**IRC HSFP COUNTRY RESPONSE FOR CLARIFICATION OR RESUBMISSION**

**ISSUE I**

* The Budget has been reprogrammed to put more emphasis on training as an effective approach to improve coverage. All aspects of equipping health facilities with cold chain equipment (fridges with their temperature monitors) and health workers and communities with various trainings have been taken into consideration namely; **training of cold chain assistants** who will be responsible for maintenance of the fridges for both public and private sector; **Training in vaccine management** which includes planning, forecasting and managing equipment, supplies and logistics; **RED Training** which will provide health workers and local leaders with the skills to better plan, manage and monitor all interventions during the outreach.

The proposal is mainly aimed at strengthening the conduct of outreach services and to enable supportive supervision to lower level facilities and the implementation of RED Strategy. The introduction of regular MCH outreach services will overstretch services at the district level and the available transport will not be adequate. The infrequent supervision of district and lower levels as highlighted in the Hib Post Introduction Evaluation Report is mainly due to lack of funding of these initiatives. The cMYP is being updated and the transport needs will be adjusted in line with HSS.

* **Clarification by line item** have been provided with the budget
* Although already provided under Budget Clarification

1. **$900** is made up of $180 for accommodation and meals multiplied by 5 training days make up a unit cost of $900.
2. Although **$50,000** provided for Impact Evaluation has been reduced to $30,000 the assumption is that there will be need to do a comprehensive evaluation of interventions on immunization coverage and the wider health service delivery in Lesotho.
3. **$45,000** now $38,646 is supposed to be provision for Technical Assistance for mentorship program carried out at work place aimed at ensuring that people acquire knowledge, skills, and interest in data management as well as management of pharmaceutical to strengthen implementation capacity. This request has been made in the proposal under Technical Assistance Plan and has been drawn from the difference between the Allocated amount and the actual cost of the program.

* **Helicopter visits** have been dropped for lack of sustainability considering that GOL may not be able to absorb the expenditure beyond project life.

**ISSUE 2**

* According to EPI, 53,792 this figure is the estimated target for surviving infants (under 1 children). The correct figure for under 1 unimmunized children is 17, 449
* 32% percentage of unimmunized children found in the mountain areas of the country. Because they cannot be accessed through routine services if there is assurance that they can at least be visited once in three months thus meeting an estimated 20%

WHO and Global Immunization Vision recommendation/requirement is that children should at least be visited 4 times a year in order to improve vaccination coverage. As evidenced by the campaign figures which indicate that we reach more children during campaigns than we do in routine in the health facilities. Non implementation of the RED strategy which advocates for community involvement, monitoring data for action, supportive supervision, planning and management of resources is another drawback.

* New indicators to depict stock outs and effective use of fridge tags have been included in the Logical Framework.