GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of
Lesotho

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **08.06.2011 11:56:47**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION
The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION
The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS
The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2011

Programme extension

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DTP-HepB-Hib, 1 dose/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until

ISS	2011

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Lesotho hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Lesotho

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	DR. MPHU RAMATLAPENG	**Name**	DR. TIMOTHY THAHANE
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
MS. POPO NTJONA	National EPI Manager	+266 22226431`	popontjona@yahoo.com	
MRS. AGENE LEPHOTO	EPI Focal Person (Christian Association of Lesotho (CHAL))	+266 22312500	aidscoordinator@ahcl.org.ls	
DR. VICTOR ANKRAH	Child Survival Specialist/UNICEF	+266 22315801	victorankrah@unicef.org	
MRS. SELLOANE MAEPE	Immunization Officer/WHO	+266 22312122/+266 63026332	maepes@ls.afro.who.int	

2.2. ICC Signatures Page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
HON. DR. MPHU RAMATLAPENG; MINISTER OF HEALTH	Ministry of Health and Social Welfare			
MRS. MALERATO KHOELI; PRINCIPAL SECRETARY FOR HEALTH	Ministry of Health and Social Welfare			
MS. MOLIEHI KHABELE; DEPUTY PRINCIPAL SECREATARY FOR HEALTH	Ministry of Health and Social Welfare			
DR. MPOLAI MOTEETEE; DIRECTOR GENEGAL HEALTH SERVICES	Ministry of Health and Social Welfare			
MR.MALEFETSANE MASASA; DIRECTOR HEALTH PLANNING AND STATISTICS UNIT	Ministry of Health and Social Welfare			
DR. LUGEMBA BUDIAKI; DIRECTOR PRIMARY HEALTH CARE	Ministry of Health and Social Welfare			
MS. TSELENG MOEKETSI DIRECTOR HUMAN RESOURCES	Ministry of Health and Social Welfare			
MS. MANTS'EBO MOJI; CHIEF NURSING OFFICER	Ministry of Health and Social Welfare			
MR. KHABISO NTOAMPE; CHIEF HEALTH EDUCATOR	Ministry of Health and Social Welfare			

Name/Title	Agency/Organisation	Signature	Date	Action
MR. NKUEBE THEKO; CHIEF EVIRONMENTAL HEALTH	Ministry of Health and Social Welfare			
MRS. MALENTSOE NTHOLI; EXECUTIVE SECRETARY	Christian Health Association of Lesotho			
MR. TEBOHO KITLELI, SECRETARY GENERAL	Lesotho Red Cross			
DR. AHMED MAGAN; UNICEF REPRESENTATIVE	UNICEF Country Office			
DR. JACOB MUFUNDA; WHO REPRESENTATIVE	WHO Country Office			
MRS. MASEITSH'ERO KHOOE	Maseru City Council			

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Lesotho's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	56,185	54,681	55,119	55,560	56,004	54,436
Total infants' deaths	5,281	5,125	5,126	5,112	5,096	4,899
Total surviving infants	50,904	49,556	49,993	50,448	50,908	49,537
Total pregnant women	56,185	54,681	55,119	55,560	56,004	54,436
# of infants vaccinated (to be vaccinated) with BCG	41,015	42,104	41,339	44,448	47,603	47,903
BCG coverage (%) *	73%	77%	75%	80%	85%	88%
# of infants vaccinated (to be vaccinated) with OPV3	35,124	36,175	37,495	38,845	41,745	40,620
OPV3 coverage (%) **	69%	73%	75%	77%	82%	82%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	40,615	44,000	42,547	44,007	46,034	45,848
# of infants vaccinated (to be vaccinated) with DTP3 ***	38,178	39,676	39,994	41,367	43,272	43,097
DTP3 coverage (%) **	75%	80%	80%	82%	85%	87%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	40,615	44,000	39,994	41,367	43,272	43,097
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	38,178	39,676	39,994	41,367	43,272	43,097
3rd dose coverage (%) **	75%	80%	80%	82%	85%	87%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	34,106	34,717	34,995	36,323	38,181	39,630
Measles coverage (%) **	67%	70%	70%	72%	75%	80%
Pregnant women vaccinated with TT+	41,576	41,010	42,441	44,448	46,483	46,270
TT+ coverage (%) ****	74%	75%	77%	80%	83%	85%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	6%	10%	6%	6%	6%	6%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 Baseline and Annual Targets before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

Accordong to 2006 census and subsequent projections,the national population has decreased in some age groups and therefore has affected the number of births.

