GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Pakistan

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **22/05/2014**

Deadline for submission: 02/06/2014

Please submit the APR 2013 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: **2013**

Requesting for support year: **2015**

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

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 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
VIG	Yes	Not applicable	N/A
COS	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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	Rashida Malik	**Name**	Mr Waqar Masood Khan
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
Dr Ejaz AHMAD	National Manager - EPI	00920519255701	aijazahmadkhan@gmail.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

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 2013 and specifies the requests for the period of January – December 2015

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)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	6,156,566	6,156,566	6,266,152	6,422,105	6,377,690	6,547,664
Total infants' deaths	474,056	474,056	482,493	456,795	491,082	463,612
Total surviving infants	5682510	5,682,510	5,783,659	5,965,310	5,886,608	6,084,052
Total pregnant women	6,279,697	6,279,697	6,391,476	6,550,547	6,505,244	6,678,617
Number of infants vaccinated (to be vaccinated) with BCG	5,910,303	6,119,490	6,078,168	5,035,557	6,250,136	5,374,925
BCG coverage	96 %	99 %	97 %	78 %	98 %	82 %
Number of infants vaccinated (to be vaccinated) with OPV3	5,227,909	5,376,642	5,436,369	4,055,752	5,651,144	4,410,005
OPV3 coverage	92 %	95 %	94 %	68 %	96 %	72 %
Number of infants vaccinated (to be vaccinated) with DTP1	5,455,210	5,887,576	5,610,149	4,831,901	5,768,876	5,049,763
Number of infants vaccinated (to be vaccinated) with DTP3	5,227,909	5,389,685	5,436,369	4,049,372	5,651,144	4,406,903
DTP3 coverage	92 %	95 %	94 %	68 %	96 %	72 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	5,455,210	5,887,576	5,610,149	4,831,901	5,768,876	5,049,763
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	5,455,210	5,389,685	5,610,149	4,049,372	5,651,144	4,406,903
DTP-HepB-Hib coverage	96 %	95 %	97 %	68 %	96 %	72 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	5,455,210	4,370,674	5,610,149	4,772,248	5,768,876	5,049,763
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	5,455,210	3,735,300	5,610,149	4,005,343	5,651,144	4,406,903

Pneumococcal (PCV10) coverage	96 %	66 %	97 %	67 %	96 %	72 %
Wastage*[1]* rate in base-year and planned thereafter (%)	10	10	10	10	10	10
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	5,227,909	5,624,773	5,436,369	3,738,007	5,651,144	4,096,700
Measles coverage	92 %	99 %	94 %	63 %	96 %	67 %
Pregnant women vaccinated with TT+	5,651,727	4,507,198	5,880,157	4,005,343	6,179,982	4,406,903
TT+ coverage	90 %	72 %	92 %	61 %	95 %	66 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	8 %	3 %	16 %	2 %	13 %

** 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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**

  Number of births in 2013 is consistent with JRF 2013 and for the period of 2014 to 2015 is consistent with cMYP .
  Note: Number of births in 2013 is consistent with JRF2013 and for the period of 2014 to 2015 is consistent with cMYP . There are significant changes in the number of births,surviving infants and other figures which were used from the newly developedcMYP 2014-18. The cMYP was developed in consultation and consensus of all theprovinces, stakeholders at national and provincial levels and partners. Programfrom now on will use these cMYP figures till next update/revision of thedocument.

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

  Number of births in 2013 is consistent with JRF 2013 and for the period of 2014 to 2015 is consistent with cMYP . Please see the note above

- 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 targets.

