GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Pakistan

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **6/5/2013 10:45:58 PM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 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: **2012**

Requesting for support year: **2014**

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
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
VIG	Yes	N/A	N/A
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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 Farooq Ahmed Awan	**Name**	Mr Shahid Ali
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
Mr Qadir Bux Abbasi	Director, M&E, Federal EPI Cell	+92519255605	qabbasi1@gmail.com
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Dr Huma Khawar	CSO Coordinator	+92512097861	khawar_huma@yahoo.com

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

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

Huma Khawar, Coordinator	GAVI CSO Support Unit, EPI		
Sundas Warsi, M&E Officer	GAVI CS Support Unit, EPI		

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 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	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	465,765	465,765	474,056	474,056	482,493	482,493	491,082	491,082
Total surviving infants	5583130	5,583,130	5,682,510	5,682,510	5,783,659	5,783,659	5,886,608	5,886,608
Total pregnant women	6,169,873	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	5,746,450	5,746,450	5,910,303	5,910,303	6,078,168	6,078,168	6,250,136	6,250,136
BCG coverage	95 %	95 %	96 %	96 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	5,024,817	4,968,986	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
OPV3 coverage	90 %	89 %	92 %	92 %	94 %	94 %	96 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1	5,432,953	5,248,142	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	5,024,817	4,968,986	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
DTP3 coverage	90 %	89 %	92 %	92 %	94 %	94 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	5,303,964	5,248,142	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 3 dose of DTP-HepB-Hib	5,303,964	4,968,986	5,455,210	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
DTP-HepB-Hib coverage	90 %	89 %	92 %	92 %	94 %	94 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	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
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	1,849,840	257,933	5,455,210	4,903,059	5,610,149	5,610,149	5,768,876	5,768,876
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	1,849,840	177,732	5,455,210	4,412,753	5,436,369	5,436,369	5,651,144	5,651,144

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV10) coverage	33 %	3 %	92 %	78 %	94 %	94 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	0	10	0	10	5	10	5	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.05	1.11	1.05	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	5,024,817	4,913,154	5,227,909	5,227,909	5,436,369	5,436,369	5,651,144	5,651,144
Measles coverage	90 %	88 %	92 %	92 %	94 %	94 %	96 %	96 %
Pregnant women vaccinated with TT+	5,244,392	4,915,514	5,651,727	5,651,727	5,880,157	5,880,157	6,179,982	6,179,982
TT+ coverage	85 %	80 %	90 %	90 %	92 %	92 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	8 %	5 %	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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 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 2012 is consistent with JRF 2012 and for the period of 2013 - 2015 is consistent with cMYP. There is no change.

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

  The number of surviving infants in 2012 is consistent with JRF 2012 and for the period of 2013 - 2015 is consistent with cMYP. There is no change.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  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**

  Wastage rate of PCV10 is changed from 5% to 10% considering the 2 dose/vial without preservative presentation.

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

Key achievements:

1. Capacity building of the provincial EPI staff from all provinces and federating units on vaccine management

2. Successful introduction of PCV10 vaccine in the larget province of the country (Punjab) comprising 53% of the total population

3. Completion of training for PCV10 introduction in AJK and In Sindh province (2nd largest province of the country).

4. Developement of AEFI surveillance guideline

5. Improvement in VPD surveillance system

6. 30 new cold rooms have been added in different district stores.

7. Additional cold chain equipments worth of US$8.5 million was added at sub-district level cold chain capacity in Punjab province. Solar refrigerators, ILRs (MK074), cold boxes and vaccine carriers worth US$245,786 addedd to districts Poonch (AJK), Diamir (GB) and Naseerabad (Balochistan).

Key challenges:

1. Uncertainity about the role of Federal EPI and its existance continued

2. Delay in fund release by the MoF compromised timely procurement of vaccines including meeting country co-financing obligation for Pentavalent vaccine

3. Explosive measles outbreak in different parts of the country

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,

1. Effective Vaccine Management Assessment. Now it's rescheduled in 2013

2. Introduction of VSSM software in at least 2 provincial EPI stores: Related staff were trained in all provinces and introduced in one Provincial store (Punjab).

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

There is no evidence of any discrepancies in reaching boys versus girls.

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

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

No evidence of gender related barriers is available.

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 2012 is DPT1: 94%, DPT3: 89% and MCV1: 88%

WHO/UNICEF joint estimate for 2012 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 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

Punjab provincial health department conducted a third-party assessment of its routine immunization coverage which revealed followings,

BCG: 92.7%, OPV0: 87%, Pentavalent 1: 89.9%, Pentavalent 2: 84%, Pentavalent 3: 79.9%, Measles 1: 75.8%, Measles 2: 61.1%, Fully Immunized: 57.5%

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

New tool (tally sheet) is administered in the program for proper recording routine vaccination.

Reporting forms have been revised segregating immunization data of residential and residential children.

Third party evaluation of routine immunization coverage is done in Punjab province.

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 to be conducted in all provinces

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 98.75	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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID	None	None
Traditional Vaccines*	12,971,195	12,971,195	0	0	0	0	0	0
New and underused Vaccines**	104,311,943	10,902,943	93,409,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,692,723	2,692,723	0	0	0	0	0	0
Cold Chain equipment	8,745,786	0	0	245,786	0	8,500,000	0	0
Personnel	5,493,910	0	4,830,000	562,430	101,480	0	0	0

Other routine recurrent costs	1,164,029	0	0	237,781	926,248	0	0	0
Other Capital Costs	2,680,548	0	0	2,039,988	640,560	0	0	0
Campaigns costs	5,054,875	0	0	3,386,587	1,668,288	0	0	0
None		0	0	0	0	0	0	0
Total Expenditures for Immunisation	143,115,009							
Total Government Health		26,566,861	98,239,000	6,472,572	3,336,576	8,500,000	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Not applicable.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 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.	Not selected

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

. 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 2012? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

1. Implementing activities according to EPI Plan of Action 2013 - 14
2. Updating current cMYP
3. EVM assessment and training
4. Nationwide Measles SIA
5. Establishing effective accountability and oversight mechanism
6. Introduction of new vaccines

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD syringe (0.05 ml)	Government of Pakistan
Measles	AD syringe (0.5 ml)	Government of Pakistan
TT	AD syringe (0.5 ml)	Government of Pakistan
DTP-containing vaccine	AD syringe (0.5 ml)	Government of Pakistan and GAVI
Measles	Disposable syringe (5 ml) for reconstitution	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 encountered in implementing the injection safety policy/plan.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Sharp wastes are collected in Safety boxes 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 some vaccinators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	14,683,352	1,248,085,000
Total funds available in 2012 *(C=A+B)*	14,683,352	1,248,085,000
Total Expenditures in 2012 *(D)*	4,830,380	477,000,000
Balance carried over to 2013 *(E=C-D)*	9,852,972	771,085,000

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 2012

- □□□□□□□□ Salaries To additional immunization staff
- □□□□□□□□ Human Resource Development
- □□□□□□□ Supervision and monitoring
- □□□□□□□□ 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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (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? **Not selected**

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 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Pakistan is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	16,910,122	22,336,289	3,621,100	No
Pneumococcal (PCV10)	7,699,960	6,411,600	0	No

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  Values in column A and B are different because,

  In 2012, 9,047,267 doses of Pentavalent vaccine was delivered from 2011 allocation.

  In addition to that 13,289,022 doses of Pentavalent vaccine was delivered in the same year from 2012 allocation.

  Thus, the total delivery of Pentavalent vaccine in 2012 is 22,336,289 doses.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P>Not applicable</P>

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	Yes	01/10/2012
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P>1) Introduction grant for <SPAN class=il>PCV10</SPAN> was released late by GAVI which leads to delay in production and printing of training material and others. </P><DIV>2) Other competing programme priorities interrupted implementation of activities as planned.</DIV><DIV>3) Natural disaster (flood and rains) delayed the training schedule.</DIV><DIV>4) Some districts failed to pass programmatic readiness assessment conducted by WHO which required repeating of whole process in those districts resulted in delayed introduction in the respective provinces.</DIV>

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 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° 9))

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

1. Development of training materials for PCV10 introduction

2. Revision of EPI guidebooks, SOPs, tools, forms, cards, registers for PCV10 introduction

3. Printing of revised EPI documents

4. Training of immunization staff in all districts of Punjab, Sindh province and AJK on PCV10 introduction.

5. Developement of social mobilization and communication materials for PCV10 introduction.

6. Printing of social mobilization and communication materials for PCV10 introduction.

7. Implementation of different social mobilization and communication activities for PCV10 introduction.

Introduction grant was provided through partner agencies (WHO and UNICEF) and the expenditure was also done by the respective partner agencies.

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

Activities couldn't be implemented according to planned schedule due to delayed release of introduction fund by GAVI to the partner agencies.

