



GAVI Alliance

Annual Progress Report **2014**

Submitted by

The Government of
Lesotho

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/05/2015**

Deadline for submission: 27/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: 2014

Requesting for support year: 2016

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2017	2017
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2017

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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 High Level Review Panel (HLRP) 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. 'Molotsi Monyamane	Name	Hon. Dr. Mamphono Khaketla
Date		Date	
Signature		Signature	

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

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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
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Names of ICC members submitted as an attachment			
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ICC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **Not applicable**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC 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. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
HSCC does not exist	Lesotho Government		

HSCC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Lesotho is not reporting on CSO (Type A & B) fund utilisation in 2015

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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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	53,801	53,801	53,844	53,520	53,887	58,105		55,000
Total infants' deaths	1,644	1,644	1,459	1,580	1,460	1,575		3,245
Total surviving infants	52157	52,157	52,385	51,940	52,427	56,530		51,755
Total pregnant women	57,056	57,056	57,102	57,289	57,148	61,620		55,000
Number of infants vaccinated (to be vaccinated) with BCG	43,041	27,188	45,768	45,492	48,499	52,295		49,500
BCG coverage[1]	80 %	51 %	85 %	85 %	90 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	41,725	34,870	45,052	36,537	47,185	42,398	39,996	43,991
OPV3 coverage[2]	80 %	67 %	86 %	70 %	90 %	75 %	0 %	85 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	39,258	37,060	46,099	41,756	48,233	45,224	42,497	46,579
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	37,687	35,989	45,052	36,537	47,185	42,398	39,996	42,440
DTP3 coverage[2]	72 %	69 %	86 %	70 %	90 %	75 %	0 %	82 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5
Wastage[5] 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 1st dose of DTP-HepB-Hib	42,356	37,060	34,929	41,756		45,224		46,579
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	45,018	35,989	34,231	36,537		42,398		41,404
DTP-HepB-Hib coverage[2]	86 %	69 %	65 %	70 %	0 %	75 %	0 %	80 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	25	5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.33	1.05	1	1.05	1	1.05

Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	42,356	0	34,929	41,756	48,233	45,224		51,979
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	42,356	0	34,231	36,537	47,185	42,398		41,404
Pneumococcal (PCV13) coverage[2]	81 %	0 %	65 %	70 %	90 %	75 %	0 %	80 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5	5	5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	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	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	41,875	30,611	46,062	41,756	47,109	48,051	39,996	46,580
Measles coverage[2]	80 %	59 %	88 %	80 %	90 %	85 %	0 %	90 %
Pregnant women vaccinated with TT+	57,056	25,213	57,102	45,831	51,434	52,377		46,750
TT+ coverage[7]	100 %	44 %	100 %	80 %	90 %	85 %	0 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0		0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	3 %	2 %	12 %	2 %	6 %	6 %	9 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

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

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2016 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 Bureau of Statistics (BoS) population estimates based on 2006 census. These estimates are released at the beginning of the (February 2014) to be used in all official documents. Similar figures reflected in this report have been used when the cMYP costing tool. The above mentioned reasons therefore explains the difference in the births.

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

The population figures provided are derived from Bureau of Statistics (BoS) population estimates based on 2006 census. These estimates are released at the beginning of the (February 2014) to be used in all official documents. Similar figures reflected in this report have been used when the cMYP costing tool. The above mentioned reasons therefore explains the difference in the births.

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

Targets do not exceed 10%

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

Vaccine wastage remains the same for different antigens

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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	2014	86.3	85.2

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

There is no noticeable discrepancy in reaching boys versus girls because in Lesotho, all children; males and females have equal opportunities to immunization services. according to the National EPI policy, immunization services should be offered to all eligible children irrespective of gender, location or religion

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

5.2.4. 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/>)

There are no known gender-related barriers to accessing and delivering immunization services in Lesotho. Mothers access services without considering the sex of service provider. Similarly, children brought to receive immunization services provided by male parents have equal opportunity to access services

