GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION
Partnering with The Vaccine Fund

Updated February 2004

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund
by the Government of

COUNTRY: LESOTHO

Date of submission: 27 May 2004

Reporting period: Jan – Dec., 2003 *(Information provided in this report MUST* Refer to the previous calendar year)

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ x
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

- The MOHSW on receipt of communication from GAVI and notification by UNICEF requests the Auditor General to transfer the funds from Central Bank to the Ministry of Health and Social Welfare – Revenue Account. The EPI Manger requests for funds from the Revenue Account based on plans from Health Service Areas.
- During the supervisory visits by the EPI unit, all Health Service Areas were notified about the availability of GAVI funds which are meant to improve immunization coverage; however guidelines on use of funds need to be developed.
- First preference is given to HSAs with low coverage and hard to reach areas.
- HSAs prepare micro-plans for their activities then individual people sign after receipt of money. The HSAs prepare a report on the activity undertaken.
- Disbursements of funds is done on requests by HSAs
- Central level distributes logistics through a hired vehicle to all HSAs
- IEC materials are printed and distributed in all HSAs
- Monitoring and supervision is conducted quarterly in all HSAs
- At times due to delays in receiving information on receipt of funds in-country, it is recommended that the communication on funds transfer from GAVI should be copied to the EPI Manager

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year _U$ 100,000 (for introduction of new vaccines)
Remaining funds (carry over) from the previous year: None

Table 1 : Use of funds during reported calendar year: 2003

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines/BCG					
Injection supplies					
Personnel					
Transportation		800			
Maintenance and overheads					
Training/Accelerations				35,600	
IEC / social mobilization				15,500	
Outreach					
Supervision		500			
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment		20,500			
Other ……. *(specify)*					
Total:	USD 72,900	21,800		51,100	
Remaining funds for next year:	USD 27,100				

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

- Training of 20 district and regional EPI managers on mid level management of EPI.
- Training of 40 health workers from one low coverage district on EPI and how to increase coverage.

- Hep – B manual for Health Workers produced
- Dissemination of information
- Printing of IEC material
- One round of supervisory visits to low coverage and "silent" areas to discuss problems and ways of alleviating them.
- High turn over of staff requiring repeated training and orientation of staff deployed in EPI.

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ☐ *NO* ☐ NA

If yes, please attach the plan and report on the degree of its implementation.

WILL BE DONE IN JUNE, 2004

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

National EPI and Nutrition 30 cluster survey done end of 2002 and report and results published in 2003

- National Injection safety assessment

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: MONTH…OCTOBER. YEAR…2003….

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

Vaccines received as per the shipment plan and no problems encountered. New has been introduced in all Health Service Areas

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

1. Productions of Health Workers manual
2. Production of new immunization schedule with inclusion of Hep – B
3. Inclusion in the child health card (Bukana)
4. Phasing in of Hep – B was in ALL Health Service Areas. Administration to each child matched the number of DPTs.
5. Central Level distributed Hep – B to all Health Service Areas
6. 12 months post introduction evaluation

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

- Launching of Hep – B vaccine on the28th August, 2003
- IEC materials bearing information on Hep – b have been distributed to all Health Service Areas
- Orientation for HSA management and Clinic Nurses on Hep – B
- Printing of Health Workers manual on Hep – B
- Supervision of Hep – B administration in HSAs
- Health card printed including Hep – B and Vitamin A
- Delivery of vaccine and Cold Chain equipment to all HSAs

Detailed of expenditures and balance on page 4

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

- Injection safety equipment in the form of AD Syringes, sharps containers received and distributed to all Health Service Areas
- An Injection safety assessment has been conducted in the randomly selected areas. Plan of action to implement recommendations will be developed.