Delay in implementation also was caused by other competing program priorities and natural disaster.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

1. Training of immunization staff in the remaining districts for PCV10 introduction.

2. Printing of EPI documents for remaining districts.

3. Social mobilization and communication activities.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5,749,500	2,189,200
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	3,603,000	1,000,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	9352500	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2,166,807	
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	Government of Pakistan
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	Government of Pakistan
	Q.5: Please state any Technical Assistance needs 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/

Country was in default for Pentavalent co-financing in 2012. However, country successfully fulfilled its co-financing obligation for Pentavalent vaccine for 2012 in May 2013.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **June 2009**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for Pakistan is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	5,583,130	5,682,510	5,783,659	5,886,608	22,935,907
	Number of children to be vaccinated with the first dose	Table 4	#	5,248,142	5,455,210	5,610,149	5,768,876	22,082,377
	Number of children to be vaccinated with the third dose	Table 4	#	4,968,986	5,227,909	5,436,369	5,651,144	21,284,408
	Immunisation coverage with the third dose	Table 4	%	89.00 %	92.00 %	94.00 %	96.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	8,574,561				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	8,574,561				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.34	0.40	0.46	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Not applicable

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

Co-financing group	Intermediate

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

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

		2013	2014	2015
Number of vaccine doses	#	14,693,100	14,591,200	14,416,800
Number of AD syringes	#	15,539,900	15,430,300	15,245,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	172,500	171,300	169,250
Total value to be co-financed by GAVI	$	32,652,500	32,426,000	31,271,500

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

		2013	2014	2015
Number of vaccine doses	#	2,654,100	3,202,900	3,880,300
Number of AD syringes	#	2,807,000	3,387,100	4,103,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	31,175	37,600	45,550
Total value to be co-financed by the Country ^[1]	$	5,898,000	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	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	15.30 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	5,248,142	5,455,210	834,621	4,620,589
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	15,744,426	16,365,630	2,503,862	13,861,768
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	16,531,648	17,183,912	2,629,055	14,554,857
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		163,066	24,949	138,117
H	**Stock on 1 January 2013**	*Table 7.11.1*	8,574,561			
I	**Total vaccine doses needed**	*F + G – H*		17,347,028	2,654,011	14,693,017
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		18,346,853	2,806,979	15,539,874
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*		203,651	31,158	172,493
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		35,318,550	5,403,566	29,914,984
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		853,129	130,525	722,604
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)*		118,118	18,072	100,046
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		2,260,388	345,829	1,914,559
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		38,550,185	5,897,990	32,652,195
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		5,897,990		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		15.30 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	18.00 %			21.21 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	5,610,149	1,009,798	4,600,351	5,768,876	1,223,411	4,545,465
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	16,830,447	3,029,394	13,801,053	17,306,628	3,670,232	13,636,396
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	17,671,970	3,180,864	14,491,106	18,171,960	3,853,744	14,318,216
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	122,015	21,963	100,052	124,998	26,509	98,489
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	17,794,035	3,202,835	14,591,200	18,297,008	3,880,263	14,416,745
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	18,817,233	3,387,005	15,430,228	19,349,105	4,103,382	15,245,723
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*	208,872	37,596	171,276	214,776	45,548	169,228
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	36,228,656	6,520,971	29,707,685	36,337,858	7,706,202	28,631,656
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	36,228,656	157,496	717,506	36,337,858	190,808	708,926
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)*	121,146	21,806	99,340	124,571	26,418	98,153
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	2,318,634	417,343	1,901,291	2,325,623	493,197	1,832,426
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	39,543,438	7,117,614	32,425,824	39,687,786	8,416,624	31,271,162
U	Total country co-financing	*I x country co-financing per dose (cc)*	7,117,614			8,416,624		
V	Country co-financing % of GAVI supported proportion	*U / T*	18.00 %			21.21 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	5,583,130	5,682,510	5,783,659	5,886,608	22,935,907
	Number of children to be vaccinated with the first dose	Table 4	#	257,933	4,903,059	5,610,149	5,768,876	16,540,017
	Number of children to be vaccinated with the third dose	Table 4	#	177,732	4,412,753	5,436,369	5,651,144	15,677,998
	Immunisation coverage with the third dose	Table 4	%	3.18 %	77.65 %	94.00 %	96.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	3,097,600				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	3,097,600				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.23	0.35	0.35	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Not applicable

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

Co-financing group	Intermediate

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

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

		2013	2014	2015
Number of vaccine doses	#	18,925,300	17,427,100	17,492,200
Number of AD syringes	#	19,323,600	17,485,300	17,505,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	214,500	194,100	194,325
Total value to be co-financed by GAVI	$	69,249,000	63,750,500	63,986,000

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

		2013	2014	2015
Number of vaccine doses	#	1,269,400	1,843,800	1,850,800
Number of AD syringes	#	1,296,200	1,850,000	1,852,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	14,400	20,550	20,575
Total value to be co-financed by the Country ^[1]	$	4,645,000	6,745,000	6,770,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	6.29 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	257,933	4,903,059	308,196	4,594,863
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	773,799	14,709,177	924,587	13,784,590
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*	858,917	16,327,187	1,026,292	15,300,895
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		3,867,068	243,076	3,623,992
H	**Stock on 1 January 2013**	*Table 7.11.1*	3,097,600			
I	**Total vaccine doses needed**	*F + G – H*		20,194,655	1,269,392	18,925,263
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		20,619,632	1,296,105	19,323,527
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*		228,878	14,387	214,491
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		70,681,293	4,442,872	66,238,421
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		958,813	60,269	898,544
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)*		132,750	8,345	124,405
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		2,120,439	133,287	1,987,152
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		73,893,295	4,644,771	69,248,524
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		4,644,771		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		6.29 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.57 %			9.57 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	5,610,149	536,767	5,073,382	5,768,876	551,974	5,216,902
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	16,830,447	1,610,299	15,220,148	17,306,628	1,655,921	15,650,707
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	18,681,797	1,787,432	16,894,365	19,210,358	1,838,073	17,372,285
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	588,653	56,321	532,332	132,141	12,644	119,497
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	19,270,850	1,843,791	17,427,059	19,342,899	1,850,754	17,492,145
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	19,335,201	1,849,948	17,485,253	19,357,034	1,852,107	17,504,927
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*	214,621	20,535	194,086	214,864	20,559	194,305
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	67,447,975	6,453,268	60,994,707	67,700,147	6,477,639	61,222,508
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	67,447,975	86,023	813,064	67,700,147	86,124	813,979
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)*	124,481	11,911	112,570	124,622	11,924	112,698
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	2,023,440	193,599	1,829,841	2,031,005	194,330	1,836,675
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	70,494,983	6,744,798	63,750,185	70,755,877	6,770,016	63,985,861
U	Total country co-financing	*I x country co-financing per dose (cc)*	6,744,798			6,770,015		
V	Country co-financing % of GAVI supported proportion	*U / T*	9.57 %			9.57 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

8. Injection Safety Support (INS)

This window of support is no longer available

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 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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 objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

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 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

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: **6626000** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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	0	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	23525000	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	3869686
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	6626	6626	6626	6626	6626

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	3585813			
Total Funds available during the calendar year (*C=A+B*)	3585813			
Total expenditure during the calendar year (*D*)	0			
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

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

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	348252743			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0			
Total funds received from GAVI during the calendar year (*A*)	662650000			
Remaining funds (carry over) from previous year (*B*)	348252743			
Total Funds available during the calendar year (*C=A+B*)	1010902743			
Total expenditure during the calendar year (*D*)	0			
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

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 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 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: 19)**

If any expenditures for the January April 2013 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: 20)**

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. There was no expense/ utilization of GAVI HSS fund for the year under review, i.e. 2012 owing to the post devolution evolving situation and ongoing resolution of GAVI HSS implementation in Pakistan. <?xml:namespace prefix = o />
2. However for details of the financial management of GAVI HSS fund utilization prior to the devolution of Ministry of Health pervious APR 2011 may please be referred.
3. In future as per decision of the meeting between Planning & Development (P&D), Government of Pakistan and GAVI held on Dec 14th, 2012 **(Annex 1),** utilization of balance HSS funds US $ 3.5 million will be made through the PSDP/ PC 1 mechanism. In this regard, details of the financial mechanism to utilize these funds can be seen in the FMA document **(Annex 2)** submitted to GAVI on 29th March 2013.

Has an external audit been conducted? No

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: 21)

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
N.A	N.A		N.A

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**
N.A	N.A

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

The work plan activities reflected in Table 9.2in the last APR 2011 were not implemented owing to the ongoing resolution ofGAVI HSS implementation in Pakistan during calendar year 2012. The work planhas since been considerably revised in line with post devolution scenario andrevised GAVI HSS objectives necessitating more demonstrable focus on improvementin immunization out come and coverage through strengthening of integratedhealth systems. Moreover, fund utilization will now be effected through the PC1 mechanism **(Annex-3)** and thePartners work plan **(Annex-4)** as perdecision of the P&D Division dated 14th Dec 2012 **(Annex-1).** It is pertinent to clarifythat both the HSS PC1 and Partners work plan are currently under process ofapproval in P&D Division and IRC, GAVI respectively.

