHALEMA, Mpikete Elliot - Senior Driver
8. LEHLOBA, Tsoloane - ICT Assistant
9. LEKHANYA-MOHATLA, Mabatebang Flora - Operations Assistant
10. MAEPE, Selloane Amelia Maneo - EPI Officer
11. MALEFA, Masakale - District Coordination Assistant
13. MALINEO, Fosa - District Coordination Assistant
14. MANASA, Justen - Laboratory Consultant
15. MANNINI, Shaabe - District Coordination Assistant
16. MATSEPO, Ramaema - District Coordination Assistant
17. MATSIPA, Refiloe Human Resource /LPT Assistant
18. MOELETSI, Khoanyane - District Coordination Assistant
19. MOFOKA, David - Driver
20. MOHAI, Florence - District Coordination Assistant
21. MOJAKHOMO, Bulara - District Coordination Assistant
22. MOKHUTSOANE, Bernard Lehlohonolo - Driver
23. MOLOMO, Regina - Public Health Specialist
24. MOREMOHOLO, Rose – RCCE & Social Media Specialist
25. MUPETA, Francis - Case Management Consultant
26. MXAKAZA, Thato - Health Promotion Officer
27. NDYAHIKAYO, John - Epidemiologist Consultant
28. PHITSANE, Liteboho - Finance Assistant
29. RAFOBANE, Lineo - District Coordination Assistant
30. REJAKILE, Fosa - District Coordination Assistant
31. SEKYERE BIH, Princess - External Relations & Partnerships Officer
32. TLEBERE, Ntsoaki Ruth - Secretary to WR
33. TSEPO, Dlamini - Maseru District Driver
34. TSOLOANE-BOLEPO, Belina M. - Family and Reproductive Health Officer
35. ZBELO, G. Mesfin - Health Systems Strengthening Officer