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

  NA

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

ACHIEVEMENTS

- Strengthening of the human resource at the Federal EPI
- Capacity building of provincial EPI staff from all provinces and Federating units on vaccine management
- Successful introduction of PCV10 in all provinces/areas except Balochistan, FATA & Gilgilt Baltistan
- Completion of PCV10 trainings in Balochistan, FATA & Gilgilt Baltistan
- Successful training of Data Managers of all provinces/areas on module developed by WHO-EMRO
- Effective vaccine management trainings have been completed in 54 districts
- Draft National Immunization Policy
- Initiation/planning of cMYP, KAPB Study, EVM assessment, recruitment of critical HR through WHO,PEI synergy with the EPI,

CHALLENGES

- Uncertainty about the role of Federal EPI and its existence continued
- Delay in release of funds by the MoF, GoP
- Compromised timely procurement of vaccines including meeting country co-financing obligation for Pentavalant vaccine
- Continued 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 for 2013 but could not be implemented are

- Measles mass vaccination campaign, now it is rescheduled in 2014

- Introduction of Rota virus Vaccine
- Introduction of VSSM, Coverage and VPD Surveillance soft wares (VSSM has been added on by the vLMIS)

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 are no significant discrepancies in reaching boys versus girls with robust evidence to support data. Different surveys have shown varying minor differences for example: [(59 Vs 54) Urban, and (53 Vs 50) Rural].

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)

Thereis a significant difference in immunization coverage in administrative data received and compiled at the Federal Level.
The Government of Pakistan carries out periodically twopopulation based surveys: Pakistan Bureau of Statistics runs Pakistan Socialand Living Standard Measurement Survey (PSLM) every year and National Institute of Population Studies (NISP) conducted 3 Pakistan Demographic and Health Surveys (PDHS 1990-91, 2006-07 and 2012-13). Keeping in view the data quality issues the target setting for the next 5 years in comprehensive Multi Year Plan (cMYP) is done using PDHS survey results which are widely accepted.There is need to improve the data quality system in the EPIthis has been included in the next 5 year planning (cMYP)
WHO, UNICEF estimates for 2013 is not yet available

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

TheGovernment of Pakistan carries out periodically two population based surveys:Pakistan Bureau of Statistics runs Pakistan Social and Living StandardMeasurement Survey (PSLM) every year andNational Institute of Population Studies (NISP) conducted 3 PakistanDemographic and Health Surveys (PDHS 1990-91, 2006-07 and 2012-13).

Pakistan Demographic Health Survey (PDHS) conducted in 2012-13. Its assessments are as under:

BCG	85.2%
DPT3	65.2%
OPV3	85.3%
MCV1	61.4%
Fully Immunized	53.8%

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

- New tool i.e. telly sheet is added in the programme for proper recording of routine immunization
- Reporting forms have been revised segregating immunization data of residential and non residential children

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.

Although no major activities are undertaken however in the cMYP 2014- 2018 following plan will address the data quality issues

To increase performance of surveillance and routine monitoring/reporting the following objectives are agreed in consultation with the Provincial counterparts and partners. Thus by 2018:

- Reliability and accuracy of administrative data increased:

▪ Discrepancy ratio (between administrative and survey data) decreases from 30% to <5%

▪ % of reporting units receiving satisfactory DQS score/mark increases >95%

- Ability of surveillance to detect and report on certain cases increased:

▪ National AEFI system is functional and serious cases of AEFI are reported and analyzed

▪ Timeliness and completeness of integrated VPD surveillance reports received at provincial level improved (above 90% and 99% respectively)

▪ Number of non polio AFP cases detected and reported (>1 per 100,000 children under 15 years of age)

▪ Number of discarded measles cases per 100,000 population

The **strategies** are deviced to

- Streamline data collection and reporting practices (integrate EPI routine monitoring into data management mainstream) (at the federal and provincial levels) and

- Expand surveillance network (primarily by 1) establishing new points/units or by 2) engaging existing capacities).

- Conduct regular immunization coverage evaluation surveys (both at federal and provincial levels: Integrate EPI and PEI monitoring (both at the federal and provincial levels):

- Strengthen VPD surveillance with the support of District Level PEI Staff (coordinated from the federal level

but implemented at provincial and sub-provincial levels)

EPI program has recruited Human Resource in IT and MIS and the development of software is under process to strengthen the data management.