▪ However inadequate disposal facilities at immunization centres.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
▪ Number of HSAs with proper functioning Injection safety practices ▪ Number of HSAs with incinerators	▪ By June 2004 18 HSAs will be practising proper management of sharps	▪ All HSAs are provided with AD syringes and sharp disposal boxes ▪ HSAs have provided space for logistics ▪ ALL sharps are disposed in sharps containers ▪ The disposal is done at HSAs in deep pots and incinerators	Availability of trainer and incinerators Manpower attrition Lack of transport Delay in availability of funds	By September 2004 18 HSAs will be using the recommended Injection Safety procedures
	By November 2004, six HSAs will have incinerators constructed.	▪ The relevant HSAs will be trained in the use of an incinerators ▪ Clinics will complete all sharps to be sent for incineration at HSA.	▪ Availability of suitable vehicles to collect sharps	By September, 2004 4 HSAs will have constructed incinerators or dug deep pits

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

No funds received for injection safety support.

2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

- Training on FSP just conducted in March, 2004
- Activity for FSP due in September, 2004

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources. N/A

Table 2 : Sources (planned) of financing of new vaccine …GAVI…… *(specify)*

Proportion of vaccines supported by	**Annual proportion of vaccines**									
	20..	**20..**	**20..**	**20..**	**20..**	**20..**	**20..**	**20..**	**20..**	**20..**
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for ……. *(new vaccine)* *										

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine*

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2005. *(indicate forthcoming year)*

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	62,921	62,225	65,931	69,868	74,059	78,492	83,200	83,206	82,904
Infants' deaths	5,112	5,219	5,328	5,440	5,565	5,676	5,789	5,905	5,712
Surviving infants	57,809	57,006	60,603	64,428	68,494	72,816	77,411	77,301	77,192

Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*	37,421	43,206	34,417	41,603	52,511	57,133	61,917	66,871	66,385
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*	36,062	47,265	35,220	39,833	52,511	57,133	61,917	66,871	66,385
NEW VACCINES **									
Infants vaccinated / to be vaccinated with **1st dose** of ……. *(new vaccine) Hep – B*				5,387	52,511	57,133	61,917	66,871	66,385
Infants vaccinated / to be vaccinated with **3rd dose** of ……. *(new vaccine) Hep – B*				2,785	52,511	57,133	61,917	66,871	66,385
Wastage rate of *** …….. *(new vaccine)*									
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	27956	39400	43549	47915	52511	57133	61917	66871	66,385
Infants vaccinated / to be vaccinated with BCG	34174	42315	46771	51461	56397	61360	66499	71819	66,385
Infants vaccinated / to be vaccinated with Measles	30970	39400	43549	47915	52511	57133	61917	66871	66,385

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

The targets for 2005 and beyond are higher than in the proposal and the targets in the 2002 annual report and are now based on the estimates and population projections from the Bureau of Statistics. The BOS estimates are based on the 1996 census projections. The figures are the same as those in the WHO/UNICEF Joint Reporting Form.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year** ..... *(indicate forthcoming year)*

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

UNICEF country office – together with the Ministry of Health and Social Welfare has worked out vaccine forecast plan for the period 2004- 2008. Supply Division has assured of availability of new vaccines and provided the country with a provisional shipment plan based on the MOHSW/EPI's forecasts. Deliveries are adjusted based on a quarterly monitoring system that has been put in place.

Table 4: Estimated number of doses of Hep - B**…… vaccine *(specify for one presentation only)* :** *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1st dose of …Hep - B..... *(new vaccine)*		* 57133
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100
C	Number of doses per child		3
D	Number of doses	*A x B/100 x C*	171399
E	Estimated wastage factor	*(see list in table 3)*	1.33
F	Number of doses (incl. wastage)	*A x C x E x B/100*	2279760
G	Vaccines buffer stock	*F x 0.25*	0
H	Anticipated vaccines in stock at start of year 2005		50,000
I	Total vaccine doses requested	*F + G - H*	177960
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	134753
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	19754
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	1715

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of:
  50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial;
  25% for a liquid vaccine in a 10 or 20-dose vial;
  10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year2005.:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 3.*

3.3 Confirmed/revised request for injection safety support for the year BCG *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of children for …… vaccination (for TT : target of pregnant women)[1]**	#	78,492	83,200
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of BCG doses**	A x B	78,492	83,200
D	**AD syringes (+10% wastage)**	C x 1.11	87,126	91,520
E	**AD syringes buffer stock [2]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	87,126	87,126
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution [3] syringes (+10% wastage)**	*C x H x 1.11 / G*	6,970	7,390
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	1,044	1,049

