

# Gavi Joint Annual Appraisal & Monitoring Mission Report

20 – 24 January 2025

## Objectives of the Mission

- Hold a Ministry-Led Joint Appraisal (JA) to review the performance of the immunization program in 2024, Alliance Partners' support, and align on 2025 priorities
- Review and appreciate the performance for the partial return of funds through the government's system as well as identify key action points.

## Introduction

This report provides a summary of the key discussions and actions from the Gavi mission, which included meetings with Joint Alliance Partners, MOH, the new WHO Representation and the Joint Annual Appraisal, which was attended by 60 participants. The participants from the JA were representatives from MOH, WHO, UNICEF, USAID, Gavi, CSOs and Gavi's Expanded Partners. Gavi outlined the objectives of the Joint Appraisal, which include appraising the performance of partners through a holistic view of all programs and finances to improve their operations. In addition, all the meetings focused on the following priorities a) reduce the number of Zero Dose and under immunized children; b) effectively routinize HPVV across the country and maintain a 90% coverage; c) deliver a successful MR Campaign (min 90% target) and ensure proper planning for new vaccine planning introduction (Hep B at birth); and d) improve Immunization financing, Vaccine Management and M&E to reduce vaccines wastage and expiries.

## Country Context

Lesotho has achieved notable progress in immunization coverage despite systemic barriers and disruptions. Between 2019 and 2023, zero-dose children decreased by 4%. The DTP3 coverage remained steady at 87% between 2018 and 2023, reflecting stability in routine immunization delivery. However, the lack of improvement from 2022 to 2023 underscores persistent challenges, including inequities in access, socio-economic disparities, and competing priorities like the HPV acceleration campaign. These issues were exacerbated by the COVID-19 pandemic, which disrupted healthcare services and diverted resources. There are significant immunity gaps including in higher age ranges (5 to 9 years old) with suboptimal routine immunisation coverage for MR (MCV1 90% and MCV 82% WUENIC 2023). Last MR SIA conducted in Oct 2022 targeting 9-59 months reached only 46% coverage (admin), no PCCS was done. Due to the suboptimal routine and SIAs performance, the accumulated population susceptible to measles will surpass one birth cohort by December 2025. The number of suspected and confirmed measles and rubella cases reported from all districts (and in children older than 5 years old) have been increasing in the last five years due to the immunity gap. The measles immunity gap and increasing measles and rubella transmission poses a serious threat for large measles outbreak in 2025. Hence, there is an urgent need to increase MR1 and MR2 coverage in the country. The program has set ambitious plans for 2025, including the introduction of the **Hepatitis B birth dose** and a **Measles-Rubella Supplementary Immunization Activity (SIA)**. These initiatives underscore Lesotho's commitment to addressing critical immunization gaps. However, shared procurement of cold chain

equipment for FY 2025/26 remains pending approval by Parliament, highlighting a potential delay in critical infrastructure investments.

### Immunisation Coverage

Indicator	2019	2020	2021	2022	2023	% change, 2019-2023	% change, 2022-2023
Number of zero dose children at national level <sup>1</sup>	4,537	4,517	4,528	4,518	4,262	- 4% (-196)	+0% (+ 0)
Drop out from DTP1 to DTP3 at national level <sup>1</sup>	5%	5%	5%	5%	5%	+0%	+0%
Drop out from DTP1 to last routine dose of MCV at national level <sup>1</sup>	11%	11%	11%	18%	11%	+0%	-39%
Percentage of health facilities that reported no stock-outs for the full year for DTP <sup>2</sup>	NA	NA	0%	NA	NA	NA	NA
<sup>1</sup> Source: WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC), July 2024. <a href="https://immunizationdata.who.int/listing.html?topic=coverage">https://immunizationdata.who.int/listing.html?topic=coverage</a>							
<sup>2</sup> Country data as reported to WHO/UNICEF through the electronic Joint Reporting Form (eJRF), July 2024. <a href="https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/who-unicef-joint-reporting-process">https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/who-unicef-joint-reporting-process</a>							

