*GAVI Alliance*

# Annual Progress Report 2012

Submitted by

## The Government of

## *Lesotho*

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/17/2013 8:57:16 AM**

**Deadline for submission: 9/24/2013**

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

**GAVI ALLIANCE**
**GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

***By filling this APR the country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

*Important problems that were encountered and how the country has tried to overcome them*

*Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*

*Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*

*How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

# 1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

## 1.1. NVS & INS support

| Type of Support | Current Vaccine | Preferred presentation | Active until |
|---|---|---|---|
| Routine New Vaccines Support | DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 2015 |
| Routine New Vaccines Support | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 2016 |
| INS | | | |

**DTP-HepB-Hib (Pentavalent)** vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilisation in 2012 | Request for Approval of | Eligible For 2012 ISS reward |
|---|---|---|---|
| VIG | No | No | N/A |
| COS | No | No | N/A |
| ISS | No | next tranche: N/A | N/A |
| HSS | No | next tranche of HSS Grant No | N/A |
| CSO Type A | No | Not applicable N/A | N/A |
| CSO Type B | No | CSO Type B extension per GAVI Board Decision in July 2012: N/A | N/A |
| HSFP | No | N/A | N/A |

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

# 2. Signatures

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

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

For the Government of Lesotho

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

| Minister of Health (or delegated authority) | | Minister of Finance (or delegated authority) | |
|---|---|---|---|
| **Name** | HON. DR. PINKIE MANAMOLELA | **Name** | HON. DR LEKETEKETE KETSO |
| **Date** | | **Date** | |
| **Signature** | | **Signature** | |

*This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):*

| Full name | Position | Telephone | Email |
|---|---|---|---|
| MS. POPO NTJONA | National EPI Manager | +266 22226431 | popontjona@yahoo.com |
| MRS. SELLOANE MAEPE | Immunization Officer/WHO | +266 22322122/58865757 | maepes@ls.afro.who.int |
| MS. Lineo Mathule | Health and Nutrition Specialist, Unicef | +266 22315801 | lmathule@unicef.org |
| MRS. Mamolitsane Thoothe | Senior Economic Planner, MoH | +266 22226108 | thoothet@yahoo.co.uk |
| MR. Mohlakola Hlabana | Health Systems Programme Manager/WHO | +266 22322122/58870925 | hlabanam@ls.afro.who.int |
| MR. Mokubisane Khachane | National EPI Logistics Officer, MoH | +266 22226440 | mokubisanekhachane@yahoo.com |
| MRS. Motselisi Moholoholo | National EPI Data Officer | +266 22226437 | moholholo@yahoo.co.uk |
| Makhongoana Ntoi | Assistant Statistitian | +266 22226111 | makhongoanantoi@yahoo.com |

## 2.2. ICC signatures page

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

**In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures**

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

### 2.2.1. ICC report endorsement

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

| Name/Title | Agency/Organization | Signature | Date |
|---|---|---|---|

| | | | |
|---|---|---|---|
| HON. DR. PINKIE MANAMOLELA: MINISTER OF HEALTH | MINISTRY OF HEALTH | | |
| HON. DR NTHABISENG MAKOAE: DEPUTY MINISTER OF HEALTH | MINISTRY OF HEALTH | | |
| MR. LEFU MANYOKOLE:PRINCIPAL SECRETARY HEALTH | MINISTRY OF HEALTH | | |
| DR. MPOLAI MOTEETEE: DIRECTOR GENERAL HEALTH SERVICES | MINISTRY OF HEALTH | | |
| DR. LUGEMBA BUDIAKI:DIRECTOR PRIMARY HEALTH CARE | MINISTRY OF HEALTH | | |
| DR. JACOB MUFUNDA: WHO REPRESENTATIVE | WHO | | |
| DR. AHMED MAGAN: UNICEF REPRESENTATIVE | UNICEF | | |
| DR. VICTOR ANKRAH: CHILD SURVIVAL SPECIALIST | UNICEF | | |
| MRS. 'MALENTSOE NTHOLI: EXECUTIVE SECRETARY | CHRISTIAN HEALTH ASSOCIATION OF LESOTHO | | |
| MR. TEBOHO KITLELI: SECRETARY GENERAL | LESOTHO RED CROSS SOCIETY | | |
| MRS. MAJOELE MAKHAKHE: OPERATIONS MANAGER | MINISTRY OF HEALTH | | |
| MRS. MAMATEBELE SETEFANE: DIRECTOR HUMAN RESOURCE | MINISTRY OF HEALTH | | |
| MR. JOHN NKONYANA: DIRECTOR DISEASE CONTROL | MINISTRY OF HEALTH | | |

| | | | |
|---|---|---|---|
| MRS. MAKHOLU LEBAKA: DIRECTOR NURSING SERVICES | MINISTRY OF HEALTH | | |
| MRS. LIENGOANE LEFOSA: DIRECTOR BUREAU OF STATISTICS | MINISTRY OF DEVELOPMENT PLANNING | | |
| MRS.MALEBOHANG LEMPHANE: HEAD PUBLIC HEALTH NURSING SERVICES | MINISTRY OF HEALTH | | |
| MR.KHABISO NTOAMPE: CHIEF HEALTH EDUCATOR | MINISTRY OF HEALTH | | |
| MRS. FLORENCE MOHAI: HEAD FAMILY HEALTH DIVISION (a.i) | MINISTRY OF HEALTH | | |
| MR. MOTSAMAI MOTHABENG: DIRECTOR LABORATORY SERVICES | MINISTRY OF HEALTH | | |
| MR. THABANG TLALI: NPEC CHAIRPERSON | MINISTRY OF HEALTH | | |
| MR. THABO LETELE: ROTARY CLUB OF MALUTI | ROTARY CLUB | | |
| MS. THABELO KHOBOKO: ROTARY CLUB OF MASERU | ROTARY CLUB | | |
| MRS. MASEITSHERO KHOOE: PRINCIPAL HEALTH INSPECTOR | MASERU CITY COUNCIL | | |

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

## 2.3. HSCC signatures page

Lesotho is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Lesotho is not reporting on CSO (Type A & B) fund utilisation in 2013

## 3. Table of Contents

*This APR reports on Lesotho's activities between January – December 2012 and specifies the requests for the period of January – December 2014*

