GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Pakistan

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **6/5/2012 1**

Deadline for submission: 5/22/2012

Please submit the APR 2011 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: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	Yes	Not applicable N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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 Pakistan 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 Pakistan

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	Mr Furqan Bahadur Khan	**Name**	Will be given later
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Quamrul Hasan	Medical Officer - EPI, WHO Pakistan	+923008504178	hasanq@pak.emro.who.int
Huma Khawar	GAVI CSO/EPI	+923009542711	khawar_huma@yahoo.com
Dr Farah Sabih	NPO-HCD, WHO Pakistan	+92519255184 ext. 62480	sabihf@pak.emro.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

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

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , 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 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:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Name/Title	Agency/Organization	Signature	Date
Huma Khawar	GAVI CSO/EPI		

Sundas Warsi	GAVI CSO/EPI		

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Pakistan's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	5,943,108	5,943,108	6,048,895	6,048,895	6,156,566	6,156,566	6,266,152	6,266,152	6,377,690	6,377,690
Total infants' deaths	457,619	457,619	465,765	465,765	474,056	474,056	482,493	482,493	491,082	491,082
Total surviving infants	5485489	5,485,489	5,583,130	5,583,130	5,682,510	5,682,510	5,783,659	5,783,659	5,886,608	5,886,608
Total pregnant women	6,061,970	6,061,970	6,169,873	6,169,873	6,279,697	6,279,697	6,391,476	6,391,476	6,505,244	6,505,244
Number of infants vaccinated (to be vaccinated) with BCG	5,586,521	5,763,399	5,746,450	5,746,450	5,910,303	5,910,303	6,078,168	6,078,168	6,250,136	6,250,136
BCG coverage	94 %	97 %	95 %	95 %	96 %	96 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	4,772,375	5,189,640	5,024,817	5,024,817	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
OPV3 coverage	87 %	95 %	90 %	90 %	92 %	92 %	94 %	94 %	96 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1	5,046,650	5,556,916	5,432,953	5,432,953	5,455,210	5,455,210	5,610,149	5,610,149	5,768,876	5,768,876
Number of infants vaccinated (to be vaccinated) with DTP3	4,772,375	5,099,935	5,024,817	5,024,817	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
DTP3 coverage	87 %	93 %	90 %	90 %	92 %	92 %	94 %	94 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	5,046,650	5,556,916	5,303,964	5,303,964	5,455,210	5,455,210	5,610,149	5,610,149	5,768,876	5,768,876
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	4,772,375	5,099,935	5,024,817	5,024,817	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
DTP-HepB-Hib coverage	87 %	93 %	90 %	90 %	92 %	92 %	94 %	94 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	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	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	0	0	3,977,973	2,024,350	5,455,210	5,455,210	5,610,149	5,610,149	5,768,876	5,768,876
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0	3,768,613	1,821,915	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
Pneumococcal (PCV10) coverage	0 %	0 %	68 %	33 %	92 %	92 %	94 %	94 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	5	0	5	5	10	5	10	5	10	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1.05	1.11	1.05	1.11	1.05	1.11	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	4,772,375	5,142,609	5,024,817	5,024,817	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
Measles coverage	87 %	94 %	90 %	90 %	92 %	92 %	94 %	94 %	96 %	96 %
Pregnant women vaccinated with TT+	4,849,576	4,234,126	5,244,392	5,244,392	5,651,727	5,651,727	5,880,157	5,880,157	6,179,982	6,179,982
TT+ coverage	80 %	70 %	85 %	85 %	90 %	90 %	92 %	92 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	8 %	5 %	8 %	4 %	4 %	3 %	3 %	2 %	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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 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 number of births in 2011 is consistent with JRF 2011 and for the period of 2012 - 2015 is consistent with cMYP. There is no change.

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

  The number of surviving infants in 2011 is consistent with JRF 2011 and for the period of 2012 - 2015 is consistent with cMYP. There is no change.

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

  There is no change in target by vaccines except for Pneumococcal (PCV10) vaccine.

  Target for PCV10 is changed as the introduction is rescheduled. It might be further amended according to actual introduction by provinces.

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

  There is no change in wastage by vaccine

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

1. Measles Follow-up campaign Phase 2 is completed and Phase 3 has been initiated in 2011. <?xml:namespace prefix = o />

In Phase 2, total 7.42 million children aged 06 - 59 months were targeted in 30 districts of 4 provinces with 94% coverage achieved through independent assessment. Beside that, 93% coverage achieved against 7.88 million children below 5 years who were also offered OPV in the same campaign. Additional to this 93,370 children received BCG and 310,695 children received Pentavalent vaccine and 184,355 pregnant women received TT vaccine in this campaign.

In Phase 3, total 2.82 million children aged 09 to 59 months were targeted for measles and 2.55 million children were targeted for OPV in 18 towns of Karachi, 7 districts of Gilgit-Baltistan and 10 districts of AJK. Independent evaluation found 90% and 88% coverage was achieved for measles and OPV respectively. Beside that 29,099 children received BCG and 77,535 children received Pentavalent vaccine and 204,681 pregnant women received TT vaccine in this campaign.

Cold chain capacity expanded at different level as a part of Pneumococcal (PCV10) introduction plan. Total 16,100 vaccine carrier, 3,847 cold box, 830 ILRs and 35 cold rooms (10 cubic meter each) have been added in the available cold space capacity.

National EPI policy has been revised by the NITAG. However, the revisions are yet to be endorsed by provinces and approved by the MoIPC. Key changes are,

i) inclusion of new vaccines

ii) recommendation for inclusion of birth dose of Hepatitis B

iii) Clear guideline on involvement of private sector in EPI

iv) Clear role of LHWs in routine immunization

Another key achievement in 2011 is development of Annual Workplan for all provinces for 2012. With support from WHO-EMRO a workshop was held in Islamabad during the last week of December where all key stakeholders in operations and planning from all provinces participated and developed their own workplan jointly with facilitation from Federal EPI, WHO and other partners.

Key challenges were uncertainty of the continuation of the program at federal level and its activities in the context of devolution. However, the program managed to have one year extension retaining all its functions and budget. Confusion about the roles and responsibilities of the federal and provinces in the post devolution scenario is another area for which efforts are being made to bring clarity in the Council of Common Interest (CCI).

Another challenge was inability of the Federal EPI to procure measles vaccine for routine EPI due to cancellation of the tender process for its procurement. This resulted in eminent stock out of measles vaccine which could be avoided with urgent donation of 3.2 million doses of measles vaccine by WHO in May 2011 and another 2 million doses by WHO and 1 million doses by UNICEF in December 2011.

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

The key activities which were planned in 2011 but couldn't be implemented are,<?xml:namespace prefix = o />

1. Effective Vaccine Management. Now it's rescheduled in 2012

2. Introduction of VSSM software in at least 2 provincial EPI stores. Couldn't be done due to staff turnover in corresponding units and ambiguity with the devolution process.

3. Coverage Evaluation Survey due to bottleneck in GAVI ISS fund release from MoF. This is now rescheduled in 2012.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

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)

Official country estimate for 2011 is DPT1: 94%, DPT3: 89% and MCV1: 88%

WHO/UNICEF joint estimate for 2011 is not yet available.

Fully Immunized among 12-23 months aged children (Pakistan Social and Living Standard Measurement Survey 2010-11): 81%

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

Random cluster survey in different districts of Punjab is regularly undertaken by the provincial EPI program. Though the clusters taken to do such assessment are not statistically representative of the districts, but regular assessment in multiple clusters by the independent assessor gives an idea about the actual coverage.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

DQS done in Punjab in 2010. Regular cluster survey is also a common practice in this province. There is no such initiative has been evident in other provinces.

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.

DQS is planned in all provinces in 2012.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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$ = 85	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 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	World Bank	To be filled in by country	To be filled in by country
Traditional Vaccines*	14,993,827	12,334,624	0	1,481,103	1,178,100	0	0	0
New and underused Vaccines**	40,942,176	5,559,176	35,383,000	0	0	0	0	0

Injection supplies (both AD syringes and syringes other than ADs)	3,789,321	3,364,000	0	425,321	0	0	0	0
Cold Chain equipment	2,179,223	0	0	2,179,223	0	0	0	0
Personnel	1,494,515	262,847	0	1,081,668	150,000	0	0	0
Other routine recurrent costs	909,055	0	0	509,055	400,000	0	0	0
Other Capital Costs	1,707,905	0	0	1,707,905	0	0	0	0
Campaigns costs	12,975,763	0	0	7,083,905	1,400,000	4,491,858	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	78,991,785							
Total Government Health		21,520,647	35,383,000	14,468,180	3,128,100	4,491,858	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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

No difference between actual available funding and expenditures for the reporting year.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Not applicable.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Not applicable.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	12,110,756	13,673,360
New and underused Vaccines**	21,552,823	32,194,968
Injection supplies (both AD syringes and syringes other than ADs)	7,585,880	9,755,047
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	8,772,366	0
Personnel	796,525	876,177
Other routine recurrent costs	19,335,650	3,377,879
Supplemental Immunisation Activities	0	0
Total Expenditures for Immunisation	70,154,000	59,877,431

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Not applicable.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Financial shortfall is apprehended to procurement of measles vaccine and operational cost for conducting the follow up campaign in Punjab which would be approximately US$ 2.5 million.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Not selected**