In 2014

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$ = 102	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 2013**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**USAID**	**NA**	**NA**
Traditional Vaccines*	2,017,139	1,130,305	0	886,834	0	0	0	0
New and underused Vaccines**	8,770,954	1,365,765	7,405,189	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	3,035,057	2,577,610	0	457,447	0	0	0	0
Cold Chain equipment	6,894,396	0	87,623	126,773	0	6,680,000	0	0
Personnel	990,959	301,781	241,421	106,145	341,612	0	0	0
Other routine recurrent costs	2,618,066	1,177,255	957,460	369,194	114,157	0	0	0
Other Capital Costs	1,043,316	0	615,798	427,518	0	0	0	0
Campaigns costs	384,057	34,294	0	323,664	26,099	0	0	0
Vaccine Management Cost		0	0	0	0	55,000	0	0
Total Expenditures for Immunisation	25,753,944							
Total Government Health		6,587,010	9,307,491	2,697,575	481,868	6,735,000	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 2014 and 2015

NA

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Implemented**

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?**
Fund Flow Mechanism	Yes
Internal Control Frame Work	Yes
Bank Reconciliation and Reporting	Yes

External Audit of ISS Funds	Yes

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

The following is the implementation status of 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 theprovinces. These Assignment Accounts are now fully operational and provincial share of GAVIfunds 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 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 has been devised. An auditor has been appointed to ensure financial control and transparency. It is ensured that all financial transactions/ disbursements are as per existing financial rules/procedures, and fulfil all codal formalities.

3. Bank Reconciliation and Financial Reporting: The Aide Memoire required that reconciliation of accounts with the bank and account officemay be carried out on monthly basis. The reconciliation of account of expendituresis being carried out regularly with the bank and Accountant General's Office.

4. External Audit of ISS Funds: 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 (Director General Federal Audit, Department of the Auditor General of Pakistan) of GAVI ISS accounts for FYs 2012 - 2013 has been completed and final copy of the audit report has been 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 2013? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Representative of CSO consortium is invited in ICC meeting

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

National Immunization Priorities are described below the priorities are

1. Increasing immunization coverage and reducing vaccine-preventable diseases
2. Stopping wild poliovirus transmission throughout Pakistan and eradicating the disease
3. Improving quality, efficiency and sustainability of immunization

4. Changing political and public awareness of and attitudes toward importance of immunization

5. New vaccine introduction (IPV, Rota) in 2015

Immunization Priority Objectives

1. Increase control of VPD diseases
2. Increase coverage and equity of routine immunization
3. Improve surveillance of VPD diseases and AEFI
4. Improve effective vaccine management
5. Improve monitoring and reporting of immunization services
6. Increase sustainability of immunization financing

Priority National Program Strategies

1 Streamline immunization program management at all levels in the light of the devolution and with focus on local ownership and sustainability

2 Improve immunization service delivery through:

2.1 mobilization of additional skilled immunization staff and strengthening physical infrastructure

2.2 implementation of micro-planning in all UCs

2.3 Upgrade of physical infrastructure and logistics system

3 Increase sustainability of immunization through:

3.1 Effective integration into MNCH services

3.2 Improved planning and budgeting

4. Increase political and public awareness of the importance of immunization through evidence based advocacy, communication and social mobilization activities

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013

BCG	AD Syringe 0.05ml and reconstitution syringe 2ml	Government of Pakistan
Measles	AD Syringe 0.5ml and reconstitution syringe 5ml	Government of Pakistan
TT	AD Syringe 0.5ml	Government of Pakistan
DTP-containing vaccine	AD Syringe 0.5ml	Government of Pakistan and GAVI
PCV10	AD Syringe 0.5ml	Government of Pakistan and GAVI

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 2013 how sharps waste is being disposed of, problems encountered, etc.