**Sections**


1. Application Specification
    1.1. NVS & INS support
    1.2. Programme extension
    1.3. ISS, HSS, CSO support
    1.4. Previous Monitoring IRC Report
2. Signatures
    2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
    2.2. ICC signatures page
        2.2.1. ICC report endorsement
    2.3. HSCC signatures page
    2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)
3. Table of Contents
4. Baseline & annual targets
5. General Programme Management Component
    5.1. Updated baseline and annual targets
    5.2. Immunisation achievements in 2012
    5.3. Monitoring the Implementation of GAVI Gender Policy
    5.4. Data assessments
    5.5. Overall Expenditures and Financing for Immunisation
    5.6. Financial Management
    5.7. Interagency Coordinating Committee (ICC)
    5.8. Priority actions in 2013 to 2014
    5.9. Progress of transition plan for injection safety
6. Immunisation Services Support (ISS)
    6.1. Report on the use of ISS funds in 2012
    6.2. Detailed expenditure of ISS funds during the 2012 calendar year
    6.3. Request for ISS reward
7. New and Under-used Vaccines Support (NVS)
    7.1. Receipt of new & under-used vaccines for 2012 vaccine programme
    7.2. Introduction of a New Vaccine in 2012
    7.3. New Vaccine Introduction Grant lump sums 2012
        7.3.1. Financial Management Reporting
        7.3.2. Programmatic Reporting
    7.4. Report on country co-financing in 2012
    7.5. Vaccine Management (EVSM/VMA/EVM)
    7.6. Monitoring GAVI Support for Preventive Campaigns in 2012
    7.7. Change of vaccine presentation
    7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013
    7.9. Request for continued support for vaccines for 2014 vaccination programme

*7.11. Calculation of requirements*
*8. Injection Safety Support (INS)*
*9. Health Systems Strengthening Support (HSS)*
*9.1. Report on the use of HSS funds in 2012 and request of a new tranche*
*9.2. Progress on HSS activities in the 2012 fiscal year*
*9.3. General overview of targets achieved*
*9.4. Programme implementation in 2012*
*9.5. Planned HSS activities for 2013*
*9.6. Planned HSS activities for 2014*
*9.7. Revised indicators in case of reprogramming*
*9.8. Other sources of funding for HSS*
*9.9. Reporting on the HSS grant*
*10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B*
*10.1. TYPE A: Support to strengthen coordination and representation of CSOs*
*10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP*
*11. Comments from ICC/HSCC Chairs*
*12. Annexes*
*12.1. Annex 1 – Terms of reference ISS*
*12.2. Annex 2 – Example income & expenditure ISS*
*12.3. Annex 3 – Terms of reference HSS*
*12.4. Annex 4 – Example income & expenditure HSS*
*12.5. Annex 5 – Terms of reference CSO*
*12.6. Annex 6 – Example income & expenditure CSO*
*13. Attachments*

## 4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 | | 2013 | | 2014 | | 2015 | | 2016 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| **Total births** | 54,089 | 54,089 | 54,132 | 53,985 | 55,669 | 54,568 | 57,250 | 55,157 | | 55,753 |
| **Total infants' deaths** | 1,773 | 1,773 | 1,786 | 1,707 | 1,837 | 1,621 | 1,889 | 1,738 | | 1,757 |
| **Total surviving infants** | 52316 | 52,316 | 52,346 | 52,278 | 53,832 | 52,947 | 55,361 | 53,419 | | 53,996 |
| **Total pregnant women** | 57,536 | 57,536 | 57,124 | 57,335 | 57,169 | 58,412 | 57,215 | 59,043 | | 59,581 |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 40,567 | 36,806 | 43,306 | 40,489 | 47,319 | 43,655 | 51,525 | 46,883 | 55,141 | 50,178 |
| **BCG coverage** | 75 % | 68 % | 80 % | 75 % | 85 % | 80 % | 90 % | 85 % | 95 % | 90 % |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 39,237 | 34,517 | 41,877 | 39,287 | 45,757 | 38,121 | 49,825 | 45,994 | 50,123 | 48,597 |
| **OPV3 coverage** | 75 % | 66 % | 80 % | 75 % | 85 % | 72 % | 90 % | 86 % | 95 % | 90 % |
| **Number of infants vaccinated (to be vaccinated) with DTP1** | 44,469 | 36,244 | 46,065 | 42,823 | 48,449 | 42,356 | 52,293 | 51,104 | 50,651 | 52,971 |
| **Number of infants vaccinated (to be vaccinated) with DTP3** | 39,237 | 34,925 | 41,877 | 37,719 | 45,757 | 38,121 | 52,293 | 45,994 | 44,847 | 48,597 |
| **DTP3 coverage** | 75 % | 67 % | 80 % | 72 % | 85 % | 72 % | 94 % | 86 % | 85 % | 90 % |
| **Wastage[1] rate in base-year and planned thereafter (%) for DTP** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| **Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib** | 39,994 | 36,244 | 40,489 | 39,287 | 48,449 | 42,356 | 52,293 | 51,104 | | |
| **Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib** | 39,994 | 34,925 | 40,489 | 39,287 | 45,757 | 38,121 | 52,293 | 45,994 | | |
| **DTP-HepB-Hib coverage** | 75 % | 67 % | 80 % | 75 % | 85 % | 72 % | 94 % | 86 % | | 0 % |
| **Wastage[1] rate in base-year and planned thereafter (%)** | 0 | 5 | 0 | 5 | 5 | 5 | 5 | 5 | | |
| **Wastage[1] factor in base-year and planned thereafter (%)** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | | 1 |
| **Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 0 % | 5 % |
| **Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)** | | | | | | | | | | |
| **Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)** | | | | | | | | | | |