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?
Action plan from Aide Memoire Implemented? 1. Fund Flow Mechanism Fully Implemented 2. Internal Control Frame Work Partially Implemented 3. Bank Reconciliation and Reporting Fully Implemented 4.External Audit of ISS Programme Fully Implemented If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented Based on the recommendations of the GAVI Financial Management Assessment Report an Aide Memoire was signed in July, 2010 between the Government of Pakistan and the GAVI Management. The following is the implementation status on major terms of Aide Memoire: 1. Fund Flow Mechanism The terms of Aide Memoire required opening of Assignment Accounts in the provinces for smooth and speedy transfer of funds from federal level to provincial and district levels. After completion of due process the requisite Assignment Accounts have been opened in all the provinces. These Assignment Accounts are now fully operational and provincial share of GAVI funds are being transferred through these accounts. 2. Internal Control Frame Work The terms of Aide Memoire required strengthening of internal controls through internal control framework and until finalization and placement of such control, inclusion in terms of reference of external audit a review of existing internal controls. An internal control frame work was being devised in consultation with the GAVI Health System Str4engthening (HSS). However, the process was disrupted due to uncertainties because of issues arising out of the Government's decision to devolve the health sector to the provinces under the 18th Constitutional amendment. In the meantime, Federal Audit Department was approached to include in their terms of reference a review of the existing internal controls in GAVI ISS Funds. The external audit of accounts of EPI (including GAVI ISS) for FYs 2008-9 and 2009-10 has been completed and a copy of the audit report already submitted to the GAVI Secretariat. 3. Bank Reconciliation and Financial Reporting The Aide Memoire required that reconciliation of accounts with the bank and account office may be carried out on monthly basis. The reconciliation of account of expenditures is being carried out regularly with the bank and Accountant General's Office. 4. External Audit of ISS Programme The Aide Memoire required that the external audit should be completed for the years 2009 and 2010 and a copy of the audit report submitted to the GAVI Secretariat. The external audit of GAVI ISS accounts for FYs 2008-9 and 2009-10 has been completed and final a copy of the audit report sent separately to the GAVI Secretariat.	Yes

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

Based on the recommendations of the GAVI Financial Management Assessment Report an Aide Memoire was signed in July,2010 between the Government of Pakistan and the GAVI Management.
The following is implementation status on major terms of Aide Memoire:

1. Fund Flow Mechanism
The terms of Aide Memoire required opening of Assignment Account s in the provinces for smooth and speedy transfer of funds from federal to provincial and district levels.
After completion of due process the requisite Assignment Accounts have been opened in all provinces. These Assignment Accounts are now fully operational and provincial shares of GAVI funds are being transferred through these accounts.

2. Internal Control Frame Work

The terms of Aide Meoire required strengthening of internal controls through internal control framework and untill finalization and placement of such control, inclusion in terms of reference of external audit a review of existing internal controls.

an internal control frame work was being devised in consultation with the GAVI Health System Strengthening (HSS). However, the process was disrupted due to uncertainties because of issues arising out of the Government's decision to devolve the health sector to the provinces under the 18th Constitutional amendment. In the meantime, Federal Audit Department was approached to inclulude in their terms of reference a review of the existing internal controls in GAVI ISS Funds. The external audit of accounts of EPI (including GAVI ISS) for FYs 2008-9 and 2009-10 has been completed and a copy of the audit report already submitted to the GAVI Secretariat.

3. Bank Reconciliation and Financial Reporting

The Aide Memoire required that reconciliation of accounts with the bank and account office may be carried out on monthly basis.
the reconcialiation of account of expenditures is being carried out regularly with the bank and Accountant General's Office.

4. External Audit of ISS Programme

The Aide Memoire required that the external audit should be completed for the years 2009 and 2010and a copy of the audit report submitted to the GAVI Secretariat.

The external audit of GAVI ISS account for FYs 2008-9 and 2009-10 has been completed and final a copy of the audit report sent separately to the GAVI Secretariat.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **3**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting 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:
Agha Khan University
CHIP

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1. Introduction of Pneumococcal (PCV10) vaccine in childhood routine immunization schedule
2. Competion of Measles Follow-up campaign in 57 districts/administrative units
3. Effective Vaccine Management at national and sub-national level
4. Data Quality Self-assessment in 4 provinces
5. Coverage Evaluation Survey
6. EPI program review in 2 provinces
7. Application for Rotavirus vaccine introduction
8. Expansion of current cold chain system at sub-national level

Are they linked with cMYP? **Yes**

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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD syringe (0.05ml)	Government of Pakistan
Measles	AD syringe (0.5ml)	Government of Pakistan
TT	AD syringe (0.5ml)	Government of Pakistan
DTP-containing vaccine	AD syringe (0.5ml)	GAVI Alliance and Government of Pakistan

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 during implementation

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Sharp wastes are collected in Safety box which are later finally disposed off by burn and burry method.

The main problem in sharp waste disposal is non-adherance to the waste disposal guideline by certain vaccinators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	16,246,000	1,380,910,000
Total funds available in 2011 *(C=A+B)*	16,246,000	1,380,910,000
Total Expenditures in 2011 *(D)*	1,562,648	132,825,000
Balance carried over to 2012 *(E=C-D)*	14,683,352	1,248,085,000

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

GAVI Secretariat transfers the funds to the Government of Pakistan through State Bank of Pakistan. These funds part of the Government Budgetary Process and reflected in the allocations for health sector in the Public Sector Development Programme (PSDP).

The Financial Management System, approved by the Federal Ministry of Finance and Controller General of Accounts is in place which regulates the flow of funds from GAVI Secretariat to the Government of Paksitan Account Federal Government to Provinces and districts. The following are the salient features of the Financial Management System for GAVI funds and issues related to release of funds:

The funds are transferred by the GAVI Secretariat to the Government of Pakistan Account in the State Bank of Pakistan

Matching funds are provided in the local currency in the Federal Government's Annual Budget under the Health Sector for GAVI Support for strengthening of immunization services.

The Federal GAVI Unit in the EPI sends a request to the Ministry of Finance/Planning & Development Division for release of funds on quarterly basis as per budget allocations in the approved annual Cash Plan.

On receipt of release order the share of funds for federal level expenditure is retained in the federal assignment account and the share of each province is transferred to their respective assignment accounts in the National Bank of Pakistan.

The monitoring of expenditure is carried out at federal level through monthly progress reports required to be submitted by each provice/area.

External audit of expenditure is conducted by the Auditor General of Pakistan.

Due to lengthy procedure involving a large number of departments, delay occures in the release of funds by the concerned authorities with the result that these funds reach the end beneficiaries quite late.

According to the fund flow mechanism provided in financial management system approved by the Government of Pakistan for GAVI cash support the funds transferred by GAVI Secretariat under ISS become a part of the government budget resource. The budgetary procedures including the financial cuts, if any, have been applied to the the GAVI funds also. Now the old system is being revised to exclude the GAVI grant from the general cuts, if any, imposed on the budget allocations.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The GAVI funds transferred to the Government of Pakistan become a part of the National Budget.

Funds are released from the budget, quarterly with the approval of Ministry of Finance/ Planning & Development Division

For Federal level expenditure, as Assignment Account has been opened in the National Bank of Pakistan.

For provincial level expenditure funds are transferred to provincial Assignment Accounts opened in the National Bank of Pakistan.

The government rules and procedures are followed for expenditure form GAVI funds in accordance with the financial Management System exclusively designed for GAVI Funds Monthly Progress Reports are required to be submitted by the provincial and district level to federal level. These reports are quarterly reviewed in Planning &Development Division.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

- Salaries To additional immunization staff
- Human Resource Development
- Social Mobilization
- Consultancy Technical Assistance
- Performance Rewards
- Procurement of Hardware

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number Document not referenced) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number Document not referenced).

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

	Base Year**	2011

				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			5267150	5099935
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-167215
3	Calculating	$20	per additional child vaccinated with DTP3		0
4	**Rounded-up estimate of expected reward**				0

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		9,753,700	9,594,900
Pneumococcal (PCV10)		0	0

**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? ...)

  Not Applicable.

- 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)

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	No any new vaccine was introduced in 2011	
Phased introduction	No	
Nationwide introduction	No	

The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Pakistan applied for introduction of Pneumoccal Conjugate Vaccine in 2009. The application was approved by IRC in 2010 for introduction in 2011. However, due to conditionality imposed on use of PCV10 supplied in 2 doses vial without preservatives country decided to wait till the result of Kenyan study is published. Hence, the introduction was postponed till mid 2012. Considering the population to be benefited, strength and weakness of the provinces, political sensitivity and demand for early introduction from different professional groups, now the government has planned to introduce the PCV10 from July 2012 as per following schedule, July 2012: Punjab and Islamabad October 2012: Sindh and AJK November 2012: Khyber Pakhukhwa and FATA December 2012: Balochistan and Gilgit-Baltistan

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2013**

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° 20))

No PIE in past 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? **Yes**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	1,783,000	156,904,000
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	1,783,000	156,904,000
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	1,783,000	156,904,000

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . 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

Since the introduction is delayed till 2012, hence no fund from the introduction grant has been spent in 2011. Those are in the process of expenditure at present (2012) for different preparatory activities.

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

Not applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

The available introduction grant will be spent for different preparatory activities e.g. training of vaccinators, advocacy and social awareness for the new vaccine etc in 2012.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	3,782,000	1,217,400
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government of Pakistan's own development budget	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,270,200	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	December	Government's development budget
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	December	Government's development budget
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	WHO Technical Assistance is required and expected to be continued for developing financial sustainability strategies, mobilising funding for immunization, including for 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/

The country is NOT in default.

Is GAVI's new vaccine support reported on 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? **June 2009**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any

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? **October 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Pakistan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Pakistan does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Pakistan is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 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 and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	5,485,489	5,583,130	5,682,510	5,783,659	5,886,608	28,421,396
	Number of children to be vaccinated with the first dose	Table 4	#	5,556,916	5,303,964	5,455,210	5,610,149	5,768,876	27,695,115
	Number of children to be vaccinated with the third dose	Table 4	#	5,099,935	5,024,817	5,227,909	5,436,369	5,651,144	26,440,174
	Immunisation coverage with the third dose	Table 4	%	92.97 %	90.00 %	92.00 %	94.00 %	96.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	1,330,000					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.34	0.34	0.40	0.46	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Recommended co-financing as per APR 2010			0.40	0.46	0.52
Your co-financing	0.30	0.34	0.34	0.40	0.46