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

[1] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[2] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[3] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/revised request for injection safety support for the year Measles *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with measles *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of children for measles vaccination (for TT : target of pregnant women)[4]**	#	57,133	61,917
B	**Number of doses per child (for TT woman) measles**	#	1	1
C	**Number of measles doses**	A x B	57,133	61,917
D	**AD syringes (+10% wastage)**	C x 1.11	63,418	68,728
E	**AD syringes buffer stock [5]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	68,728	68,728
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution [6] syringes (+10% wastage)**	*C x H x 1.11 / G*	10,147	10,996
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	704	763

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

[4] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[6] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/revised request for injection safety support for the year TT *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with TT *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of children for …… vaccination (for TT : target of pregnant women)[7]**	#	57133	61,917
B	**Number of doses per child (for TT woman)**	#	2	2
C	**Number of TT doses**	A x B	114,266	123,834
D	**AD syringes (+10% wastage)**	C x 1.11	126,834	137,456
E	**AD syringes buffer stock [8]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	126,835	137,456
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution [9] syringes (+10% wastage)**	*C x H x 1.11 / G*	20,294	21,993
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	1,408	1,526

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

[7] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[8] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[9] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/revised request for injection safety support for the year DPT *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with DPT *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of children for …… vaccination (for TT : target of pregnant women)[10]**	#	57,133	61,917
B	**Number of doses per child (for TT woman)**	#	3	3
C	**Number of DPT doses**	A x B	171,399	185,751
D	**AD syringes (+10% wastage)**	C x 1.11	190,253	206,184
E	**AD syringes buffer stock [11]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	190,253	206,184
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution [12] syringes (+10% wastage)**	*C x H x 1.11 / G*	30,440	36,618
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	2,450	2,695

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

The quantities do not differ substantially any increase being due to the new projection figures from Bureau of Statistics.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

[10] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[11] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[12] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Indicators	Targets	Achievements	Constraints	Updated targets
Fully Immunization Coverage	Increase by increment of 5% to 80% by 2005	Coverage has steadily increased from 65% to 70% as of 2002 (Measles coverage as a proxy indicator)	Lack of transport at all levels. Inadequate personnel leading to limited outreach and missed opportunities due to weekly immunization.	Updated target is to increase fully immunization coverage to 75% by 2006.
DPT1- DPT3 Drop Out Rate	Reduce drop out to less than 5%	Achieved DPT1- DPT3 drop out rate currently 4%.	-	Sustain below 5%
DPT1- Measles Drop Out Rate	Reduce drop out rate to less than 10%	Drop out rate still estimated at 15%.	Community Health Workers overwhelmed with other health activities and demotivated.	Target remains.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	27th May 2004	
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	Yes	
DQA reported on	N/A	
Reported on use of 100,000 US$	Yes	

Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	N/A	
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

ICC/RWG comments:

The ICC commends the government in the general performance of the programme and the demonstrated increase in routine coverage in 2003 compared to 2002 and the successful measles campaign. The high level commitment to EPI as exemplified by participation of the top level health officials and NGOs and chaired by the Honourable Minister at all its 4 meetings held in 2003. The participation of WHO and UNICEF Representatives together with their respective technical officers is also commendable. A decision has now been made to schedule the meetings at more frequent intervals and to include high level Ministry of Finance officials. WHO and UNICE technical officers to assist the secretariat in developing the agenda and reviewing the reports to be discussed at the meetings and ensure that these are distributed to all members ahead of the meeting.

The ICC has taken an active role in monitoring of routine EPI coverage however this has been constrained by the fluctuations brought about by the changing denominator and protracted discussions on what denominator to use without reaching a consensus. The ICC has suggested that Health Planning Unit and Bureau of Statistics review their respective data and come up with definitive working denominators.

The ICC is putting systems in place for monitoring the flow of funds to ensure speedy disbursements and accounting.

7. Signatures

For the Government of ……LESOTHO..……

Signature: ……...……...

Title: ……..…….

Date: ……..…….

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature

~ End ~