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 HSS & Policy Unit was established and supported in the ex Ministry of Health through GAVI HSS grant. With regards to ensuring evidence based HRH planning, HSS & Policy Unit undertook analysis of the data on public sector health institutions, regarding human resource, budget, assets, roles and responsibilities and their legal status. The HR analysis intended to support the devolution process in terms of adjusting and placement of human resource. Similarly, a cross-sectional survey had also been conducted to collect data on number and distribution of health work force ranging from the total front-line public sector health workers to the median estimate of doctors and nurses in the district health system in Pakistan (Reference APR 2011). <?xml:namespace prefix = o />

Subsequently building on these initial assessments a Human Resources Needs Assessment was compiled for all Provinces as human resource development is a major aspect of strengthening and development of health systems under the premise that health workforce density affects health outcomes. Immunization rate and antenatal coverage is high if we have enough skilled and well matched health workforces for requisite service delivery. Conversely, high MMR and IMR have been reported from countries with low health work force density.

The HR assessments were used by WHO, Pakistan in 2011- 12 to conduct a stakeholder analysis for establishment of a multi-sectoral platform in the shape of Country Coordination and Facilitation Mechanism (CCF). A package of activities to support decentralization in the light of 18th amendment was also prepared with provincial consultation. These activities include: development of HRH strategy and plan, establishment of HRH observatory, development and implementation of HRIS and HRH analysis for ESHP.

The provincial and district departments of health were also supported for development of HRH profiles towards establishing and implementing long-term HR strategies and policies. The draft HRH strategy for Public Health Sector, in Sindh province been devised by the Health Sector Reform Unit with the support of development partners. Likewise, Dow University of Health Sciences, Karachi Sindh was supported by WHO for devising HRH profiling for both the public and private health sector in Sindh. The ground work towards development of HRH strategy in Punjab is in process. In this regard, CCF Punjab will be notified shortly and Consultant support will be provided through WHO/ GHWA for the purpose.

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 2011 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	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
Establishment of HSSCU at Federal level	0	MoIPC	1	0	0	0	0	0	0	MOH	Not Applicable since the targets have been set for the current year i.e 2013
Establishment of donor coordination forum	0	MoIPC	1	0	0	0	0	0	0	MoIPC	do
Mapping of donor interventions in health related assistance program	0	MoIPC	100%	0	0	0	0	0	0	MoIPC	do

Trainings of LHWs as vaccinators	15%	MoH/MoIPC	30%	0	15%	15%	15%	15%	15%	Third party evaluation of LHW program	do
Vaccine wastage	30%	MoIPC/UNICEF	5%	30%	30%	30%	30%	30%	30%	UNICEF Report, 2012	do
fully immunized children aged 12 -23 months	53%	PSLM, 2011	80%							PSLM	do
Poorly functioning system for monitoring and evaluation	Quarterly monitoring	MoIPC/Federal EPI	functioning system for monitoring and evaluation							MoIPC/Federal EPI	do
Refresher and on job trainings for existing vaccinators on SOPs of appropriate use of vaccine	30%	MoIPC/Federal EPI	60%	10%	15%	15%	205	20%	30%	MoIPC/Federal EPI	do
Trainings for EPI data managers on data entry for EPI, vaccines and logistic	0%	MoIPC/Federal EPI	70%	0	0	0	0	0	0	MoIPC/Federal EPI	do
Establishment of web based EPI data management system at provincial and district level	0	MoIPC/Federal EPI	100%	0	0	0	0	0	0	MoIPC/Federal EPI	do
appropriate use of vaccine and health technology	60%	MoIPC/Federal EPI	80%	60%	60%	60%	60%	60%	60%	MoIPC/Federal EPI	do
Establishment/ strengthening of 70 warehouses with cold rooms	1	MoIPC/Federal EPI	70	0	0	0	1	1	1	MoIPC/Federal EPI	do
Vaccine wastage	30%	MoIPc/UNICEF	5%	30%	30%	30%	30%	30%	30%	UNICEF Report, 2012	do
Refresher and on job trainings for existing vaccinators on SOPs of appropriate use of vaccine	30%	MoIPC/Federal EPI	60%	10%	15%	15%	205	20%	30%	MoIPC/Federal EPI	do
Establishment of neonatal units with provision of Hepatitis B birth dose in selected 10% districts (DHQs/THQs)	0	MoIPC/Federal EPI	10%	0	0	0	0	0	0	MoIPC/Federal EPI	do

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

There was no implementation of GAVI HSS work plan activities in 2012. However, the following actions and processes are accomplishments of 2012 without which the resolution of HSS issues enabling decision on implementation and utilization of GAVI HSS grant in 2013 would not have been possible.<?xml:namespace prefix = o />

1. Revival and Notification of HSS Unit in MO IPC

The Federal Ministry of Health was devolved on 30th June 2011 as a consequence to the 18th Amendment to the Constitution of Pakistan. In the post devolution evolving situation, several health development partners including GAVI intimated their inability to deal directly with the sub-national entities / provinces. The matter was duly considered and as international coordination remains the responsibility of the Federal Government, the Prime Minister was pleased to revive Health System Strengthening Program/ Unit, with placement under the administrative control of Ministry of Inter-Provincial Coordination (IPC). Gazette Notification to that effect was issued on 30th January, 2012 **(Annex-5)**.

2. Resolution of the Institutional Arrangement for GAVI HSS at Federal level

Subsequently, further progress on GAVI HSS was delayed, owing to the situation arising out of the lack of clarity on the institutional arrangement for HSS program at the Federal level. P&D being of the view that placement of the HSS Unit under Mo IPC for implementation of the GAVI HSS Work plan was a misinterpretation of the PM's directive. Several joint partners' missions (GAVI, WHO, UNICEF) and interactions at the country and regional level (EMRO) were undertaken in this regard. The matter was however, successfully resolved in a meeting held between GAVI/WHO Joint Mission and the Planning & Development Division (P&D) on December 14, 2012 **(Annex- 1);** with the decision and clarity on the Mo IPC as the responsible institutional arrangement at the Federal level for coordination of HSS PC 1 and work plan.

3. Approval and Concurrence of Federal HSS PC1 and Partners Work plan

Similarly, the issue of the legality and justification of Federal HSS PC 1 (worth US$ 3.5 M) and implementation mechanism for US$ 6.6 M was also successfully resolved with grant of approval of Federal HSS PC1and Partners work plan by the P&D Division. The decision was subsequently endorsed by the Provincial DOH in the consultative workshop arranged by the Mo IPC with WHO support on 11th Feb 2013 **(Annex-6)** and Interagency Coordination Committee in its meeting held on 15th February, 2013**(Annex-7)**

4. Continuation & Maintenance of HSS Unit through WHO support

The revived HSS Unit designated as the HSS Coordination Unit, Mo IPC continued to be supported through the WHO in the interim period awaiting approval of the HSS PC 1. The Unit and staff are envisaged to be eventually institutionalized and regularized as part of the recently notified Coordination Unit in Mo IPC **(Annex-8),** which inter alia includes HSS coordination and oversight responsibility at the Federal level.

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

Inthe immediate post devolution period (July 2011- Dec 2012) the major issues forGAVI HSS implementation were related to the:

- Revival & Placement of HSS PU in the devolved set up at the Federal level
- Lack of clarity of role and responsibility in the assigned setup/ institutional arrangement at the Federal level
- Decision on Federal HSS PC-1
- Lack of Advocacy & Commitment for HSS
- Technical Capacity Needs in the Assigned Federal Set up (Mo IPC)

1. Follow up and dialogue with Government of Pakistan at the National & Sub national level:

Persistent and frequent follow up withGovernment counterparts by the development partners, particularly GAVIsecretariat on the fate of HSS grant implementation held in abeyance since 2011onwards, played a significant role in the issue being revived and taken up forconsideration and consequent executive decision of the PM of Pakistan resultingin the revival and notification of the HSS Unit in the Mo IPC on 30thJan 2012.

1. Proactive Approach- Visit of Several Joint Missions to Pakistan

The visit of several joint missions (Nov2011, Dec 2011, April 2012, June 2012 and Dec 2012) for extensive discussionsand dialogue on HSS implementation, enabled successful resolution of GAVI HSSImplementation, including agreement and clarity on Mo IPC as the institutionalentity at the Federal level for overall coordination of HSS program and grantof approval for Federal HSS PC 1 to enable utilization of US$ 3.5 M fundsavailable in Pakistan. The proactive approach also resolved the decision andconcurrence of relevant stakeholders on utilization of US$ 6.6 M throughdevelopment partners to accomplish simultaneous and expeditious utilization ofHSS funds maximally by Dec 2013.

1. Close Coordination and Rapport between Government (Mo IPC) and Development Partners (WHO & GAVI)

The evolving postdevolution situation contributed to the initial gaps in commitment for HSS atthe Federal level. However, the initialdelay was made up by the subsequent strong role and pursuance by the Mo IPC in closecoordination with the development partners, for resolving HSS implementation issuewith P&D Division and the Provincial Departments of Health.