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 | | 2013 | | 2014 | | 2015 | | 2016 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| **Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)** | | 0 | | 0 | | 42,356 | | 51,104 | | 52,971 |
| **Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)** | | 0 | | 0 | | 38,121 | | 45,994 | | 48,597 |
| **Pneumococcal (PCV10) coverage** | | 0 % | | 0 % | | 72 % | | 86 % | | 90 % |
| **Wastage[1] rate in base-year and planned thereafter (%)** | | 0 | | 0 | | 5 | | 5 | | 0 |
| **Wastage[1] factor in base-year and planned thereafter (%)** | | 1 | | 1 | | 1.05 | | 1.05 | | 1 |
| **Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** | 0 % | 10 % | 0 % | 10 % | 0 % | 10 % | 0 % | 10 % | 0 % | 10 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of Measles** | 36,621 | 31,350 | 39,259 | 39,287 | 43,066 | 42,356 | 47,057 | 46,884 | 47,575 | 48,597 |
| **Measles coverage** | 70 % | 60 % | 75 % | 75 % | 80 % | 80 % | 85 % | 88 % | 90 % | 90 % |
| **Pregnant women vaccinated with TT+** | 44,303 | 19,520 | 45,699 | 57,335 | 47,450 | 58,412 | 48,633 | 59,043 | 52,297 | 53,713 |
| **TT+ coverage** | 77 % | 34 % | 80 % | 100 % | 83 % | 100 % | 85 % | 100 % | 85 % | 90 % |
| **Vit A supplement to mothers within 6 weeks from delivery** | 10,818 | 0 | 17,137 | 0 | 22,268 | 0 | 28,625 | 0 | | 0 |
| **Vit A supplement to infants after 6 months** | 31,390 | 0 | 34,025 | 0 | 37,682 | 0 | 41,521 | 0 | N/A | 0 |
| **Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100** | 12 % | 4 % | 9 % | 12 % | 6 % | 10 % | 0 % | 10 % | 11 % | 8 % |

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): [ ( A B ) / A ] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

# 5. General Programme Management Component

## 5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  The populationfigures provided are derived from the Bureau of Statistics (BOS) population estimates, based on 2006 census.BOS released these estimates in the beginning of the year (February 2012) to be used in all official documents. These are the estimates that have been used inthe APR 2012 and when updating the cMYP costing tool. The above mentioned reasons, therefore explains the difference in births

- Justification for any changes in **surviving infants**

  The population figuresprovided are derived from the BOS population estimates, based on 2006 census.BOS released these estimates in the beginning of the year (February 2012) to be used in all official documents. These are the estimates that have been used inthe APR 2012 and when updating the cMYP costing tool. The above mentionedreasons, therefore explains the difference in surviving infants

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  The new targets wereset in the beginning of the year based on the previous year performance. These targets are not in excess of 10% of previous years' achievements

- Justification for any changes in **wastage by vaccine**

  Vaccine wastage remains the same for different antigens provided in Lesotho

## 5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

**Key activities implemented in 2012**

***Programme Planning and Managemen***t

- Data quality self- assessment conducted and these informed identification of 4 districts with high numbers of unimmunised children
- Reaching Every District (RED) training sessions for health workers from the health facilities in four districts were conducted with technical support from WHO and UNICEF. The RED strategy was implemented in the four districts
- Draft RED strategy guideline produced and this is due to be finalized
- EPI recording and reporting tools were reviewed
- Immunization acceleration activities and family health days were implemented
- HPVV rolled out to all district in the country
- The country embarked on the application for introduction of rotavirus vaccine

**Logistcts and Vaccine management**

- The Government of Lesotho funded all traditional vaccines; BCG, OPV, Measles. DT, TT
- Government further implements the GAVI co-financing policy and has not been in default during 2012
- Implementation of cold chain inventory covering all health facilities and districts in the country
- Repair and maintenance of cold chain equipment throughout the entire country

**communication for EPI:**

- IEC materials developed, printed and distributed to districts
- Developed radio spots, television promo and newspaper clips on immunization

**Surveillance**

- The country with the technical support from WHO conducted paediatric bacterial meningitis(PBM) surveillance review
- Surveillance trainings sessions conducted in two districts
- Third edition of IDSR guidelines adapted, waiting to be printed and distributed to all health facilities

**Monitoring and supervision**

- Conducted supportive supervision in the health facilities implementing RED strategy
- JRF compiled and shared with relevant authorities

**Challenges encountered**

**National level**

- Lack of funding to support immunization activities at district level
- Inadequate supportive supervision to lower levels because of transport constraints

**District level**

- Lack of transport to conduct supervision to health facilities, distribute vaccines and to conduct outreach services
- RED strategy not implemented as planned due to inadequate funding to support outreach services
- Inadequate planning to conduct integrated supervision using limited available resources
- Fridges at health facilities old and non functioning
- Late and incomplete submission of reports from the health facilities and districts
- Under utilization of data at district level and feedback
- Recording of immunization data on the tally sheets as well as transferring of data incorrect in most of the health facilities

**How challenges were addressed**

- The Miniistry is in the process of procuring cold chain equipment
- Budget for implementation of RED/outreach services increased
- Country GAVI HSS proposal was developed
- Capacity building of health workers on EPI issues

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

**Reasons for not reaching the targets**

- Inadequate and inactive outreach services due lack of resources.
- Once outreach services are established, they are not sustained due to inadequate transport to carry out immunization services.
- Use of static/fixed sites (health facilities) to deliver immunization services
- Immunization services are mostly offered only to children who have come to the health facilities, and not reaching out to those who are not able to come to the health facilities
- Inadequate Monitoring at all levels due to shortage of personnel

## 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

| Data Source | Reference Year for Estimate | DTP3 Coverage Estimate | |
|---|---|---|---|
| | | Boys | Girls |

| | | | |
|---|---|---|---|
| Lesotho Demographic Health Survey | 2009 | 83.5% | 83.6% |

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

In Lesotho, all children, both male and female, have equal opportunities to immunization services
The Country's EPI Policy states clearly that immunization services should be offered to all legible children irrespective of their gender, location and religion
Health education sessions are provided as early as Ante Natal Clinics where emphasis is put on the importance of immunization to all children
IEC materials. media communications on immunization services in Lesotho, are made such that both boys and girls recieve equal opportunities to be vaccinated

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

In Lesotho there are no known barriers ofgender related preference of health worker in providing immunization servicesto either sex<?xml:namespace prefix = o />

## 5.4. Data assessments

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

Incomplete submission of reports from the health facilities contributed to discrepancies between coverage data from different sources. In 2012, 2, 330 reports were received as opposed to2,388 expected to be submitted at national level. Therefore estimates that are being made are based on incomplete data. In addition, there is underulitilzation of EPI reporting and recording tools at health facility level leading to under reporting, whereas surveys such as DHS  are likely to show higher reported figures. For example; LDHS 2009 reported; 84% DTP coverage, OPV 75% and  measles 80% while  2012 routine administrative data recorded 67% DTP3, 66% OPV3 and 60% measles.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

1. **Effective Vaccine Management (EVMA) 2011**

- All ditsricts of Lesotho and sampled health facilities were assessed and this provided opportunity to assess cold chain capacity for districts. This informed replacement and additional requirements to accommodate new vaccines. Most of the recommendations from the assessment report have been implemented while others are in the process of implemnetatio