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

		2012	2013	2014	2015
Number of vaccine doses	#	13,173,100	14,619,400	14,497,800	14,295,100
Number of AD syringes	#	15,130,300	15,460,100	15,331,500	15,117,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	167,950	171,625	170,200	167,800
Total value to be co-financed by GAVI	$	31,243,500	32,048,500	31,305,500	30,065,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	2,204,500	2,683,700	3,296,300	4,002,000
Number of AD syringes	#	2,532,000	2,838,000	3,485,800	4,232,100
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	28,125	31,525	38,700	47,000
Total value to be co-financed by the Country	$	5,228,500	5,883,500	7,118,000	8,417,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	14.34 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	5,556,916	5,303,964	760,345	4,543,619
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	16,670,748	15,911,892	2,281,034	13,630,858
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	17,504,286	16,707,487	2,395,086	14,312,401
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	1,330,000			
I	**Total vaccine doses needed**	*F + G – H*		15,377,487	2,204,425	13,173,062
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		17,662,201	2,531,948	15,130,253
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		196,051	28,105	167,946
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		33,553,677	4,810,054	28,743,623
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		821,293	117,736	703,557
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		1,138	164	974
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		2,013,221	288,604	1,724,617
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		82,244	11,791	70,453
T	**Total fund needed**	*(N+O+P+Q+R+S)*		36,471,573	5,228,347	31,243,226
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		5,228,346		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		14.34 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	15.51 %			18.52 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	5,455,210	846,083	4,609,127	5,610,149	1,039,241	4,570,908
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	16,365,630	2,538,249	13,827,381	16,830,447	3,117,722	13,712,725
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	17,183,912	2,665,162	14,518,750	17,671,970	3,273,608	14,398,362
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	119,107	18,474	100,633	122,015	22,603	99,412
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	17,303,019	2,683,635	14,619,384	17,793,985	3,296,211	14,497,774
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	18,298,059	2,837,962	15,460,097	18,817,233	3,485,760	15,331,473
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	203,109	31,502	171,607	208,872	38,693	170,179
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	34,900,190	5,412,891	29,487,299	35,338,855	6,546,274	28,792,581
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	34,900,190	131,966	718,894	35,338,855	162,088	712,914
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	1,179	183	996	1,212	225	987
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	2,094,012	324,774	1,769,238	2,120,332	392,777	1,727,555
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	85,204	13,215	71,989	87,622	16,232	71,390
T	Total fund needed	*(N+O+P+Q+R+S)*	37,931,445	5,883,028	32,048,417	38,423,023	7,117,594	31,305,429
U	Total country co-financing	*I x country co-financing per dose (cc)*	5,883,027			7,117,594		
V	Country co-financing % of GAVI supported proportion	*U / T*	15.51 %			18.52 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	21.87 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	5,768,876	1,261,769	4,507,107
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	17,306,628	3,785,305	13,521,323
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	18,171,960	3,974,570	14,197,390
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	124,998	27,340	97,658
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	18,296,958	4,001,910	14,295,048
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	19,349,105	4,232,035	15,117,070
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	214,776	46,976	167,800
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	35,368,020	7,735,691	27,632,329
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	899,734	196,790	702,944
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	1,246	273	973
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	2,122,082	464,142	1,657,940
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	90,098	19,707	70,391
T	**Total fund needed**	*(N+O+P+Q+R+S)*	38,481,180	8,416,601	30,064,579
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	8,416,601		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	21.87 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	5,485,489	5,583,130	5,682,510	5,783,659	5,886,608	28,421,396
	Number of children to be vaccinated with the first dose	Table 4	#	0	2,024,350	5,455,210	5,610,149	5,768,876	18,858,585
	Number of children to be vaccinated with the third dose	Table 4	#	0	1,821,915	5,227,909	5,436,369	5,651,144	18,137,337
	Immunisation coverage with the third dose	Table 4	%	0.00 %	32.63 %	92.00 %	94.00 %	96.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.23	0.30	0.35	0.35	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2010			0.26	0.30	0.35
Your co-financing	0.20	0.23	0.30	0.35	0.35

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

		2012	2013	2014	2015
Number of vaccine doses	#	7,470,000	18,255,600	16,092,000	16,546,900
Number of AD syringes	#	7,975,800	19,429,800	17,017,400	17,498,400
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	88,550	215,675	188,900	194,250
Total value to be co-financed by GAVI	$	27,338,000	66,806,500	58,883,500	60,548,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	501,000	1,630,200	1,702,000	1,750,200
Number of AD syringes	#	534,900	1,735,100	1,799,900	1,850,800
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	5,950	19,275	20,000	20,550
Total value to be co-financed by the Country	$	1,833,500	5,966,000	6,228,000	6,404,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	6.28 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	2,024,350	127,225	1,897,125
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	6,073,050	381,673	5,691,377
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	6,376,703	400,756	5,975,947
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		1,594,176	100,190	1,493,986
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		7,970,879	500,945	7,469,934
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		8,510,621	534,867	7,975,754
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		94,468	5,938	88,530
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		27,898,077	1,753,308	26,144,769
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		395,744	24,872	370,872
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)*		548	35	513
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		836,943	52,600	784,343
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		39,630	2,491	37,139
T	**Total fund needed**	*(N+O+P+Q+R+S)*		29,170,942	1,833,303	27,337,639
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		1,833,303		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		6.28 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	8.20 %			9.57 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	5,455,210	447,208	5,008,002	5,610,149	536,612	5,073,537
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	16,365,630	1,341,623	15,024,007	16,830,447	1,609,836	15,220,611
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	17,183,912	1,408,704	15,775,208	17,671,970	1,690,328	15,981,642
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	2,701,803	221,489	2,480,314	122,015	11,671	110,344
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	19,885,715	1,630,193	18,255,522	17,793,985	1,701,999	16,091,986
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	21,164,851	1,735,054	19,429,797	18,817,233	1,799,873	17,017,360
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	234,930	19,260	215,670	208,872	19,979	188,893
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	69,600,003	5,705,674	63,894,329	62,278,948	5,956,995	56,321,953
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	69,600,003	80,681	903,485	62,278,948	83,695	791,307
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	1,363	112	1,251	1,212	116	1,096
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	2,088,001	171,171	1,916,830	1,868,369	178,710	1,689,659
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	98,553	8,080	90,473	87,622	8,382	79,240
T	Total fund needed	*(N+O+P+Q+R+S)*	72,772,086	5,965,716	66,806,370	65,111,153	6,227,895	58,883,258
U	Total country co-financing	*I x country co-financing per dose (cc)*	5,965,715			6,227,895		
V	Country co-financing % of GAVI supported proportion	*U / T*	8.20 %			9.57 %		

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	9.57 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	5,768,876	551,795	5,217,081
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	17,306,628	1,655,383	15,651,245
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	18,171,960	1,738,152	16,433,808
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	124,998	11,957	113,041
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	18,296,958	1,750,108	16,546,850
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	19,349,105	1,850,747	17,498,358
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	214,776	20,544	194,232
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	64,039,353	6,125,378	57,913,975
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	899,734	86,060	813,674
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	1,246	120	1,126
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,921,181	183,762	1,737,419
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	90,098	8,618	81,480
T	**Total fund needed**	*(N+O+P+Q+R+S)*	66,951,612	6,403,936	60,547,676
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	6,403,936		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	9.57 %		

8. Injection Safety Support (INS)

Pakistan is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **6625500** US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	23525000	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	16898480	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	12579621	4162591	4063838	3869686
Total Funds available during the calendar year (*C=A+B*)	0	16898480	12579621	4162591	4063838	3869686
Total expenditure during the calendar year (*D*)	0	4318859	8417030	98753	194152	0
Balance carried forward to next calendar year (*E=C-D*)	0	12579621	4162591	4063838	3869686	3831914
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	6626500	6626500	6626500	6626500	6626500

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	1746731250	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	1254712140	0	0	0	0

Remaining funds (carry over) from previous year (*B*)	0	0	995362488	349797493	348909368	348252743
Total Funds available during the calendar year (*C=A+B*)	0	1254712140	995362488	349797493	348909368	348252743
Total expenditure during the calendar year (*D*)	0	259349652	645564995	888125	656625	0
Balance carried forward to next calendar year (*E=C-D*)	0	995362488	349797493	348909368	348252743	348252743
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	524321812	556848650	568932073	596352530	602230898

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	74.25	79.125	84.0336	85.8571	89.9951
Closing on 31 December	0	79.125	84.0336	85.8571	89.9951	90.8822

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 9)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

1. The financial management system followed outside the PSDP systems during the period under review was almost in line with that of Global Fund and was adopted with the consent of GAVI. <?xml:namespace prefix = o />

2. <?xml:namespace prefix = v /><?xml:namespace prefix = w />A Current Account titled 'GAVI HSS Grant' maintained in the NBP, B Block Secretariat Branch, Islamabad was operated under the signatures of two high level signatories namely (i) Additional Secretary (Health) and (ii) Joint Secretary (P&D), Ministry of Health, duly authorized by the Secretary, Health in his capacity as Chairman, National Health Sector Coordination Committee (NHSCC) and the Principal Accounting Officer.

3. Disbursement / expenditure was authorized against the specified activities either originally approved as per Proposal document submitted to GAVI in 2007, or modified subsequently by the Core Committee / NHSCC in their meetings held from time to time with the consensus of all stake holders.

4. Expenditure was incurred with the approval of the competent authority. 70% expenditure / disbursements were made in the context of the specified activities taken-up through two implementing partners namely WHO and UNICEF. 1.4% funds were spent on procurement of Zinc Sulphate Syrup for Lady Health Workers Programme. Less than 1% funds were spent on administration / salary component.

5. Fully documented record for all financial transactions including the Cash Register and financial / bank reconciliation statements is maintained by the Programme management. The departmental accounts fully tally with those reflected in the Bank's monthly accounts and reconciliation statements.

6. Financial accounts of GAVI HSSPU for FY 2008-09 (July-June) were audited by a firm of Chartered Accountants, M/s HLB Ijaz Tabassum & Co. according to international accounting standards and found up to the mark. The audit report was submitted to GAVI Secretariat.