1. Technical & Other Support to Mo IPC and the HSS Unit

Currently, there aregaps in the technical health capacity in Mo IPC with only one technical healthexpert (Deputy Director Health) to look after and deal with the multifariousassigned health related responsibilities. Similarly, the HSS Unit is alsooperating with only a Finance Manager and support staff since July 2011; allthe Health Technical staff being terminated since Dec 2011 owing to absence offunds.

However, continued TAand advisory support was provided through the HSS setup and focal point forGAVI HSS in WHO. Moreover, the HSS Unit was maintained through continuation ofsalary and operational support by WHO.

Similarly, STCsupport was also given by WHO to the Mo IPC/ HSS Unit for development of HSS PC1 and Partners HSS work plan.

1. Improved Performance of HSS Funds

Strengthening of HSSCU through inclusion of essential technical positions in the PC 1 will support improved performance of HSS funds. However, regularization and institutionalization of HSS CU in the organogram of Mo NHSRC is required for the long term sustainability of the Unit. One of the main envisaged role of the Unit is overall support and oversight for donor coordination as envisioned in the concept note of HSS& PU in the original GAVI HSS Work plan **(Annex-9).**

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

TheMonitoring and Evaluation framework and plan will focus on enabling progresstowards improvement in the outcome indicators, through development andappropriate balance of M & E tools and other supervisory approachesrelevant to the proposed work plan activities.

- Centralized and consolidated reporting datawill be maintained by the HSS CU, Mo IPC at the Federal level.
- The implementing partners will send allaccomplishment of activities report to the Federal HSS CU, Mo IPC within oneweek of completion of activities; where all reports and execution plan will beconsolidated for onward transmission and relevant sharing.
- Project Reporting mechanism – Regularlyobtaining project documentation and analyzing it for progress i.e. quarterlyprogress reports, project work plans.
- Validation- checking and verifying throughthe M & E teams whether the reported information is accurate or not i.e.field visits for direct evaluation.
- Participation/Feedback- obtaining regularfeedback from partners and beneficiaries on progress and proposed actions.
- Quarterly / half yearly review by Mo IPC
- Annual review will be placed forconsideration, action and approval in the ICC meeting.

HSSCU- Mo IPC (Federal Level)

Themain responsibility of coordination of project activities and oversight ofoutcomes will be carried out by the HSSCU in close collaboration with implementingpartners. The HSSCU will focus and ensure that the scope of monitoring is widerthan just assessing project deliverables and also include reviewing overall performance,emerging gaps, partnerships, resource requirements, with particular attentionto achieving the MDG targets and improvement in EPI indicators.

Monitoringwould be multifunctional so that information generated or gathered at one levelis useful at the next. Monitoring would also go beyond just checking whetheractivities are taking place as planned. The quality and regularity of thetwo-way information flow would be routinely checked and adjusted to meetspecific needs.

Work plan activities regarding development andtraining of LMIS and GIS, Manual and SOPs/ guidelines for procurement, logisticetc., will also contribute to M&E activities and will strengthen theoverall M&E system.

Implementing Partners and HSRUs

Regularmeetings will be arranged with implementing partners to share work planprogress and experience. Monitoring ofproject activities will be undertaken mainly by the project staff employed atFederal level and Provincial level and documented in the form of regularprogress reports which will be shared with Provincial HSRUs and the HSS CU-MoIPC.

All information collected by the implementation set upsat the provincial level will be shared with and channeled through theProvincial Health Departments and also forwarded to the Federal HSSCU at MOIPC.The reports, after approval will be utilized for reporting to GAVI through theAPR mechanism.

Reporting

The final yearly progress report will be developed,printed and circulated among all health partners including implementingpartners, Provincial Health Departments, concerned Ministries/ divisions, WHO,UNICEF, GAVI.

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 defined indicators of EPI in particular thepercentage drop out between DTP1 and DTP3 coverage andpercentage of surviving infants receiving 3 doses of DTP-containing vaccine arecommon to the health sector strategies such as the National EPI Policy andProvincial Health Strategies. Moreover, the systems defined for M&S are inline with the already existing set ups at all levels in the country, includingFederal, Provincial and District. These indicators are also part of the DistrictHealth Information (DHIS) which is the main system of health information in Pakistan.

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

PreviouslyEPI, HSS and CSO were working as separate entities, with different managementarrangements. However, future HSS work plan and fund utilization will beundertaken in coordination with all the key stakeholders including CSOs. Inthis context, both the revised HSS Work plan and PC-1 both have been developedin close coordination with Federal & Provincial EPI Programs, the ProvincialHealth Sector Reform Units (HRSU), CSOs and development partners (WHO andUNICEF). The key stakeholders in the coordination and implementation of GAVI HSSgrant will include:

1. Ministry of Inter Provincial Coordination (Mo IPC)
2. Federal EPI Cell and Provincial/ Regional EPI Programs
3. Provincial Health Sector Reform Units (HRSUs)
4. WHO
5. UNICEF
6. CSO include the following:

    i. Aga Khan Health Services, Pakistan (AKHS,P)
    ii. Aga Khan University (AKU)
    iii. Basic Development Needs Program (BDN)
    iv. Civil Society Human and Institutional Development Program (CHIP)
    v. Health and Nutrition Development Society (HANDS)
    vi. Health Education and Literacy Program (HELP)
    vii. Literacy Information in Family Health and Environment (LIFE)
    viii. National Rural Support Program (NRSP)
    ix. Pakistan Voluntary Health and Nutrition Association (PAVHNA)
    x. Participatory Village Development Program (PVDP)
    xi. Social Action Bureau for Assistance in Welfare and Organizational Networking (SABAWON)
    xii. The Health Foundation (THF)

The details may pl be seen at **Annex-4.**

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.

The revised HSS work plans (PC1 and PartnersWork plan) has been devised to support integrated health system strengtheningtowards improving EPI service delivery and immunization outcomes. Majority ofthe activities relate to directly strengthening EPI service delivery and EPIpolicy 2010 emphasizes involvement of CSOs in relevant EPI service deliveryactivities. The policy recommends that civil society organizations withnecessary expertise shall be encouraged to assist the program by monitoringimmunization activities. Similarly, functional partnership through Memorandumof Understanding (MOU) shall be explored with Non-Governmental Organizations,Community Based Organizations (CBOs) for ensuring immunization service deliveryespecially in areas with significant gaps in services.

CSO involvement is based on their ability towork in hard-to-reach areas and create models for replication; including facilitationof outreach teams through listing of mothers and children, refusal cases andmissed cases as they are in close contact with the community. Furthermore, the CSOshave also devised several different methods for raising awareness regardingvaccinations. One such method is through the formation of Village DevelopmentCommittees (VDCs) that perform awareness raising activities. VDCs operateeither through door to door awareness raising sessions or talk to the mothersand decision makers about routine immunization in groups. CSOs, through VDCs also organize children andmothers for the coverage of outreach teams. They can also introduce a targetedapproach for covering missed or refused cases and help in covering such cases.CSOs can also counsel parents who have undergone side effects of vaccination toensure that their misconceptions are removed.

The HSS PC-1 and partner work plan activities of demandgeneration and creating awareness for Routine EPI activities and communityinvolvement will be implemented through the CSO for which USD 0.06 million havebeen allocated. In this context, CSOs already working in the field ofimmunization will be selected through a transparent process.

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 description of the effectiveness of HSSfunds management cannot be given due to lack of any activity or fundutilization being undertaken at any level in the reporting year, 2012.

•□□□□□□□□The previous HSS funds management experience,disbursement constraints can be referred to in APR 2011.

•□□□□□□□□The management processes in the coming year,aimed at improvement in the funds management in 2013 will be effected throughtwo processes:

1. The PSDP/ PC 1 mechanism (Annex 3) for the available balance of US$ 3.5 million, which is in line with the Government Financial Rules of the Government of Pakistan.
2. Simultaneous and parallel GAVI HSS fund utilization of US$ 6.6 million will be undertaken through the Partners work plan (Annex 4) to facilitate completion of activities and total fund utilization of US$ 10 million by the end of Dec 2013. The experience of engaging development partners has a successful precedence in the implementation of phase I of the original GAVI HSS work plan with timely implementation and funds utilization by both WHO and UNICEF.