**2. Data Quality Self Assessment DQS) March/April 2012**

- Conducted to assess the quality and accuracy of administrative data that is generated during immunization sessions: Findings revealed that data generated during immunization sessions is appropriately recorded and reported;i.e figures are either increased or reduced during trasnfer from tally sheets to summary reports. In addition, this data is not reviewed prior to submission to the next level. DQS informed identification of districts and health facilities which contribute high numbers of unimmunized children into district and national coverage respectively

**3. Cold chain inventory and assessment**

- Conducted in all health facilities in the country. This exercise informed the programme on the equipment that is available and functionality status

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

**Introduction of vaccine Stock Management Tool (SMT) at central level in 2010**;

- To facilitate management of stock levels to avoid stock-outs and or over-stocks.
- To facilitate regular and timely reporting of vaccines and vaccine devices stock levels at central and district levels.
- To conduct physical inventory of all vaccines and vaccine devices at regular intervals

**District vaccine data management tool (DVDMT) 2011**

- Introduced in all districts and data started to be compiled and analysed at district level. This initiative led to establishment of catchment area population target estimates to facilitate determination of EPI performance per health facility. However, due to technical challenges it was not possible for the tool to be used in some districts

**Capacity building of health workers on EPI issues**

- Re-introduction of RED strategy in the country and implementation
- Training of district public health nurses on middle level management of EPI
- Training of newly qualified/recruited nurses posted at health centres

**Data Quality Self-Assessment**

- Conducted in 2012 covering all districts and selected health facilities

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

**Key planned activities to improve administrative data systems**

- Conduct high level advocacy for resource mobilization to support data management; (collection, analysis and dissemination and use for decision making)
- 
- Conduct EPI cluster survey coverage
- 
- 
- Conduct regular data harmonization meetings at national and district level
- 
- 
- Conduct review meetings with districts
- 
- Finalize, print and distribute recording and reporting tools to all health facilities
- 
- Train health workers on data capturing, analysis and interpretation
- 
- 
- Involve community structures in place to trace and refer defaulters
- 
- Conduct head count of all under one target population in all health facilities catchment areas

## 5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

| **Exchange rate used** | 1 US$ = 7 | Enter the rate only; Please do not enter local currency name |
|---|---|---|

**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

| **Expenditure by category** | **Expenditure Year 2012** | **Source of funding** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | **Country** | **GAVI** | **UNICEF** | **WHO** | **N/A** | **N/A** | **N/A** |
| Traditional Vaccines* | 8,013,560 | 8,013,560 | 0 | 0 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 323,000 | 24,750 | 298,250 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 16,797 | 1,547 | 15,250 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Personnel | 55,264 | 55,264 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 82,500 | 0 | 0 | 0 | 82,500 | 0 | 0 | 0 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N/A | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| Total Expenditures for Immunisation | 8,491,121 | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Total Government Health | | 8,095,121 | 313,500 | 0 | 82,500 | 0 | 0 | 0 |

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

The Government of Lesotho is paying for all traditional vaccines, therefore there are funds allocated for traditional vaccines. The plan is to continue and maintain the responsibility

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

**If Yes,** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

| Action plan from Aide Mémoire | Implemented? |
|---|---|
| | |

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

N/A

If none has been implemented, briefly state below why those requirements and conditions were not met.

N/A

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **5**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

Are any Civil Society Organisations members of the ICC? **Yes**

**If Yes,** which ones?

| List CSO member organisations: |
|---|
| Christian Health Association of Lesotho |
| Lesotho Red Cross Society |
| Rotary Club of Maseru |
| Maluti Rotary |

## 5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

**The main objectives:**
1. **To increase immunization coverage from 67% to 72% by end of 2013**

**Priority actions 2013-2014:**
- Intensify strategies aimed at mobilizing resources to support immunization services including implementation of Reaching Every District (RED) approach districts
- conduct integrated measles SIA (2013) including post campaign evaluation and routine immunization coverage survey
- Strebgthen implementation of integrated Family Health Days and African Vaccination Weeks (2013-2014)
- Re-inforce provision of immunization services on daily basis in all health facilities
- Establish data review committees at district level which will critically review administrative data from health centers and act on it(Validation and harmonization of data (2013
- Introduce Pnuemococcal Conjugate Vaccine (PCV13) and Rotavirus Vaccine

**2. To build capacity of health care providers in 10 districts in the provision of quality immunization services by 2014**
**Priority actions will include:**
- Strengthen training of health care workers on vaccine and logistics management
- Conduct training of districts cold chain assistants on cold chain management
- Re-enforce capacity building for districts on data management

**3. To increase cold chain capacity at central, district and health facility level by 2014**
**Priority actions**
- Purchase and install EPI cold room at the central vaccine store to accommodate new vaccines to be introduced in the future
- Purchase and distribute 100 EPI refrigerators to the districts and health facilities to replace non functioning equipment

4. **To strengthen programme management by 2014**
***Priority actions***
- Strengthen regular supportive supervision to the districts and provide a written feedback. (National to district level on quarterly basis and from district to health centre monthly)
- Conduct Post Introduction Evaluation of HPV Vaccine
- Develop EPI Guidelines
- Conduct Comprehensive EPI Review
- Provide regular feedback on programme performance
- Strengthen health worker capacity in vaccine management

## 5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

| Vaccine | Types of syringe used in 2012 routine EPI | Funding sources of 2012 |
|---|---|---|
| BCG | Auto-Disable Syringes | GOL |
| Measles | Auto-Disable Syringes | GOL |
| TT | Auto-Disable Syringes | GOL |
| DTP-containing vaccine | Auto-Disable Syringes | GOL and GAVI |

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

**If Yes:** Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

No obstacles encountered

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

All used syringes and sharps are deposited into puncture -resistant safety boxes provided to every health facility. The main method used to dispose of all used sharps is incineration, therefore the sealed safety boxes are collected from Health Centres to hospitals where they are incinerated.

# 6. Immunisation Services Support (ISS)

## 6.1. Report on the use of ISS funds in 2012

Lesotho is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

## 6.2. Detailed expenditure of ISS funds during the 2012 calendar year

Lesotho is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

## 6.3. Request for ISS reward

Request for ISS reward achievement in Lesotho is not applicable for 2012

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

## 7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1**: Vaccines received for 2012 vaccinations against approvals for 2012

| | [ A ] | [ B ] | | |
|---|---|---|---|---|
| **Vaccine type** | **Total doses for 2012 in Decision Letter** | **Total doses received by 31 December 2012** | **Total doses of postponed deliveries in 2012** | **Did the country experience any stockouts at any level in 2012?** |
| DTP-HepB-Hib | 129,082 | 129,082 | 0 | No |
| Pneumococcal (PCV13) | | 0 | 0 | Not selected |

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

If values in [A] and [B] are different, specify:

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

  There were no problems encountered in shipment, all doses were received as planned.

