



Partnering with The Vaccine Fund

# Progress Report

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund

by the Government of

COUNTRY:

Islamic Republic of Pakistan

Date of submission: **May** , 2004  
Reporting period: **2003** ( Information provided in this report **MUST**  
refer to the previous calendar year )

( Tick only one ) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.  
\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

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### **1. Report on progress made during the previous calendar year (i.e. 2003)**

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

#### **1.1 Immunization Services Support (ISS)**

##### **1.1.1 Management of ISS Funds**

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).  
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

*Based on the likely support to be received from GAVI/VF over the five year period (now standardized from 1st July 2003- 30 June 2008), each province/area has prepared its PCI (i.e. financial planning document). All the PCIs stand approved by the competent authorities. The PCIs include the likely GAVI/VF support besides respective provincial<sup>a</sup> Government contributions. The total estimated project cost of all the PCIs is Rs. 2,440.388 million including Rs. 309.829 GOP contribution.*

*A financial system for utilization of ISS funds have been approved by Controller General Of Accounts Pakistan. The same has been notified by Ministry of Health on March 12, 2003.*

*The Salient features of the system are:*

- a. The GAVI/VF will be requested to transfer the ISS funds to State Bank of Pakistan for credit to Federal Government account*
- b. The Federal Government shall allocate funds equal to the amount of grant received from GAVI in budget demand of MOH*
- c. Provision of counterpart funds will be made in annual budget based on the likely amount of ISS funds received.*
- d. MOH will intimate finance division, the share of provinces (as per PCIs) out of the ISS funds. The State Bank of Pakistan will transfer the amounts to respective provincial governments account.*
- e. In case where expense is to be incurred at the district level, Provincial Finance Department will be approached by Provincial EPI Manager to transfer the funds to the concerned district governments.*

*Pakistan requested GAVI vide letter no. FEPI/GAVI (01)/04 dated March 25, 2003 to transfer the first tranche of US\$ 2.505 million as follows.*

- US\$ 1.000 million to State Bank of Pakistan, for local level expenses*
- US\$ 1.455 million to UNICEF Copenhagen for procurement of hard ware (Cold chain equipment, Office equipment and transport)*
- US\$ 0.050 million to WHO EMRO for procurement of local technical assistance.*

*The US\$ 1.000 million for local level expenses was credited by GAVI to State Bank of Pakistan Karachi on May 23, 2003.*

*US\$ 1.455 million has been placed at the disposal of UNICEF Copenhagen for procurement of hard ware according to the needs specified in the respective PCIs. The supplies have begun to reach the end users.*

*The Bank details for transfer of US\$0.050 million to WHO EMRO were communicated to GAVI on Feb 26, 2004, with copy to WHO EMRO. On our*

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<sup>a</sup> In case of Federal EPI PC1, include Federal Government

*inquiry through e-mails, we were informed that the matter is being looked into; however the process is not simple. However during the visit of WHO/UNICEF joint mission (9-15 May 2004) we were informed to find alternate mechanism for utilization of this amount<sup>b</sup>, as it will not be possible to transfer it to WHO EMRO as envisaged earlier and mentioned in the relevant PC1.*

*The NICC was apprised of the situation in the meeting held on May 14, 2004. The following three suggestions were made.*

- a) To transfer the amount to UNICEF country office. ( Constraint : Not in line with GAVI Policy)*
- b) To transfer to some other EPI partner.*
- c) Include in next year ISS.*

*WHO and UNICEF being key EPI partners in National ICC are infact the custodians of the part of the ISS funds as mentioned above till their utilization.*