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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\$ = 11	Enter the rate only; Please do not enter local currency name
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Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	180,364	180,364	0	0	0	0	0	0
New and underused Vaccines**	1,171,088	775,273	395,815	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	170,652	82,468	88,184	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	293,398	241,681	0	51,000	717	0	0	0
Other routine recurrent costs	136,455	0	0	119,000	17,455	0	0	0
Other Capital Costs	1,818	0	0	0	1,818	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
Total Expenditures for Immunisation	1,953,775							
Total Government Health		1,279,786	483,999	170,000	19,990	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **5**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

Nil

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

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

Objective 1. to attain and sustain at least 80% of surveillance indicators for diseases targeted for eradication and eliminatio

Activities:

- Print and distribute measles elimination strategy to districts and health care facilities
- Finalize adaptation of measles and AFP surveillance guidelines
- Implement measles elimination strategy

Objective 2. To achieve 85% and above coverage for DTP3 and measles at national level and 80% and above in all districts.

Activities:

- Develop and use district and health facility micro-plans using RED/REC Strategy
- Provide immunizations daily
- Provide outreach services for hard to reach areas

Objective 3. To maintain the recommended DTP1-DTP3 drop -out rate to less than 10 in all districts

Activities:

- Track immunization defaulters
- Facilitate community dialogue on immunization

Objective 4. To introduce PCV and IPV by end of 2015

Activities:

- Conduct community social mobilization on new vaccines using various channels such as radio spots, mobile networks, community groups, religious leaders, community structures, community health workers including traditional healers
- Develop, print and disseminate information, education and communication materials on immunizations
- Conduct training of health workers on new vaccines
- launch new vaccines at national and district level

Objective 5. To strengthen vaccine management and logistics at all levels of service delivery

Activities:

- Train cold chain technicians and assistants on cold chain, vaccine management and logistics
- Procure vehicles for EPI through HSS funds
- Institutionalize vaccine monitoring at national level, district and health facility level
- Conduct training of health workers on vaccine management (newly deployed and the already deployed)
- conduct supportive supervision-quarterly to districts and monthly to health facilities

Objective 6. To improve management and quality of data

Activities

- Develop data quality improvement plan
- Re-inforce use of village health registers to complement use of underfive five clinic register
- strengthen defaulter tracking efforts
- conduct head count of all children under the age of five to facilitate defaulter tracking at health centre level
- Institutionalise health facility based data monitoring

- revitalize DVDMT at district level
- Compile EPI data from health facilities at district level
- Conduct monthly data harmonization meetings at central and quarterly at district level

Objective 7. To strengthen monitoring and evaluation of the country comprehensive multi-year plan

Activities

- Conduct district quarterly review meetings
- Conduct quarterly mentorship to districts
- Conduct data quality self-assessment at district level

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	Auto-Disable	Government of Lesotho
Measles	Auto-Disable	Government of Lesotho
TT	Auto-Disable	Government of Lesotho
DTP-containing vaccine	Auto-Disable	Government of Lesotho and GAVI
IPV	N/A	N/A

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 2014 how sharps waste is being disposed of, problems encountered, etc.

In accordance with national waste management policy and EPI policy, all used sharps are disposed of into puncture resistant safety boxes which are provided to every health facility. The main method used to dispose sharps is incineration which mainly occurs at hospitals. All sharps are removed from health facilities to hospitals for incineration.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Lesotho is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Lesotho is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Lesotho is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV13)	125,200	125,200	125,200	No
DTP-HepB-Hib	202,300	202,300	0	No

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? ...)

N/R

- 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.

No adjustments are needed regarding shipments. However, the country is interested in 10 dose presentation and the country has received the first shipment of 10 dose presentation in 2015.

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.