Provide justification for any changes in **surviving infants**

Accordong to 2006 census and subsequent projections,the national population has decreased in some age groups and therefore has affected the number of surviving infants.

Provide justification for any changes in **targets by vaccine**

Accordong to 2006 census and subsequent projections,the national population has decreased in some age groups and therefore the targets by vaccine have changed.

Provide justification for any changes in **wastage by vaccine**

Vaccine wastage remains the same for different antigens provided in Lesotho

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

In 2009, 34,441 children were vaccinated with DPT3. In 2010, the target for DPT3 as in the 2009 APR was 33,958.In 2010, 38,304 children were vaccinated with DPT3 and this an increase of 11% over the 2009 figure. Major activities conducted are:

o Post introduction evaluation of Hib and take corrective action
o Training on vaccine and logistics management to address weaknesses identified during VMA
Introduction of vaccine stock management tool
o Measles follow up campaign and integrate Vitamin A in September 2010
Introduction of DQS tool
Refresher training on RED conducted at national level for all districts

The key challenges faced were the following:
Lack of dictrict microplans despite introduction of RED in three districts
Continued high staff turnover at all levels, especially at the lower levels. The incoming staff are not conversant with EPI initiatives that are aimed at improving programme performance.

• Weak vaccine management at all levels which resulted in vaccine stock outs which were experienced for all

traditional vaccine and new pentavalent vaccine with varying length of time for each antigen
• More efforts were concentrated on the management of measles outbreak which the country went through from Nov 2009 and continued throughout the first half of the year
• The country implemented integrated measles SIAs and HINI deployment campaign. These activities further detoured other activities such CHDs/Weeks
• Due to difficult terrain in some districts, areas which used to be accessed are no longer accessible because of poor roads infrastructure

• Inactive outreach services due to lack of resources

• Majority of health facilities offer immunization services on scheduled days istead of providing immunizations on daily basis.

• Weak supervision at all levels resulting in low district performance in all components of EPI. Weak social mobilization and lack of involvement of communities in the immunizations. Lack of health facility catchment area target population

5.2.2.

If targets were not reached, please comment on the reasons for not reaching the targets

Lack of catchment area populations
No mechanism in place to track defaulters at district and health centre level
Lack of capacity of health workers to deliver immunization servces

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.
If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? No

If Yes, please give a brief description on how you have achieved the equal access.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*.

Coverage levels from administrative data system are lower than DHS coverage figures because natinal population figures that are used to compute administrative coverage are projections from a census that is over ten years old. The WHO/UNICEF estimate of the immunization coverage in Lesotho for 2010 are not yet out

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

If Yes, please describe the assessment(s) and when they took place.

Lesotho Health Demographic Survey (LHDS) was conducted in 2009 covering all health aspects including immunuizations
Post introduction evaluation was conducted in 2010 to evaluate the impact of introduction of Hib vaccine into the EPI programme.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

1. Capacity building of staff in 2008:

a) On job training for EPI data officer was undertaken for duration of 3 months by CDC STOP Team mission to Lesotho

b) The ten District Health Information Officers and two from central level were trained on the management of routine immunization and surveillance data using EPI INFO programme

2. cMYP was updated to include a number of key activities including specific activities relating to Data Management

3. WHO facilitated technical support to strengthen data management at national level during June-August 2009 with the following outcomes:
a) Training of National staff on basic EPI info data analysis and EPI indicators
b) Linked spreadsheet developed for data manager to automatically calculate vaccination coverage and drop-out rates
c) Compilation of national EPI monthly report initiated

4. All data recording and reporting tools were reviewed and updated. Thereafter the updated immunization monitoring tools and charts were printed and distributed to all health facilities to enable them to monitor their own performance.

5. Immunization monitoring tools and charts were printed and distributed to all health facilities to enable them to monitor their own performance.

6. Introduction of vaccine stock management tool and training of district health workers on vaccine management

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

• Training of health workers on the management and delivery of immunization services
• Training of key staff on data management, to cover key concepts and new developments in data management

• Conducting a national workshop on data quality self assessment (DQS)for all districts

• Roll out of DQS to districts

• Reinforcing the establishment of village registers as these will complement the use of under-five registers to strengthen defaulter tracking in districts and provide another estimate of the target populations health facilities.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 700	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name**	**Donor name**	**Donor name**	
Traditional Vaccines*	293,508	293,508	0	0	0				
New Vaccines	0	0	0	0	0				
Injection supplies with AD syringes	23,850	23,850	0	0	0				
Injection supply with syringes other than ADs	4,479	4,479							
Cold Chain equipment	7,213	7,213	0	0	0				
Personnel	98,424	50,424	0	12,400	35,600				
Other operational costs	1,440,460	1,440,460	0	0	0				
Supplemental Immunisation Activities	1,137,983	140,650	0	660,404	336,930				
Under-used vaccines	246,000	16,000	230,000						
Total Expenditures for Immunisation	*3,251,917*								
Total Government Health		1,976,584	230,000	672,804	372,530				

