



Annual Progress Report 2008

Submitted by

The Government of

[Lesotho]

Reporting on year: __2008__

Requesting for support year: __2010/2011__

Date of submission: _____

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*]...Lesotho...

Minister of Health:

Title: Honourable Minister Dr. Mphu Ramatlapeng

Signature:

Date:

Minister of Finance:

Title: Honourable Minister Dr. Timothy Thahane

Signature:

Date:

This report has been compiled by:

Full name: **.Ms. Ellen Moshesha**
Position: **EPI Manger**
Telephone: **+266 2222 6431**
E-mail: emoshesha@yahoo.com

Full name: **Mrs. Selloane Maepe**
Position: **WHO EPI Focal person**
Telephone: **+266 2231 2122**
E-mail: maepes@ls.afro.who.int

Full name: **Mrs. Palesa Ntene**
Position: **UNICEF EPI Focal person**
Telephone: **+266 2231 5801**
E-mail: pnthinyantene@unicef.org

Full name: **Mrs. Florence Mohai**
Position: **Head Family Health Division (a.i)**
Telephone: **2222 6496**
E-mail: florencemohai@yahoo.com

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
• Dr. Karabo Mokobocho- Mohlakoana Principal Secretary	Ministry of health and Social Welfare		
• Ms. Moliehi Khabele Deputy Principal Secretary	Ministry of health and Social Welfare		
• Dr Mpolai M. Moteetee Director General of Health Services	Ministry of health and Social Welfare		
• Mrs Majoele Makhakhe Director Health planning and	Ministry of health and Social Welfare		
• Dr Lugemba Bodiaki Director Primary Health Care	Ministry of health and Social Welfare		
Mrs. Tseleng Moeketsi Director Human Resource	Ministry of health and Social Welfare		
• Ms Mantšebo Moji. Chief Nursing Officer	Ministry of health and Social Welfare		
• Mr Khabiso Ntoampe Head Health Education Division	Ministry of health and Social Welfare		
• Dr. G. Phiri Paediatrician	Ministry of health and Social Welfare		
• Mrs Refiloe Khooe	Maseru City Council		
• Mrs Anna M. Ntholi Executive Secretary	Christian Health Association of Lesotho		
• Mr. Teboho Kitleli Secretary general	Lesotho Red Cross Society		
• Aichatou D. Flambert UNICEF Representative	UNICEF representative		
• Dr. Angela Benson WHO representative	WHO Representative		
• Mr. Paolo Magnetti Program Manager	Irish Aid		
• Dr. AL Timimi Health Officer UNICEF	UNICEF		

Comments from partners:

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

All comments will be treated confidentially

.....

.....

As this report been reviewed by the GAVI core RWG: y/n

.....

.....

.....

Signatures Page for GAVI Alliance CSO Support (Type A & B) N/A

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

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

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 fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

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

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

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Table A: Latest baseline and annual targets

Table B: Updated baseline and annual targets

1. Immunization programme support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

1.1.2 Use of Immunization Services Support

1.1.3 ICC meetings

1.1.4 Immunization Data Quality Audit

1.2 GAVI Alliance New and Under-used Vaccines (NVS)

1.2.1 Receipt of new and under-used vaccines

1.2.2 Major activities

1.2.3 Use of GAVI Alliance financial support (US\$100,000) for introduction of the new vaccine

1.2.4 Evaluation of Vaccine Management System

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support

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

1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

3. Request for new and under-used vaccine for 2010

3.1 Up-dated immunization targets

4. Health System Strengthening (HSS) Support

5. Strengthened Involvement of Civil Society Organisations (CSOs)

6. Checklist

7. Comments

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI) NB: Monitoring of programme targets has been a challenge during the year under review. The main reason being the absence of census report of 2006.