7. External audit for FY 2009-10 (July-June) is due. GAVI Secretariat had forwarded its ToRs to the defunct Ministry of Health. Ministry of Health has already conveyed its views / comments to GAVI Secretariat on . However, response from GAVI for deputing an audit team is still awaited

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 26)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1:	Improve the national maternal health to more than 70% and EPI coverage for improved child health		
Activity 1.1:	Strengthen the drug procurement system by supplementing 30% IMNCI recommended drugs in BHUs on cost sharing basis	100	NHSCC Meeting Minutes
Activity 1.2:	Strengthen the logistics/procurement system by supplementing 50% IMNCI recommended equipment in BHUs	100	UNICEF Report
Activity 1.3:	Establish neonatal units in 26 (20%) First Referral Facilities (THQ/DHQHs) to strengthen referral.	0	PC-1 of HSSPP
Activity 1.5:	Procure and replace 100,000 weighing scales of children for L HWs. (01 per LHW)	60	UNICEF Report
Activity 1.6	Procure and supply computers and equipment for MIS section of the Federal program implementation unit (FPIU), LHW program	0	PC-1 of HSSPP

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Strengthen the drug procurement system by suppleme	Funds of this activity were shifted to another activity approved by the NHSCC meeting
Strengthen the logistics/procurement system by sup	IMNCI equipment received and dispersed to 2800 health facilities across Pakistan.
Establish neonatal units in 26 (20%) First Referra	This activity was to be under taken through the MNCH Programme and has now been reprogrammed for implementation through the PC1 of HSSPP
Procure and replace 100,000 weighing scales of chi	58,000 weighing scales procured and distributed to the LHWs.
Procure and supply computers and equipment for MIS	Activity could not be started due to the non availability of funds and pending approval of PC-1 from ECNEC

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

GAVI HSS work plan activities reprogrammed in the PC 1of HSSPP could not be implemented in 2011 for want of approval of PC-1 by the ECNEC as the anticipatory approval received in the last week of June 2011 and thus no activity could be conducted due to the limitation of time. It is highly pertinent to mention that the ongoing monumental process of devolution during the last half of 2010 and the first half of 2011 assumed an all encompassing focus; compromising other activities and responsibilities of MOH. Nevertheless, the envisaged role of the HSSPU-MOH to enhance the technical capacity and expertise within the Ministry of Health and Provincial Departments of Health was also capitalized during devolution; with the Unit being designated as the Devolution Cell to support coordination and transition at the federal and provincial levels. <?xml:namespace prefix = o />

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

The HSSPU undertook analysis of the data on public sector health institutions under the jurisdiction of Federal Ministry of Health, regarding the human resource, budget, assets, roles and responsibilities and their legal status. Data was collected from various health institutions (Health Services Academy, National Institute of Health, National Institute of Cardio Vascular Diseases, Pakistan Medical and Research Council, Federal government TB Center, Directorate of Malaria Control, Pakistan Institute of Medical Sciences, Federal Government Services Hospital, Jinnah Post graduate Medical Center, National Institute of Child Health, etc.) the data was analyzed and a brief on brief on HR and institutional status of various health institutions has been prepared. The human resources data has been analyzed according to different grades from BPS1to BPS 21 and within each grade there are further categories of permanent, deputation and contract. This analysis would help to finalize and facilitate the devolution process in terms of adjusting the human resource. The physical assets of these institution have also been analyzed by furniture, computer equipment, vehicles and others categories. <?xml:namespace prefix = o />

A cross-sectional survey was also conducted to collect data on number and distribution of health work force, from the total front-line public sector health workers, the median estimate of doctors and nurses in the district health system in Pakistan in the public sector showed that Sindh province has the maximum number of doctors in the public sector, whereas Punjab has the maximum number of nurses, including midwives and lady health visitors, in the public sector. Similarly an estimate of 20 000 doctors working as post graduate trainees, faculty members and medical officers in public sector facilities revealed that about 50% of these are located in Punjab,30% in Sindh and the remainder in the other two provinces<!--[if !supportFootnotes]-->[1]<!--[endif]-->.

Such HRH assessment provides a wealth of information that could be used for policy formation and to provide a basis for further steps, including: development of strategies and plans; development of national HRH observatories; establishment of national HRH coordination mechanisms; building national HRH expertise, including leadership and management capacity; and primary health care orientation of the health workforce. Countries facing a HRH crisis could benefit from each others' experiences and develop a mutual mechanism for HRH capacity building, with the help of WHO and other development partners.

<!--[if !supportFootnotes]-->

<!--[endif]-->

<!--[if !supportFootnotes]-->[1]<!--[endif]--> Hafeez A,Khan Z., Bile K.M, Jooma R., Sheikh M. Pakistan human resources for healthassessment, 2009 EMHJ 2010, Vol. 16 Supplement

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		

Under five mortality rate (per 1000)	103	Federal Bureau of Statistics Pakistan Family Planning and Reproductive Health Survey 2001-02	<65	<65	94 90.7	89.6	87.9	89 86.5	89 86.5	PDHS World Bank	
Infant mortality rate (per 1000)	76	Federal Bureau of Statistics Pakistan Family Planning and Reproductive Health Survey 2001-02	<55	<55	78 76.7	76.7	68.2	63.3 72	63.3 72	PDHS World Bank	
Proportion of deliveries assisted by Skill	30%	Federal Bureau of Statistics Pakistan Family Planning and Reproductive Health Survey	50%	50%	38.8% 38.8%			43%	43%	PDHS PSLM World Bank	
Contraceptive prevalence rate (%)	28%	Federal Bureau of Statistics Pakistan Family Planning and Reproductive Health Survey 2001-02	45%	45%	29.6% 29.6%	27%		30%	30%	PDHS World Bank ESP	
National DPT3 coverage (%)	64.5%	MoH EPI coverage – third party evaluation 2006	>85%	>85%	66% 83%	84% 73%	85%	87%	87%	PSLM World Bank PSLM	
Number/percentage of districts achieving >80% DPT3	25%	Monthly reports EPI program EPI coverage – third party evaluation 2006	80%	80%	61%				77.76 %	Only figures available from EPI	

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

GAVI HSS work plan activities reprogrammed in the PC 1of HSSPP could not be implemented in 2011 for want of approval of PC-1 by the ECNEC as the anticipatory approval received in the last week of June 2011 and thus no activity could be conducted due to the limitation of time. It is highly pertinent to mention that the ongoing monumental process of devolution during the last half of 2010 and the first half of 2011 assumed an all encompassing focus; compromising other activities and responsibilities of MOH. Nevertheless, the envisaged role of the HSSPU-MOH to enhance the technical
capacity and expertise within the Ministry of Health and Provincial
Departments of Health was also capitalized during devolution; with the Unit being designated as the Devolution Cell to support coordination and transition at the federal and provincial levels.

i) Impact of GAVI HSS activities on Immunization Program In line with the GAVI objective and the importance of improving Routine EPI coverage in Pakistan remains a major accomplishment in the context of involvement of the LHWs in Routine EPI in 32 selected districts of Pakistan. Up scaling of this activity to all districts of Pakistan is in itself a single most logical justification for acquiring the next phase of (II) of GAVI HSS funding. The 3rd party evaluation (TPE) of the training activity indicates a positive and direct impact on immunization services and outcomes.

<?xml:namespace prefix = o />

ii) Impact of new NFC award and abolishing of concurrent list on Ministry of Health (MOH) Programs and Options available to protect Priority National Health Programs.

Two significant reforms pertaining to constitutional and fiscal relationship between the four provinces and the federation of Pakistan have taken place during the year 2011, The new NFC award has transferred, a much larger share of divisible pool and other resources to the provinces from the federation. The 18th Amendment Bill, on the other hand, has abolished the federal concurrent list and enhanced new constitutional provisions to federal Legislative List. The implication of both of these reforms in terms of the broader objective of policy and management of health sector in the country requires an independent and objective analysis on the future of critical functions of the Federal Ministry of Health such as vertical primary health programs, curative care facilities and regulation of the pharmaceutical markets. This report classifies functions of federal ministry of health into health system framework and distributed the budgetary allocation according to the same classification. Afterward, it provides detailed analysis of different function according to the constitutional provision and rules of business. The report than highlight the function that will still remain with Federal government and those that needs to be devolved to the province. After18th amendment, certain roles of federation like national planning etc well justify the MoH to continue with its stewardship functions such health policy, regulations relating to medical education and drug regulations etc. However, it is less likely that MoH can continue with its remaining two major function (Preventive and Curative) in areas other than federal territories. With this emerging situation it is important to analyze the implication of MoH through forward liabilities on the provinces. These implications are in two different dimensions firstly the financial and secondly managerial. The underplaying apprehension is that the transfer of liabilities might hamper management and delivery of such critical healthcare services and might hamper progress towards achieving target set nationally and internationally. It is thus important to analyze the financial and managerial implication of the emerging situation. This report is mainly providing an insight to the resource allocation patterns of the MoH and provincial health department.

iii) Concept Paper on HSSPU

Prepared a concept note of Health System Strengthening and Policy Unit in the current scenario of devolution. The concept note discusses the justification of having a health system strengthening and policy unit at federal level after devolution. It further suggests the roles and responsibilities on the policy unit and functions in the context of devolution. The concept note also outlines the human resource requirement for the proposed unit and highlights the linkages with provincial and other federal departments and agencies along with the financial responsibilities.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

The utilization of GAVI HSS grant (USD 16.68 million) through three implementing partners was in the first phase realized through the transfer of agreed upon funds to WHO and UNICEF for defined set of activities (under two formal MOUs between WHO & UNICEF). On one hand this arrangement enabled the execution and timely completion of all activities to be undertaken through WHO & UNICEF on the other, it conflicted with the General Financial Rules (GFR) disabling the MOH to implement and complete its assigned activities. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The Aide Memoire, consequent to the Financial Management Assessment by GAVI in Oct 2009 and jointly agreed upon by the GAVI Alliance and GoP concluded that the financial management of GAVI funds will be subject to management arrangements which inter alia included the development and approval of PC 1 to bring the HSS funding mechanism within the GoP system.

The Aide Memoire agreed upon in 2009 basically established the terms and procedures for future financial management of the GAVI Health Systems Strengthening (HSS) cash grants. In this regard, the decision to implement GAVI HSS work plan activities through a PC-1 was to *bring the HSS funding mechanism within the GoP system; with the same assignment account operating mechanisms at federal, provincial and district levels as is being exercised for ISS*. However, the final approval of ECNEC for any PC 1 is a long process, which unfortunately for the HSSPP PC 1 was over shadowed by the ongoing devolution of Federal MOH during 2010 and 2011; despite which anticipatory approval of the Chairman, ECNEC was accorded on 26th Jun 2011. Hence, there was practically no authority or funds availability to conduct activities during 2011.