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

  **GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.**

  Lesotho is already getting the two consignments of pentavalent . there is no need for adjustment of vaccine shipments

  Regarding selection of multiple pentavalent vaccine presentations, Lesotho is interested in 10-dose presentation as it is cost-effective and storage space-saving

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Not applicable

## 7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | |
|---|---|---|
| **Phased introduction** | No | |
| **Nationwide introduction** | No | |
| **The time and scale of introduction was as planned in the proposal? If No, Why ?** | No | No new vaccine introduced in 2012. DTP-HepB-Hib was introduced in 2008. |

| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
|---|---|---|
| **Phased introduction** | No | |
| **Nationwide introduction** | No | |
| **The time and scale of introduction was as planned in the proposal? If No, Why ?** | No | The country is planning to introce new vaccine pneumococcal in 3013 or 2014 as one of the programme priorities |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2016**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9) )

**Recommendations from 2010 PIE**

**1. Pre-implementation Planning and Training**

• Facilities should plan for local launch events : ***Not implemented since there has not been any new vaccine introduced other DTP-HepB-Hib***

• The National level should ensure that all EPI tools are updated as soon as possible : ***Partially implemented- EPI recording and reporting tools reviewed to accommodate new vaccines the counntry is planning to introduce in the future. Awaiting finalization, printing and dissemination to health facility level***

**2. Health Care Worker (HCW) Knowledge**

• Production of Reference booklet for HCWs on all EPI vaccines and VPDS in Sesotho and English: ***Not yet implemented***

**3. Advocacy Communication and Acceptance**

• National level should review, print and distribute EPI IEC materials (posters, flyers and pamphlets): ***fully implemented-***

• National level to develop an EPI Advocacy Communication and Social Mobilisation strategic plan: ***partially implemented***

**4. Coverage and Reporting**

• All health facilities must conduct head count of target population with the support from village health workers, Not implemented, planned to be undertaken in 2013

• National level should provide guidelines, policies, standard tools to collect and analyze data at all levels. ***partially implemented: guidelines and tools available but due to frequent staff rotation, the system is not sustained***

• National EPI to provide updated data monitoring tools: ***Partially implemented: Tools reviewed and are dur for finalization, printing and dissemination to health facility level***

• With support from partners, national level should build district level capacity on data management: *partially implemented;  the challeng is frequent staff rotation and loss of institutional memory. retention of data officers at district level is a challenge*

**5. AEFI Monitoring**

• National level should print and distribute guidelines for monitoring and reporting of AEFIs: *Partially implemented; as part of integrated disease surveillance, AEFI surveillance tools have been adapted. They due to be disseminated to health facilities following training of trainers workshop that is due to be held at national level.*

• Health facilities should maintain a record of all AEFIs (file investigation forms): *Not yet implemented*

**6. Monitoring and Supervision**

• PHNs/PHC coordinators should conduct quarterly supportive supervision of all facilities in their catchment area: *Fully implemented- ongoing effort*

• National level should build capacity for supportive supervision in supervisors at all levels: *ongoing effort*

• National level should develop an integrated supervisory checklist to be used by all supervisors when they conduct supervisory visits: *ongoing effort*

• PHNs/PHC coordinators should provide written feedback of all supportive supervisory visits to the supervisees: *partially implemented. done in some districts*

• National level should produce a quarterly feedback bulletin to be distributed to all DHMTs. *Partially implemented; system irregular*

• National level should provide the necessary logistics for supervision to take place at district level (transport, funding): *Partially implemented;transports remains to be constrtaint in the implementation of EPI activities*

• All health facilities should file all written feedback for follow up actions or keep a supervision record book which should be reviewed on the next visit.: *Partially implemented; practiced in some health facilities*

**7. Cold Chain Capacity and Management**

• All facilities should have contingency plans in case of power outages;partially implemented;  *While health workers have knowledge of what has to be done, in some health facilites contingency does not exist.*

• DHMT level should facilitate the repair and maintenance of cold chain equipment:*Not  implemented; maintenace done from central level*

• All facilities should ensure that fridge temperatures are recorded twice daily, including weekends and holidays, and temperature records updated (explore data loggers): partially implemented; practiced in some health facilities. *The Ministry is in the process of procuring cold chain equipment and accessories among which data loggers are in the list*

**8. Vaccine Management, Storage and Wastage**

• National level should conduct vaccine management training for DHMT and facility staff *Fully implemented: Done for District Public health Nurses in preparation for the 2011 EVMA, ongoing effort during supervisory visits*

• Districts should submit monthly stock reports to the national level; *fully implemented*

• Maximum and minimum stock levels should be established at all levels based on average monthly consumption: *partially implemented*

• Districts should establish a feasible method of transporting vaccine and injection supplies to the health facilities or vice-versa: *Fully implemented*

**9. Waste Management and Injection Safety**

• DHMT should ensure availability of and compliance with guidelines; *ongoing effort*

• DHMT should make a schedule for collection of filled safety boxes: *ongoing effort*

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

PBM surveillance review conducted in 2012 indicated low detection rate of cases. Recommendations included provision of guidelines and standard operating procedures (SPOs) to participating sites, sensitization of laboratory and clinical staff on PBM surveillance, provision of materials/laboratory reagents. 