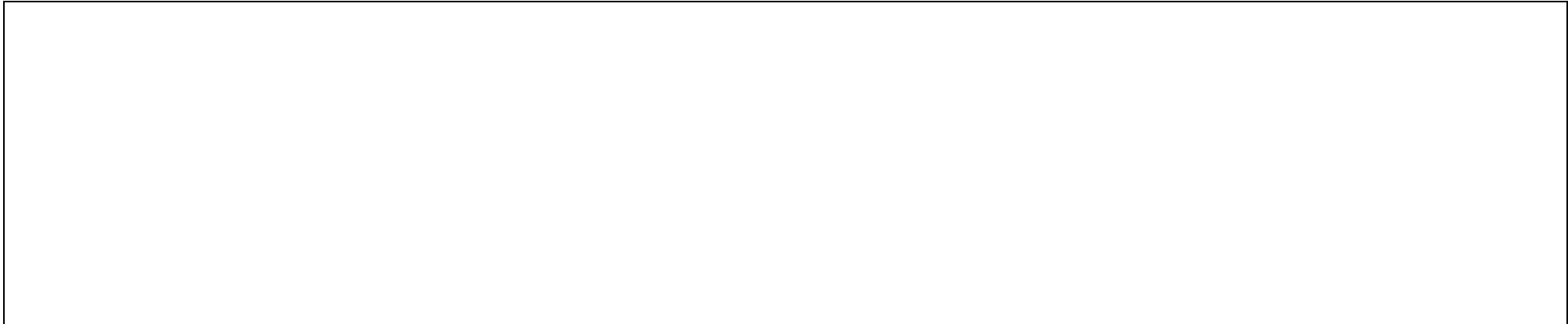
*In addition the National ICC is involved in decisions/ updates pertaining to ISS funds utilization. ISS funds utilization was discussed in three out of four NICC meetings held in 2002<sup>c</sup>.*

*GAVI support /ISS funds management /utilization was discussed in the following meetings held in 2003:*

- 1. Inter-Ministerial Meeting held on 30-31 July 2003 ( Excerpt from the report attached – Annex-A)*
- 2. EPI Managers meeting held on November 20, 2003 (Minutes of the meeting attached –Annex B)*
- 3. NICC meeting held on December 17, 2003 (Minutes of the meeting attached- Annex-C)*

<sup>b</sup> As per PC1 this amount is for procurement of Technical Assistance for Programme Management.

<sup>c</sup> Also mentioned in the GAVI Progress Report for the year 2002



### 1.1.2 Use of Immunization Services Support

*In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.*

**Funds received during the reporting year 2003, US\$ 1.000 million + US\$ 1.455 million +US\$ 0.05 million<sup>d</sup> = US\$ 2.505 million**

**Remaining funds (carry over) from the previous year   0**

**Table 1: Use of funds during reported calendar year 2003<sup>e</sup>**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					

<sup>d</sup> Status of transfer discussed above.

<sup>e</sup> Though ISS funds were received in May 2003, the financial year of the country begins from, 1<sup>st</sup> July. It was therefore decided that the corresponding financial year for utilization of the 1<sup>st</sup> tranche of ISS will be 1st July 2003- 30<sup>th</sup> June 2004. The required information will therefore be available after completion of the current financial year.

Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)					
<b>Total:</b>					
<b>Remaining funds for next year:</b>					

*Note: An amount of US\$ 1.455 million (based on the estimated cost of the requested items, transportation cost and buffer amount) has been transferred to UNICEF Copenhagen for procurement of Hard ware i.e. **Cold chain equipment, Office equipment and Transport** for strengthening of the EPI services as per PCIs. Once the supplies are made this account will be settled. The other main components of the EPI GAVI PCIs are, social mobilization, human resource development, staff salaries, technical assistance, research and survey and, operational costs etc*

**Distribution of US\$ 1.00 million ISS Funds**

*The US\$ 1.00 million ISS funds were credited to State Bank of Pakistan in May 2003 converted to Rs 57.655 million The funds are being distributed among the Federal EPI Cell and Provinces /Areas.*

*Based on the financial rules of the country these funds are released (provided) to respective provinces/areas on quarterly basis s. The distribution, release and balance of the funds as on May 5, 2004 are attached. (Annex- D)*

*Because of procedural delays, which are in turn mainly due to the first transfer of funds for the subject PCIs, these funds were actually made available to the provinces in March/April 2004. Though Provinces have started utilizing these funds, because of near end of the financial year, they will not be able to carry out most of the activities planned for 2003-4. However these activities will be carried out in fiscal year 2004-5 in addition to the already planned activities for the same year.*

The amount will be utilized as per approved PCIs of the components. These PCIs have been administratively approved by the competent authorities.