Strong government commitment and partnerships were pivotal in facilitating progress. The Ministry of Health increased its budget allocation for the Expanded Programme on Immunization (EPI) from 11.36% in FY 2020/21 to 34.38% in FY 2023/24, enabling vaccine procurement, cold chain strengthening, and outreach services. Leadership from the Minister of Health fostered alignment with global frameworks, such as the Immunization Agenda 2030, and enhanced collaboration with stakeholders like Gavi, WHO, and UNICEF. Governance structures, such as the Inter-Agency Coordinating Committee (ICC) and the National Immunization Technical Advisory Group (NITAG), provided evidence-based guidance for policy decisions.

However, several factors impeded progress. Artificial stock-outs, caused by inaccurate forecasting and logistical constraints, delayed vaccine distribution because of lack of distribution plan. Data quality issues, including inconsistent reporting and unrealistic population estimates, hindered effective planning. Vaccine hesitancy, fuelled by misinformation and disinformation, reduced uptake, particularly among adolescents and rural populations. Additionally, geographical challenges in mountainous regions and shortages of health workforce including social mobilisers, limited-service delivery in hard-to-reach areas.

Despite these challenges, several innovative practices emerged. Integrated campaigns, such as Africa Vaccination Week 2024, successfully combined COVID-19 vaccination with routine immunization, delivering multiple antigens and reaching underserved populations. Community

engagement was another highlight, with Village Health Workers (VHWs) and local leaders mobilizing communities and addressing vaccine hesitancy. Peer educator programs and culturally relevant messaging further enhanced vaccine acceptance in all areas.

Technological advancements also played a crucial role. The U-Report platform and Skillshare mobile app facilitated real-time communication and feedback, helping to identify and address vaccine hesitancy. Cold chain monitoring tools, such as fridge tags, ensured vaccine efficacy during storage and transportation. Demand generation campaigns utilized mass media, including billboards, radio, and sports-based outreach, to raise awareness and encourage vaccination.

## Emerging issues from Partners meetings (Day 1)

### Zero-Dose Children Implementation

It was noted that there was poor utilization of the HSS and EAF funds, with utilization rates of 21% and 4% respectively. The EPI team indicated that there was progress in utilizing the HSS funds, as remaining activities (PBBs, data quality assessments, and supportive supervisions) were scheduled to absorb funding between February and March 2025. However, challenges with utilizing the funds for effectively implementing zero-dose agenda were identified. The Ministry of Health (MOH) had utilized 4% of the EAF funds, impacting the ability to reach zero-dose children. UNICEF reported that they had spent 24% of the EAF funds due to delays in district submission of microplans for targeted interventions. Conversely, the World Health Organization (WHO) had not utilized any EAF funds to date because of the absence of a plan from the EPI program. The WHO emphasized that financial requests often are submitted after district implementation has begun, making retrospective payments unfeasible. The partners reported that they had received a request from the DG to submit their financial reports.

#### Action plans

- Proper communication of resources and activities among the EPI team, HSS Grant Coordinator, Finance team, and Planning team is necessary.
- The Family Head was requested to schedule monthly meetings with partners to discuss the use of funds. These meetings will also serve as a platform to track progress, address any arising issues, and ensure that all operations are aligned with the overall objectives.
- A communication protocol will be established to facilitate timely and efficient information sharing between all stakeholders.
- Arrange monthly meetings with the Minister to provide updates on programmatic and financial issues.

### Fund Utilization Concerns

The EPI team reported a lack of a clear plan on how the received funds would be utilized. Questions regarding the disbursement process unveiled omissions due to the lack of representation from Finance and Planning. It was discovered that the EPI program and the Finance team were not well-coordinated in handling finances, including requests, planning, and reallocations. This lack of coordination extended to the districts, where government funds were used instead of Gavi funds. The Minister acknowledged the existing issues of collaboration and siloed working practices within the teams. He also noted the need for strengthening internal human resource arrangements at the EPI level to enhance collaboration and efficiency.