The role of the Federal HSSP envisioned in the PC-1 is to oversee the implementation of PC-1 activities in coordination with the concerned Programme implementing partners i.e. World Health Organization (WHO), United Nations Children's Fund (UNICEF), Lady Health Workers (LHWs) Programme, Maternal, Neo-natal and Child Health (MNCH) Programme, Expanded Programme on Immunization (EPI), and provincial Departments of Health and provincial HSSP Units. However, the uncertainty concerning the continuity of the technical staff in HSSPU as well as WHO (NPOs HSS) created an extremely disabling environment; some technical positions in HSSPU (Health Economist, Legal Expert) were supported by USAID from January – June 2011 and only one technical position (Medical Technologist), Finance Manager and 2 support staff were funded through WHO up to Sep 2011. Similarly, WHO discontinued provincial NPOs positions after December 2011.

Only the Finance Manager and support staff HSSPU have continued on a voluntary basis beyond September 2011; and were successfully able to pursue and accomplish the approval of revival of HSSPU under the M/o Inter Provincial Coordination (IPC) by the Prime Minister's Secretariat vide M/o IPC Gazette Notification No. F.8-4/2011-HSSPU/PDM-II, dated 30th January 2012 (**Annex C**) M/o IPC has also issued notification of National Health Sector Coordination Committee and Core Committee. Moreover, M/o IPC has moved a summary for transfer of unutilized funds under Ministry of Health to Ministry of IPC, in addition to submitting budget proposals of the revived health sector Programs including HSS Program to Planning and Development Division for allocation of funds in the budget of next FY (2012-13).

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channeled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

The overall planned validation of the M&E information and requisite assessments (3rd party evaluations) of completed GAVI HSS work plan activities (second year activity no 4.1:Research, Survey & assessments by WHO, could not be accomplished owing to non availability/ non transfer of the approved & expected second tranche. However, Third Party Evaluation (TPE) of one training activity namely, *Involvement of Lady Health Workers in Routine EPI* (activity no.1.19) was conducted through JPRM work plan WHO from August to December 2011 <?xml:namespace prefix = o />

It is however, reiterated that future GAVI investments /development of work plans should emphasize on assigning separate budget heads for M&E activities; with in-built M&E processes for GAVI HSS supported activities which make use of the existing monitoring set ups in Pakistan including those of the vertical Public Health Program

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

GAVI HSS work plan activities were undertaken through the Program implementing partners namely WHO, UNICEF, Lady Health Workers Program except that progress reports relating to the procurement of operational vehicles as a part of the institutional strengthening of HSS Program by WHO and of additional baby weighing scales by UNICEF/ LHW Program are still awaited.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The HSS funds transferred to the other two implementing partners (WHO & UNICEF) were managed according to the organizational financial mechanisms. Similarly, the funds utilizations for MoH assigned activity (procurement Zinc Sulphate Syrup) were very well supervised by MoH strictly in accordance to the government financial rules and regulations.

Delay in endorsement of PC-1 of HSSPP has adversely affected the continuity of some of the ongoing as well as planned activities at all implementation levels. Fund disbursement to the provinces (Internal Fund Disbursement) for execution of provincial activity plans can only be under taken once PC1 of HSSPP is accorded final approval of ECNCE. Detailed procedure has been provided in the Financial Management System of HSS Program at Annex- 4 of the project PC1 document.

The long awaited release and transfer of the already approved 2nd tranche of first phase amounting to US $ 6.626 million has negatively affected the future prospects and continuity of HSSPU; also contributing to shelving of some ongoing critical GAVI HSS activities including up scaling training of LHWs in Routine EPI and support to provincial Health System Reforms Units (HSRU). Likewise, the delay and uncertainty in transfer of 2nd tranche of GAVI HSS funds also created gaps in salary payment, operational support to the technical staff and creation of a disabling and de motivated work environment.

GAVI Alliance through the HSS window has made considerable and vital investment in supporting the overall HSS in Pakistan. In this context, the continuation and strengthening of the National Health Policy Unit as the HSSPU was a correct decision; and should not be allowed to go waste. The Unit has recently been revived and placed under the MO IPC; and as per mandate could ably contribute and provide the much needed technical interface for the health domain to be addressed through the MO IPC. In this regard, the focus on immediate recruitment and hiring of competent technical staff including regular Chief HSSPU should be an immediate priority of both the MO IPC and the other stakeholders.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Establish Neonatal Units in 20% first Referral Fac	Establish Neonatal Units in 20% first Referral Facilities (DHQ/THQs)	50	0			
Computers & equipment for Federal and Provincial H	Computers & equipment for Federal and Provincial HSS Units.	5	0			
Support to MNCH Training Coordinators / Public Hea	Support to MNCH Training Coordinators / Public Health Specialist / Focal persons at provincial and district level.	30	0			
Support to WMOs at DHQ/THQ (2 at each DHQ/THQ).	Support to WMOs at DHQ/THQ (2 at each DHQ/THQ).	15	0			

Support for provincial and federal levels in super	Support for provincial and federal levels in supervision, monitoring and evaluation of health system performance.	2	0			
Monitoring and evaluation of NHP 2010 implementati	Monitoring and evaluation of NHP 2010 implementation strategies in the provinces.	5	0			
Annual Health Policy Briefs and Progress Report on	Annual Health Policy Briefs and Progress Report on Implementation.	1	0			
Data management support (i.e. large capacity serve	Data management support (i.e. large capacity servers and support) (Federal & provincial)	2	0			
Support for establishment and strengthening of fed	Support for establishment and strengthening of federal and provincial HSS & Policy units.	15	0			
National and provincial capacity building workshop	National and provincial capacity building workshops on Management Information Systems Workshop.	2	0			
Integrated Essential Health Services Package (EHSP	Integrated Essential Health Services Package (EHSP) implementation. Pilot in 13 districts 02 in each province, GB, AJK and 01 in ICT.	300	0			
Development and validation of M&E tools for EHSP.	Development and validation of M&E tools for EHSP.	4	0			
Research assessment of devolution at federal and p	Research assessment of devolution at federal and provincial level.	1	0			
Burden of disease assessment for refining of natio	Burden of disease assessment for refining of national health plans/ policies towards HSS programmes.	15	0			

Analysis of District data in the National Health A	Analysis of District data in the National Health Accounts undertaken in 2009.	15	0			
Review and devise uniform quality care standards a	Review and devise uniform quality care standards and tools for EHSP in all provinces.	2	0			
Training on LMIS and inventory control management	Training on LMIS and inventory control management to concerned staff (federal & provincial).	10	0			
Development and implementation of integrated LMIS.	Development and implementation of integrated LMIS.	5	0			
Development and implementation of integrated LMIS.	Development and implementation of integrated LMIS.	2	0			
Finalization of HRH strategy for federal, provinci	Finalization of HRH strategy for federal, provincial and district level.	1	0			
Review and finalization of strategy for appropriat	Review and finalization of strategy for appropriate use of medical technologies for Increasing Quality of Care Standards at provincial and district levels.	1	0			
Technical support to develop strategy for regulati	Technical support to develop strategy for regulating private and public health sector.	1	0			
Development of Health Technologies Assessment Tool	Development of Health Technologies Assessment Tools with piloting at national, provincial and district levels.	5	0			
Dissemination of national formulary based on essen	Dissemination of national formulary based on essential medicine list at provincial and district level.	1	0			

Update EDL and conduct training on rational use of	Update EDL and conduct training on rational use of drugs and essential medicine management at all levels of health care throughout the country.	10	0			
Research / study on social determinants of Health	Research / study on social determinants of Health and their impact on HSS along with their publications and dissemination.	5	0			
Pilots of health care delivery performance compari	Pilots of health care delivery performance comparing supply and demand side.	5	0			
Follow-up assessment of district health management	Follow-up assessment of district health management capacity building and impact of different models for effectiveness and cost effectiveness of health care delivery.	7	0			
Implementation of results based financing in impro	Implementation of results based financing in improving performance and utilization of health services at provincial and district levels.	5	0			
Technical support to conduct pharmaco-epidemiology	Technical support to conduct pharmaco-epidemiology, pharmaco-economics, and pharmaco-vigilance and other relevant studies for improving patient care.	5	0			

Support strengthening and implementatio n of integr	Support strengthening and implementatio n of integrated health programs at district and provincial level of information generation capacity (MNCH reproductive and EPI) applying through competitive health system strengthening proposals.	10	0			
Strengthen provincial and district level epidemiol	Strengthen provincial and district level epidemiology cells.	8	0			
District level advocacy and trainings in HSS build	District level advocacy and trainings in HSS building blocks.	15	0			
Assessment of primary and secondary health care fa	Assessment of primary and secondary health care facilities.	10	0			
Develop linkages between Lady Health workers (LHWs	Develop linkages between Lady Health workers (LHWs) and Community Midwives (CDWs) for integrated MNCH service delivery at community level.	10	0			
International and National technical support to te	International and National technical support to technical officers, specialists and other staff of HSSPP for implementatio n on work plan of technical activities at federal, provincial and district level through their capacity building.	30	0			
Up-scaling training of LHWs in routine EPI in 98 D	Up-scaling training of LHWs in routine EPI in 98 Districts (for one year 2011).	200	0			

Program Management and Operation Cost Federal and	Program Management and Operation Cost Federal and Provincial (Annex 7&8)	86	0			
Contingencies (1%)	Contingencies (1%)	10	0			
		906	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Short term 30 TA for HSSPP (Federal)	Short term 30 TA for HSSPP (Federal)	10			
Short term 60 TA for HSSPP Support units (Provinc	Short term 60 TA for HSSPP Support units (Provincial)	30			
Establish Neonatal Units in 20% first Referral Fac	Establish Neonatal Units in 20% first Referral Facilities (DHQ/THQs)	50			
Computers & equipment for Federal and Provincial H	Computers & equipment for Federal and Provincial HSS Units.	1			
Support to MNCH Training Coordinators / Public Hea	Support to MNCH Training Coordinators / Public Health Specialist / Focal persons at provincial and district level.	40			
Support to WMOs at DHQ/THQ (2 at each DHQ/THQ)	Support to WMOs at DHQ/THQ (2 at each DHQ/THQ)	50			