- Sharp waste is collected in safety boxes which are later finally disposed off by burn and bury method
- The main problem in sharp waste disposal is non adherence to the waste disposal guideline by some vaccinators

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	9,852,972	771,085,000
Total funds available in 2013 *(C=A+B)*	9,852,972	771,085,000
Total Expenditures in 2013 *(D)*	4,672,403	476,585,099
Balance carried over to 2014 *(E=C-D)*	5,180,569	294,499,901

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 are part of the Government's Budgetary Process and reflected in allocations for health sector in the Public Sector Development Programme (PSDP) as an FEC.

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 the GAVI Secretariat to the Government of Pakistan's Federal Account 1, then to Provinces and to the districts. The following are the salient features of the Financial Management System for GAVI ISS funds and issues related to release of funds:

The funds are transferred by the GAVI Secretariat to the federal Government of Pakistan Account I (Non Food) in the State Bank of Pakistan Karachi

Matching funds are provided in the local currency in the Federal Government's Annual Budget under the head of Health Sector from 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 Provincial Account No. I, thereafter each Provincial Manager releases the amount according to prescribed procedures of Provincial Government in their assignment accounts in the National Bank of Pakistan.

The monitoring of expenditure is carried out at federal level through review of the monthly progress reports submitted by each province/area.

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

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

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 main branch of National Bank of Pakistan.

For provincial level expenditure funds are transferred to Provincial Account 1 thereafter, to the Assignment Accounts opened in the National Bank of Pakistan after completing the prescribed procedure of the provincial Government.

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 2013

•□□□□□□□□ Salaries To additional immunization staff

•□□□□□□□□ Human Resource Development

- □□□□□□□□ Supervision and Operational exp:
- □□□□□□□□ Trainings
- □□□□□□□□ Office Equipments
- □□□□□□□□ Meetings Seminars and Workshops

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 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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? **Yes**

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 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	17,303,050	18,418,261	0	No
Pneumococcal (PCV10)	13,170,300	13,445,000	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? ...)

The diffeernce in figures are explained as under:

a) Penta:

- Target as per DL dated 26.11.2012 revised accordingly.

- # of dosess delivered revised as per actual (ref. SD records)

- Difference between 2013 delivery and Decision Lletter (DL) quantities is 3.6m dosess also delivered in 2013, but belonging to 2012 allocation (carry over).

b) PCV-10:

- Target as per latest revised DL dated 15.10.2013 revised accordingly.

- # of dosess delivered revised as per actual (ref. SD records)

- Difference between 2013 delivery and DL quantities is a minus of 173,700 ds, for delivery in 2014. The 2013 delivery includes a delivery of 1,288,400 dosess, which belong to 2012 allocation (carry over).

- 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.

The Programme has introduced Vaccine Logistic Management Information system (VLMIS) to track the vaccine throughout the country. at present 54 districts are on board and rest will be using the system by 2015.

Pakistan prefers single dose pentavalent presentation to reduce the wastage rate.

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 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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	25/09/2008
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

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	Due to other competing programme priorities all activities could not be undertaken as planned

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2014**

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 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	1,118,667	114,104,034
Total funds available in 2013 (C=A+B)	1,118,667	114,104,034
Total Expenditures in 2013 (D)	784,494	80,018,388
Balance carried over to 2014 (E=C-D)	334,173	34,085,646

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

The Vaccine implementation plan has been implemented:
- Training
- Launch and ACSM activities
- vaccine procurement and distribution.

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

The PCV10 has been introduced in the country. The training could not be conducted in Balochistan, FATA and Gilgit Batistan in 2013, due to multiple factors including security issues and multiple polio SIAs.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

The Following activities will be undertaken:
The post implementation evaluation , monitoring and evaluation and AEFI surveillance will be conducted for PCV 10 in 2014.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	7,405,189	2,189,200
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	7405189	
Donor	0	
Other	0	

	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	0	0
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	November	PSDP
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	November	PSDP
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The Financial sustainability plan has been developed and attached for reference.	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

The procurement has not been completed due to restraining order of High court.

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? **April 2014**

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

The final recommendations are awaited from WHO EVM mission. The improvement plan will be developed on the basis of the recommendation. The draft report of the mission is attached.