**Action points**

- The EPI team will develop a detailed plan to optimize the utilization of HSS and EAF funds, ensuring that all scheduled activities are completed within the stipulated timeframe.
- The Finance team will work closely with the EPI program to streamline the disbursement process, eliminating any bottlenecks and ensuring that funds are allocated appropriately.

**HPV routinisation**

Gavi invested \$1.5 million in 2023/4 through a campaign, however despite this significant investment, the routinization efforts have not progressed as expected. Identifying and addressing the root causes of these delays is paramount to ensuring the success of the HPV immunization initiative. Gavi expressed concerns over the potential risk of losing the 93% performance achieved during the 2023 HPV campaign. As a result, Gavi has halted the shipment of vaccines until a clear plan for immunizing girls in schools and the community is developed. The Partners expressed optimism that the development of an integrated school and health policy would pave the way for the HPV routinization in the country. Gavi reiterated that resources are available for outreach activities to support integrated HPV routinisation.

**Action points**

- EPI team to provide clear and concrete plans to routinise HPV.

**Vaccine Management**

An estimated 90,000 doses of vaccines are currently in stage 2 of the Vaccine Vial Monitor (VVM). Concerning the imminent expiration of vaccines, UNICEF reported that power outages at the Ministry necessitated the relocation of vaccines to the National Drug Service Organization (NDSO). However, the cold room at NDSO does not comply with WHO standards, and the temperatures were inconsistent. To remedy this, UNICEF has procured remote controls to monitor the temperatures. There is an urgent need to enhance the supply chain's capacity and ensure that cold rooms are standardized to WHO requirements. It was also noted that UNICEF did not conduct an assessment before relocating the vaccines to NDSO.

**Action points**

- The EPI team will collaborate with NDSO to implement proper temperature monitoring systems in vaccine storage facilities. This will prevent vaccine wastage and ensure that all doses remain effective until administered.
- UNICEF will provide an incidence report, and Gavi plans to visit Mafeteng district.

**Partner Concerns**

Partners expressed concerns regarding the numerous meetings scheduled without clear agendas. Furthermore, for the supportive supervisions conducted in November, no reports or actions have been shared. Tracking issues has been challenging, including follow-up on emerging matters from meetings and supportive supervisions. There is a lack of collaboration between finance and programs.

### Action points

- It is imperative that Alliance Partners and the Ministry of Health (MoH) collaborate closely and utilize the hierarchy within the UN to alert the Minister about pressing issues.
- The EPI team should be supported in developing key thematic areas for meetings, with clearly defined roles and responsibilities for each member. This approach will ensure that meetings are effective and efficient, instilling a sense of accountability for following up on action points.

### Performance Management and Cultural Challenges

The primary challenge remains the absence of performance management within the EPI. It is crucial to ascertain how frequently the Minister meets with the program, as the EPI is failing to implement recommendations from various review reports. Addressing cultural and behavioural issues that hinder the implementation of grants is imperative.

### Action points

- The Ministry needs to provide clarity on the responsibilities within the EPI team to eliminate any ambiguities.
- Coordination meetings between Alliance Partners and the MoH should be scheduled regularly to maintain alignment and address emerging issues promptly.
- In a strategic shift, the Gavi Country Support Team will reduce their travel to Lesotho, focusing instead on remote support.

### Conclusion

The day 1 meetings identified several key issues that need addressing, including the utilization of funds, coordination between teams, and vaccine management. Immediate actions are required to develop a clear plan for fund utilization, improve coordination between the EPI program and Finance team, and address vaccine storage challenges to ensure the success of immunization efforts. This set the tone for the JA as the focus focused on key issues that needed to be addressed in Lesotho for the immunisation programme to improve.

## Overview of the Immunisation programme (Day 2)

### Immunisation Progress

**Drop-out rate between MR1 and M2:** There is a significant dropout rate between MR 1 and MR 2, with low coverage at MR 2 indicating a need for strengthened second-year interventions for Measles and Rubella. This suggests that many children are not receiving their second dose of the MMR vaccine, which puts them at increased risk for these diseases. The planned MR Campaign seeks to address the challenges of the drop-out rate.