Support for provincial and federal levels in super	Support for provincial and federal levels in supervision, monitoring and evaluation of health system performance.	2			
Monitoring and evaluation of NHP 2010 implementati	Monitoring and evaluation of NHP 2010 implementation strategies in the provinces.	2			
Annual Health Policy Briefs and Progress Report on	Annual Health Policy Briefs and Progress Report on Implementation	1			
Data management support (i.e. large capacity serve	Data management support (i.e. large capacity servers and support) (Federal & Provincial)	1			
Support for establishment and strengthening of fed	Support for establishment and strengthening of federal and provincial HSS & Policy units.	4			
Integrated Essential Health Services Package (EHSP	Integrated Essential Health Services Package (EHSP) implementation, pilot in 13 districts 02 in each province, GB, AJK and 01 in ICT.	300			
Development and validation of M&E tools for the EH	Development and validation of M&E tools for the EHSP.	2			
Burden of disease assessment for refining of natio	Burden of disease assessment for refining of national health plan s/ policies towards HSS programmes	90			
Analysis of District data in the National Health A	Analysis of District data in the National Health Accounts undertaken in 2009.	50			

Training on LMIS and inventory control management	Training on LMIS and inventory control management to concerned staff (federal and Provincial).	10			
Development and implementation of integrated LMIS	Development and implementation of integrated LMIS	10			
Review and finalization of strategy for appropriat	Review and finalization of strategy for appropriate use of medical technologies for Increasing Quality of Care Standards at provincial and district levels.	1			
Technical support to develop strategy for regulati	Technical support to develop strategy for regulating private and public health sector.	2			
Development of Health Technologies Assessment Tool	Development of Health Technologies Assessment Tools with piloting at national, provincial and district levels.	6			
Dissemination of national formulary based on essen	Dissemination of national formulary based on essential medicine list at provincial and district level.	2			
Update EDL and conduct training on rational use of	Update EDL and conduct training on rational use of drugs and essential medicine management at all levels of health care through out the country.	10			

Research / study on social determinants of Health	Research / study on social determinants of Health and their impact on HSS along with their publications and dissemination	20			
Pilots of health care delivery performance compari	Pilots of health care delivery performance comparing supply and demand side.	33			
Follow-up assessment of district health management	Follow-up assessment of district health management capacity building and impact of different models for effectiveness and cost effectiveness of health care delivery.	30			
Implementation of results based financing in impro	Implementation of results based financing in improving performance and utilization of health services at provincial and district levels.	30			
Technical support to conduct pharmaco-epidemiolog	Technical support to conduct pharmaco-epidemiology, pharmaco-economics, and pharmaco-vigilance and other relevant studies for improving patient care.	30			

Support strengthening and implementation of integr	Support strengthening and implementation of integrated health programs at district and provincial level of information generation capacity (MNCH reproductive and EPI) applying through competitive health system strengthening proposals.	60			
Strengthen provincial and district level epidemiol	Strengthen provincial and district level epidemiology cells.	22			
District level advocacy and trainings in HSS build	District level advocacy and trainings in HSS building blocks.	14			
Assessment of primary and secondary health care fa	Assessment of primary and secondary health care facilities.	10			
Develop linkages between Lady Health workers (LHWs	Develop linkages between Lady Health workers (LHWs) and Community Midwives (CDWs) for integrated MNCH service delivery at community level.	10			
International and National technical support to te	International and National technical support to technical officers, specialists and other staff of HSSPP for implementation on work plan of technical activities at federal and provincial levels.	60			
Up-scaling training of LHWs in routine EPI in 98 D	Up-scaling training of LHWs in routine EPI in 98 Districts.	144			

Private sector mapping & registration of skilled b	Private sector mapping & registration of skilled birth attendants	15			
Annual National conference on information sharing	Annual National conference on information sharing and dissemination.	3			
Third party evaluation of EHSP	Third party evaluation of EHSP	5			
Third part evaluation of HSSPU	Third part evaluation of HSSPU	2			
Surveys of HR capacity in public and private healt	Surveys of HR capacity in public and private healthcare facilities	5			
Management review of health system (every year)	Management review of health system (every year)	3			
Pilot accreditation of quality of care standards i	Pilot accreditation of quality of care standards in collaboration with institutions (facilitation and support)	2			
Construction of warehouses / district level with p	Construction of warehouses / district level with proper storage conditions and their maintenance and running cost For 130 Districts	400			
Establish the centre of excellence for Bio-Medica	Establish the centre of excellence for Bio-Medical the studies in order to standardize, calibrate, testing, repair, maintenance of health technologies and to finalize the specification of requirement of essential heath technologies	30			

Capacity Building of P&D and the Planning Commissi	Capacity Building of P&D and the Planning Commission (Federal and provincial)	8			
Development of P&D Manual on Health Planning and d	Development of P&D Manual on Health Planning and development of PC-1	1			
District level trainings	District level trainings	10			
Training in data analysis for information translat	Training in data analysis for information translation	2			
Collaboration with International Global Health and	Collaboration with International Global Health and Policy Analysis Institutions	50			
Health Sector Reform strategy and implementati on p	Health Sector Reform strategy and implementatio n plan	5			
Pilot Community Based health financing	Pilot Community Based health financing	30			
Research, Survey and assessment	Research, Survey and assessment	45			
Program Management and Operation Cost Federal and	Program Management and Operation Cost Federal and Provinces	95			
Contingencie s (1%)	Contingencies (1%)	15			
		1863			

9.6.1. If you are reprogramming, please justify why you are doing so.

The revision of PC-1 of HSSPP is required in the context of current devolution and the need to revisit and redefine provincial DOH priorities in line with their needs and requirements. Additionally the PC-1 activities also need to be reviewed to alligen with the new GAVI HSS focus to demonstrate adequate focus on improving immunization coverage and outcomes.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
Under five mortality rate (per	Number of annual deaths among children aged under five years	Total number of children aged under five years		103 2001	Pakistan Family Planning and Reproductive Health Survey 2001 – 02	<65	65
Infant mortality rate (per	Number of annual deaths among infants aged under one year	Total number of infants aged under one year		76 2001	Pakistan Family Planning and Reproductive Health Survey 2001 – 02	<55	55
Proportion of deliveries assisted by Skilled Birth	Number of annual deliveries assisted by Skilled Birth Attendants	Total number of annual deliveries		30% 2001	30% 2001	50%	50
Contraceptive prevalence rate (%)				28% 2001	Pakistan Family Planning and Reproductive Health Survey 2001 – 02	45%	45
National DPT3 coverage (%)	Number of infants under one year of age received a valid DPT3 dose annually	Total number of infants under one year of age		64.5% 2006	EPI coverage – third party evaluation	>85%	85
Number/percentage of districts achieving >80% DPT3	Number of districts having DPT3 coverage more than 80%	Total number of districts in the country		25% 2006	EPI coverage – third party evaluation	80%	80

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
JPRM WHO		2012-2013	HRH, Health Care Delivery, Health

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.

- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Seeking and compiling information to update the APR particularly the endorsement of relevant government counterpart usually takes longer than anticipated Consideration maybe given to at least submission of online completed report (even without endorsement) within the deadline which could be simultaneously reviewed for GAVI feedback/ gaps while waiting for the official endorsement/ country approval. <?xml:namespace prefix = o />

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 2

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 8)**
2. The latest Health Sector Review report **(Document Number: 23)**

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

This section is to be completed by countries that have received GAVI TYPE A CSO support 1

Please list any abbreviations and acronyms that are used in this report below:

APR	Annual Progress Report
CSO	Civil Society Organizations
EPI	Expanded Programme on Immunization
GAVI	Global Alliance for Vaccines and Immunization
IPC	Inter-Provincial Coordination
MDG	Millennium Development Goals
MoH	Ministry of Health
NHSCC	National Health Sector Coordination Committee
UNICEF	United Nation's Children Fund
WHO	World Health Organization

10.1.1. **Mapping exercise**

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation.

Please describe the mapping exercises, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed **(Document number 24)**

If the funds in its totality or partially utilized please explain the rational and how it relates to objectives stated in the original approved proposal.

Mapping Exercise was completed in 2008 and reported in APR 2009. No funds are remaining from CSO Type A.

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

No funds are remaining for CSO Type A.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

n/a

10.1.2. **Nomination process**

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

The 15 CSOs working under GAVI CSO Support are divided into three geographical clusters comprising different CSOs. Each cluster is headed by a 'Cluster Coordinator' volunteered amongst CSO representatives in the cluster. The CSOs in the National Health Sector Coordination Committee (NHSCC) are represented by these three cluster coordinators. The NHSCC meetings are convened periodically as well as on need basis. The NHSCC meetings are called by the Expanded Programme on Immunization (EPI), previously working under the Ministry of Health (MoH) and after devolution of MoH relocated under the Ministry of Inter-Provincial Coordination (IPC) which is also the focal programme for GAVI CSO Support.

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

The cluster coordinators representing CSOs at NHSCC are assigned to achieve the following objectives:

- To support and facilitate the consortium CSOs in dealing with challenges and issues where possible;

- To represent Pakistani CSOs at the National and Provincial policy forum where needed;

- To facilitate information sharing on international and national donor funding opportunities; and

- To explore opportunities for joint advocacy to achieve MDGs 4 & 5.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

CSOs participation in NHSCC/NICC had enabled the CSOs to develop better understanding about how decisions are made at policy level, update on various national programs and also develop relationship with other players such as Rotary Club, UNICEF, WHO, etc. Unfortunately, due to the heavy agenda, these meetings have not yet allowed relationship building with developmental partners and donors which will be a focus in the future.

Since EPI, after the devolution of MoH, has been relocated in the Ministry of IPC, NHSCC meetings are now organized under Ministry of IPC. CSOs feel they have understood the IPC mechanism better because of their active participation in these meetings. Their contributions in these meetings has gradually increased and improved and with the recommendations made by CSOs about advance circulation of papers they hope to discuss in the agenda with other CSO partners prior to the meeting.

CSOs in Sindh, Punjab, Balochistan and Khyber Pakhtunkhaw are now emerging as a powerful network that believes in decision after consultation, stating its voice on issues that require attention and experience sharing, etc. CSO network is now seen as becoming stronger with open information sharing mechanisms.

