Internal Appraisal 2014

Lesotho

1. Brief Description of Process

The first draft of the internal appraisal was prepared by an external consultant based on the APR and supporting documents submitted by the country. The Senior Country Officer (SCO) provided comments to the consultant which were incorporated into the draft accordingly. The revised draft was then circulated by the SCO to the internal appraisal group and partners at HQ and regional levels. The comments received were addressed by SCO and final draft was circulated to internal appraisal group. The appraisal was finalized by the SCO and submitted to the GAMR team.

2. Achievements and Constraints

The EPI coverage in Lesotho has been consistently below 70% for most antigens. The coverage levels have stagnated around mid-sixties.

		BCG	DPT3	OPV3	Penta 3	MCV 1
JRF 2012	Target (%)	75	75	75	75	70
	Achievement (%)	68	67	66	67	60
JRF 2013	Target (%)	75	72	75	77	75
	Achievement (%)	65	72	66	66	61
APR 2013	Target (%) 2014	80	72	72	80	80
	Achievement Estimates 2014 (%)	80	72	80	80	80

There is inconsistency between the DPT targets and achievement and between Penta 3 targets and achievements. This points out to data inconsistency and limited capacity to collect and analyse data.

The reasons for not reaching the targets included:

1) Insufficient capacity at health centres and at district level to manage the collection, analysis and utilization of data.

2) Inadequate transportation to carry out outreach services

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

There are capacity constraints related to data management which is validated in the result of the Routine Immunization Cluster Survey of November 2013. The DTP3 coverage was 81.5% yet the administrative data 'for the previous years (at least five) has never reached 80%'. However, later in the progress report under priority actions for 2014-2015 the number one action is: 'To increase immunization coverage from 66% to 80% by end of 2014'.

Problems with insufficient transportation have been consistently cited, however the country has not proposed strategies to address these issue in a meaningful way such as improved management of existing public sector transport and/or renting vehicles for a specific number of days for outreach activities.

The target setting doesn't seem to be based on previous experience and evidence.

The issue of the difference between survey coverage rates and administrative data was discussed at the ICC meeting on 20 May 2014 however no stated conclusions or recommendations have been noted.

The trend in drop out and wastage rates for 2013 are consistently good. But the estimate for 2014 for wastage rates for Penta is up from a target of 5% to 25% as it is for 2015 and 2016. No explanation is provided for this increase.

Sex-disaggregated data on DTP3 coverage is only available through the demographic and health survey. The last survey in 2009 showed no discrepancies in reaching boys versus girls. Furthermore, it is stated, but with no evidence to back it up, that no gender-related barriers to accessing and delivering immunisation services have been reported.

The country needs to develop a coverage improvement plan addressing all issues related to planning, implementation, monitoring and use of data for action. Some of these will be addressed through the recently approved GAVI HSS grant.

3. Governance

The HSCC has not yet been established in Lesotho and the highest level where immunisation is discussed is the ICC. The ICC was established in Lesotho in 1996 and is a standalone committee headed by the Minister of Health. Membership of this committee is drawn from the Ministry of Health, Maseru City Council, Irish Aid, Rotary Club International, WHO, UNICEF, Lesotho Red Cross and CHAL. Most of the Departments from MoH are represented in this committee including PHC and Family Health Division under which EPI falls. This committee meets quarterly but special committee meetings can be called for urgent issues.

Minutes of one ICC meeting, on 20 May 2014 were provided. The meeting was well attended with good representation of a variety of stakeholders including NGOs. The minutes of the meeting are well written and show a variety of topics were discussed including the draft 2013 annual progress report which was endorsed by the committee. Other issues discussed included, the (new) UNCEF Representative calling for more frequent meetings 'so that they can support the programme technically'. An action point from the meeting was the distribution of the ICC meeting schedule amongst members.

4. Programme Management

The MoH coordinates the provision of health services in Lesotho with structures at central, district and community levels. The central MoH is largely responsible for the development of policies, strategic planning, resource mobilization, supervision, monitoring and evaluation (M&E) and providing a legal framework. The District Medical Officer (DMO) heads the district hospital and reports to MoH Headquarters. The delivery of health services is being decentralized and the decision making authority will be at district level with the District Health Management Team (DHMT) focal person managing health service delivery at health centres and community level.

WHO & UNICEF have been providing technical assistance in their respective areas.

The EPI has indicated the need for strengthening the EPI division through the provision of an in-house expert that could work closely with the EPI manager on day to day program planning and management.

5. Programme Delivery

The country introduced Penta vaccine in 2008 and plans to introduce PCV in 2014 (application approved). The country will apply for rota vaccine in 2014. The EPI coverage remains low and service delivery in remote areas is erratic.

There are a number of key constraints that the health sector including EPI faces in Lesotho including: difficult terrain and hard to reach areas, shortage of human resources especially in hard to reach areas, lack of managerial and supervisory skills at many levels, shortage of equipment and infrastructure, shortage of transport, poor data management for decision making . Development partners like Global fund, MCA, PEPFAR, Irish Aid are supporting the country to overcome some of these challenges.

GAVI will be supporting EPI related challenges through the HSS funding.

EVM improvement activities are being implemented according to schedule and budget. The ICC minutes of May 20th 2014 state that of 90 EPI fridges and one cold room being purchased by the MoH through WHO only 18 fridges remain for delivery by WHO. The EPI manager acknowledges concern about delivery from national to the peripheral level. Overall, most of the recommendations from the 2011 assessment report have now been implemented.

There were no reported vaccine stock-outs in 2013.