**BCG coverage:** The BCG coverage has declined post-COVID-19, likely due to shortages of vaccines and syringes, as well as not implementing the supermarket approach. Health facilities should offer immunization services as children are presented to avoid grouping. This means providing vaccinations whenever children visit the facility for any reason, rather than scheduling specific immunization days, which can lead to missed opportunities. Health Workers have been hesitant to practice the supermarket approach for fear of wastage.

**Data issues:** The Routine Immunization Survey and LHDS align on fully immunized child coverage; however, administrative data is significantly higher, suggesting key issues that need addressing. This discrepancy indicates that there may be over-reporting or inaccuracies in the administrative data, which needs to be investigated and corrected to ensure accurate monitoring and evaluation.

**District support:** It was found that out-reaches are not prioritized by Administrators when allocating transport, therefore they do not adhere to outreach schedule. DMOs should manage district transport efficiently to prevent cancellations of outreaches. Transport is crucial for delivering vaccines to remote areas and for health workers to conduct outreach activities; and there is need to utilise the available partners' vehicles whenever there is a gap from the Ministry. Furthermore, it was highlighted that DHMTs should be involved in planning district and health facility activities without being micromanaged, enabling them to perform their duties effectively. This approach promotes local ownership and accountability, fostering a collaborative environment where health teams can address challenges proactively.

### HPV Routinisation

All EPI sub-components were assessed for the 2022 – 2024 HPV vaccine introduction and campaigns. The assessment revealed that components with mature or full readiness were:

- Planning and Coordination
- Training and supervision
- Service delivery
- Quality improvements

Critical components at sub-optimal levels were:

- Funding and sustainability of the programme
- Cold chain and logistics
- Advocacy, communication, and social mobilization
- Monitoring and evaluation
- Vaccine Management

### Vaccine Management

- There has been a **reduction in stock outs** due to improved vaccine management through the utilisation of eSMT at the national and district level, monthly reporting by districts in the eSMT.
- There have been identified weaknesses of **slow uptake on the use of electronic systems** by health workers, and delayed input of the right data into the system.
- The programme is exploring the integration of routine immunization in the e-register.
- The country has been approved to **implement the second CCEOP** through a co-financing mechanism. Gavi will be financing with \$471, 654, with \$511, 748 co-financing from the Government for procurement of 53 CCE and spare parts.
- Challenges in **health care wastage management** that were identified in 2010 were still not fully addressed in 2023. Waste Management assessment was conducted in 2023 with clear recommendation which was supposed to guide the development of policy. However, the Health Education department planned to develop a 5-year strategic plan including

costed implementation plan. The consultant is on board and the plan will be ready by the end of March.

### Summary of Partners' Presentations (Day 3)

#### UNICEF

Grant#	Grant name	Grant end date	Total budget (2023-2024)** (A) \$	Allocated (2023-2024) (B) \$	Disbursed US\$ (C) \$	Utilised US \$ (D) \$	% Utilisation rate 1 (E)=(D/A)	% Utilisation rate 2 (F)=(D/B)	Cash Balance
SC230445	HSS	31/12/2025	615,409.04	432,037.15	187,037.72	387,382.62	62.95%	89.66%	\$ 228,026.42
SM230071	CDS3	31/12/2025	813,142.59	813,142.59	603,745.10	665,404.09	81.83%	81.83%	\$ 147,738.50
SC240375	EAF	31/12/2025	632,503.97	632,503.97	68,178.85	207,333.43	32.78%	32.78%	\$ 425,170.54
SC220798	TCA	31/12/2025	1,222,421.68	947,847.45	388,364.87	589,506.64	48.22%	62.19%	\$ 632,915.04
			<b>3,283,477.28</b>	<b>2,825,531.16</b>	<b>1,247,326.54</b>	<b>1,849,626.78</b>	<b>56.33%</b>	<b>65.46%</b>	<b>\$ 1,433,850.50</b>

