GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Lesotho

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 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: **2013**

Requesting for support year: **2015**

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, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016

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

There is no ISS, HSS or CSO support this year.

1.4. Previous Monitoring IRC Report

There is no APR Monitoring IRC Report available for Lesotho from previous year.

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	Dr. PINKIE ROSEMARY MANAMOLELA	**Name**	Dr. LEKETEKETE KETSO
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Ms. Popo Violet Ntjona	EPI Manager - MOH	+26658086105	popontjona@yahoo.com
Ms. Mamolitsane Thoothe-Malebo	Chief Economic Planner- MOH	+26663124014	thoothet@yahoo.co.uk
Mrs. Selloane Maepe	EPI Officer - WHO	+26622312122/+26658865757	maepes@who.int

2.2. ICC signatures page

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

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. NTHABISENG MAKOAE: DEPUTY MINISTER OF HEALTH	MINISTRY OF HEALTH		

MR. LEFU MANYOKOLE: PRINCIPAL SECRETARY HEALTH	MINISTRY OF HEALTH		
DR. PIET McPHERSON: DIRECTOR GENERAL HEALTH SERVICES	MINISTRY OF HEALTH		
DR. LUGEMBA BUDIAKI: DIRECTOR PRIMARY HEALTH CARE	MINISTRY OF HEALTH		
DR. THOMAS SUKWA: WHO REPRESENTATIVE	WHO		
DR. TESFAYE SHIFERAW: UNICEF REPRESENTATIVE	UNICEF		
MRS. 'MALENTSOE NTHOLI: EXECUTIVE SECRETARY	CHRISTIAN HEALTH ASSOCIATION OF LESOTHO		
DR. VICTOR ANKRAH: CHILD SURVIVAL DEVELOPMENT SPECIALIST	UNICEF		
MR. TEBOHO KITLELI: SECRETARY GENERAL	LESOTHO RED CROSS		
MRS. MAMATEBELE SETEFANE: DIRECTOR HUMAN RESOURCE	MINISTRY OF HEALTH		
MS. MAHLAPE RAMOSEME: DIRECTOR HEALTH PLANNING AND STATISTICS UNIT (a.i.):	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	MINISTRY OF HEALTH		

MS. TSIETSO MOTSOANE: DIRECTOR LABORATORY SERVICES	MINISTRY OF HEALTH		
MRS. MAKALI MAQHAMA: HEAD FAMILY HEALTH DIVISION (a.i.)	MINISTRY OF HEALTH		
MR. THABANG TLALI: NPEC CHAIPERSON	MINISTRY OF HEALTH		
MR. THABO LETELE: ROTARY CLUB OF MALUTI	ROTARY CLUB		
MS. THABELO KHOBOKO: ROTARY CLUB OF MASERU	ROTARY CLUB		
MRS. 'MASEITTSHERO KHOOE: PRINCIPAL HEALTH INSPECTOR	MASERU CITY COUNCIL		
MR. KHABISO NTOAMPE: CHIEF HEALTH EDUCATOR	MINISTRY OF HEALTH		
MR. MPHOHLE SEKOLI: DIRECTOR FINANCE	MINISTRY OF HEALTH		

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 2013

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

Lesotho is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on Lesotho's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

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)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	53,985	53,985	54,568	53,801	55,157	53,844	55,753	53,887
Total infants' deaths	1,707	1,707	1,621	1,644	1,738	1,459	1,757	1,460
Total surviving infants	52278	52,278	52,947	52,157	53,419	52,385	53,996	52,427
Total pregnant women	57,335	57,335	58,412	57,056	59,043	57,102	59,581	57,148
Number of infants vaccinated (to be vaccinated) with BCG	40,489	35,157	43,655	43,041	46,883	45,768	50,178	48,499
BCG coverage	75 %	65 %	80 %	80 %	85 %	85 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	39,287	34,557	38,121	41,725	45,994	45,052	48,597	47,185
OPV3 coverage	75 %	66 %	72 %	80 %	86 %	86 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	42,823	42,823	42,356	39,258	51,104	46,099	52,971	48,233
Number of infants vaccinated (to be vaccinated) with DTP3	37,719	37,719	38,121	37,687	45,994	45,052	48,597	47,185
DTP3 coverage	72 %	72 %	72 %	72 %	86 %	86 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	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
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	40,489	36,203	42,356	39,258	51,104	46,099		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	40,489	34,673	42,356	41,725	45,994	45,052		
DTP-HepB-Hib coverage	77 %	66 %	80 %	80 %	86 %	86 %	0 %	0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	5	5	5	5		
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	5 %	0 %	5 %	25 %	5 %	25 %	5 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		42,823	42,356	39,258	51,104	46,099	52,971	48,233
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		37,719	42,356	41,725	45,994	45,052	48,597	47,185