*\*If no information is available because of block grants, please indicate under 'other'.*

**Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.**

*Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

- *A workshop was held for training of Master Trainers for district micro planning, facilitated by international facilitators in 2003.*
- *An inter ministerial meeting was held which discussed the EPI issues.*
- *National EPI Advisory Group was constituted.*
- *National EPI Policy and guidelines drafted.*
- *The Multi year plan of action was developed in 2000, while GAVI funds are available from use since July 2003; therefore the relevance of MYP has decreased.*

### **1.1.3 Immunization Data Quality Audit (DQA)** *(If it has been implemented in your country)*

*Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?*

*If yes, please attach the plan.*

YES

NO

*If yes, please attach the plan and report on the degree of its implementation.*

A copy of DQA report has been sent to all Provincial EPI Managers for following the recommendations.

A copy of the draft Plan to address recommendations of the DQA is attached. ( Annex- E)



**Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.**

The draft Plan to address the recommendations of DQA was presented in the NICC meeting held on May 14, 2004 at Islamabad.

*Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).*

*Coverage Evaluation Survey was conducted in Punjab, with the assistance of UNICEF - 2003*

## 1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

### 1.2.1 **Receipt of new and under-used vaccines during the previous calendar year**

**Start of vaccinations with the new and under-used vaccine (Monovalent Hep B) :      MONTH August      YEAR  
2001**

*Introduction of Hep B vaccination was started in a phased manner from August 2001 in 11 districts of the country and was fully integrated nation wide by the end of December 2002.*

*Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

### *Hep B Vaccine supplies for 2003*

<b>Supply month</b>	<b>Receipt month</b>	<b>Quantity in doses</b>
<i>Dec 02</i>	<i>Dec 02</i>	<i>4,072,000</i>
<i>Feb 03</i>	<i>Feb 03</i>	<i>4,215,400</i>
<i>June 03</i>	<i>Aug 03</i>	<i>4,000,000</i>
<i>Sep 03</i>	<i>Sep 03</i>	<i>4,000,000</i>
<b>TOTAL</b>		<b>16,287,400</b>

- *Supplies are made to provinces according to their quota, without consideration of their existing stocks (because of non availability of such system), which some times lead to piling up of the stocks at provincial /district level. Federal EPI Cell with the assistance of DFID through its Technical Assistance Management Agency (TAMA) is in the process of acquiring Technical Assistance for strengthening of the logistic management system.*
- *The utilization of Hepatitis B vaccine was below the set coverage target.*

### **1.2.2 Major activities**

*Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.*

- District level EPI Staff trained on introduction of Hepatitis B vaccine
- AEFI workshops conducted almost throughout the country.
- Awareness and prevention of Hepatitis seminars conducted in many districts of the country, including all districts of NWFP.
- A provincial awareness seminar was held in Punjab under the chairmanship of Provincial Health Minister. This resulted in measures for safe injection and safe disposal of hospital waste, beside other measures for prevention and control of hepatitis B & C.
- Post introduction Evaluation (PIE) of Hepatitis B vaccine in Pakistan conducted by joint WHO HQ/EMRO mission with national team.
- Media campaign for promoting routine immunization through offering Hepatitis B immunization and prevention of Hepatitis B & C.

### **1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine**

*Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

There had been some confusion regarding this amount. Initially Federal EPI Cell was under the impression that this amount was available with the local UNICEF office. As a result a plan to utilize this amount was discussed in NICC meeting held on December 20, 2002 and a sub committee was also constituted to utilize this amount, which also included a nominee of UNICEF.

However Federal EPI Cell came to know through a letter from State Bank of Pakistan (SBP), dated July 9, 2003 that an amount of Rs 5,766,150 million ( Equivalent to US\$ 100,000 ) has been received by them from GAVI for GOP Federal Government Account No.1. “for introduction of new vaccine for strengthening of services under EPI”

Since the only mechanism of utilization of any amount credited to SBP is through a PC1, a PC1 for utilization of this amount has been prepared and is under the process for approval by the competent authority.

As the PC1s are the financial and project implementation documents, they are scrutinized in detail before approval at different forums which requires time.