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

Renewal of multi-year vaccines support for Pakistan is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	5,682,510	5,783,659	6,084,052	17,550,221
	Number of children to be vaccinated with the first dose	Table 4	#	5,455,210	5,610,149	5,049,763	16,115,122
	Number of children to be vaccinated with the third dose	Table 4	#	5,455,210	5,610,149	4,406,903	15,472,262

	Immunisation coverage with the third dose	Table 4	%	96.00 %	97.00 %	72.43 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	10,232,550			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	10,232,550			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.40	0.46	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Intermediate

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

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

2014	2015

Number of vaccine doses	#	14,446,700	7,390,100
Number of AD syringes	#	15,142,400	7,515,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	166,575	82,675
Total value to be co-financed by GAVI	$	30,272,000	15,664,000

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

		2014	**2015**
Number of vaccine doses	#	3,408,400	2,048,400
Number of AD syringes	#	3,572,600	2,083,300
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	39,300	22,925
Total value to be co-financed by the Country [1]	$	7,142,000	4,342,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	19.09 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	5,455,210	5,610,149	1,070,934	4,539,215
B1	Number of children to be vaccinated with the third dose	*Table 4*	5,455,210	5,610,149	1,070,934	4,539,215
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	16,365,630	16,830,447	3,212,800	13,617,647
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		17,671,970	3,373,440	14,298,530
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		183,022	34,938	148,084
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	10,232,550		
H3	Shipment plan	*UNICEF shipment report*		13,648,900		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		17,855,000	3,408,379	14,446,621
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		18,714,816	3,572,511	15,142,305
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		205,863	39,298	166,565
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		34,370,875	6,561,129	27,809,746
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		842,167	160,764	681,403
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		1,030	197	833
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		2,199,736	419,913	1,779,823
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)*		37,413,808	7,142,000	30,271,808
U	Total country co-financing	*I x country co-financing per dose (cc)*		7,142,000		
V	Country co-financing % of GAVI supported proportion	*U / T*		19.09 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	21.70 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	5,049,763	1,095,933	3,953,830
B1	Number of children to be vaccinated with the third dose	*Table 4*	4,406,903	956,415	3,450,488
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	14,242,857	3,091,077	11,151,780
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	14,955,000	3,245,631	11,709,369
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	- 970,346	- 210,590	- 759,756
H	Stock to be deducted	*H1 - F of previous year x 0.375*	4,546,263	986,660	3,559,603
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	9,819,495	2,131,091	7,688,404
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	9,438,400	2,048,383	7,390,017
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	9,598,873	2,083,210	7,515,663
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	105,588	22,916	82,672
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	18,395,442	3,992,298	14,403,144
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	431,950	93,745	338,205
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)*	528	115	413
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,177,309	255,508	921,801
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)*	20,005,229	4,341,664	15,663,565
U	Total country co-financing	*I x country co-financing per dose (cc)*	4,341,664		
V	Country co-financing % of GAVI supported proportion	*U / T*	21.70 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	5,682,510	5,783,659	6,084,052	17,550,221
	Number of children to be vaccinated with the first dose	Table 4	#	5,455,210	5,610,149	5,049,763	16,115,122
	Number of children to be vaccinated with the third dose	Table 4	#	5,455,210	5,610,149	4,406,903	15,472,262
	Immunisation coverage with the third dose	Table 4	%	96.00 %	97.00 %	72.43 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	5,402,592			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	5,402,592			
	Number of doses per vial	Parameter	#		2	2	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.35	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

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

Co-financing group	Intermediate

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

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

		2014	2015
Number of vaccine doses	#	12,422,400	14,104,100
Number of AD syringes	#	11,777,700	13,863,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	129,575	152,500
Total value to be co-financed by GAVI	$	43,919,000	49,581,500