Pneumococcal (PCV13) coverage	0 %	72 %	80 %	80 %	86 %	86 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)		5	5	5	5	5	0	5
Wastage*[1]* factor in base-year and planned thereafter (%)		1.05	1.05	1.05	1.05	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	10 %	5 %	10 %	5 %	10 %	5 %	10 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	39,287	31,786	42,356	41,875	46,884	46,062	48,597	47,109
Measles coverage	75 %	61 %	80 %	80 %	88 %	88 %	90 %	90 %
Pregnant women vaccinated with TT+	57,335	27,043	58,412	57,056	59,043	57,102	53,713	51,434
TT+ coverage	100 %	47 %	100 %	100 %	100 %	100 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	12 %	12 %	10 %	4 %	10 %	2 %	8 %	2 %

** 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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 population figures provided are derived from the Bureau of Statistics (BOS) Lesotho population estimates, 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 in the 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 figures provided are derived from the Bureaus of Statistics (BOS) Lesotho population estimates, 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 in the APR 2012 and when updating the cMYP costing tool. The above mentioned reasons, therefore explains the difference in figures for 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 were set in the beginning of every year based on the previous year performance. Estimated targets are in excess of 10% based on coverage survey results of 2013 which revealed routine immunization performance to be higher (81%) than 2013 administrative coverage (66%). What is noted is data quality issues which the country is in the process of addressing.

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

  Vaccine wastage remains the same for different antigens.

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

Key Activities Implemented in 2013

Programme Planning and Management

- The MOH in collaboration with Health Partners and the implementing CSOs' engaged in Resource Mobilization activities for health sector and some of the pledges are being implemented by the potential donors
- Financial Management Assessment (FMA) conducted with the Technical Support from GAVI, The report has been endorsed by the MOH, at the moment the Ministry is awaiting draft Aide Memoire from GAVI

Logistics and Vaccine Management

- The government funded all traditional vaccines: BCG, OPV, Measles, DT and TT
- The government still implements the GAVI co-financing policy and has not been in default in 2013
- The government procured a new Cold Room for central sores (awaiting installation in May 2014), 90

EPI refrigerators have been procured to replace non functioning refrigerators at district and Health Centre levels, fridge tags also procured.
- Repair and maintenance of the cold chain equipment was conducted in all the health facilities providing immunization services

Capacity Building of Health Workers

- Training of Health Workers on EPI related issues: districts micro-plans were developed in preparation for the measles SIAs are expected to be used even after the SIA to strengthen routine immunization

Service delivery

- National Measles SIA was conducted, so far the coverage is estimated at 72.5% and still awaiting finalization of the report
- Post campaign evaluation which included routine immunization coverage survey was also done

Social mobilization

- African Vaccination week was commemorated and launched by the Hon. Deputy Minister of Health

Surveillance

- Quarterly sentinel surveillance review meetings for Paediatric Bacterial Meningitis (PBM) established and held as planned.
- Rotavirus sentinel surveillance established

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

1. **Insufficient capacity at Health Centre and District levels to manage data e.g. collection, analysis and utilization.** While there have been no vaccine stock out reported at health facilities, recording and managing data at source and district level,remain a challenge. This has been evidenced by the recently conducted Routine Immunization Cluster Survey, 2013 November, to validate administrative data. The results from the survey reported DTP3 coverage at 81.5% and administration data for the previous years (at least five) has never reached 80% at national level. If data is efficiently managed at the point of collection, it would be easy to trace defaulters within the Health Centre catchment area
2. **Inadequate transport to carry out outreach services:** Transportation of staff from health centres to communities to provide health services through outreach and supervision has been a challenge in 2013. This resulted in immunization services being provided though static sites (health facilities). That only those who are able to come to the facility are the one who received the vaccinations. When discrepancies are observed as the reports reach higher levels, follow up and supervisory visits were not undertaken

3. **Weak advocacy and social mobilization for EPI:** Demand creation for EPI services has been insufficient during the period under review.