- Under HSS2, there have been experienced delays in the procurement of mobile clinic due to the December holidays.
- Funds for procuring 3 additional vehicles were received in December 2025; hence UNICEF will be fast tracking the process.
- Furthermore, the cross-country learning in Tanzania has been delayed and UNICEF is still discussing with Her Majesty's office on the selection of the country for the study tour and possible dates.
- Under CDS3, the Social and Behavioural Change (SBC) assessments have taken place, and the inclusion on the vehicles annual insurance once mobile clinic is procured.
- Under EAF, UNICEF is working with MoH to fund the district plans, and the engagement of the CSOs to support with immunisation demand generation and community engagement.
- The recruitment of the Gender Specialist under the TCA has been initiated and expected to be concluded by end of February. MOH requested to assess the CVs for their preference and queried why the M&E position was hosted at their office.

## WHO

Grant #	Grant Name	Grant End Date	Total Budget (2023-2025)	Disbursed US\$	Utilised US\$	% Utilisation rate	Cash Balance
1	HSS2	Dec 2025	651,252.00	651,252.00	481,768.00	74	169,484.00
2	CDS3	Dec 2025	495,318.00	495,318.00	282,124.00	57	213,194.00
3	EAF	Dec 2025	248,720.00	117,475.94	0	0	117,475.94
			1,395,290.00	1,264,045.94	763,892.00	44%	500,153.94

- Under HSS2, completed activities are the development of the NIS and routine immunization coverage surveys.
- There are however activities pending such as review of the pre-service curriculum and strengthening the second year of life vaccination.
- Under CDS3, integration of COVID19 services and EPI Technical Assistance are on track and will be completed in 2025.

## CHAI

Grant #	Grant Name	Grant End Date	Total Budget (2023-2025)	Disbursed US\$	Utilised US\$	% Utilisation rate	Cash Balance
CP 12757 3 23	Covid-19 Delivery Support (CDS)	31/12/2024	\$1,469,006	\$646,107	\$1,469,006	100%	-\$822,899
PO 5100001630	Health System Strengthening 2 (HSS2)	31/12/2025	\$582,707	\$307,160	\$160,756	52%	\$145,414
CPD 12839 4 23	Technical Assistance(TCA)	31/12/2025	\$558,188	\$242,333	\$417,993	75%	-\$175,660
			\$2,609,901	\$1,195,600	\$2,047,755	76%	(\$853,145)

- HSS2 activities are ongoing. **Other activities include development of school health register and HPVV mop up**
- CDS3: All activities done i.e. GIS, Demand generation, HPVV and AVW
- TCA: Support for supply chain activities including vaccine wastage

## Key Priorities (Day 3 & 4)

District-level Challenges and Key Recommendations				
Thematic Area	Investment Area	Key Challenges	Key Recommendations	Timelines
Zero dose agenda	Service Delivery	<ul style="list-style-type: none"> <li>Failure to effectively implement outreaches particularly in hard-to-reach areas due to lack of transport, and shortage of health workers to conduct outreaches</li> </ul>	<ul style="list-style-type: none"> <li>EPI to work with DHMTs to ensure that transport is available for all planned outreaches. This includes utilizing of EAF funds to hire vehicles for the EAF districts to augment the GoL fleet.</li> </ul>	By 28 <sup>th</sup> February 2025
		<ul style="list-style-type: none"> <li>Inability of Mothers working in factories and stores to access immunisation services during the week</li> </ul>	<ul style="list-style-type: none"> <li>Implement and intensify weekend outreaches through EAF funding</li> </ul>	By 31 <sup>st</sup> March 2025
		<ul style="list-style-type: none"> <li>Monitor the transfers in and the transfers out of children in pre-schools (Early Childhood Care and Development – ECCD schools)</li> </ul>	<ul style="list-style-type: none"> <li>DHMTs to work with MoET to have data of all ECCD schools and have registers for each school</li> </ul>	By 31 <sup>st</sup> March 2025
	Demand generation	<ul style="list-style-type: none"> <li>Lack of routine community engagement and the routine involvement of community structures: Chiefs, Councillors etc.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen community engagement as part of outreaches for identifying and reaching zero-</li> </ul>	By 31 <sup>st</sup> March 2025