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births		60834	62050	63291	64556	65847		
Infants' deaths		7021	8079	8241	8405	8573		
Surviving infants	45,232	52913	53917	55050	56151	57274		
Pregnant women		60834	62050	63291	48,500	49,261		
Target population vaccinated with BCG	35,674	57186	58329	59495	60684	61,897		
BCG coverage*		94%	94%	94%	94%	94%		
Target population vaccinated with OPV3	35,821	47765	48720	49694	50,687	51,700		
OPV3 coverage**		79%	90%	90%	90%	90%		
Target population vaccinated with DTP (DTP3)***	34,441							
DTP3 coverage**		76%						
Target population vaccinated with DTP (DTP1)***	36,772							
Wastage ¹ rate in base-year and planned thereafter		5%	5%	5%	5%	5%		
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of Pentavalent	1555	47765	48720	49694	50,687	51,700		
..... Coverage**		90%	90%	90%	90%	90%		
Target population vaccinated with 1 st dose of Pentavalent.....	1706	49740	50734	51748	52,782	53,837		
Wastage ¹ rate in base-year and planned thereafter		1%	1%	1%	1%	1%		
Target population vaccinated with 1 st dose of Measles	30,832	41,276	42,101	42,943	43,801	44,677		
Target population vaccinated with 2 nd dose of Measles	ND	ND	ND	ND	ND	ND		
Measles coverage**		68%	78%	78%	78%	78%		
Pregnant women vaccinated with TT+	31,406	45,500	46,570	47,953	48,500	49,261		
TT+ coverage****		75%	75%	76%	76%	76%		
Vit A supplement	Mothers (<6 weeks from delivery)		ND	ND	ND	ND	ND	
	Infants (>6 months)		ND	ND	ND	ND	ND	
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1]x100	6.3%	4%	4%	4%	4%	4%		
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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. For new vaccines check table α after Table 7.1.

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births		60834	62050	63291	64556	65847		
Infants' deaths		7021	8079	8241	8405	8573		
Surviving infants	45,232	52913	53917	55050	56151	57274		
Pregnant women		60834	62050	63291	64,556	65,847		
Target population vaccinated with BCG	35,674	57186	58329	59495	60684	61,897		
BCG coverage*		94%	94%	94%	94%	94%		
Target population vaccinated with OPV3	35,821	47765	48720	49694	50,687	51,700		
OPV3 coverage**	79%	90%	90%	90%	90%	90%		
Target population vaccinated with DTP (DTP3)***	34,441							
DTP3 coverage**	76%							
Target population vaccinated with DTP (DTP1)***	36,772							
Wastage ² rate in base-year and planned thereafter	15%							
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of ...pentavalent.....	1,555	47765	48720	49694	50,687	51,700		
..... Coverage**		90%	90%	90%	90%	90%		
Target population vaccinated with 1 st dose of Pentavalent.	1,706	49740	50734	51748	52,782	53,837		
Wastage ¹ rate in base-year and planned thereafter	1%	5%	5%	5%	5%	5%		
Target population vaccinated with 1 st dose of Measles	30,832	41,276	42,101	42,943	43,801	44,677		
Target population vaccinated with 2 nd dose of Measles								
Measles coverage**	68%	68%	78%	78%	78%	78%		
Pregnant women vaccinated with TT+	31,406	45,500	46,570	47,953	48,500	49,261		
TT+ coverage****		75%	75%	76%				
Vit A supplement	Mothers (<6 weeks from delivery)	ND	ND	ND	ND	ND		
	Infants (>6 months)		ND	ND	ND	ND		
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	6.3%	4%	4%	4%	4%	4%		
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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. For new vaccines check table α after Table 7.1.

** Number of infants vaccinated out of 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. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/**No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The Ministry did not receive ISS funds for 2008

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.

No funds received as indicated in 1.1

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 **NIL**
 Remaining funds (carry over) from 2007 **NIL**
 Balance to be carried over to 2009 **NIL**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:					

1.1.3 ICC meetings

How many times did the ICC meet in 2008? 1

Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **[Yes**
if yes, which ones?

List CSO member organisations
1. Lesotho Red cross Society
2. Christian Health Association of Lesotho

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

<p>1. <i>Celebration of Child Health days in all ten districts of the country</i></p> <p>2. Implementation of Vaccine Management Assessment (even though the report was rejected by the Ministry of health and Social Welfare.)</p> <p>3. Introduction of Reaching Every District (RED) strategy</p> <p>4. Introduction of new vaccine - Pentavalent (DTP-HepB-Hib)</p> <p>5. Conducted DQA</p> <p>Problems encountered</p> <p>Delay in receipt of funds for the implementation of new vaccine introduction plan due to communication break-down regarding disbursement of funds from GAVI.</p>

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

Lesotho did not receive ISS support in 2008

- Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorses this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

DQA conducted in 2008

Major recommendation

A full understanding of data processing and reporting must be urgently established and a quality assurance system put in place.