The funds disbursement to the partners is expected tobe made by GAVI under separate LoU with WHO/ UNICEF. Consequently theorganizational management mechanisms including the financial component will beapplicable to the GAVI HSS work plan implementation.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
1.1: Improved Monitoring & Evaluation of Immunization by Improving Validation,, Consistency and Accuracy of EPI data (Capacity building for Use of Software, Data Management, Analysis and GIS at Provincial and District level with Provision of Computers to District Data Managers)	Improved Monitoring & Evaluation of Immunization by Improving Validation,, Consistency and Accuracy of EPI data (Capacity building for Use of Software, Data Management, Analysis and GIS at Provincial and District level with Provision of Computers to District Data Managers)	150000	0	Not relevant as the activities have not been changed	Not relevant	
1.2: Review and Finalization of Strategy for Appropriate Use of Vaccines and Health Technologies including Development and Implementation of Assessment Tools at All Levels**	Review and Finalization of Strategy for Appropriate Use of Vaccines and Health Technologies including Development and Implementation of Assessment Tools at All Levels**	100000	0	do	do	
1.3: Implementation and Monitoring of Technical Activities by Provincial HSRUs for Integrated e-Monitoring, (Piloting & Replication)	Implementation and Monitoring of Technical Activities by Provincial HSRUs for Integrated e-Monitoring, (Piloting & Replication)	150000	0	do	do	
1.4: Develop Standard System (including guidelines on minimum SOPs), for Vaccine Management by Introducing web based VSSM Software at Provincial and District level in a phased manner with Development, Implementation and Training of Integrated Logistic Support System LSS/ LMIS	Develop Standard System (including guidelines on minimum SOPs), for Vaccine Management by Introducing web based VSSM Software at Provincial and District level in a phased manner with Development, Implementation and Training of Integrated Logistic Support System LSS/ LMIS	420000		do	do	

1.5: Develop Procurement Manuals & Guidelines for Vaccines and Logistics with Training	Develop Procurement Manuals & Guidelines for Vaccines and Logistics with Training	200000		do	do	
1.6: Strengthening/ Establishment of 70 Warehouses with Proper Cold Storage Facilities including Replacement of CC Equipment in Selected Districts on Need Basis (Punjab: 25; Sindh: 15; KPK: 10; Balochistan: 10; AJK: 5 & GB: 5, FATA 4)	Strengthening/ Establishment of 70 Warehouses with Proper Cold Storage Facilities including Replacement of CC Equipment in Selected Districts on Need Basis (Punjab: 25; Sindh: 15; KPK: 10; Balochistan: 10; AJK: 5 & GB: 5, FATA 4)	2500000		do	do	
2.1: Introduction of Hepatitis B Birth Dose for Improved Neonatal Care (Selective 10% First Referral Facilities at DHQ/THQs)	Introduction of Hepatitis B Birth Dose for Improved Neonatal Care (Selective 10% First Referral Facilities at DHQ/THQs)	410000		do	do	
2.2: Up-scaling Training of LHWs in Routine EPI	Up-scaling Training of LHWs in Routine EPI	1600000		do	do	
2.3:Development of Modalities between LHWs/CMWs and Vaccinators for Integrated MNCH and EPI Service Delivery at the Community Level	Development of Modalities between LHWs/CMWs and Vaccinators for Integrated MNCH and EPI Service Delivery at the Community Level	50000		do	do	
2.4:Capacity Assessment for MCH Service Delivery including EPI	Capacity Assessment for MCH Service Delivery including EPI	50000		do	do	
2.5: Implementation and Monitoring of Technical Activities by Provincial HSRUs and HSS CU/ IPC (National and Provincial Technical & Admin/ Other Support)	Implementation and Monitoring of Technical Activities by Provincial HSRUs and HSS CU/ IPC (National and Provincial Technical & Admin/ Other Support)	110000		do	do	

3.1: Demand Generation and Creating Awareness for Routine EPI Activities through CSOs/ and Community Involvement	Demand Generation and Creating Awareness for Routine EPI Activities through CSOs/ and Community Involvement	60000		do	do	
Printing	Printing	100000		do	do	
Contingency	Contingency	300000		do	do	
Program Support Cost	Program Support Cost	400000		do	do	
1.1 Establishment and operationalization of Federal HSSCU	1.1 Establishment and operationalization of Federal HSSCU	27000		do	do	
1.2 Strengthening and Support to Provincial HSRUs for HSS/ Integrated Health Service Delivery	1.2 Strengthening and Support to Provincial HSRUs for HSS/ Integrated Health Service Delivery	287100		do	do	
2.1 Establishment of donor coordination forum at national level	2.1 Establishment of donor coordination forum at national level	5000		do	do	
2.2 Mapping of donor interventions in health related assistance program	2.2 Mapping of donor interventions in health related assistance program	10000		do	do	
2.3 Roadmap for future coordination between various stakeholders	2.3 Roadmap for future coordination between various stakeholders	5000		do	do	
3.1 Support for Integrated MNCH and EPI Service Delivery at Community Level- Development & Application of Implementation Modalities for LHWs, CMWs and Vaccinators (including Development of Service Structure of LHWs)	3.1 Support for Integrated MNCH and EPI Service Delivery at Community Level- Development & Application of Implementation Modalities for LHWs, CMWs and Vaccinators (including Development of Service Structure of LHWs)	200000		do	do	
3.2 Support for Maintenance of Cold Chain (Selected Districts)	3.2 Support for Maintenance of Cold Chain (Selected Districts)	800000		do	do	

3.3 Demand Creation for EPI Services-Support for Advocacy and Awareness Raising Activities	3.3 Demand Creation for EPI Services-Support for Advocacy and Awareness Raising Activities	250000		do	do	
3.4 Support for Alignment of CMYP with Provincial Health Sector Strategy & Reform Processes	3.4 Support for Alignment of CMYP with Provincial Health Sector Strategy & Reform Processes	130000		do	do	
4.1Project Monitoring & Evaluation-Federal & Provincial Level	4.1 Project Monitoring & Evaluation-Federal & Provincial Level	15000		do	do	
4.2 Establishment & Up scaling Evaluation of EPI Activities through E monitoring	4.2 Establishment & Up scaling Evaluation of EPI Activities through E monitoring	500000		do	do	
5.1 Capacity Building and Support for Developing District Health Plan	5.1 Capacity Building and Support for Developing District Health Plan	150000		do	do	
5.2 Human Resource Development: Capacity Building Trainings of Health Care Providers/ Vaccinators including Training of LHWs in Routine EPI (Selected Districts)	5.2 Human Resource Development: Capacity Building Trainings of Health Care Providers/ Vaccinators including Training of LHWs in Routine EPI (Selected Districts)	1200000		do	do	
Printing	Printing	20000		do	do	
Contingency	Contingency	15000		do	do	
		10214100	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval 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 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (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 2014** (if relevant)
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

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
One UN	1802809	2010-2012	Support to HSRUs, DRA, Operational Research Setup in PPIU; Training of 1900 LHWs in Routine EPI; Development of Provincial Health and HRH Strategies; Technical Capacity Building for Policy & Planning, Strengthening of DHIS
WHO JPRM	241144	2010-2013	Logistics Management System Assessment & Improvement Plan for LHWs Program; Survey on Implementation of DHP & Planning in Pakistan; TPE of Training of LHWs in Routine EPI;
World Bank	50000000	2013-2018	Achieve equitably increase in immunization coverage and quality through three components a) building program capacity in the provinces and territories; b)support for a minimum set of competencies for coordination at the Federal level; and c) a performance-based intervention to scale-up immunization services in districts

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
NA; only process update has been reported in the APR 2012	NA	NA

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.

1. There is some degree of repetition in most of the tables. It is not possible to indicate percentage of progress in some of the activities. <?xml:namespace prefix = o />

2. There should be flexibility in the reporting period to align with the country's fiscal year, for e.g. APR reporting for Pakistan should be in September to align with the fiscal year of June – July of next year.

3. The tables should be editable to allow for completion in some cases.

4. 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.

5. Attachments; Some documents are common to ISS, HSS and CSO section of APR and should not be required to be uploaded separately three times.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

Pakistan **has NOT received GAVI TYPE A CSO support**

Pakistan is not reporting on GAVI TYPE A CSO support for 2012

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:

AD	Auto Disable<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
AJK	Azad Jammu and Kashmir
AKHSP	Aga Khan Health Services Pakistan
AKU	Aga Khan University
APWA	All Pakistan Women's Association
BCC	Behaviour Change Communication
BCG	Bacillus Calmette-Guérin (tuberculosis vaccine)
BDN	Basic Development Needs Programme
CBO	Community Based Organization
CEPA	Cambridge Economic Policy Associates
CHIP	Civil Society Human and Institutional Programme
CSO	Civil Society Organization
CSF	Cerebrospinal Fluid
CBA	Community Birth Attendant
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Officer
DHQ	District Headquarter hospital
DPEC	District Polio Eradication Committee
EIA	Enzyme Immunoassay
ELISA	Enzyme Linked Immunosorbent Assay
EmONC	Emergency Obstetric and Newborn Care
EPI	Expanded Programme on Immunization
FANS	Flood Affected Nutrition Survey
FLCF	First Level Care Facility
GAVI	Global Alliance for Vaccine and Immunization
GB	Gilgit-Baltistan
HACT	Harmonized Approach for Cash Transfer
HANDS	Health and Nutrition Development Society
HBIG	Hepatitis Immune Globulin
IEC	Information, Education and Communication
IRC	Independent Review Committee
LHV	Lady Health Visitor

LHW	Lady Health Worker
MCH	Mother and Child Health
MDG	Millennium Development Goal
MNCH	Maternal and Child Health
MNTe	Maternal Neonatal Tetanus Elimination
MoIPC	Ministry of Inter-Provincial Coordination
NID	National Immunization Day
PAVHNA	Pakistan Voluntary Health and Nutrition Association
PCA	Project Cooperation Agreement
PCV	Pneumococcal Conjugate Vaccine
PPCT	Prevention of Parents to Child Transmission
PRSP	Punjab Rural Support Programme
PVDP	Participatory Village Development Programme
RH	Reproductive Health
RHC	Rural Health Committee
RT-PCR	Reverse Transcription - Polymerase Chain Reaction
SABAWON	Social Action Bureau for Assistance in Welfare and Organizational Networking
SAM	Severely Acute Malnutrition
SBA	Skilled Birth Attendant
SCI	Save the Children International
SNID	Sub National Immunization Day
TBA	Traditional Birth Attendant
THF	The Health Foundation
THQ	Taluka/ Tehsil Headquarter hospital
TT	Tetanus Toxoid
UC	Union Council
UNICEF	United Nations Children Fund
VDC	Village Development Committee
VHC	Village Health Committee
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.