			dose and under-immunized children and communities. In addition, resuscitate the HCCs to support in oversight on interventions implementation	
	Data management	<ul style="list-style-type: none"> <li>Not all EAF districts have head counts</li> </ul>	<ul style="list-style-type: none"> <li>Facilities to work with Village Health Workers (VHWs) to attain head counts of all zero-dose and under-immunized children</li> </ul>	By 31 <sup>st</sup> March 2025
	Leadership, Management, and Coordination	<ul style="list-style-type: none"> <li>Districts welcomed new District Immunization Steering Committee (DISC) members who need to be oriented and other refreshed on functioning of the DISC</li> </ul>	<ul style="list-style-type: none"> <li>New DISC members to be oriented on the ToRs</li> </ul>	By 30 <sup>th</sup> April 2025
		<ul style="list-style-type: none"> <li>Health Centre Committee (HCC) not functional, weaknesses in capacity of the HCCs, HCCs oriented with updated ToRs</li> </ul>	<ul style="list-style-type: none"> <li>HCC in EAF districts to be resuscitated and oriented on their ToRs</li> </ul>	By 30 <sup>th</sup> April 2025
		<ul style="list-style-type: none"> <li>Lack of alignment in implementing immunization interventions with CSOs</li> </ul>	<ul style="list-style-type: none"> <li>All CSOs engaged under Gavi support to be introduced to the districts. The DHMTs and CSOs conduct quarterly planning to enable</li> </ul>	By 31 <sup>st</sup> March 2025

			working together cohesively	
HPV Routinisation	Service Delivery	<ul style="list-style-type: none"> <li>Lack of guidance by EPI at the national level on HPVv programme routinization which has led to insufficient knowledge by health care workers on HPVv programme routinization.</li> <li>Furthermore, there is lack of clarity on the routine service delivery model for HPVv</li> </ul>	<ul style="list-style-type: none"> <li>EPI to develop guidance to the Districts on HPVv programme routinization, and policy guidance on the switch from a 2-dose to a 1-dose schedule</li> <li>Refresher trainings for Health Care Workers</li> </ul>	28 <sup>th</sup> January 2028
		<ul style="list-style-type: none"> <li>Lack of microplans for school-based outreaches</li> </ul>	<ul style="list-style-type: none"> <li>The five priority districts to include school-based outreaches, aligning with the school calendar, as part of the microplans for reaching zero-dose children.</li> </ul>	7 <sup>th</sup> February 2025
		<ul style="list-style-type: none"> <li>No clear budget line for the 5 non-EAF districts to conduct school-based outreaches</li> </ul>	<ul style="list-style-type: none"> <li>Determine the remaining balances for the PIRIs under HSS2, and source other funds</li> </ul>	7 <sup>th</sup> February 2025
	Demand Generation and Community Engagement	<ul style="list-style-type: none"> <li>The community unaware that HPVv is available as part of the routine immunization schedule</li> </ul>	Strengthen routine demand generation and promotion activities	By 28 <sup>th</sup> February 2025
		<ul style="list-style-type: none"> <li>No community feedback mechanisms following campaigns</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF to strengthen the use</li> </ul>	By 31 <sup>st</sup> March 2025