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	Position	Telephone	Email
Dr. D S Akram	CSO Representative	+91 (21) 35834465	dsakram@gmail.com
Dr. Rozina Mistry	CSO Representative	+92 (21) 35361196	rozina.mistry@akhsp.org
Ms. Lubna Hashmat	CSO Representative	+92 (51) 2280151	lubna@chip-pk.org

10.1.3. **Receipt and expenditure of CSO Type A funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0

Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	0	0

Is GAVI's CSO Type A support reported on the national health sector budget? **No**

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

This section is to be completed by countries that have received GAVI TYPE B CSO support1

Please list any abbreviations and acronyms that are used in this report below:

AJK	Azad Jammu Kashmir
AKHSP	Aga Khan Health Services, Pakistan
AKU	Aga Khan University
APR	Annual Progress Report
APWA	All Pakistan Women's Association
BDN	Basic Development Needs Programme
CHIP	Civil Society Human and Institutional Development Programme
EPI	Expanded Programme on Immunization
FGD	Focus Group Discussion
GAVI	Global Alliance for Vaccines and Immunization
GB	Gilgit Baltistan
HANDS	Health and Nutrition Development Society
HELP	Health Education and Literacy Programme
IPC	Inter-Provincial Coordination
LIFE	Literacy, Information, Family Health and Environment
MCH	Mother and Child Health
NRSP	National Rural Support Programme
PAVHNA	Pakistan Voluntary Health and Nurition Association
PBA	Project Budget Allocation
PVDP	Participatory Village Development Programme
SABAWON	Social Action Bureau for Assistance in Welfare and Organizational Networking
THF	The Health Foundation
UNICEF	United Nations Children Fund
WHO	World Health Organization

10.2.1. **Programme implementation**

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Under Type B support, 19 CSOs were taken on-board for a period of 18 months (July 2009–December 2010). According to the Agreements signed with the Government of Pakistan, the CSOs were to complete their activities by 31st December 2010. However, due to the massive floods that hit the country in July 2010, CSOs who got actively involved in response to the flood emergency, were unable to complete the field activities as planned. The CSOs were therefore given no-cost extension. The time varied from CSO to CSO depending on their work, ranging from three months to 12 months.

In June 2011, under the 18th Constitutional Amendment, 17 Federal Ministries (including Ministry of Health), were devolved to the provinces. The devolution besides making the provinces autonomous, gave them the responsibility to oversee the health system in their respective districts along with increasing their financial responsibilities and accountability. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The CSOs welcomed the devolution and foresee the opportunity of working more closely with their respective provincial health departments. However, the devolution of the entire federal setup of ministries created some challenges which were faced by the entire country. With absence of approving authority at the federal level, (after the devolution of MoH) disbursement/reimbursement of funds to CSOs came to a halt, which became a major impediment for them to continue their activities. The situation remained undefined for a couple of months for various projects under EPI in general and GAVI CSO Support in particular. During this time, CSOs funding and extension agreements which were in process were exceptionally delayed creating a gap resulting in discontinuation of activities for months.

GAVI CSO Unit Pakistan made all out efforts to resolve the matter and to expedite funds transfer to CSOs. The matter was discussed with GAVI Secretariat and UNICEF Pakistan who are the fund manager for Pakistan Type B support. With the help of both, the issue was resolved and funds were processed.

In October 2011 the Expanded Programme on Immunisation (EPI) was placed under the newly created Ministry of Inter-Provincial Coordination (MoIPC). The GAVI supported initiative also came under the MoIPC with National Programme Manager as the focal person for GAVI CSO initiative. This was informed through a letter (dated 17th October, 2011) from the office of the Secretary, MoIPC.

CSOs who completed activities funded under original Type B support in early 2011 requested for additional funding to continue their work. CSOs prepared extension proposals with funding request. Due to devolution and absence of approving authority the extensions were approved late as explained earlier and agreements with CSOs were signed from October 2011 to February 2012.

Except for two, (Save the Children UK, due to merger to Save the Children International and PRSP due to changes at the management level) all CSOs continued their activities in 2011 with gaps. Their work suffered due to lack of clarity over funding, and therefore was not able to set clear targets and indicators for the year.

In the second half of 2011, GAVI Secretariat decided to conduct an external evaluation of the CSO Type B support in various countries. Pakistan was one of the countries selected for a comprehensive evaluation and Cambridge Economic Policy Associates (CEPA) was appointed for the task. The relevant information and data were collected in October and November 2011. The Evaluation report was also shared later.

In September 2011, a bridge funding application for addition funds for Type B to enable the CSOs to continue their work with minimal funds was submitted to GAVI Secretariat. For this bridge funding application, individual CSO proposals for extension for a period of 12 months were called. Each CSO's activities, targets and budget were verified. All proposals were compiled as one before submission to be reviewed by the IRC. In October 2011, IRC approved Pakistan's bridge funding application of 1.5 Million USD for 2012-13.

Agreements for bridge funding were signed between MoIPC and 13 CSOs in December 2011, while the 14th one was pending. Under the Agreement, the CSOs were to be disbursed 60 percent of the total at the signing of the Agreement. The funds (for bridge funding USD 1.5 Million) from GAVI to UNICEF were transferred in February, 2012 but could not be disbursed to the CSOs on time. This issue was due to the initial problems related to the new financial system VISION in UNICEF. The payment process finally started in the second week of May, 2012.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

There have been delays due to floods (July 2011) in implementation of the CSOs activities. This was overcome by granting no-cost extensions and flexibility in terms of timings for implementation. The grant has been jointly managed by EPI/Ministry of Inter-Provincial Coordination and UNICEF. This arrangement is same as approved in the initial proposal where EPI is the technical and approving authority and UNICEF is the financial manager

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Under GAVI CSO Support, CSOs have partnered with government at different levels and yielded excellent results. Whether its provision of vaccines, logistical arrangements during campaigns, social mobilization and reaching out hard to reach areas, CSOs and government have already shown joint commitments and partnerships. Since 2010, CSOs greatly support district government for planning and execution of health events in the district.

Initially, letters requesting support were written by the federal Programme Manager to the provincial Director Generals of Health in all four provinces, Azad Jammu Kashmir (AJK) and Gilgit Baltistan (GB). After that, CSOs directly deal with various programmes and government tiers to collaborate and share information as and when needed.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number and names of CSOs involved, and the initial number and names of CSOs).

Initially CSOs were 15 and now 13.

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

The delayed disbursement of funds caused implementation to suffer. CSOs stopped work due to financial constraints and then restarted implementation and field activities. It caused baselines and targets to become outdated and irrelevant and thus monitoring and reporting became problem.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 10.2.1a: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2011	Outcomes achieved
Aga Khan Health Services, Pakistan (AKHSP)	AKHSP has remained in close coordination with the government through TB DOTS strategy and GFATM, EPI and FP services are examples of joint partnership initiative with GoP	Community Mobilization for dropped and missed communities, support during NIDs, SNIDs, Polio Campaigns, etc. coordination with primary health care providers for ensuring maternal and child health, etc.	27.98% increase in immunization, MMR dropped from 254 in 2009 to 139 in 2011 and IMR dropped from 41 in 2009 to 30 in 2011
Aga Khan University (AKU)	AKU works in coordination with government and health sector partners	For estimation of Rota virus burden, stool specimen collection continued in rural hospital	Of total 185 samples collected, 44 appeared Rota EIA Positive
Basic Development Needs Programme (BDN)	BDN through government fund, WHO fund, fund by the community and BDN revolving fund have been working in health sector in areas of mother and child health, children immunization, TT coverage of pregnant women, etc.	Supported MCH centers for providing maternal and child services to rural and neglected population (selected areas of five districts)	13 MCH centers are operational and providing maternal and child health services to communities

National Rural Support Programme (NRSP)	NRSP has been working under various thematic areas in almost 49 districts of the countries. It works with a philosophy of establishing linkages between communities, government departments, district and union councils for sustainable impact.	Mobilizing communities for vaccination, safe deliveries and improved maternal and child health	on average 40% in immunization and antenatal and postnatal visits also increase by more than 100%
The Health Foundation (THF)	THF is working for children and mothers through hepatitis awareness education, prevention including immunization/vaccinations against Hepatitis B and C. THF (though other programs) have almost vaccinated 30,000 children for Hepatitis B. THF's goal is to bring 1% reduction in the overall status of Hepatitis B & C in Pakistan in next five years.	Vaccination of children against Hepatitis B and awareness raising campaigns on Hepatitis B	About 80,000 Children vaccinated against Hepatitis B

Please list the CSOs that have not yet been funded, but are due to receive support in 2011/2012, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 10.2.1b: Planned activities and expected outcomes for 2011/2012

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2011/2012	Expected outcomes
Aga Khan Health Services, Pakistan (AKHSP)	Invovled at different spheres with government and also participate at NICC meetings at federal level	To extend skilled care delivery referral support at BEmONC level to other informal providers, CSOs, EPI vaccinators and for child health and maternal health related activities	20 % Increase in immunization (Children upto 23 months)
Aga Khan University (AKU)	Yes and make representations at NICC meetings at federal level	The overall objective of extending surveillance period for rotavirus gastroenteritis for another 12 months at rural Matiari district, and expanding surveillance for severe pneumonia and purulent meningitis would be integral to assess the impact of GAVI supported vaccines (recent Hib vaccine; upcoming Pneumococcal, and Rotavirus vaccines)	Number (%) of EIA test positive cases detected and included in the study
All Pakistan's Women Association (APWA)	Yes	To educate and motivate the families regarding women, infants and children health and other social issues which would lead to strong health seeking behavior (door-to-door visits of six household each week by each community worker, 6*4*2), run awareness raising workshops, train schools teachers and involve district health department	To Increase immunization of children (0-23 months) by 10% from baseline of Measles by mobilizing communities to increase the demand for immunization and vaccination of mother, infants and children through community empowerment
Basic Development Need Programme (BDN)	No	Support to MCH centers, refresher trainings for volunteers, women volunteers and LHWs	To enhance/maintain immunization coverage up to 90% in target UCs over a period of 12 months and ensure maternal and child health services through already established MCH Centers