## 7.3. New Vaccine Introduction Grant lump sums 2012

### 7.3.1. Financial Management Reporting

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2012 (A) | 0 | 0 |
| Remaining funds (carry over) from 2011 (B) | 0 | 0 |
| Total funds available in 2012 (C=A+B) | 0 | 0 |
| Total Expenditures in 2012 (D) | 0 | 0 |
| Balance carried over to 2013 (E=C-D) | 0 | 0 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

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

Lesotho has not introduced a new vaccine in 2012

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

N/A

## 7.4. Report on country co-financing in 2012

**Table 7.4 :** Five questions on country co-financing

| | **Q.1: What were the actual co-financed amounts and doses in 2012?** | |
|---|---|---|
| **Co-Financed Payments** | **Total Amount in US$** | **Total Amount in Doses** |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 323,000 | 129,200 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| | | |
| | **Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?** | |
| Government | 24,750 | |
| Donor | 0 | |
| Other | 0 | |
| | | |
| | **Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?** | |
| **Co-Financed Payments** | **Total Amount in US$** | **Total Amount in Doses** |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 16,797 | 136,800 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| | | |
| | **Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding** | |
| **Schedule of Co-Financing Payments** | Proposed Payment Date for 2014 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | April | GOL |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
| | | |
| | **Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing** | |
| | Lesotho would require Technical Assistance for developing financial sustainability strategies, mobilising funding for immunization, including co-financing | |

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

Lesotho has never been in default and is continuing to meet its co-financing requirements

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

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

*It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.*

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **August 2011**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

There are no changes made on the improvement plan. The country is implementing the recommendations as outined in the improvement plan

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2014**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Lesotho does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° ) that has endorsed the requested change.

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Lesotho is not available in 2013

## 7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

## 7.11. Calculation of requirements

**Table 7.11.1:** Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | **Number of surviving infants** | Table 4 | # | 52,316 | 52,278 | 52,947 | 53,419 | 210,960 |
| | **Number of children to be vaccinated with the first dose** | Table 4 | # | 36,244 | 39,287 | 42,356 | 51,104 | 168,991 |
| | **Number of children to be vaccinated with the third dose** | Table 4 | # | 34,925 | 39,287 | 38,121 | 45,994 | 158,327 |
| | **Immunisation coverage with the third dose** | Table 4 | % | 66.76 % | 75.15 % | 72.00 % | 86.10 % | |
| | **Number of doses per child** | Parameter | # | 3 | 3 | 3 | 3 | |
| | **Estimated vaccine wastage factor** | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | **Vaccine stock on 31st December 2012 * (see explanation footnote)** | | # | 28,400 | | | | |
| | **Vaccine stock on 1 January 2013 ** (see explanation footnote)** | | # | 28,400 | | | | |
| | **Number of doses per vial** | Parameter | # | | 1 | 1 | 1 | |
| | **AD syringes required** | Parameter | # | | Yes | Yes | Yes | |
| | **Reconstitution syringes required** | Parameter | # | | No | No | No | |
| | **Safety boxes required** | Parameter | # | | Yes | Yes | Yes | |
| g | **Vaccine price per dose** | Table 7.10.1 | $ | | 2.04 | 2.04 | 1.99 | |
| cc | **Country co-financing per dose** | Co-financing table | $ | | 0.23 | 0.66 | 0.76 | |
| ca | **AD syringe price per unit** | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | **Reconstitution syringe price per unit** | Table 7.10.1 | $ | | 0 | 0 | 0 | |
| cs | **Safety box price per unit** | Table 7.10.1 | $ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | **Freight cost as % of vaccines value** | Table 7.10.2 | % | | 25.50 % | 25.50 % | 25.50 % | |
| fd | **Freight cost as % of devices value** | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

There is no difference between the stock on 31st December 2012 and 1st January 2013

### Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

| | |
|---|---|
| **Co-financing group** | Intermediate |

| | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Minimum co-financing** | 0.20 | 0.23 | 0.26 | 0.30 |

| | | | | |
|---|---|---|---|---|
| **Recommended co-financing as per APR 2011** | | | 0.26 | 0.30 |
| **Your co-financing** | 0.20 | 0.23 | 0.66 | 0.76 |

**Table 7.11.2**: Estimated GAVI support and country co-financing (**GAVI support**)

| | | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Number of vaccine doses** | # | 115,100 | 101,600 | 117,900 |
| **Number of AD syringes** | # | 121,800 | 107,400 | 124,800 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 |
| **Number of safety boxes** | # | 1,375 | 1,200 | 1,400 |
| **Total value to be co-financed by GAVI** | $ | 301,000 | 265,500 | 300,500 |

**Table 7.11.3**: Estimated GAVI support and country co-financing (**Country support**)

| | | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Number of vaccine doses** | # | 11,200 | 34,400 | 50,100 |
| **Number of AD syringes** | # | 11,800 | 36,400 | 53,100 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 |
| **Number of safety boxes** | # | 150 | 425 | 600 |
| **Total value to be co-financed by the Country <sup>[1] </sup>** | $ | 29,500 | 90,000 | 128,000 |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 1)

| | | Formula | 2012 | 2013 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | *V* | 0.00 % | 8.81 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 36,244 | 39,287 | 3,461 | 35,826 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | 3 | | |
| D | Number of doses needed | *B X C* | 108,732 | 117,861 | 10,382 | 107,479 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 114,169 | 123,755 | 10,901 | 112,854 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | | 2,397 | 212 | 2,185 |
| H | Stock on 1 January 2013 | *Table 7.11.1* | 28,400 | | | |
| I | Total vaccine doses needed | *F + G – H* | | 126,202 | 11,117 | 115,085 |
| J | Number of doses per vial | *Vaccine Parameter* | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | | 133,487 | 11,759 | 121,728 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | | 1,482 | 131 | 1,351 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | | 256,948 | 22,633 | 234,315 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | | 6,208 | 547 | 5,661 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | | 860 | 76 | 784 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | | 65,522 | 5,772 | 59,750 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | | 0 | 0 | 0 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | | 329,538 | 29,027 | 300,511 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | | 29,027 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | | 8.81 % | | |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

| | | Formula | 2014 | | | 2015 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | 25.28 % | | | 29.82 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 42,356 | 10,706 | 31,650 | 51,104 | 15,240 | 35,864 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | | 3 | | |
| D | Number of doses needed | *B X C* | 127,068 | 32,118 | 94,950 | 153,312 | 45,720 | 107,592 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 133,422 | 33,724 | 99,698 | 160,978 | 48,006 | 112,972 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 2,417 | 611 | 1,806 | 6,889 | 2,055 | 4,834 |
| H | Stock on 1 January 2013 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | 135,889 | 34,348 | 101,541 | 167,917 | 50,076 | 117,841 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 143,729 | 36,329 | 107,400 | 177,824 | 53,030 | 124,794 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 1,596 | 404 | 1,192 | 1,974 | 589 | 1,385 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 276,671 | 69,931 | 206,740 | 333,484 | 99,450 | 234,034 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 276,671 | 1,690 | 4,994 | 333,484 | 2,466 | 5,803 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 926 | 235 | 691 | 1,145 | 342 | 803 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 70,552 | 17,833 | 52,719 | 85,039 | 25,360 | 59,679 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 354,833 | 89,687 | 265,146 | 427,937 | 127,618 | 300,319 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 89,687 | | | 127,617 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 25.28 % | | | 29.82 % | | |