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	94,985	101,116	
New Vaccines	518,018	453,983	
Injection supplies with AD syringes	55,417	58,733	
Injection supply with syringes other than ADs	875	959	
Cold Chain equipment	7,357	158,141	
Personnel	109,781	121,552	
Other operational costs	145,016	149,099	
Supplemental Immunisation Activities	0	310,446	
under-used vaccines	367,974	226,992	
Total Expenditures for Immunisation	1,299,423	1,581,021	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
1. Christian Health Association of Lesotho (CHAL)	
2. Lesotho Red Cross Society	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The current cMYP is which spans 2007-2011 ends this year 2011 and the new cMYP has just been developed and spans 2012-2016.
The priority actions for 2011-2012 are derived from the cMYP and include:

• Strengthen routine immunization
o Re-orientation of districts on RED strategy and mobilize funds for implementation
o Provide supportive supervision and monitor implementation of RED in the districts where the strategy has been re-introduced
o Implement Child Health Days integrated with other child survival interventions
• Apply and introduce new vaccine (pneumococcal)
• Strengthen vaccine and logistics management
o Conduct vaccine management assessment
o Conduct training on vaccine and logistics management to address weaknesses identified during VMA
• Advocacy and social mobilization
o Develop communication plan for EPI and IEC materials on routine immunization and disease surveillance to all districts and health facilities
o Mobilise communities for routine immunization on a regular basis radio, churches and other outlets
o Increase routine immunization coverage for measles through RED strategy and Child Health Days (CHDs)

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	Auto disable	GoL	
Measles	Auto disab	GoL	
TT	Auto disab	GoL	
DTP-containing vaccine	Auto disab	GoL & GAVI	

Does the country have an injection safety policy/plan? Yes

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All used syringes and sharps are deposited into puncture -resistant safety boxes provided to every health facility. The main method used to dispose of all used sharps is incineration, therefore the sealed safety boxes are collected from health centres to hospitals where they are incinerated. Also there are some health centres which have their own incinerators and such used sharps are disposed thereof.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 0
Remaining funds (carry over) from 2009	US$ 0
Balance carried over to 2011	US$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.
If No, please complete Part B below.

> **Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

> **Part B:** briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.
>
> Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Is GAVI's ISS support reported on the national health sector budget? No

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			34,441	38,178
2	Number of **additional** infants that are reported to be vaccinated with DTP3				3,737
3	Calculating	$20	per additional child vaccinated with DTP3		74,740
4	**Rounded-up estimate of expected reward**				**75,000**

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	79,800	79,800	0	

** Please also include any deliveries from the previous year received against this DL*

If numbers [A] and [B] above are different

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

Vaccine stock out was experienced for one month for DPT-Hepb-Hib

What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

The plan for vaccine shipment remains the same with two shipments per year. No adjustments done

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 1 month

Please describe the reason and impact of stock-out

Weak vaccine management and forecasting at central level which led to inadequate vaccines.
Failure to reach children in due time with immunizations resulted in missed opportunities and ultimately low coverage

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced		
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	0
Receipt date	

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Please describe any problem encountered in the implementation of the planned activities

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	230,000	74,600
2nd Awarded Vaccine	16,000	5,200
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	GAVI
Other	0

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. High political commitment facilitated mobilization of funds for co-financing
2. Provision of highly subsidized by GAVI alliance encouraged the government to pay its contribution
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	2
2nd Awarded Vaccine	8
3rd Awarded Vaccine	

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9 Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted? 12.08.2008

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N°)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

Deployment	of	National	EPI	logistics	Officer		
Training	of	districts	on	vaccine	management		
Introduction	of	vaccine	stock	management	at	central	level

When is the next Effective Vaccine Management (EVM) Assessment planned? 08.08.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	49,556	49,993	50,448	50,908	49,537		250,442
Number of children to be vaccinated with the third dose	Table 1	#	39,676	39,994	41,367	43,272	43,097		207,406
Immunisation coverage with the third dose	Table 1	#	80%	80%	82%	85%	87%		
Number of children to be vaccinated with the first dose	Table 1	#	44,000	39,994	41,367	43,272	43,097		211,730
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.23	0.26	0.30		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.20	0.23	0.26	0.30