Recording practices:

- Ensure consistent availability of essential immunization documentation (tally sheets, monthly order forms, child registers, etc) at all levels.
- Strengthen the use of child registers to track vaccine doses that are due and to track defaulters in order to increase coverage and minimize drop-out rates.
- Strengthen implementation of national guidelines regarding vaccination intervals of one month.

Storing and reporting

- Update back-up procedures and ensure full understanding of the procedures
- Develop and implement standard operating procedures for:
 - recording and reporting practices at HU level
 - storing and handling monthly reports and other immunization documentation at all levels
 - handling of late reports
 - handling of AEFI

Monitoring and Evaluation

- Develop and implement standard operating procedures for:
 - monthly, quarterly and annual M&E at all levels to strengthen data utilization and improve immunization management
 - production of charts, tabulations and graphs etc to display immunization performance at all levels
 - monitoring of timeliness and completeness
 - wastage monitoring
 - provision of feed back to district and HU levels
- In line with health sector reforms such procedures should be developed at national level while the implementation responsibility lies with the districts/HSAs.

Introduce district reporting. Districts should prepare aggregated district reports thereby reducing the workload at national level while strengthening M&E and

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

The implementation of the recommendations are in-process, this is reflected in the EPI 2009 Annual Plan of Action

- **Technical Assistance(T.A.) was secured with effect from May – July 2008 to strengthen data management at National and district levels**
- **Immunization monitoring charts were printed and distributed to all health facilities to display immunization performance**
- **Essential immunisation documentation is available e.g. Tally sheets, Monthly ordering forms and child registers**
- **EPI Policy was finalized as means of national immunization guidelines.**
- **Stock keeping/Ledger books revitalized and improvements incorporated.**
- **Vaccines and supplies at central level are now being computerized.**

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

not yet discussed

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

*List studies conducted: **No studies conducted in 2008***

List challenges in collecting and reporting administrative data:

- 1. Timeliness and completeness of reports from health facilities**
- 2. There is need to train Ministry of Health Information Technology (I.T) personnel on EPI programme data management as back-up support to the programme**

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

Under used vaccine - HepB
New vaccine - Pentavalent (DTP-HepB-Hib)

[List any change in doses per vial and change in presentation in 2008]

Pentavalent vaccine is a dose vial fully liquid

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
HepB	10 dose	16,000	2003	17-03-2008
Pentavalent	1dose	91,100	December 2008	15- 05- 2008

Please report on any problems encountered.

[List problems encountered]

No Problems encountered

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.

[List activities]

1. Revision and printing of EPI reporting and recording tools to incorporate Pentavalent vaccine. e.g. EPI Reporting form, Immunization Schedule, Tally Sheet, Child Booklet, under-five register

2. Develop EPI Materials. e .g. Poster on Pentavalent, EPI Ledger Book for vaccine, Leger Book for dry stock

3. Launching of Pentavalent

4. Training of trainers on Pentavalent vaccine

5. Step-down trainings for nurses in all ten districts on Pentavalent vaccine

<p>6. distribution of Pentavalent vaccine and supplies to all ten districts and their facilities</p> <p>8. Training of Health promotion officers on social Mobilization for all ten districts</p> <p>Problems encountered. Delay in receipt of funds for introduction of Pentavalent vaccine</p>

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: [dd/mm/yyyy] 21 October 2008

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	763,800	21 October 2008	718,846		Delay in receiving funds
	30,000			1. Printing of EPI reporting and recording tools	
	10,894			2. support outreach services in one low performing district	
	960			3. Cold Chain equipment(spare parts	
	3,100			4. Launching of Pentavalent vaccine	
<p>1.Payment of other EPI recording and reporting and support for outreach services still pending</p> <p>2. Awaiting proposals from Berea and Thaba-Tseka district for outreach support.</p>					

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy] **To be conducted in 2010**

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations]

Was an action plan prepared following the EVSM/VMA? Yes/No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

When will the next EVSM/VMA* be conducted? [mm/yyyy] **It will be conducted in October 2010**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Pentavalent	
Anticipated stock on 1 January 2010	120,000 doses
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?...**NO**

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

Lesotho does not receive support from GAVI on Injection Safety.

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

Lesotho Government is responsible for the support on Injection safety and all traditional vaccines

Please report how sharps waste is being disposed of.