No stock out experienced

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The vaccine has already been introduced

When is the Post Introduction Evaluation (PIE) planned? **January 2016**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Dto system issues

When is the Post Introduction Evaluation (PIE) planned? **January 2016**

7.2.2. 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)

No PIE conducted in the last two years

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**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
Not selected

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? **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:

NITAG does not exist nor special studies in the country. However, the country has six sites participating in PBM sentinel surveillance and three rotavirus sentinel surveillance. In 2014 the country met the target indicators for both rotavirus(indicate achieved %) and PBM (%). Looking at the results for PBM surveillance, there is need to strengthen harmonization of data between all units that handle data especially the EPI, referral hospital and the lab. All the sites convened on quarterly basis in 2014 for review and sharing of experiences on best practices among the sentinel surveillance teams from participating sites. These results are further shared during the ICC meetings since this (ICC) is the only body that exists in the country to take decisions on the introduction of new vaccines to date.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	100,000	1,000,000
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	100,000	1,000,000
Total Expenditures in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	100,000	1,000,000

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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 activities were conducted regarding introduction of new vaccines grant

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

Delays due to bureaucratic procedures with government systems

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

1. Training of health workers on the new vaccines including new and revised EPI tools
2. Implementation of social mobilization, communication and advocacy on new vaccine introduction
3. Print and disseminate IEC materials
4. Launching of new vaccine at national and district level
5. Printing of tools
6. Support supportive supervision
7. Securing of technical assistance

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	447,900	202,300
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	648,000	125,200
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government	162,500	
Donor	933,000	
Other		
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, 10 dose(s) per vial, LIQUID	993,030	218,025
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	597,365	134,000
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 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		
<p>Lesotho will require</p> <ul style="list-style-type: none"> - Technical assistance for developing financial sustainability strategies, mobilizing funding for immunization - Capacity building for engagement with policy makers regarding co-financing issues 		

*Note: co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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? **December 2014**

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? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **February 2018**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

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 2014, 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, 1 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 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2017 for the following vaccines:

- * **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- * **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2017, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- * **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- * **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

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 Antigen	Vaccine Type	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID			3.40 %	3.50 %	3.60 %	4.40 %
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID			3.40 %	4.30 %	3.60 %	4.40 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID			4.40 %	4.50 %	3.00 %	4.50 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	52,157	52,385	56,530	51,755	212,827
	Number of children to be vaccinated with the first dose	Parameter	#	42,356	34,929	45,224	46,579	169,088
	Number of children to be vaccinated with the third dose	Parameter	#	45,018	34,231	42,398	41,404	163,050
	Immunisation coverage with the third dose	Parameter	%	86.31 %	65.34 %	75.00 %	80.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.33	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	129,069				
	Stock across second level Dec 31, 2014 (if available)*		#	109,769				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	19,300				
	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	Parameter	\$		0.80	0.35	0.40	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		3.50 %	3.60 %	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the

opening stock (Jan 1, {1}). If there is a difference, please provide details in the text 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, 1 dose(s) per vial, LIQUID**

Co-financing group	Intermediate			
	2014	2015	2016	2017
Minimum co-financing	0.26	0.30	0.35	0.40
Recommended co-financing as per APR 2013			0.35	0.40
Your co-financing	0.66	0.80	0.35	0.40

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

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

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

ID	Source		2014	2015	2016	2017	TOTAL	
	Number of surviving infants	Parameter	#	52,157	52,385	56,530	51,755	212,827
	Number of children to be vaccinated with the first dose	Parameter	#	42,356	34,929	45,224	51,979	174,488
	Number of children to be vaccinated with the third dose	Parameter	#	42,356	34,231	42,398	41,404	160,389
	Immunisation coverage with the third dose	Parameter	%	81.21 %	65.34 %	75.00 %	80.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	117,000				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	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	Parameter	\$		0.23	0.80	0.30	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.50 %	3.00 %	4.50 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Physical counting and recording on stock cards

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

Co-financing group	Intermediate
--------------------	--------------

	2014	2015	2016	2017
Minimum co-financing	0.20	0.23	0.26	0.30
Recommended co-financing as per			0.26	0.30
Your co-financing	0.23	0.23	0.80	0.30

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	42,356	34,929	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	127,068	104,788	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		110,028	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	117,000	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		25,200	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