Over the years, CSOs have developed a close coordination with all tiers of government involved in health system delivery. In particular, CSOs have gained the confidence of district health departments to work jointly on immunization and maternal and child health services. Building on the efforts made under the GAVI CSO Initiative, CSOs have formed a national coalition and have formulated a charter to govern the coalition.<? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

CSOs now also participate in government meetings and policy forums. They collaborate with district health departments on occasions such as NIDs, SNIDs, health events, polio days, mother and child weeks, etc.

At the national launch of the pneumococcal vaccine, CSOs came forward to play a key role. PCV 10 has been introduced as a regular antigen in routine immunization in the country. Realizing that CSOs have a strong presence at district level and aiming to strengthen partnerships with the provincial government, CSOs stepped forward to advocate and spread awareness to district level stakeholders about the benefits of this vaccine. Thirteen CSOs agreed to conduct 35 advocacy seminars in 35 different districts across Pakistan in consultation and participation from, provincial and district health authorities. By the end of the reporting period, 27 workshops have been successfully held where presentations on childhood pneumonia, its causes and effects, the introduction of pneumococcal vaccine, addressing barriers to immunization (in relation to the local setting) were arranged. The advocacy seminars were attended by representatives from the local media, UNICEF, WHO, the provincial government, paediatricians, LHWs, religious leaders, local organizations, etc. These workshops played an effective role in strengthening CSO partnerships with provincial governments.

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).

GAVI CSO Support Unit faced multiple challenges relating to financial disbursements and payments in first and second half of 2012. UNICEF Pakistan is the fund/grant manager for GAVI CSO Support. Globally UNICEF's financial procedures shifted to a new integrated operating system called as HACT (Harmonized Approach for Cash Transfer). Initially it was very difficult to adjust GAVI CSO Support in the new operating system. The payment to CSOs that was due in February 2012 was delayed and was not released until June 2012 when it was decided that UNICEF would financially assess all CSOs as per its revised criteria. In September 2012 it was decided that GAVI CSO Support would have to adhere to the principles set under HACT. A two-day training session for CSOs was successfully completed (in two batches) to enable them to understand UNICEF's financial procedures that will become effective from 1 January 2013.

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The process involved one to one meetings between UNICEF and each CSO, and a critical review of financial and registration documents among others. This process was completed in October 2012. During the assessment, one CSO, APWA, a women's group, was in process of developing its own financial systems and was not ready for assessment. Thus APWA had to stop its activities till the tiem its systems were in place and could be assessed by UNICEF. The UNICEF revised guidelines caused delay in payments and occupied staff's efforts and time to a great extend

The grant has been jointly managed by EPI/Ministry of Inter-provincial Coordination (MoIPC) 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 it's provision of vaccines, logistical support during campaigns, social mobilization or reaching out the hard to reach areas, CSOs and government have already shown joint commitments and partnerships. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

On the occasion of Pneumococcal introduction, government requested CSOs' assitance to support them in creating awareness about this important vaccine. CSOs committed to arrange 35 advocacy seminars for raising awareness of this vaccine at district level. CSOs worked hand-in-hand with government and organized workshops in joint collaboration.

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 15 CSOs were on-board and presently 13 CSOs are working for immunization and health system strengthening. The names are:

AKHS,P<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

AKU

BDN

CHIP

HANDS

HELP

LIFE

NRSP

PAVHNA

PVDP

SABAWON

SCI

THF

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

The delay in release funds, subsequently caused delay in implementation and activities got delayed which made it difficult to monitor and follow work plan. UNICEF globally adopted new financial procedures for funds management called as HACT (Harmonized Approach to Cash Transfer). Under this new system, all partners were to be assessed for funds transfer. The entire process was time consuming and thus the payments got delayed.

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 2012	Outcomes achieved

Aga Khan Health Services, Pakistan (AKHSP) AKHSP is a Not for Profit Public Company, limited by guarantee, incorporated under the Companies Ordinance, 1984.	AKHSP's primary health care programs reach vulnerable groups in providing health and survival interventions like prenatal care, aseptic deliveries, Integrated Management of Childhood Illnesses (IMCI), immunization, growth monitoring oral etc. 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 among many others	21 meetings held with district health officials & public health facilities in charge of district Tando Allah Yar regarding strengthening the EPI and skilled delivery services, participation in government campaigns (NIDs, MCW, MNTe, etc), (DCO (DC), EDO - (DHO), DO - EPI, DCO - NP, DFP - MNCH, DSV, DSM - PPHI, DO - Admin & BHU in charge). and LHW programs. These meetings enhanced understanding of different programs. Field issues were also shared and discussed with govt. representatives and both strived for resolving them as collective efforts. 31 collaborations happened with district health department during various events which includes NIDS, SNIDs, SIA, polio campaigns, mother and child week, etc. AKHS,P provided logistical support and also mobilized communities for vaccination. 52 Community Health Workers (including 12 TBAs) and 25 Health Committee Members trained for social mobilization and health education, EPI , Danger Signs of Under 5 years children, skilled birth delivery and birth preparedness, Family Planning, Cold Chain. Total of 22,408 people have been provided awareness around EPI, FP, nutritional rehabilitation, safe delivery, birth preparedness, antenatal & postnatal care. 6 MCHCs strengthened and 15 public health staff (doctors and LHVs) trained on EPI, family planning, danger signs of pregnancy & illnesses in newborns, infection control, nutritional rehabilitation program, birth preparedness and other components. Two EPI fixed centers were also established in two target UCs. 49 complex deliveries were referred. Total of 18,429 vaccinations organized/facilitated through vaccination campaigns by AKHS,. Total 19,715 OPV doses were facilitated during 2012	44% routine EPI increased in target UCS till December 2012 (in comparison to year 2008 measles coverage). District MMR in 2009 was 254 which has been reduced to 139 in year 2011. District IMR in 2009 was 41 which has been reduced to 30 in year 2011. Total 90 refusals have been addressed through counseling and social mobilization during NIDs/Vaccination campaigns and through established vaccination points
Aga Khan University (AKU) It is a private, non-profit international university established in 1983.	The Pediatrics Department is actively involved in outreach activities for the last twelve years and has a strong child health research program with both community and hospital-based programs in multiple sites throughout Pakistan	12 meetings were held to share the field progress reports with district health officer at Matiari. Ten NIDs, ten SNIDs and two measles campaigns supported. Total 98 health sessions organized on diarrhea and immunization where .1,608 people were reached. Total three Rota lab testing trainings given to four technicians. Stools specimen for Rota virus tests are collected at THQ Matiari and THQ Hala, Sindh	Total of 300 specimens were tested for Rota Virus total 70 Rota positive specimens were processed for PCR (viral strain types)

Basic Development Need (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
Civil Society Human and Institutional Development Programme (CHIP) During 1993 CHIP registered as an independent, not-for-profit national support organization registered under Section 42 of the Companies ordinance 1984.	CHIP was engaged with Federal Ministry of Health EPI section for conducting training of key personnel of health departments all over Pakistan. The overall objectives of these trainings were to introduce a new way of designing training materials, training trainers at the department level and introducing social mobilization, interpersonal communication and conflict management.	04 Meetings (02 Meetings were conducted with EDO Health Jhelum for the preparation of MCH Week Celebration and District Health Forum at Community Level. 02 meeting were conducted at district level with district health department for LHWs Training on Social Mobilization and LHWs/Vaccinators Training on Vaccination.) 35 publications (20 Booklets were distributed among LHWs on Social Mobilization. 15 Booklets were distributed among 10 LHWs and 5 vaccinators on Vaccination with the title "9 Target Diseases". Banners on MCH Care were provided to District Health Department in MCH Week Celebration). 138 VHCs members (86 men and 52 women) from 14 VHCs were trained in understanding the roles and responsibilities, monthly meetings, linkages development and community mobilization. 43 volunteers: 32 health promoters (22 in Jhelum - 13 male and 9 female and 10 in Skardu - 07 male and 03 female) trained and 11 volunteers trained for puppet shows for awareness raising through puppet shows in Jhelum. 150 volunteers donated blood at BDCs in Jhelum. 47 volunteers trained (30 health promoters were given refresher courses on Danger Signs of Pregnancy, Preparation for ORS, Preparation for Safe Delivery, Mother and Child Immunization and Danger Signs of Illness in the Children Under 5 Years. 1,3490 people were made aware on three Delays, Decision Making, Importance of Antenatal Checkups, Preparation of Safe Delivery and Immunization, Danger Signs during Pregnancy, Planning of Emergency Situation, Breastfeeding, Delivery, Pneumonia, and Diarrhea . 36 puppet shows were organized about danger signs of pregnancy, emergency planning and importance of immunization and decision making. One training organized on Basic EmONC services in which 20 health personnel (3 lady doctors, 8 midwifes, 4 LHVs and 5 nurses) were trained from 15 health facilities in Skardu. 64 (34 in Skardu and 30 in Jhelum) VHC members trained in record keeping and social mobilization. 2	Data will be compiled at the end of june 2013