4.: **Inadequate community involvement and participation in the delivery of immunization services:** Decision-making and plans about immunizations were made at higher level of service delivery, district and health centre levels with minimal or non involvement of the community. Collaboration with local stakeholders provides and opportunity for support and resources required to provide services in the community.

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 and 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 males and females 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 gender, location and religion
- Health education and promotion 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 receive opportunites 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 of gender related preference of health worker in providing immunization services to either sex
- Sex of service providers does not affect immunization service provision at all health facilities whereby all service providers follow the rules of country

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)

Coverage levels for DTP3 reported in the EPI coverage survey conducted in 2013 revealed higher coverage (81.50%) than reported administrative coverage data for 2013 (66%).

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

1. **Effective Vaccine Management (EVMA) 2011**
   - All districts 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 implementation.
2. **Data Quality Self Assessment DQS March/April 2012**
   - Conducted to assess the quality and accuracy of administrative data. The findings revealed that data generated during immunization sessions is inappropriately recorded and reported I.E. figures are either increased or reduced during transfer from tally sheets to summary report.

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

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

1. 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

2. 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

3. Capacity Building of Health Workers on EPI issues
- Reintroduction 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

4. Data Quality Self-Assessment
- Conducted in 2012 covering all districts and selected health facilities

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$ = 10.5	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 2013**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**N/A**	**N/A**	**N/A**
Traditional Vaccines*	187,586	187,586	0	0	0	0	0	0
New and underused Vaccines**	174,000	16,000	158,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	13,338	13,338	0	0	0	0	0	0
Cold Chain equipment	4,019,768	4,019,768	0	0	0	0	0	0
Personnel	55,264	55,264	0	0	0	0	0	0
Other routine recurrent costs	100,500	0	0	18,000	82,500	0	0	0
Other Capital Costs	230,000	0	0	0	230,000	0	0	0
Campaigns costs	1,114,550	505,550	0	207,000	402,000	0	0	0
No other expenditures		0	0	0	0	0	0	0
Total Expenditures for Immunisation	5,895,006							
Total Government Health		4,797,506	158,000	225,000	714,500	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 2014 and 2015

The Government of Lesotho pays for all traditional vaccines therefore, there are funds allocated for traditional vaccines. The Government of Lesotho is commited to continue and maintain this 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?
None so far	Not selected

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

Not yet done

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

Not yet done

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **1**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 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 Club

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

Priority Actions for 2014 to 2015

Main Objectives

1. To increase immunization coverage from 66% to 80% by end of 2014

- Revitalise and implement Reaching Every District (RED) approach in districts with high numbers of unimmunized children

- Involve district and community councils in the planning and implementation of immunization services
- Implement integrated Maternal and Child Health services/establish Maternal and child weeks
- Re-in force provision of immunization services on daily basis in all health facilities

2**. To improve management of data in the country**

- Develop data quality improvement plan
- update data collection, reporting and recording tools and disseminate to all health facilities that offer immunization services
- Re- in force use of village health registers to complement the use of under five clinic register
- strengthen defaulter tracing efforts
- conduct head count of all children under the age of five to determine target population for health centres
- Revitalise use of DVDMT at district level
- conduct monthly data harmonization meetings at central level and quarterly at district level

3.**To improve vaccine management skill of service providers**

- Conduct training and induction of newly employed personnel deployed to execute PHC services on vaccine management
- Conduct regular supportive supervision from central to community level

4. **To create demand for immunization services**

- Strengthen advocacy for EPI at the level of ICC
- Collaborate with and support community based organization to ....
- Develop, print and disseminate information and education relevant to the intended communities
- Use various channels to pass messages about immunizations: radio spots, mobile networks, community groups, religious leaders, community leaders, community health workers including traditional healers
- Celebrate African Vaccination Week

5. To introduce New Vaccine (Pneumococcal Cojugate Vaccine - PCV13)

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	Auto-Disablesyringes (AD)	Government of Lesotho
Measles	Auto disable (AD)	Government of Lesotho
TT	Auto disable (AD)	Government of Lesotho
DTP-containing vaccine	Auto disable (AD)	Government of Lesotho 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 2013 how sharps waste is being disposed of, problems encountered, etc.