## **1.3 Injection Safety**

### **1.3.1 Receipt of injection safety support**

*Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered*

The List of the injection safety equipment (excluding that for Hep B vaccination) received during 2003 is as follows:

<i>Items</i>	<i>Supplies expected in 2003</i>	<i>Receipts</i>	<i>Balance</i>
<i>AD Syringes</i>	<i>34,469,000</i>	<i>26,006,400</i>	<i>8,462,600</i>
<i>BCG Syringes</i>	<i>5,938,500</i>	<i>2,000,000</i>	<i>3,938,500</i>
<i>Reconstitution Syringes 2 ml</i>	<i>593,900</i>	<i>402,000</i>	<i>191,900</i>
<i>Reconstitution Syringes 5 ml</i>	<i>872,500</i>	<i>702,500</i>	<i>170,500</i>
<i>Safety Boxes</i>	<i>464,800</i>	<i>339,275</i>	<i>125,525</i>

- a. *The injection safety equipment received during 2003 is less than the expected for 2003. It appears that some of the shipments for 2003 were received in early 2004. The matter is being sorted out by Federal EPI store section in consultation with UNICEF.*
- b. *Logistic Management System needs to be strengthened. The process is under way with the assistance of DFID as discussed above.*

### 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

*Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.*

<b>Indicators<sup>f</sup></b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
One officer each at federal, provincial <sup>g</sup> and district level is designated to coordinate injection safety activities	Federal = 1 Provincial = 7 District = 120 by End Dec 2002	Federal -100% Provincial – Exact % not known at this stage. District – Exact % not known at this stage.	<i>Because of many activities being carried out in the field especially SIAs for Polio, this activity could not be focused</i>	<i>End 2004.</i>
Percentage of fixed EPI Centres, with a nominated focal person for injection safety.	100% by End Dec 2002	Exact status not known	<i>-do-</i>	<i>Minimum 50% by end 2004 100 % by end 2005.</i>

<sup>f</sup> The indicators were modified/ updated, to make them more meaningful , based on the discussion with the joint WHO/UNICEF visiting mission ( 9-15 May 2004)

<sup>g</sup> also include AJK, FANA, FATA

Percentage of health facilities, regularly supplied with AD syringes and safety boxes for all EPI immunizations	100% by end 2003	100%		
Percentage of vaccinators/HW giving EPI injections in injection safety	100% by end 2003	100%		
Percentage of districts with relevant staff trained for AEFI	60% by end 2003 100% by end 2004	Trainings in 106 out of 120 districts accomplished i.e. 88% achieved by end 2003		

### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

*The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:*

## 2. Financial sustainability

- Inception Report: Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Progress Report: Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

GAVI has advised to revise the FSP by 30 November 2004.

Second Annual Progress Report: Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

**Table 2: Sources (planned) of financing of new vaccine ... Hepatitis B ..... (specify)**

Proportion of vaccines supported by	Annual proportion of vaccines									
	2001..	2002..	2003..	2004..	2005..	2006..	2007..	2008..	2009..	2010..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for ..... (new vaccine) *										

\* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same

standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

*Technical Assistance for revision of the FSP is requested. (Preferably an International Consultant, well versed with FSP)*

### 3. Request for new and under-used vaccines for year ..... (Indicate forthcoming year)

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

#### 3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.*

**Table 3 : Update of immunization achievements and annual targets**

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>DENOMINATORS</b>									
Births					6,009,000	6,159,000	6,313,000	6,471,000	6,633,000
Infants' deaths					491,000	503,000	540,000	553,000	567,000
Surviving infants	4,997,751	5,128,191	5,262,048	5,417,976	5,518,000	5,656,000	5,773,000	5,918,000	6,065,000
Infants vaccinated / to be vaccinated with 1 <sup>st</sup> dose of DTP (DTP1)*	4,417,966	4,412,588	4,315,700	4,542,689	4,673,900 <sup>a</sup>	4,977,500	5,397,000	5,553,000	6,004,000
Infants vaccinated / to be vaccinated with 3 <sup>rd</sup> dose of DTP (DTP3)*	3,701,922	3,882,498	3,607,338	3,832,150	4,249,000	4,525,000	4,907,000	5,030,000	5,459,000

<sup>a</sup> No target was set for DPT1 initially. However to derive target for DPT1, 10 % is added to DPT3 targets for year 2004 onwards.