Civil Society Human and Institutional Development Programme (CHIP)	Yes, representation at NICC	Refresher trainings, experience sharing meetings with village health committees, district health forums, strengthening of vaccination outreach by provision of supplies, awareness raising sessions and puppet shows	support vaccination, and equip 70% health facilities for immunization
Health and Nutrition Development Society (HANDS)	Yes	Awareness raising sessions, coordination with district health department for enhancing immunization rates	Maintain EPI Coverage (under 23 months children) at 90% and 10% increase in TT coverage and 10% increase in safe deliveries from existing evaluation
Health Education and Literacy Program (HELP)	Yes	conduct baselines, identify malnourished and rehabilitate those children about 90%	Identify 70% severely malnourished children under 2 years and rehabilitate >90% of such children
Literacy, Information, Family health and Environment (LIFE)	No	Through print and electronic media, community mobilization and invovlement of health practitioners for education and awareness on injection safety and unnecessary use of injections	To increase awareness & sensitization on injection safety & HIV/AIDS by 10% from baseline (December 2011)
National Rural Support Program (NRSP)	Yes	awareness raising, advocacy, puppet shows and meetings with district officials	Increase coverage of routine immunization in children up to 23 months of age in target area by 15-20% over the period of twelve months from baseline (Jan 2012
Pakistan Voluntary Health and Nutrition Association (PAVHNA)	Yes	Awareness raising through community mobilizers, community health sessions, and support to MCH centers (two)	Increase about 15% awareness in the target population about RH, MNCH and safe motherhood with special focus on immunization awareness in 12 months
Participatory Village Development Program (PVDP)	Yes	Coordination with village health committees, outreach visits, organizing vaccination camps	Increased coverage of routine immunization in children less than 2 year of age in target area by 85% over the period of one year
Save the Children International (SCI)	Yet to be signed as partner for 2012	n/a	n/a
Social Action Bureau for Assistance in Welfare and Organizational Networking (SABAWON)	Yes	Awareness raising through household visits, health sessions at schools and health facilities and arrange free medical camps	Through social mobilization, it is targeted to raise EPI coverage of the target UCs by 20%, TT by 25% and safe deliveries by 20%
The Health Foundation (THF)	Yes	Arrange vaccination camps at Schools	To vaccinate 48,627 children with 3 doses of Hepatitis B vaccines in the Town

10.2.2. **Future of CSO involvement to health systems, health sector planning and immunisation**

Please describe CSO involvement to future health systems planning and implementation as well as CSO involvement to immunisation related activities. Provide rationale and summary of plans of CSO engagement to such processes including funding options and figures if available.

If the country is planning for HSFP, please describe CSO engagement to the process.

CSOs will be trying in 2012 to work with provincial governments for helping them in defining their health strategies and learning from CSOs experience.

10.2.3. Please provide names, representatives and contact information of the CSOs involved to the implementation.

APWA, Dr. Sabiha Syed, shsyed@gmail.com, +92 (51) 8316102

AKHS,P , Ms.Kiran Doassani, kiran.dossani@akhsp.org, +92 (21) 35361196

AKU, Mr. Asif Raza, raza.asif@aku.edu, +92 (21) 34864734

BDN, Mr. Mukhtar Awan, bdngfatm@hotmail.com, +92 (51) 4436132

CHIP, Ms. Lubna Hashmat, lubna@chip-pk.org, +92 (51) 2280151

HANDS, Mr. Khalid Pervez, khalid.pervez@hands.org.pk, +92 (21) 34389180

HELP, Dr. D S Akram, dsakram@gmail.com, +92 (21) 35834465

LIFE, Mr. Ali Hassan, life.mail786@gmail.com, +92 (51) 4436132

NRSP, Dr. Farhat Munir, farhat.munir@gmail.com, +92 (51) 2206005

PAVHNA, Mr. Muhammad Junaid, pavhna@cyber.net.pk, +92 (21) 35801401

PVDP, Mr. Dominic Stephen, pvdpsind@yahoo.com, +92 (22) 2653850

SABAWON, Mr. Muhammad Tariq, iftikhar_sabawon@yahoo.com, +92 (91) 5815793

THF, Dr. Nishat Anwar, nishat_anwar@hotmail.com, +92 (21) 32563974

10.2.4. **Receipt and expenditure of CSO Type B funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2011 year

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	1,447,695	121,606,380
Total funds available in 2011 *(C=A+B)*	1,447,695	121,606,380
Total Expenditures in 2011 *(D)*	780,307	67,496,555
Balance carried over to 2012 *(E=C-D)*	667,388	54,109,825

Is GAVI's CSO Type B support reported on the national health sector budget? **No**

Briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

The overall management of the GAVI CSO support funds are through the Federal EPI Cell/ Ministry of IPC. UNICEF Pakistan is the fund manager for this pilot initiative. Therefore the GAVI CSO Support funds are chaneled through UNICEF headquarter through a Project Budget Allocation (PBA) to UNICEF Country Office.

On receipt of request by the National Programme Manager EPI, Ministry of IPC (focal person for GAVI CSO Support), funds are released by UNICEF for the activity through a bank to bank transfer from UNICEF to CSO account (given in the agreement).

Detailed expenditure of CSO Type B funds during the 2011 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2011 calendar year **(Document Number)**. Financial statements should be signed by the principal officer in charge of the management of CSO type B funds.

Has an external audit been conducted? No

External audit reports for CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number).

10.2.5. **Monitoring and Evaluation**

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 10.2.5: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target
Broadening the range of IMNCI and EmONC services	Percentage increase in immunization coverage	CSO report and district database	n/a	27.98% increase	December 2011	15	December 2011

Planned activities :

Please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

In the monitoring mechanism, partners and government also remain involve particularly district governments role is very active and regular. Besides this, GAVI CSO Unit constituted for facilitating this CSO support in Pakistan, also regularly monitor activities and guide CSOs accordingly. Federal EPI Cell also occasionally visit field areas and monitor implementation and CSOs activities. At provincial level, cluster meetings are held where progress and experiences are shared by CSO. These meetings are held six-monthly. At district level, district health department monitor CSOs through reports, site visits and meetings with communities. Cluster coordinators also remain involve in guiding and measuring CSOs progress through participation in the cluster meetings.

GAVI CSO Unit has also designed a more regular monitoring framework which involves very frequent interaction with CSOs. Primarily monitoring is done at three levels which involves Desk Monitoring (through reports, data, case studies, etc), Field Monitoring (through field visits, record verifications, etc) and Telephony Monitoring (through telephone calls to CSO field offices on progress and update). The monitoring mechanism is aimed to meet following objectives, to observe CSOs implementation strategy, to validate CSOs activities and expenditures, to measure progress against agreed targets, to provide guidelines to CSOs keeping in view the national and provincial scenario for implementation.

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	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	✓	Signature of ministers.jpg File desc: File description... Date/time: 5/22/2012 1:01:15 PM Size: 85787
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature Page_Ministries.pdf File desc: File description... Date/time: 6/5/2012 11:28:36 PM Size: 64987
3	Signatures of members of ICC	2.2	✓	ICC signature page.jpg File desc: File description... Date/time: 5/22/2012 1:01:58 PM Size: 123897
4	Signatures of members of HSCC	2.3	✗	ICC signature page_2.jpg File desc: File description... Date/time: 5/22/2012 1:02:13 PM Size: 70464
5	Minutes of ICC meetings in 2011	2.2	✓	Minutes_NICC_21 Jan 2011.pdf File desc: File description... Date/time: 5/21/2012 6:42:51 AM Size: 368915
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Minutes of Meeting 10 May 2012 (Rev).pdf File desc: File description... Date/time: 6/5/2012 11:29:11 PM Size: 103676
7	Minutes of HSCC meetings in 2011	2.3	✗	Annex E for NHSCC second Meeting Minutes.pdf File desc: File description... Date/time: 5/10/2012 7:53:14 AM Size: 3166867
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	Minutes of Meeting 10 May 2012 (Rev).pdf File desc: File description... Date/time: 6/5/2012 11:29:37 PM Size: 103676
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Financial Statement A.jpg File desc: File description... Date/time: 5/13/2012 10:01:19 AM Size: 8722
10	new cMYP APR 2011	7.7	✓	Pakistan_cMYP_2011-2015.pdf File desc: File description... Date/time: 5/21/2012 6:15:55 AM

				Size: 616529
11	new cMYP costing tool APR 2011	7.8	✓	PAK cMYP Aug 2009 Pneumo F (31Aug 09).xls File desc: File description... Date/time: 5/21/2012 6:18:16 AM Size: 3403776
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	APR 2011.doc File desc: File description... Date/time: 5/22/2012 1:54:13 PM Size: 107970
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Financial Statement_ISS.pdf File desc: File description... Date/time: 5/21/2012 6:21:49 AM Size: 681476
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement for NVS introduction grant in 2011 APR 2011.pdf File desc: File description... Date/time: 5/21/2012 6:22:19 AM Size: 109040
15	EVSM/VMA/EVM report APR 2011	7.5	✓	EVM Assessment Pakistan 2009.pdf File desc: File description... Date/time: 5/21/2012 6:25:03 AM Size: 478064
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Updated EVM improvement plan Pak implementation status (05.05.2012).pdf File desc: File description... Date/time: 5/21/2012 6:29:02 AM Size: 315212
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	Updated EVM improvement plan Pak implementation status (05.05.2012).pdf File desc: File description... Date/time: 5/21/2012 6:29:48 AM Size: 315212
18	new cMYP starting 2012	7.8	✗	Pakistan_cMYP_2011-2015.pdf File desc: File description... Date/time: 6/5/2012 2:58:33 AM Size: 616529
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Extneral Audit report (2011-12).pdf File desc: File description... Date/time: 6/5/2012 11:30:36 PM Size: 51448
20	Post Introduction Evaluation Report	7.2.2	✓	Post Introduction Evaluation Report.pdf File desc: File description... Date/time: 5/21/2012 6:31:52 AM

				Size: 166576
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Minutes of Meeting 10 May 2012 (Rev).pdf File desc: File description... Date/time: 6/5/2012 11:31:04 PM Size: 103676
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	audit report.pdf File desc: File description... Date/time: 5/29/2012 4:57:17 AM Size: 756599
23	HSS Health Sector review report	9.9.3	✗	WHS_2012_Full.pdf File desc: File description... Date/time: 6/1/2012 3:18:23 AM Size: 2467061
24	Report for Mapping Exercise CSO Type A	10.1.1	✗	10.1.1 Mapping Exercise.docx File desc: File description... Date/time: 5/22/2012 11:53:32 AM Size: 12389
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	✗	FUR SC_10_0699.pdf File desc: File description... Date/time: 7/6/2012 8:53:59 AM Size: 25744
26	HSS expenditures for the January-April 2012 period	9.1.3	✗	Annex B for Financial Statement 2012.pdf File desc: File description... Date/time: 5/28/2012 2:25:28 AM Size: 652826