[Describe how sharps are being disposed of by health facilities]

- 1. Sharps are being incinerated at point of generation in some health facilities which have functional incinerators.**
- 2. Sharps are collected and transported from health facilities which do not have functional incinerators. These are in turn destroyed/burned at the mother district hospital**

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

No Problems encountered

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

No funds received for injection safety support by GAVI

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1 GVT	GAVI	Reporting Year + 2
	Expenditures	Budgeted		Budgeted
<i>Expenditures by Category</i>				
Traditional Vaccines Plus injection safety materials	\$100,000 as vaccine bundling	2008/2009 GVT of Lesotho recurrent budget		
New Vaccines (Introduction of Pentavalent vaccine)		\$763,800	GAVI	
Cost of Pentavalent vaccine	\$ 717,000	GVT \$38,500	GAVI \$678,500	
Injection supplies	Included in vaccine bundling			
Cold Chain equipment(Spare parts)	\$3,168	2008/2009 GVT of Lesotho recurrent budget		
Operational costs	\$2,020	2008/2009 GVT of Lesotho recurrent budget		
Other (please specify) Surveillance	\$45,500	WHO surveillance budget		
New vaccine introduction and introduction of RED strategy	\$423,971	UNICEF		
Total EPI	\$1,291,659			
Total Government Health	\$143,688			

Exchange rate used	M10/\$
--------------------	--------

Please describe trends in immunization 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 immunization program over the next three years; whether the funding gaps are manageable, challenge, 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.

EPI programme is part of Family Health Division in the Ministry of Health and Social Welfare. EPI budget therefore is inclusive in the Family Health Division. There is no budget line for EPI programme only. However, there is a budget line for EPI vaccines in the Family Health Division budget.

The Government of Lesotho is committed to supporting EPI programme for all activities conducted by the programme. This is evidenced by the fact that the Government is already taking responsibility of procuring traditional vaccines and supplies including co-financing of new pentavalent vaccine.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine: Pentavalent</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		4					
Number of vaccine doses	#	9,700					
Number of AD syringes	#	10,300					
Number of re-constitution syringes	#	N/A					
Number of safety boxes	#	125					
Total value to be co-financed by country	\$	32,500					

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:.....N/A.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year (month/year)	Actual Payments Date in Reporting Year (day/month)	Proposed Payment Date for Next Year
1st Awarded Vaccine (specify) Pentavalent	September 2008	12-12-2008	July 2009
2nd Awarded Vaccine (specify) N/A			
3rd Awarded Vaccine (specify) N/A			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify) Pentavalent	\$38,500	10,400 doses
2nd Awarded Vaccine (specify) N/A		
3rd Awarded Vaccine (specify) N/A		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. High political commitment accelerated mobilization of resources for co-financing
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

The country is not in default

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for 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.

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

There will be changes in surviving infants and births once the Census report is released by BOS. Currently there are no targets for births. The targets for surviving infants were prepared last year (2008) by T.A. provided by CDC Atlanta through WHO country office. It was agreed with BOS not to project the figures prepared by T.A

Provide justification for any changes *in births*:

Provide justification for any changes *in surviving infants*:

Provide justification for any changes *in Targets by vaccine*:

Provide justification for any changes *in Wastage by vaccine*:

There is going to be changes in the wastage rate by new vaccine because its formulation is such that it is a one dose fully liquid vaccine.

Vaccine 1: Pentavalent

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	48,720,	49,694				
Target immunisation coverage with the third dose	<i>Table B</i>	#	90%	90%				
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	50,734	51,748				
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	0.05	0.05				
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	3.200	3.000				

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	145,072	148,638				
Number of AD syringes	#	2,490	11,390				
Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	376	172				
Total value to be co-financed by GAVI	\$	147.938	160,348				

Vaccine 2: N/A

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3: N/A

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- a) Fiscal year runs from(month) to(month).
- b) This HSS report covers the period from(month/year) to(month year)
- c) Duration of current National Health Plan is from(month/year) to(month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- b) *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

- a) *Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.*

- b) *Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application													
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets	

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
Annual Progress Report 2008

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 May 2009	
Reporting Period (consistent with previous calendar year)	2008	
Government signatures		
ICC endorsed		
ISS reported on	N/A	
DQA reported on	Yes	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	N/A	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	N/A	
HSS reported on	N/A	
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	N/A	

7. Comments

ICC/HSCC comments:

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.

~ End ~