<b>NEW VACCINES **</b>									
Infants vaccinated / to be vaccinated with <b>1<sup>st</sup> dose</b> of ....Hep B..... ( <i>new vaccine</i> )				4,193,333	4,673,900 <sup>b</sup>	4,977,500	5,397,000	5,553,000	6,004,000
Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup> dose</b> of Hep B ..... ( <i>new vaccine</i> )				<b>3,396,554</b>	4,249,000	4,525,000	4,907,000	5,030,000	5,459,000
Wastage rate of *** ..... ( <i>new vaccine</i> )									
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated / to be vaccinated with TT	<b>2,971,257</b>	<b>3,038,995</b>	<b>2,959,128</b>	<b>2,902,706</b>	4,883,000	5,190,000	5,641,000	5,771,000	6,251,000
Infants vaccinated / to be vaccinated with BCG	<b>4,710,169</b>	<b>4,782,993</b>	<b>4,517,865</b>	<b>4,816,044</b>	4,627,000	4,927,000	5,366,000	5,500,000	5,969,000
Infants vaccinated / to be vaccinated with Measles (MCV1)	<b>3,730,965</b>	<b>3,859,246</b>	<b>3,557,238</b>	<b>3,661,539</b>	4,249,000	4,525,000	4,907,000	5,030,000	5,459,000

<sup>b</sup> No target was set for Hep B1 initially. However to derive target for Hep B1, 10 % is added to Hep B3 targets for year 2004 onwards.



\* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

\*\* Use 3 rows for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert any row as necessary

*Please Note: The italic bold figures are from respective JRF.*

*Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.*

- 1) *Target for 2003 as mentioned in the GAVI proposal was 5,384,000. This target was based on estimation. However, the figure 5,417,976 is the total consolidated figure of district reports and hence considered more appropriate. Moreover this figure is also referred in JRF.*
- 2) *Despite the fact that almost 500,000 children were immunized less as compared to the target of 3,930,320. the deficiency will be made up in the current year through*
  - a. *better planning,*
  - b. *RED approach strategy*
  - c. *Effective supervision etc*
  - d. *Intensive Health Education & Social Mobilization activities*

**3.2 Confirmed/Revised request for new vaccine** *(to be shared with UNICEF Supply Division) for the year 2005..... (indicate forthcoming year)*

*Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.*

*No significant change suggested.*

**Note:** *EPI Pakistan will be requesting for DPT-Hep B combo vaccine for whole country, under one year population, for 2006.*

**Table 4: Estimated number of doses of Hep B vaccine (specify for one presentation only):** *(Please repeat this table for any other vaccine presentation requested from*

		Formula	For year 2005
<b>A</b>	Infants vaccinated / to be vaccinated with 1 <sup>st</sup> dose of Hep B Vaccine (new vaccine)	10 % more than the Hep B 3 target	4,977,500
<b>B</b>	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
<b>C</b>	Number of doses per child		3
<b>D</b>	Number of doses	$A \times B/100 \times C$	14,932,500
<b>E</b>	Estimated wastage factor	(see list in table 3)	1.33
<b>F</b>	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	19,860,225
<b>G</b>	Vaccines buffer stock	$F \times 0.25$	0
<b>H</b>	Anticipated vaccines in stock at start of year 2005 <sup>10</sup> ....		8,000,000
<b>I</b>	Total vaccine doses requested	$F + G - H$	11,860,225
<b>J</b>	Number of doses per vial		10
<b>K</b>	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	7,695,075
<b>L</b>	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
<b>M</b>	Total of safety boxes (+ 10% of extra need)	$(K + L)/100 \times 1.11$	85,415

**Remarks**

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] \* 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

**Table 5: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*\*Please report the same figure as in table 3.*

<sup>10</sup> By end of 2003, 7.16 million doses of Hep B were available in the Federal store. Based on this it is anticipated that by end of 2004 appx. 8 million doses will be in the stock.

### 3.3 Confirmed/revised request for injection safety support for the year ..... (indicate forthcoming year)

**Table 6: Estimated supplies for safety of vaccination for the next two years with BCG (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)**

		Formula	For year 2005	For year 2006 <sup>11</sup>
<b>A</b>	<b>Target of children for BCG vaccination (for TT : target of pregnant women)<sup>12</sup></b>	#	4,927,000	
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	1	
<b>C</b>	<b>Number of BCG doses</b>	A x B	4,927,000	
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	5,468,970	
<b>E</b>	<b>AD syringes buffer stock<sup>13</sup></b>	D x 0.25	0	
<b>F</b>	<b>Total AD syringes</b>	D + E	5,468,970	
<b>G</b>	<b>Number of doses per vial</b>	#	20	
<b>H</b>	<b>Vaccine wastage factor<sup>4</sup></b>	Either 2 or 1.6	2	
<b>I</b>	<b>Number of reconstitution<sup>14</sup> syringes (+10% wastage)</b>	C x H x 1.11 / G	546,897	
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	(F + I) x 1.11 / 100	66,776	