			of Ureport as part of the community feedback mechanism	
		<ul style="list-style-type: none"> <li>Insufficient health education on the switch from 2 dose to 1 dose schedule</li> </ul>	<ul style="list-style-type: none"> <li>Develop health education messages targeted for different audiences on the switch from a 2-dose to a 1-dose schedule</li> </ul>	Timeline to be informed by HPV switch application submission and approval
	Data Management	<ul style="list-style-type: none"> <li>Health facilities do not have school enrolment data by age and sex of schools in their respective catchment areas</li> </ul>	<ul style="list-style-type: none"> <li>DHMTs to work with the District Education Managers (DEMs) to attain the enrolment data.</li> </ul>	Timelines to be determined by the districts
		<ul style="list-style-type: none"> <li>The health bukana does not include adolescent vaccines</li> </ul>	<ul style="list-style-type: none"> <li>EPI to work with relevant stakeholders to update the health bukana</li> </ul>	Timeline to be determine by EPI.
		<ul style="list-style-type: none"> <li>The HPVv registers do not indicate vaccination site (facility vs outreach)</li> </ul>	<ul style="list-style-type: none"> <li>HPVv registers to be updated.</li> </ul>	Timeline to be determined by EPI.

## Summarised Action Points

Follow up action	Timeline	Responsible person/partner
<b>Leadership level</b>		
Hold the first steering group meeting to discuss the readiness tool for the MR campaign & Hep B intro	Jan 28	Head FH.
Confirm the Gov and Africa CDC contributions for the MR Campaign co-investments. Hold partner coordination meeting in early March.	Jan 31	DG Health, Dir. Fin, Planning
Develop & Orient HCWs, educational professionals, and communities with Clear SOPs, Guidelines (incl. School health package) and tools for the routinization of HPV vaccines using school and community platforms. Make this a <b>formal policy action</b> and communicate this. <b>Go through all the procedures similar to a new vaccine introduction so that HPV can be routinised.</b>	Feb 28th	PS, DG Health, DG Nurse, CEO Edu.
Develop an operational plan for the 1st QTR of 2025 for reaching zero dose and the routinization of HPV vaccination	Feb 28th	EPI Manager
Hold at least biweekly TWG meetings with standard agenda items to review performance (partners and Govt)	Jan 31st	Head FH
Hold monthly performance review meeting on agreed priorities (include priority districts representatives), prior to monthly engagements with Gavi and the Hon. Minister of Health	Ongoing	DG Health
Coordinate with DAS/ Partners around transportation needs at the district levels, to best support at central level	Ongoing	EPI Manager
Central level coordination - Govt participants (incl. MoET, MoH and PS) to engage other ministries, (i.e., ministry of local govt) in engagements of DAs and other structures around reaching Zero dose and under-immunised children.	Ongoing	MoH, MoET, PS

Develop technical project implementation manual to explain coordination - include M&E plan and fiduciary component of project.	Feb 28th	Planning, HSS Coord, EPI Manager
<b>Technical Partner's level</b>		
Revise ALL microplans to include the HPV outreaches, based on schools' calendars (ensure approval from MoET)	Feb 28	EPI Manager
Develop all the district level WHO MR readiness roadmaps (linked to National), set up TWG and monitor implementation	Feb 28	EPI Manager
Hold regular management meetings at the district and facility (DHMTs) levels	Start in Feb	Dir. Nursing
Liaise with MoET for access to school calendar to advise which days to plan for school-based Outreach Health days. Utilise district teams run by DA where district education manager is the head of secretary of that booking. Primary school availability for Outreach is between the months of Feb-Aug (Preschool available anytime from January).	Jan 31	EPI
<b>District level</b>		
Develop and operationalize the performance monitoring Dashboard	Feb 28th	DG, DA, Gavi
Support the operationalization of the TWGs meetings at the central, districts and facility levels	Feb 28th	EPI Team, supported by partners at all levels
Provide immunization financing TA to optimize vaccine portfolio and improve resources alignment	March 31st	Gavi
Provide trainings (while developing simultaneously) on MR readiness tool at central and district levels	Feb 28th	EPI Team, supported by partners at all levels
Revise patient booklets - develop new registers based at schools to prevent duplication of vaccinations in children and ensure provision for new antigens.	Jan 28	Tech. Working Group

Organise a partners retreat to strengthen coordination	March 31st	DG Health
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## Participants List