**Table 7.11.4**: Calculation of requirements for (part 3)

| | | Formula |
|---|---|---|
| | | |
| **A** | **Country co-finance** | *V* |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2.1* |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* |
| **D** | **Number of doses needed** | *B X C* |
| **E** | **Estimated vaccine wastage factor** | *Table 4* |
| **F** | **Number of doses needed including wastage** | *D X E* |
| **G** | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* |
| **H** | **Stock on 1 January 2013** | *Table 7.11.1* |
| **I** | **Total vaccine doses needed** | *F + G – H* |
| **J** | **Number of doses per vial** | *Vaccine Parameter* |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* |
| **N** | **Cost of vaccines needed** | *I x vaccine price per dose (g)* |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution price per unit (cr)* |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as of % of vaccines value (fv)* |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as % of devices value (fd)* |
| **T** | **Total fund needed** | *(N+O+P+Q+R+S)* |
| **U** | **Total country co-financing** | *I x country co-financing per dose (cc)* |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* |

**Table 7.11.1:** Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | 2016 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | **Number of surviving infants** | Table 4 | # | 52,316 | 52,278 | 52,947 | 53,419 | 53,996 | 264,956 |
| | **Number of children to be vaccinated with the first dose** | Table 4 | # | 0 | 0 | 42,356 | 51,104 | 52,971 | 146,431 |
| | **Number of children to be vaccinated with the third dose** | Table 4 | # | 0 | 0 | 38,121 | 45,994 | 48,597 | 132,712 |
| | **Immunisation coverage with the third dose** | Table 4 | % | 0.00 % | 0.00 % | 72.00 % | 86.10 % | 90.00 % | |
| | **Number of doses per child** | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | **Estimated vaccine wastage factor** | Table 4 | # | 1.00 | 1.00 | 1.05 | 1.05 | 1.00 | |
| | **Vaccine stock on 31st December 2012 * (see explanation footnote)** | | # | 0 | | | | | |
| | **Vaccine stock on 1 January 2013 ** (see explanation footnote)** | | # | 0 | | | | | |
| | **Number of doses per vial** | Parameter | # | | 2 | 2 | 2 | 2 | |
| | **AD syringes required** | Parameter | # | | Yes | Yes | Yes | Yes | |
| | **Reconstitution syringes required** | Parameter | # | | No | No | No | No | |
| | **Safety boxes required** | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | **Vaccine price per dose** | Table 7.10.1 | $ | | 3.50 | 3.50 | 3.50 | 3.50 | |
| cc | **Country co-financing per dose** | Co-financing table | $ | | 0.00 | 0.00 | 0.00 | 0.00 | |
| ca | **AD syringe price per unit** | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | **Reconstitution syringe price per unit** | Table 7.10.1 | $ | | 0 | 0 | 0 | 0 | |
| cs | **Safety box price per unit** | Table 7.10.1 | $ | | 0.5800 | 0.5800 | 0.5800 | 0.5800 | |
| fv | **Freight cost as % of vaccines value** | Table 7.10.2 | % | | 3.00 % | 3.00 % | 3.00 % | 3.00 % | |
| fd | **Freight cost as % of devices value** | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

## Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

| **Co-financing group** | Intermediate |
|---|---|

| | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|
| **Minimum co-financing** | | | 0.00 | 0.00 | 0.00 |
| **Your co-financing** | | | 0.00 | 0.00 | 0.00 |

**Table 7.11.2**: Estimated GAVI support and country co-financing (**GAVI support**)

| | | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|
| **Number of vaccine doses** | # | 400 | 167,200 | 168,300 | 159,400 |
| **Number of AD syringes** | # | 0 | 178,100 | 177,900 | 176,400 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 | 0 |
| **Number of safety boxes** | # | 0 | 2,000 | 1,975 | 1,975 |
| **Total value to be co-financed by GAVI** | $ | 1,500 | 612,500 | 616,500 | 584,000 |

**Table 7.11.3**: Estimated GAVI support and country co-financing (**Country support**)

| | | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|
| **Number of vaccine doses** | # | 0 | 0 | 0 | 0 |
| **Number of AD syringes** | # | 0 | 0 | 0 | 0 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 | 0 |
| **Number of safety boxes** | # | 0 | 0 | 0 | 0 |
| **Total value to be co-financed by the Country <sup>[1] </sup>** | $ | 0 | 0 | 0 | 0 |

**Table 7.11.4**: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

| | | Formula | 2012 | 2013 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| **A** | **Country co-finance** | *V* | 0.00 % | 0.00 % | | |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2.1* | 0 | 0 | 0 | 0 |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* | 3 | 3 | | |
| **D** | **Number of doses needed** | *B X C* | 0 | 0 | 0 | 0 |
| **E** | **Estimated vaccine wastage factor** | *Table 4* | 1.00 | 1.00 | | |
| **F** | **Number of doses needed including wastage** | *D X E* | 0 | 0 | 0 | 0 |
| **G** | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* | | 0 | 0 | 0 |
| **H** | **Stock on 1 January 2013** | *Table 7.11.1* | 0 | | | |
| **I** | **Total vaccine doses needed** | *F + G – H* | | 400 | 0 | 400 |
| **J** | **Number of doses per vial** | *Vaccine Parameter* | | 2 | | |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* | | 0 | 0 | 0 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* | | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* | | 0 | 0 | 0 |
| **N** | **Cost of vaccines needed** | *I x vaccine price per dose (g)* | | 1,400 | 0 | 1,400 |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | | 0 | 0 | 0 |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution price per unit (cr)* | | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* | | 0 | 0 | 0 |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as of % of vaccines value (fv)* | | 42 | 0 | 42 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as % of devices value (fd)* | | 0 | 0 | 0 |
| **T** | **Total fund needed** | *(N+O+P+Q+R+S)* | | 1,442 | 0 | 1,442 |
| **U** | **Total country co-financing** | *I x country co-financing per dose (cc)* | | 0 | | |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* | | 0.00 % | | |