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

		Formula	2014		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	45,224	10,270	34,954
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	135,672	30,809	104,863
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	142,456	32,350	110,106
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	7,852	1,784	6,068
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	89,493	20,323	69,170
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	61,200	13,898	47,302
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	59,435	13,497	45,938
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	674	154	520
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	206,734	46,946	159,788
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,663	605	2,058
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	1	3
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	6,203	1,409	4,794
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	215,604	48,960	166,644
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	48,960		
V	Country co-financing % of GAVI supported proportion	U / T	22.71 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	8.52 %		
B	Number of children to be vaccinated with the first dose	Table 4	51,979	4,430	47,549
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	155,937	13,289	142,648
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	163,734	13,953	149,781
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	3,063	262	2,801
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	167,400	14,266	153,134
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	174,900	14,905	159,995
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	1,842	157	1,685
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	556,438	47,418	509,020
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	7,836	668	7,168
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11	1	10
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	25,040	2,134	22,906
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	589,325	50,220	539,105
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	50,220		
V	Country co-financing % of GAVI supported proportion	U / T	8.52 %		

8. Health Systems Strengthening Support (HSS)

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.

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

9.1. 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 2014

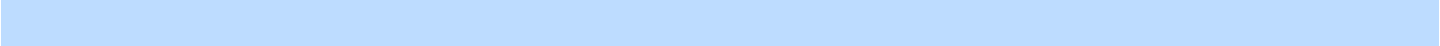
9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Lesotho is not reporting on GAVI TYPE B CSO support for 2014

10. 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



11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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.
- Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
 - Income received from GAVI during 2014
 - Other income received during 2014 (interest, fees, etc)
 - Total expenditure during the calendar year
 - Closing balance as of 31 December 2014
 - A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523










* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature.pdf Minister of health.pdf File desc: Date/time : 15/05/2015 06:33:42 Size: 725 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature Minister of Finance.pdf File desc: Date/time : 15/05/2015 06:34:50 Size: 725 KB
3	Signatures of members of ICC	2.2	✓	ICC members Signature.pdf File desc: Lesotho ICC Date/time : 15/05/2015 06:39:44 Size: 725 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Minutes of ICC meeting.doc File desc: Date/time : 15/05/2015 06:42:10 Size: 64 KB
5	Signatures of members of HSCC	2.3	✓	signatures of HSCC members.docx File desc: Lesotho HSCC members Date/time : 15/05/2015 06:49:53 Size: 12 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	HSCC.docx File desc: Date/time : 15/05/2015 06:18:33 Size: 12 KB
7	Financial statement for ISS grant (Fiscal year 2014) 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 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		Financial statement.docx File desc: Date/time : 15/05/2015 06:19:06 Size: 12 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1		Financial statement.docx File desc: Date/time : 15/05/2015 06:19:39 Size: 12 KB
12	Latest EVSM/VMA/EVM report	7.5		EVM_reportKingdom of Lesotho 2014.docx File desc: Date/time : 15/05/2015 06:20:30 Size: 705 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVM_reportKingdom of Lesotho 2014.docx File desc: Date/time : 15/05/2015 06:21:25 Size: 705 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		EVM_reportKingdom of Lesotho 2014.docx File desc: Date/time : 15/05/2015 06:22:19 Size: 705 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 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		HSS funds.docx File desc: Date/time : 15/05/2015 06:24:27 Size: 12 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		HSS funds.docx File desc: Date/time : 15/05/2015 06:25:02 Size: 12 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		HSS funds.docx File desc: Date/time : 15/05/2015 06:25:47 Size: 12 KB
22	HSS Health Sector review report	8.9.3		HSS funds.docx File desc: Date/time : 15/05/2015 06:27:12 Size: 12 KB
23	Report for Mapping Exercise CSO Type A	9.1.1		No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4		No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4		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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0		HSS funds.docx File desc: Date/time : 15/05/2015 06:27:46 Size: 12 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7		No file loaded
28	Justification for changes in target population	5.1		No file loaded

	Other		X	No file loaded
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