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

**Table 7: Estimated supplies for safety of vaccination for the next two years with DPT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)**

		Formula	For year 2005	For year 2006
<b>A</b>	<b>Target of children for DPT vaccination (for TT : target of pregnant women)<sup>15</sup></b>	#	4,977,500	
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	3	
<b>C</b>	<b>Number of DTP doses</b>	A x B	14,932,500	
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	16,575,075	

<sup>11</sup> Injection Safety Support by GAVI is for 2003, 2004 & 2005

<sup>12</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>13</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>14</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factors will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

<sup>15</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<b>E</b>	<b>AD syringes buffer stock</b> <sup>16</sup>	$D \times 0.25$	0	
<b>F</b>	<b>Total AD syringes</b>	$D + E$	16,575,075	
<b>G</b>	<b>Number of doses per vial</b>	#	10	
<b>H</b>	<b>Vaccine wastage factor</b> <sup>4</sup>	<i>Either 2 or 1.6</i>	1.6	
<b>I</b>	<b>Number of reconstitution</b> <sup>17</sup> <b>syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	183,983 <sup>18</sup>	

*If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

**Table 8: Estimated supplies for safety of vaccination for the next two years with Measles** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		<b>Formula</b>	<b>For year 2005</b>	<b>For year 2006</b>
<b>A</b>	<b>Target of children for measles vaccination (for TT : target of pregnant women)</b> <sup>19</sup>	#	4,525,000	
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	1	
<b>C</b>	<b>Number of measles doses</b>	$A \times B$	4,525,000	
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	5,022,750	
<b>E</b>	<b>AD syringes buffer stock</b> <sup>20</sup>	$D \times 0.25$	0	
<b>F</b>	<b>Total AD syringes</b>	$D + E$	5,022,750	
<b>G</b>	<b>Number of doses per vial</b>	#	10	
<b>H</b>	<b>Vaccine wastage factor</b> <sup>4</sup>	<i>Either 2 or 1.6</i>	1.6	
<b>I</b>	<b>Number of reconstitution</b> <sup>21</sup> <b>syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	803,640	
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	64,672	

*If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

<sup>16</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>17</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factors will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

<sup>18</sup> The difference from the figure quoted in Progress Report for 2003, is because of DPT1 instead of DPT3 target was used in the row "A",

<sup>19</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>20</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>21</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**Table 9: Estimated supplies for safety of vaccination for the next two years with Tetanus** (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

		<b>Formula</b>	<b>For year 2005.....</b>	<b>For year 2006.....</b>
<b>A</b>	<b>Target of children for TT vaccination (for TT : target of pregnant women)<sup>22</sup></b>	#	5,190,000	
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	2	
<b>C</b>	<b>Number of TT doses</b>	A x B	10,380,000	
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	11,521,800	
<b>E</b>	<b>AD syringes buffer stock <sup>23</sup></b>	D x 0.25	0	
<b>F</b>	<b>Total AD syringes</b>	D + E	11,521,800	
<b>G</b>	<b>Number of doses per vial</b>	#	10	
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>		
<b>I</b>	<b>Number of reconstitution <sup>24</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$		
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	127,892	

*If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

*As target children for DPT has been taken as target for DPT1, the number of AD Syringes and safety boxes has increased.*

<sup>22</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>23</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>24</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support<sup>25</sup>**