Following national waste management policy and EPI policy, all used sharps are deposited into puncture resistant safety boxes which are provided to every health facility. The main method used to dispose sharps is incinaration. Therefore sealed safety boxes are collected and transported from health centres to hospitals where they are incinerated

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Lesotho is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Lesotho is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Lesotho is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	68,000	68,000	0	No
Pneumococcal (PCV13)		0	0	No

**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? ...)

In 2013, the country received approved amount of vaccine doses communicated in the Decision letter.

- 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 therefore, 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 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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 2013, DTP-HepB-Hib was introduced in 2008

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	29/07/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The country planned to introduce new vaccine Pneumococcal in 2012 however, due to high demand and inadequate vaccine supply, this resulted in the postponement of the introduction. Therefore the plan is to introduce it in 2014

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2015**

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))

Not applicable

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? **Yes**

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? **Not selected**

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:

Rotavirus surveillance was introduced in 2013 and the country achieved 5/6 performance indicators. In a similar manner, PBM, achieved 7/8 performance indicators for 2013.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

No new vaccine was introduced in 2013

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

No new vaccine was introduced of new in 2013

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

No new vaccine was introduced in 2013

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	12,377	6,150
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	16,000	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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	3,623	6,275
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 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	April	Government of Lesotho
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	April	Government of Lesotho
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Lesotho will require technical assistance for developing financial sustainability strategies, mobilizing funding for immunization and 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

The country embarked on the procurement of cold chain equip notably: 90 refrigerators, cold room which is due for installation and vaccine temperature monitoring devices. This refrigerators will replace those which are no longer functioning in some districts and health facilities as revealed by the EVM exercise.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2013, 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) :

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° **27**) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Lesotho is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	52,278	52,947	52,385	157,610
	Number of children to be vaccinated with the first dose	Table 4	#	40,489	42,356	46,099	128,944
	Number of children to be vaccinated with the third dose	Table 4	#	40,489	42,356	45,052	127,897
	Immunisation coverage with	Table 4	%	77.45 %	80.00 %	86.00 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	46,150			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	46,150			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.66	0.80	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		25.50 %	25.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.76
Your co-financing	0.23	0.66	0.80

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

		2014	2015
Number of vaccine doses	#	99,600	50,600
Number of AD syringes	#	104,100	50,300

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,150	575
Total value to be co-financed by GAVI	$	245,500	126,000

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

		2014	2015
Number of vaccine doses	#	36,500	24,000
Number of AD syringes	#	38,200	23,800
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	425	275
Total value to be co-financed by the Country [1]	$	90,000	60,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	26.80 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	40,489	42,356	11,350	31,006
B1	Number of children to be vaccinated with the third dose	*Table 4*	40,489	42,356	11,350	31,006
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	121,467	127,068	34,050	93,018
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		133,422	35,753	97,669
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		2,206	592	1,614
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	46,150		
H3	Shipment plan	*UNICEF shipment report*		202,300		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		136,000	36,444	99,556
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		142,202	38,106	104,096
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		1,565	420	1,145
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		261,800	70,154	191,646
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		6,400	1,715	4,685
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)*		8	3	5
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		66,759	17,890	48,869
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)*		334,967	89,760	245,207
U	Total country co-financing	*I x country co-financing per dose (cc)*		89,760		
V	Country co-financing % of GAVI supported proportion	*U / T*		26.80 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	32.12 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	46,099	14,807	31,292
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	45,052	14,471	30,581
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	136,821	43,945	92,876
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	143,663	46,143	97,520
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	3,841	1,234	2,607
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*	73,392	23,573	49,819
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*	121,134	38,907	82,227
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*UNICEF shipment report*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	74,500	23,929	50,571
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	73,997	23,767	50,230
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	814	262	552
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	145,201	46,637	98,564
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	3,330	1,070	2,260
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)*	5	2	3
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	37,027	11,893	25,134
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)*	185,563	59,600	125,963
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	59,600		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	32.12 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	52,278	52,947	52,385	52,427	210,037
	Number of children to be vaccinated with the first dose	Table 4	#	0	42,356	46,099	48,233	136,688
	Number of children to be vaccinated with the third dose	Table 4	#		42,356	45,052	47,185	134,593
	Immunisation coverage with the third dose	Table 4	%	0.00 %	80.00 %	86.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0				
	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	
cc	**Country co-financing per dose**	Co-financing table	$		0.23	0.26	0.30	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Lesotho has not yet introduced Pneumococcal Vaccine (PCV13)

Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2013	2014	2015	2016
Minimum co-financing		0.20	0.23	0.26
Recommended co-financing as per APR 2012			0.26	0.30
Your co-financing		0.23	0.26	0.30

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

		2014	2015	2016
Number of vaccine doses	#	156,900	138,700	142,000
Number of AD syringes	#	165,400	144,300	147,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,825	1,600	1,625
Total value to be co-financed by GAVI	$	571,500	502,000	512,500

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

		2014	2015	2016
Number of vaccine doses	#	10,600	10,800	12,900
Number of AD syringes	#	11,200	11,200	13,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	125	125	150
Total value to be co-financed by the Country [1]	$	39,000	39,000	46,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	6.32 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	42,356	2,675	39,681
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	0	127,068	8,025	119,043
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*		133,422	8,426	124,996
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		33,356	2,107	31,249
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		167,400	10,572	156,828
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		176,467	11,145	165,322
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		1,942	123	1,819
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		567,654	35,849	531,805
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		7,942	502	7,440
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)*		10	1	9
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		34,060	2,151	31,909
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)*		609,666	38,502	571,164
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		38,502		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		6.32 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	7.18 %			8.31 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	46,099	3,312	42,787	48,233	4,009	44,224
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B x C*	138,297	9,936	128,361	144,699	12,027	132,672
E	**Estimated vaccine wastage factor**	*Table 4*	1.05			1.05		
F	**Number of doses needed including wastage**	*D X E*	145,212	10,433	134,779	151,934	12,628	139,306
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	2,948	212	2,736	1,681	140	1,541
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	149,400	10,734	138,666	154,800	12,866	141,934
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	155,370	11,163	144,207	161,018	13,383	147,635
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	1,710	123	1,587	1,772	148	1,624
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	503,478	36,171	467,307	520,283	43,243	477,040
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	6,992	503	6,489	7,246	603	6,643
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)*	9	1	8	9	1	8
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	30,209	2,171	28,038	31,217	2,595	28,622
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)*	540,688	38,844	501,844	558,755	46,440	512,315
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	38,844			46,440		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	7.18 %			8.31 %		

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 2014

Please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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 2013

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 2013

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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	✓	Signatures of ICC members (1).pdf **File desc:** **Date/time :** 23/05/2014 03:59:15 **Size:** 310 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures of ICC members (1).pdf **File desc:** **Date/time :** 23/05/2014 03:59:42 **Size:** 310 KB
3	Signatures of members of ICC	2.2	✓	Signatures of ICC members (1).pdf **File desc:** **Date/time :** 23/05/2014 04:00:24 **Size:** 310 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Minutes of ICC.docx **File desc:** ,,,,,,, **Date/time :** 16/05/2014 02:03:40 **Size:** 12 KB
5	Signatures of members of HSCC	2.3	✗	Signatures of ICC members (1).pdf **File desc:** **Date/time :** 23/05/2014 04:01:05 **Size:** 310 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	20_05_2014Minutes of the ICC meeting.doc **File desc:** **Date/time :** 23/05/2014 04:02:16 **Size:** 47 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.2	✓	Lesotho PIE Report 2010 Final.pdf **File desc:** ,,,,,,, **Date/time :** 16/05/2014 02:13:02 **Size:** 1 MB

10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial statement for NVS.docx **File desc:** ,,,,,,, **Date/time :** 16/05/2014 02:23:19 **Size:** 12 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	External audit report.docx **File desc:** , **Date/time :** 16/05/2014 02:43:11 **Size:** 12 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_reportKingdom of Lesotho_Sept2011.doc **File desc:** ,,,,,,, **Date/time :** 16/05/2014 02:18:27 **Size:** 819 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	updated EVMA Improvement Plan.docx **File desc:** **Date/time :** 16/05/2014 02:39:52 **Size:** 16 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Status of implementation ofRecommendations from EVMA conducted in Lesotho.doc **File desc:** **Date/time :** 16/05/2014 02:34:25 **Size:** 48 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in	9.1.3	✗	No file loaded

	the Ministry of Health			
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✗	No file loaded
22	HSS Health Sector review report	9.9.3	✗	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
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 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Bank statements for each cash programme.docx **File desc:** , **Date/time :** 16/05/2014 02:49:41 **Size:** 12 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	No file loaded