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		116,400	119,200	121,400	115,300	472,300
Number of AD syringes	#		123,100	126,100	128,400	121,900	499,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,375	1,400	1,425	1,375	5,575

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		306,000	294,500	263,500	229,000	1,093,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		9,600	12,300	16,600	20,600	59,100
Number of AD syringes	#		10,200	13,000	17,500	21,700	62,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		125	150	200	250	725
Total value to be co-financed by the country	*$*		25,500	30,500	36,000	41,000	133,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.62%			9.31%			11.98%			15.12%		
B	**Number of children to be vaccinated with the first dose**	Table 1	44,000	39,994	3,046	36,948	41,367	3,851	37,516	43,272	5,183	38,089	43,097	6,515	36,582
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	132,000	119,982	9,137	110,845	124,101	11,551	112,550	129,816	15,547	114,269	129,291	19,544	109,747
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	138,600	125,982	9,594	116,388	130,307	12,129	118,178	136,307	16,325	119,982	135,756	20,521	115,235
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		0	0	0	1,082	101	981	1,500	180	1,320	0	0	0
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		125,982	9,594	116,388	131,389	12,230	119,159	137,807	16,504	121,303	135,756	20,521	115,235
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		133,181	10,143	123,038	138,954	12,934	126,020	145,761	17,457	128,304	143,514	21,694	121,820
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		1,479	113	1,366	1,543	144	1,399	1,618	194	1,424	1,594	241	1,353
N	**Cost of vaccines needed**	I x g		311,176	23,697	287,479	304,823	28,372	276,451	279,749	33,503	246,246	251,149	37,964	213,185
O	**Cost of AD**	K x ca		7,059	538	6,52	7,365	686	6,67	7,726	926	6,80	7,607	1,150	6,457

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	syringes needed					1			9			0			
P	**Cost of reconstitution syringes needed**	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	M x cs		947	73	874	988	92	896	1,036	125	911	1,021	155	866
R	**Freight cost for vaccines needed**	N x fv		10,892	830	10,062	10,669	994	9,675	9,792	1,173	8,619	8,791	1,329	7,462
S	**Freight cost for devices needed**	(O+P+Q) x fd		801	61	740	836	78	758	877	106	771	863	131	732
T	**Total fund needed**	(N+O+P+Q+R+S)		330,875	25,197	305,678	324,681	30,220	294,461	299,180	35,830	263,350	269,431	40,727	228,704
U	**Total country co-financing**	I 3 cc		25,197			30,220			35,830			40,727		
V	**Country co-financing % of GAVI supported proportion**	U / T		7.62%			9.31%			11.98%			15.12%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

****** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

****** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

****** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		5	Yes
Signature of Minister of Finance (or delegated authority)		4	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		2, 6, 7	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		1	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010		Missing	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		9	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		8	
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type / Description	File name / Date and Time / Size	New file	Actions
1	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\Minutes of ICC meeting held on the 6th May 2011.doc **Date/Time:** 08.06.2011 11:32:37 **Size:** 47 KB		
2	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of ICC meeting July & August 2010	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\ICC meetings in 2010\Minutes of ICC meeting July and August 2010.pdf **Date/Time:** 08.06.2011 11:34:06		

ID	File type Description	File name Date and Time Size	New file	Actions
		Size: 188 KB		
3	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\Signatures of members of ICC.pdf **Date/Time:** 08.06.2011 11:42:09 **Size:** 186 KB		
4	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\Signatures Minister of Finance.pdf **Date/Time:** 08.06.2011 11:43:12 **Size:** 25 KB		
5	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\Signatures Minister of Health.pdf **Date/Time:** 08.06.2011 11:54:44 **Size:** 25 KB		
6	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\ICC meetings in 2010\Minutes of ICCC meeting December 2010.pdf **Date/Time:** 08.06.2011 11:36:32 **Size:** 230 KB		
7	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\ICC meetings in 2010\Minutes of ICC meeting June 2010.pdf **Date/Time:** 08.06.2011 11:37:24 **Size:** 368 KB		
8	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:**	**File name:** C:\Selloane EPI\2011 work plan\GAVI docs June 2011\Financial report balance from introduction grant.pdf **Date/Time:** 08.06.2011 11:56:46 **Size:** 113 KB		
9	**File Type:** new cMYP starting 2012 **File Desc:**	**File name:** Lesotho New_cMulti_Year_Plan_2012-2016.doc **Date/Time:** 29.06.2011 09:17:55 **Size:** 1 MB		