The country needs to develop a coverage improvement plan focused on hard to reach populations, decreasing the drop-out rates, strengthening program management at all levels, improving the capacities of managers and health workers to manage & use data for decision making.

6. Data Quality

As discussed above data quality and the capacity of program managers to collect, compile, analyse and use data for action seems to be limited.

A number of activities have been initiated in the past few years to address data quality, including:

- Introduction of vaccine Stock Management Tool (SMT) at central level in 2010
- District Vaccine Data Management Tool (DVDMT) 2011
- Capacity Building of Health Workers on EPI issues (no date)
- Data Quality Self-Assessment DQS March/April 2012

Improving the management of data in the country is among the 5 priority actions for 2014 – 2015. Activities listed under this objective are:

- Develop data quality improvement plan
- Update data collection, reporting and recording tools and disseminate to all health facilities that offer immunization services
- Reinforce 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

Activity 1 – developing a data quality improvement plan, will be a critical undertaking in the country. A data quality plan will ensure that priorities and targets are appropriately set, and that activities are carried out in a logical sequence with systematic monitoring of achievements and challenges. Ideally the development of the plan should be based on focused group discussions and/or interviews with personnel in health centres and at district prior to any drafting of the plan be set within a time frame and costed.

6. Global Polio Eradication Initiative

3 case of poliomyelitis were reported in 1998 and since then the country has been free of polio.

7. Health System Strengthening

The country has an approved HSS grant for US$ 2.707 million for the period 2014-2017. The grant objectives include:

- To strengthen cold chain and associated logistics by making available requisite equipment and infrastructure
- To improve health sector capacity of providing vaccination, MCH and other health services by equipping health workers with requisite skills and knowledge
- To strengthen MCH interventions aimed at reaching hard to reach populations in Lesotho
- To contribute to strengthening monitoring and evaluation of health sector interventions

8. Use of non-HSS Cash Grants from GAVI

Not relevant.

9. Financial Management

There was no GAVI cash grant in 2013.

A FMA was conducted in January 2014 and the report was accepted by the government of Lesotho. The GAVI cash grants will be routed through the MoHSW/Project Accounting Unit (PAU). The other recommendations of the assessment should be implemented before any disbursement of cash grant to the country.

10. NVS Targets

Penta1 target 2015 is 46,099, the achievement in 2013 was 36,203, the increase is 25% - which is over the 10% rule, the country does report that coverage data for 2013 was lower than expected which explains the increment.

The country plans to introduce PCV 13 in Aug/Sept 2014. However due to delays because of administrative processes (delay in finalizing FMA, aid-memoire not finalized due to lack of information) the launch of the vaccine has been delayed. It is anticipated that the launch will happen in Aug/Sep 2014 and hence the targets need to be revised.

The target for both Penta and PCV for 2015 have been set at 86%, but based on previous coverage achievements by the country, it is unlikely that this will be realised. It is necessary to request more realistic target setting and the development of a coverage improvement plan.

Immunization Decision Support will draft dose calculations for 2015 for all NVS programs using the approved targets (numbers of infants & wastage). The number of doses to be allocated (and planned for shipment) for 2015 for the Penta programmes are based on the approved targets (2015), reported opening stocks (Jan 2014), shipment plan (2014) and target closing stocks (2015). For other programmes, a stock analysis is carried out to determine the right level of stock to be deducted from 2015 allocation. Syringes and safety box calculations are derived from dose calculation. All this is done in consultation with the Vaccine programme manager and the country, and are signed off by the CRO or Head.

11. EPI Financing and Sustainability

The total expenditure for immunization in 2013 was US$ 5,895,006, out of which the government paid 84% (majority 68% was for cold chain procurement). Partners provided the remainder of the support (GAVI-3%, UNICEF-0.04%, WHO-12%).

The country funds its routine vaccines and has never defaulted on its co-financing payments for new vaccines. The country intends to pay US$ 0.66 and 0.80 in 2014 and 2015 respectively as co-financing payment for Penta, which is above the minimum requirement. And similarly it intends to pay above the minimum co-financing amount for PCV (US$ 0.23, 0.26 and 0.30 for 2014, 2015 & 2016 respectively).

The country is requesting technical assistance for developing financial sustainability strategies, mobilizing funding for immunization and co-financing.

12. Renewal Recommendations

Topic	Recommendation
NVS	DTP-HepB-Hib,10 doses per vial liquid, recommend for renewal of support in 2015, based on discussion with country on revising targets or providing a coverage improvement plan. Pneumococcal, PCV (13), 1 dose per vial, liquid, (introduction in Aug/Sep 2014) recommended for support in 2015, based on revising targets or providing a coverage improvement plan.

13. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
Priority actions 2014-2015	To the current 5 priority actions in the 2013 annual progress report add: - Develop coverage improvement plan at all levels using data and evidence - Set realistic targets for all vaccines. - Strengthen the management of transport in the MoH especially for EPI to undertake regular outreach services - The programme should target those areas with high numbers on un-immunised children and move from RED to REC by using CHWs'	EPI Manager and ICC	October 2014 or next programmed ICC meeting in 2014
Data quality improvement plan	Give special priority to the development of a data quality improvement plan. The plan should be based on focus group discussions and/or interviews with personnel in health centres and at district prior to being drafted. The plan should include a time-frame and be costed.	EPI manager	By December 2014
Financial Management	Implement the recommendations of the FMA assessment conducted by GAVI in January 2014.	Country MoH and MoF	By Dec 2014
EPI Financing and Sustainability	Technical assistance for developing financial sustainability strategies, mobilizing funding for immunization and co-financing	GAVI and Alliance partners	Q1 2015