**Table 7.11.4**: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

| | | Formula | 2014 | | | 2015 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | 0.00 % | | | 0.00 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 42,356 | 0 | 42,356 | 51,104 | 0 | 51,104 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | | 3 | | |
| D | Number of doses needed | *B X C* | 127,068 | 0 | 127,068 | 153,312 | 0 | 153,312 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 133,422 | 0 | 133,422 | 160,978 | 0 | 160,978 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 33,356 | 0 | 33,356 | 6,889 | 0 | 6,889 |
| H | Stock on 1 January 2013 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | 167,178 | 0 | 167,178 | 168,267 | 0 | 168,267 |
| J | Number of doses per vial | *Vaccine Parameter* | 2 | | | 2 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 178,071 | 0 | 178,071 | 177,824 | 0 | 177,824 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 1,977 | 0 | 1,977 | 1,974 | 0 | 1,974 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 585,123 | 0 | 585,123 | 588,935 | 0 | 588,935 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 585,123 | 0 | 8,281 | 588,935 | 0 | 8,269 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 1,147 | 0 | 1,147 | 1,145 | 0 | 1,145 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 17,554 | 0 | 17,554 | 17,669 | 0 | 17,669 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 612,105 | 0 | 612,105 | 616,018 | 0 | 616,018 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 0 | | | 0 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 0.00 % | | | 0.00 % | | |

**Table 7.11.4**: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 3)

| | | Formula | 2016 | | |
|---|---|---|---|---|---|
| | | | Total | Government | GAVI |
| A | **Country co-finance** | *V* | 0.00 % | | |
| B | **Number of children to be vaccinated with the first dose** | *Table 5.2.1* | 52,971 | 0 | 52,971 |
| C | **Number of doses per child** | *Vaccine parameter (schedule)* | 3 | | |
| D | **Number of doses needed** | *B X C* | 158,913 | 0 | 158,913 |
| E | **Estimated vaccine wastage factor** | *Table 4* | 1.00 | | |
| F | **Number of doses needed including wastage** | *D X E* | 158,913 | 0 | 158,913 |
| G | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* | 0 | 0 | 0 |
| H | **Stock on 1 January 2013** | *Table 7.11.1* | | | |
| I | **Total vaccine doses needed** | *F + G – H* | 159,313 | 0 | 159,313 |
| J | **Number of doses per vial** | *Vaccine Parameter* | 2 | | |
| K | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* | 176,394 | 0 | 176,394 |
| L | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* | 0 | 0 | 0 |
| M | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* | 1,958 | 0 | 1,958 |
| N | **Cost of vaccines needed** | *I x vaccine price per dose (g)* | 557,596 | 0 | 557,596 |
| O | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | 8,203 | 0 | 8,203 |
| P | **Cost of reconstitution syringes needed** | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 |
| Q | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* | 1,136 | 0 | 1,136 |
| R | **Freight cost for vaccines needed** | *N x freight cost as of % of vaccines value (fv)* | 16,728 | 0 | 16,728 |
| S | **Freight cost for devices needed** | *(O+P+Q) x freight cost as % of devices value (fd)* | 0 | 0 | 0 |
| T | **Total fund needed** | *(N+O+P+Q+R+S)* | 583,663 | 0 | 583,663 |
| U | **Total country co-financing** | *I x country co-financing per dose (cc)* | 0 | | |
| V | **Country co-financing % of GAVI supported proportion** | *U / T* | 0.00 % | | |

## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

Lesotho is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

Countries planning to submit reprogramming requests may do so any time of the year.  Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

# 10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

## 10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Lesotho **has NOT received GAVI TYPE A CSO support**

Lesotho is not reporting on GAVI TYPE A CSO support for 2012

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

Lesotho **has NOT received GAVI TYPE B CSO support**

Lesotho is not reporting on GAVI TYPE B CSO support for 2012

## 11. Comments from ICC/HSCC Chairs

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

# 12. Annexes

## 12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI ISS** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** – GAVI ISS** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2012** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

## 12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI HSS** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** - GAVI HSS** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2012** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

## 12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI CSO** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** - GAVI CSO** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2012** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

## 13. Attachments

| Document Number | Document | Section | Mandatory | File |
|---|---|---|---|---|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Minister's Signatures.pdf<br>File desc:<br>Date/time: 5/15/2013 12:09:55 PM<br>Size: 174714 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Minister's Signatures.pdf<br>File desc:<br>Date/time: 5/15/2013 12:11:19 PM<br>Size: 174714 |
| 3 | Signatures of members of ICC | 2.2 | ✓ | ICC Signatures.pdf<br>File desc:<br>Date/time: 5/15/2013 12:15:02 PM<br>Size: 444459 |
| 4 | Minutes of ICC meeting in 2013 endorsing the APR 2012 | 5.7 | ✓ | Minutes of the ICC meeting May 2013.doc<br>File desc:<br>Date/time: 5/15/2013 12:16:02 PM<br>Size: 59904 |
| 6 | Minutes of HSCC meeting in 2013 endorsing the APR 2012 | 9.9.3 | ✓ | Minutes of the ICC meeting May 2013.doc<br>File desc:<br>Date/time: 5/15/2013 12:17:36 PM<br>Size: 59904 |
| 7 | Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | Doc1.docx<br>File desc:<br>Date/time: 5/17/2013 7:53:43 AM<br>Size: 12502 |
| 8 | External audit report for ISS grant (Fiscal Year 2012) | 6.2.3 | ✗ | Doc1.docx<br>File desc:<br>Date/time: 5/17/2013 7:54:49 AM<br>Size: 12502 |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | Lesotho PIE Report 2010.pdf<br>File desc:<br>Date/time: 5/2/2013 2:29:27 PM<br>Size: 1991148 |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | Financial report balance from introduction grant.pdf<br>File desc:<br>Date/time: 5/15/2013 12:31:34 PM |

| | | | | |
|---|---|---|---|---|
| | | | | Size: 116619 |
| 11 | External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000 | 7.3.1 | ✓ | Doc1.docx<br>File desc:<br>Date/time: 5/17/2013 7:54:49 AM<br>Size: 12502 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | Kingdom of Lesotho EVM Report 2011.docx<br>File desc:<br>Date/time: 5/2/2013 2:30:21 PM<br>Size: 570124 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | EVM iprovement plan status of implementation (2).doc<br>File desc:<br>Date/time: 5/15/2013 12:41:33 PM<br>Size: 54272 |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | EVM iprovement plan status of implementation (2).doc<br>File desc:<br>Date/time: 5/15/2013 12:33:51 PM<br>Size: 54272 |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012 | 0 | ✓ | Doc1.docx<br>File desc:<br>Date/time: 5/17/2013 8:55:27 AM<br>Size: 12502 |