		Non Functional CBAs trained and 12 CBAs given refreshers course. 145 health personnel trained (20 LHWs Participated in the Training of LHWs on Social Mobilization, 10 LHWs and 5 Vaccinators were given the training Vaccination and 2 CBAs were trained on safe delivery methods in Jhelum. 25 LHWs and 12 CBAs received training on Social Mobilization, 24 LHWs received training on Immunization, 2 Doctors and 21 Paramedical Staff were trained on infection prevention, 22 Vaccinators were trained on routine immunization and 02 CBAs trained in safe delivery methods in district Skardu). One training organized on Basic EmONC services in which 20 health personnel (3 lady doctors, 8 midwifes, 4 LHVs and 5 nurses) were trained from 15 health facilities	
Health and Nutrition Development Society (HANDS) Registered as Not-for Profit social organization in 1979.	HANDS is benefiting more than 8 million population of 14,586 villages in 18 districts of Sindh working in close coordination with district governments with focus on women and children health.	20 medical officers were trained on the EPI monitoring mechanism and strategies to improve the status of vaccination. Social mobilization and health awareness sessions for immunization, TT and safe deliveries in Matiari District (including celebration of world population day and breastfeeding day). 41 advocacy meetings were done with government officials where 246 participants were reached for participation during health events at district level i.e., polio campaigns, mother and child week, National Immunization Days (NIDs), Sub National Immunization Days (SNIDs), etc.	Data will be compiled towards the end of June 2013

Health Education and Literacy Program (HELP) It is a non-government organization registered in 1991	The organization's focus is on health care of women and children, including reproductive health, family planning and nutrition by forming a link between the Community and the Government Hospitals.	Establishment of office and hiring of staff (project manager, team leader, social mobilizer, security guard, health counsellor and office assistant) in Sanghar. Meetings with community and district health department of Sanghar District establish liaisons. Helped design and compile curriculum for training local stakeholders on preventable diseases and vaccination, importance of breastfeeding, causes and consequences of malnutrition, etc. Baseline survey was completed in which 600 randomly selected children were included and 97 severely malnourished children have been identified. 1 measles campaign & 4 routine vaccination and polio campaigns. One Advocacy seminar on introduction of pneumococcal vaccine. 105 Health Awareness sessions organized in which 2,550 participants reached in sessions on EPI, IYCF, malnutrition, hygiene etc. 2 training sessions organized in which 2 Doctors, 42 LHWs, 2 LHS', 1 Vaccinator and 2 Dispensers trained on EPI, CMAM and IYCF.	70% increase in routine immunization in the target UCs. 210 SAM children under the age of 2 yrs have been identified till 31st December 2012. 96 of these children have been rehabilitated through HDD
Literacy, Information, Family health and Environment (LIFE) It is a non-government organization and registered both at federal and provincial levels. It started its operations in 2001	LIFE works in the areas of general health, nutrition and with specialized focus, in reproductive health, immunization, safe injection safety and HIV/AIDS awareness, through a multifaceted approach.	60-second ads were broadcast 24 times a day on cable and local FM radios for one month. Two quarter-page ads were published in leading local newspapers. 125 pool banners were displayed. 126 public and private health care providers were trained on injection safety and unnecessary use of injections. At least 1,011 members (632 men and 379 women) in town and village communities, local elders and religious leaders were directly approached through field visits/ corner meetings for awareness on injection safety, prevention of HIV/AIDS, use of auto-disable syringes, etc. Six trainings and capacity building workshops were organized for 126 doctors, LHVs, health promoters and paramedical staff on safe injection practices and prevention of HIV/AIDS. Social mobilization, advocacy, awareness raising and media campaigns for promotion of injection safety, HIV/AIDS and unnecessary use of syringes in target locations of Loralai and Muzaffarabad Districts.	Endline will be done towards the end to measure the outcome

National Rural Support Program (NRSP) NRSP was established in 1991 as a not for profit organization registered under section 42 of companies ordinance 1984	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.	In 80 community sessions about maternal and child health including immunization, family planning, TT, etc 1,675 females were aware. Total 0f 25 health sessions were organized in which 398 men and 136 females were reached. Total three events were celebrated at district in which 40 men, 147 women and 282 children participated. In different events of vaccination, 5,000 doses facilitated. Five different puppet shows were organized in which 108 men and 167 females participated. Maternal health messages and immunization were reemphasized in the puppet shows. 75 TT vaccination camps were arranged in which 3,048 CBAs and 635 pregnant women were given TT vaccination. Nine medical camps in rural and neglected population were organized where 2,494 women and children benefitted. Participated in three NIDs where 23,984 got vaccinated. 26 meetings conducted with various government programs other than DHO like (DCO (DC), EDO - H (DHO), DO - EPI, DCO - NP, DFP - MNCH, DSV, DSM - PPHI, DO - Admin & BHU in charge and LHW programs). In three polio campaigns 47,966 polio doses administered	Outcome data will be compiled at the end of the project
Pakistan Voluntary Health and Nutrition Association (PAVHNA) Established in 1979 and registered at federal and provincial level	Since 1994, PAVHNA has been working in Larkana district on community based reproductive health project for creating awareness. PAVHNA is also running a surgical center at Larkana providing MCH services	Organized 2,491 health sessions on maternal and child health and reached to 22,739 females reached. In one-to-one meeting 5,534 females were reached for family planning, TT vaccination and children vaccination. Two community based centers are supported where 4,969 patients received maternal and child health care services. In 2012, total 47,047 children received vaccination	Yet to be compiled
Participatory Village Development Program (PVDP) PVDP is non-profit organization registered under the Societies Registration Act of 1860	PVDP has trained more than 160 TBA on safe deliveries, established MCH referral facility and collaborated with the district government under EPI program in district Tharparkar	One National Immunization Day (NID) was held in which 6,834 polio doses were given. Seven meetings were held with the district health department and two meetings of the District Polio Eradication Committee (DPEC) attended for coordination of field activities. 74 women's health committees were formed. 271 VHC members were trained on importance of vaccination. 255 meetings/sessions were conducted in which 4,845 men and women participated. Seven vaccination campaigns were supported in which 2,174 children were vaccinated.	Outcome data will be collected at the end

Save the Children Federation Inc. (SCI) It is an International Non-government Organization	SCI has been involved at different levels with government for immunisation	Training of EPI technicians /vaccinators on Sweep strategy completed in the two targeted districts. Training of LHWs on routine immunization was completed in both districts. The District Health Officers and District Superintendent of Vaccinations of the respective districts monitored the training sessions, as per Save the Children's prescribed protocols. Initial meetings with all the relevant departments (LHWs' program and DHOs) have been conducted. Work plan for on job training of lady health workers (LHWs) and lady health supervisors (LHS) is in progress. Baseline survey is in process. The process of revitalization of DHMTs in both the districts is underway. Consultative meetings with all the relevant departments and stakeholders were held. The training on District Health Information System completed in Quetta and Chagi districts. Healthcare providers of all the focused health facilities, representatives of District Health Officer, provincial EPI team member, members of the Provincial Malaria Control Program, nutrition cell and representative of People's Primary Healthcare Initiative also attended the training in Quetta. Two major events "World Pneumonia Day" and "World AIDS Day" were celebrated during the month of November and December respectively for the promotion of the routine immunization in both the districts. The religious leaders and community members in both the districts have been identified, and the meetings/ sensitization sessions regarding the routine immunization have been conducted. The support groups of LHWs and male mobilizers have been revitalized in both districts. The support groups have started community mobilization on the promotion of routine immunization at community level	SCI just started activities in last quarter of 2012 thus outcomes agreed will be achieved in 2013