Contact Name	Ministry/Organization	Designation
Hon Selibe Mochoboroane	Ministry of Health	Hon. Minister
Maneo Moliehi Ntene	Ministry of Health	PS Health
Dr Makhoase Lydia Ranyali	Ministry of Health	Director General
Masebeo Koto	Ministry of Health	Chief Statistician
Dr Llang Maama	Ministry of Health	Director Primary Health Care
Mpoeetsi Makau	Ministry of Health	Director Nursing
Palesa Mohoai	Ministry of Health	Director Planning
Mamochekeo Letsepe	Ministry of Health	Director Finance
Dr Mamotena Sekhobe	Ministry of Health	Head Family Health
Mamatakata Matoko	Ministry of Health	Manager, Child Survival
Malefaso Mosese	Ministry of Health	Coordinator, Departmental Nursing Services
Susan Ramakhunoane	Ministry of Health	Deputy EPI Manager
Matsepo Linakane	Ministry of Health	Finance Manager
Tseliso Masilo	Ministry of Health	Supply and Logistics Officer
Letuka Danyele	Ministry of Health	Cold Chain Officer
Motselisi Moholoholo	Ministry of Health	Data Officer
Tlotliso Ramoholi	Mokhotlong DHMT	EPI Focal Person
Noi Ramotsekhoane	Mokhotlong DHMT	Public Health Nurse
Mamoferefere Tatapa Zim	Leribe DHMT	Public Health Nurse
Dr Pusetso Topo	Leribe DHMT	District Medical Officer
Dr Mpho Seleke	Mafeteng DHMT	District Medical Officer
Nthatisi Molefi	Mafeteng DHMT	Public Health Nurse
Lubuma Nkolombwey	Berea DHMT	Medical Superintendent
Lepolesa Mpholo	Berea DHMT	Public Health Nurse
Makhotso Makoaek Lekaka	Maseru DHMT	Public Health Nurse
Thuto Ntsekhe	Ministry of Education and Training	Chief Executive Officer (CEO) - Primary
Mpheng Molapo	Ministry of Education and Training	Coordinator
Donald Bambara	Gavi	Senior Country Manager
Caitlin Leonard	Gavi	Programme Manager
Mkhululi Moyo	Gavi	Programme Manager
Dr Tendai Chigavazira	Gavi	Country Liaison Officer
Tholoana Mamello Masupha	Gavi	Grants Coordinator - EPI
Dr Kennedy Ngozi	UNICEF	Head, Child Survival
Dr Pragath Kumar Ponnamp	UNICEF	Immunization Specialist
Dr Terezah Awar	UNICEF	HIV/AIDS Specialist
Thato Mokhehle	UNICEF	EPI Officer
Reaboka Maraisane	UNICEF	SBC Consultant
Khotso Maile	UNICEF	M&E
Dr Innocent Nuwagira	WHO	Representative
Dr Gebrekidan Mesfin	WHO	Team Lead, Advisor Policy, Research and integrated service delivery

Selloane Maepe	WHO	EPI Officer
Sarah W. Wanyake	WHO AFRO	EPI Team Leader/IST
Richard Luce	WHO AFRO	MR Focal point
Esther Mandara	CHAI	Country Director
Lebohang Liphapang	CHAL	Executive Director
Sechaba Mokhameleli	Lesotho Red Cross	Secretary General
Mamonaheng Posholi	USAID	Vaccination Program Management Specialist
Dr Lekhela	JHPIEGO	Immunization
Brighton Ganda	Ernest & Young	Representative
Newton Madzikwa	Ernest & Young	Representative
Eric Otieno	EB Morgane	Representative
Cyprian Oluoch	EB Morgane	Representative
Tholang Ratlou	EB Morgane	Representative
Leshoboro Mokhameleli	CMS	Representative
Rose Mbaye	GDI Advisors	Representative
Youssef Toni	Delivery Associates	Representative
Michael Atta-Mensah	Delivery Associates	Representative
Dr Yamana Jones	Delivery Associates	Representative
Dr Tsotako	Baylor	Representative
Dr Mamolibeli Masithela	EGPAF	Representative

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