Indicators	Targets	Achievements	Constraints	Updated targets
<b>Strengthening infra-structure &amp; Improving Capacity</b>				
a. Strengthen Federal EPI cell with additional personnel including Focal person and Financial Management specialist (For GAVI)	By end 2001	Two GAVI advisors, one finance & administrative manager and one assistant recruited		
b. Strengthen Provincial EPI cells with additional personnel for routine EPI activities	By end 2001	An SSA holder in Punjab has been recruited. Under GAVI EPI PCIs and through WHO EMRO support, more personnel will be recruited for other provinces. The Process of recruitment has started ( i.e. selection Committees constituted, TORs prepared etc)	The process started after the funds reached provinces, i.e. in April/May 2004.	End 2004
<b>Strengthening management</b>				
a. Complete district micro plans, - Conduct provincial divisional workshops - Finalize/approve micro-plans	March 2001 February 2001	Workshops conducted in Punjab, Sindh, and NWFP in 2003.  A TOT workshop conducted in Islamabad On 12-13 May, 2004	Extensive Polio related activities, leaving little room for other activities requiring participation of the district teams	Each of the 33 phase one districts to have a complete and proper district micro plan for increasing routine EPI coverage by end 2004
<b>Ensure quality assurance</b>				
a. - Introduction auto-disable syringes - Use throughout all Pakistan EPI	July 2001 End 2002	- AD syringes introduced in the country and are being used in EPI since 2001		--
<b>Commitment and coordination</b>				
a. Operationalize/Create Provincial Inter-agency Coordination Committees	March 2001	- National ICC meetings being conducted regularly. - Inter Ministerial meeting conducted in 2003. - Provincial ICCs for formulated in Punjab, Sindh, NWFP and FATA.		

<sup>25</sup> As directed by the Joint WHO/UNICEF mission which visited EPI Pakistan from 9-15 May, 2004, the list of indicators has been shortened, and only more appropriate one have been kept.

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with previous calendar year)	Yes	2003
Table 1 filled-in	Yes	
DQA reported on	Yes	
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	No	GAVI advised to revise FSP
Table 2 filled-in	No	Not required
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures		
ICC endorsed		

## 6. Comments

→ *ICC/RWG comments:*

Routine EPI performance, as judged from the reported DPT3 coverage has improved slightly in 2003 to 71% as compared to 69% in 2002. It was expected that with the flow of GAVI support there will be substantial increase in EPI coverage. However in the year under review, this could not possibly happen, because of practically non availability of GAVI ISS funds to provinces in the calendar year 2003, and in some instances attribution of district EPI teams most of the time with PEI related activities.

Hepatitis B vaccine was available through EPI for under one children throughout the country in 2003. However the reported coverage of HepB3 was 63% in this period, which was even below than the DPT3 coverage. This warrants immediate attention, mainly of a strong social mobilization component for routine EPI. This issue is being addressed in year 2004.

As the GAVI ISS funds have reached provinces, who have started utilizing these funds and in many cases, districts have started undertaking the prescribed activities,, districts for phase one have been identified, supplies from UNICEF have started reaching the districts, the TOT training for district micro planning completed, we are quite confident that routine EPI performance will be much better this year.

NICC notes with great pleasure that DQA held in 2003 was quite successful, and wish to remind EPI that a continuous hard work in proper recording, reporting and utilization of data will be required to maintain this standard of performance.


The periodic visit of joint WHO/UNICEF missions for monitoring and facilitation of routine EPI activities have given a boost to EPI activities and NICC recommends continuation of such visits.

With the continuous commitment of GOP MOH for improving the health status of people of Pakistan, and more partners joining hands for strengthening of EPI we see a brighter future for children of Pakistan.



## 7. Signatures

For the Government of Pakistan

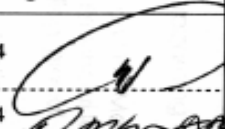


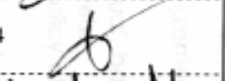
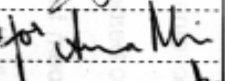
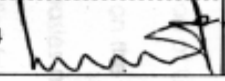
Signature:   
 Mr. Tariq Farook

Title: Secretary, Ministry of Health, Government of Pakistan

Date: May , 2004

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
WHO	Dr.Khalif Bile Mohmaud Country Representative	May , 2004		Rotary International	Mr.Abdul Haiy Khan Chairman, National Polio plus Committee		
UNICEF	Dr. Omar Abdal Country Representative	May , 2004					
Govt. of Japan /JICA	Mr.Takeshi Matsunaga Head of Economic & Development Section	May , 2004					
World Bank	Dr. Inam-ul-Haq Sr. Health Specialist	May , 2004					
Planning & Development Division , GOP	Dr. Shafiquddin Chief (Health)	May , 2004					

~ End ~