Social Action Bureau for Assistance in Welfare and Organizational Networking (SABAWON) It is a civil society organization registered under the Societies Act of 1860.	SABAWON since 1994, has been working for mother and child health in KPK and indirectly creating awareness for immunization and TT vaccines	2,440 people were reached during social mobilization and door-to-door visits for health education on immunization and MNCH issues. Two theatre workshops (one in each project district) were completed and more than 100 community members (children, women and men) were given awareness on MNCH issues. Solving 15 refusal cases enhanced relations with health department and the WHO. Four polio campaigns were held and 3,700 doses administered . Two school role-plays were organized on awareness on child vaccination and 200 school children were reached.	Routine immunization in the target areas was increased by 12% by raising awareness and by liaising with the community.
The Health Foundation(THF) It is a non-profit public service organization registered under section 42 of the Companies Ordinance 1984	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.	350 were made aware about hepatitis B/C. 10 new vaccinators were trained. 10,000 leaflets printed for awareness raising on Hepatitis B & C	9,509 children have been vaccinated with three doses

Please list the CSOs that have not yet been funded, but are due to receive support in 2012/2013, 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 2012/2013

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2012/2013	Expected outcomes
Aga Khan Health Services, Pakistan (AKHSP)	Involved 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 up to 23 months)
Aga Khan University (AKU	Yes and make representations at NICC meetings at federal level	To extend rotavirus gastroenteritis 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
Basic Development Need Programme (BDN)	No	Support to Community Based Maternal and Child Health Centers and support vaccination	To enhance/maintain immunization coverage up to 90% in target UCs and ensure maternal and child health services through already established MCH Centers
Civil Society Human and Institutional Development Programme (CHIP)	Yes, representation at NICC	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	Identify malnourished and rehabilitate 90% of those children and vaccinate children and CBAs	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 involvement 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)	Yes	Increasing immunization coverage through community outreach. Support involvement of LHWs in routine immunization. Facilitate to operationalize of DHMTs and health information systems. Health education/awareness raising sessions using support group methodology. Use of print and electronic media for wider dissemination of information. Mobilizing& sensitizing religious leaders and the community to support immunization services. Advocacy seminars with policy community on immunization issues	5 % proportionate increase in children 12-23 years of age fully immunized from the baseline, by October 2013. 30% increase in immunization coverage in selected union councils from the baseline
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 and arrange awareness sessions	Arrange vaccination camps at Schools and arrange awareness sessions

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.

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

AKHSP, Dr. Ranomal Kotak, rano.kotak@akhsp.org, +92 (21) 35361196-98<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

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HANDS, Mr. Khalid Pervez, khalid.pervez@hands.org.pk, +92 (21) 3438 9180

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

THF, Dr. Laila Rizvi, laila.rizvithf@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 2012 year

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	1,447,695	142,467,665
Remaining funds (carry over) from 2011 *(B)*	667,388	65,677,653
Total funds available in 2012 *(C=A+B)*	2,115,083	208,145,318
Total Expenditures in 2012 *(D)*	1,093,185	107,580,335
Balance carried over to 2013 *(E=C-D)*	1,021,898	100,564,983

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 is 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 channeled through UNICEF head quarter through a Project Budget Allocation (PBA) to UNICEF Country Office. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office: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 2012 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2012 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, EmONC and maternal	Percentage increase in immunization coverage	CSO report and district databasen/a	n/a	n/a	December 2012	15	December 2013

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.

Following mechanism is in place for monitoring which also explains role of various partners involved in the process:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Levels

Tools

Frequency

Provincial

Cluster meetings, CSOs progress sharing meetings

Six monthly

District

Reports, site visits and meeting with field staff

Monthly

GAVI CSO Unit

Bi-annual field visits, quarterly progress reports, event monitoring, meetings with field staff, FGDs with beneficiaries

Regularly (as and when required)

CSOs

Weekly reports, field visits and monitoring visits by head office

Continuous

Cluster Coordinators

Meetings and site visit

Bi-annually OR as and when required

Since a dedicated team of three members i.e., GAVI CSO Unit has been working for this GAVI CSO initiative, following monitoring mechanism is adopted by this team for monitoring CSOs activities and implementation:

Table B: Monitoring Framework

Sr. No.	Objectives	Methodology	Level of Monitoring	Frequency
1.	To observe the project implementation strategy	Presentations from Project Coordinators (CSOs)	Field Monitoring	As and when required.
2.	To validate the project activities	Random checking and verification by physical visit	Field Monitoring (bi-annually)	Bi-annually
		Checking record keeping in both hard and soft form of project related activities	In-Depth interviews with field staff	
			Community visits (to interact with beneficiaries)	
3.	To measure the progress against planned activities	Quarterly report vs. PCA	Desk Monitoring (through quarterly progress reports)	Quarterly basis
4.	To assess the progress of weak performing CSOs (through pick and choose)	Monitoring of critical events	Desk Monitoring and Field Monitoring	
			Telephony/Email Monitoring	As and when required

The measurement of indicators at outcome level has remained a challenge. CSOs have been focusing in reaching hard to reach areas and marginalized community to ensure service delivery and get more and more children immunized. CSOs have been working in a very limited range (mostly in uncovered areas) and are not able to cover entire district due to budget constraints. The CSOs population coverage is low in comparison to a district's population. Thus the impact and results generated in the target UCs are not reflected in the consolidated district's data. In other words, the change and outcomes achieved by CSOs are meaningful if studied at the UC or village level. The situation further becomes complex when it comes to

consolidation of data. The activities and targets vary from CSO to CSO and so the indicators. It has remained a dilemma to compile CSOs results and generate number/percentage against few indicators. It is therefore suggested to make reporting format accommodating CSOs as single entity and the reporting then may be done separately for each CSO. Process monitoring and measuring output indicators are easy to measure and record.

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 page of APR-2012.pdf File desc: Date/time: 6/4/2013 12:48:36 PM Size: 722327
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature page of APR-2012.pdf File desc: Date/time: 6/4/2013 8:57:26 AM Size: 718373
3	Signatures of members of ICC	2.2	✓	attendance sheet ICC meeting_28 May 2013.pdf File desc: Date/time: 6/4/2013 12:53:32 PM Size: 1720625
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Minutes of the IACC meeting 28 May,20130001.pdf File desc: Date/time: 6/3/2013 6:52:39 AM Size: 950504
5	Signatures of members of HSCC	2.3	✗	attendance sheet ICC meeting_28 May 2013.pdf File desc: Date/time: 6/4/2013 12:54:15 PM Size: 1720625
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Minutes of the ICC meeting 28 May 2013.pdf File desc: Date/time: 6/4/2013 12:49:41 PM Size: 953949
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Financial Statement.pdf File desc: Date/time: 6/3/2013 7:17:14 AM Size: 620424
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	Audit0001.pdf File desc: Date/time: 6/3/2013 7:21:54 AM Size: 7161918
9	Post Introduction Evaluation Report	7.2.2	✓	Note on Post Introduction Evaluation Report.pdf File desc: Date/time: 6/4/2013 12:55:56 PM Size: 54580

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial statement of NVS Introduction Grant.pdf File desc: Date/time: 6/4/2013 1:04:16 PM Size: 65545
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	External audit report for NVS introduction grant.pdf File desc: Date/time: 6/4/2013 1:06:58 PM Size: 65426
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM Assessment Pakistan 2009.pdf File desc: Date/time: 6/4/2013 1:09:02 PM Size: 478064
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM improvement plan PAK current status_31 Dec 2012.pdf File desc: Date/time: 6/5/2013 10:24:13 PM Size: 253087
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVM improvement plan PAK current status_31 Dec 2012.pdf File desc: Date/time: 6/5/2013 10:24:35 PM Size: 253087
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Minutes of the ICC meeting 28 May 2013.pdf File desc: Date/time: 6/5/2013 10:23:11 PM Size: 953949
17	Valid cMYP if requesting extension of support	7.8	✗	Pakistan_cMYP_2011-2015.pdf File desc: Date/time: 6/5/2013 10:22:12 PM Size: 616529
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	PAK cMYP Aug 2009 Pneumo & Rota F (3 Sep 09).xls File desc: Date/time: 6/4/2013 1:23:18 PM Size: 3507712
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	utilization report_HSS_signed_2010-11& 2011-12.pdf File desc:

				Date/time: 6/5/2013 1:04:57 AM Size: 229431
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Financial Statment.pdf File desc: Date/time: 6/5/2013 8:08:46 AM Size: 1866505
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	External Audit Report.pdf File desc: Date/time: 6/5/2013 8:06:55 AM Size: 1858806
22	HSS Health Sector review report	9.9.3	✗	Pak Economic Surver- 11-HealthAndNutrition.pdf File desc: Date/time: 6/3/2013 5:32:43 AM Size: 158229
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	10.1.1_Mapping_Exercise.docx File desc: Date/time: 6/4/2013 1:59:44 PM Size: 12389
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	✗	Funds Utilization Report 4-4-13.pdf File desc: Date/time: 4/6/2013 1:50:56 AM Size: 12336
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	✗	SC100699 FS as at 31 Dec 2011.pdf File desc: Date/time: 4/6/2013 1:47:47 AM Size: 225857
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Bank Statement.pdf File desc: Date/time: 6/3/2013 7:23:30 AM Size: 593831