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

		2014	2015
Number of vaccine doses	#	986,100	1,559,600
Number of AD syringes	#	934,900	1,533,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	10,300	16,875
Total value to be co-financed by the Country [1]	$	3,486,500	5,482,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	7.35 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	5,455,210	5,610,149	412,576	5,197,573
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	16,365,630	16,830,447	1,237,727	15,592,720
E	Estimated vaccine wastage factor	*Table 4*	1.11	1.11		
F	Number of doses needed including wastage	*D X E*		18,681,797	1,373,877	17,307,920
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		128,987	9,486	119,501
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		13,408,400	986,067	12,422,333
J	Number of doses per vial	*Vaccine Parameter*		2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		12,712,527	934,891	11,777,636
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		139,838	10,284	129,554
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		45,467,885	3,343,750	42,124,135
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		572,064	42,071	529,993
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)*		700	52	648
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		1,364,037	100,313	1,263,724
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)*		47,404,686	3,486,185	43,918,501
U	Total country co-financing	*I x country co-financing per dose (cc)*		3,486,184		
V	Country co-financing % of GAVI supported proportion	*U / T*		7.35 %		

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	9.96 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	5,049,763	502,767	4,546,996
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	15,149,289	1,508,299	13,640,990
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	16,815,711	1,674,211	15,141,500
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 420,289	- 41,844	- 378,445
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	732,143	72,894	659,249
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	15,663,600	1,559,505	14,104,095
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	15,396,543	1,532,916	13,863,627
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	169,362	16,863	152,499
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	52,786,332	5,255,529	47,530,803
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	692,845	68,982	623,863
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)*	847	85	762
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,583,590	157,666	1,425,924
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)*	55,063,614	5,482,260	49,581,354
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	5,482,260		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	9.96 %		

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 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

There are three implementing partners for the balance GAVI HSS funds (US$ 10 million approx); with different implementation completion timelines as follows:

1. Government of Pakistan: PC-1 awaits approval of Ministry of Planning, Development and Reforms; the activities are to be completed within three months of commencement of work plan implementation.
2. Partners work plan
    i. WHO activities will end by 31st March, 2015 (US$ 3.281)
    ii. UNICEF activities will end by 30th June, 2015 (US$ 3.34)

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

GAVI under GAVI Business Plan is contributing towards the Strategic Goal 2 of GAVI aims to ensure that health system strengthening efforts lead to improved immunization outcomes, specially reduce inequities in coverage. Under the Programme Objective 2.2.1 of GAVI Business Plan, Pakistan is one of the ten countries where UNICEF aims to enhance the equity in routine immunization hence contributing to health system strengthening efforts with improved immunization outcomes. GAVI provided funds for the technical support to introduce and support methodologies to identify main drivers of inequities shifting the focus beyond national level planning for 'Reaching Every District / Reaching Every Union Council' ((RED/REUC). During the reporting period, UNICEF Country Office used different data sources to identify the key determinants in access and coverage of immunization. Based on the desk review and the aforementioned information, the Country Office undertook the situation analysis of the key drivers of immunization inequities in six out of ten selected districts of Pakistan (two from each of the four provinces in addition to the Azad Jammu Kashmir (AJK).Out of ten pilot districts, six are overlapped with Polio high risk districtswhere PEI-EPI convergence has taken place.

Disaggregated data by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.
Please refer to the PDHS 2012-13 for access to the requisite information on the following link:
http://www.nips.org.pk/abstract_files/PDHS%20Final%20Report%20as%20of%20Jan%2022-2014.pdf

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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 **No**

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

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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)$

	2008	2009	2010	2011	2012	2013
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*)	23525000	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	16898480	0	0	0	0	6626000
Remaining funds (carry over) from previous year (*B*)	0	12579621	4162591	4063838	3869686	3869686
Total Funds available during the calendar year (*C=A+B*)	16898480	12579621	4162591	4063838	3869686	10495686
Total expenditure during the calendar year (*D*)	4318859	8417030	98753	194152	0	9492
Balance carried forward to next calendar year (*E=C-D*)	12579621	4162591	4063838	3869686	3869686	10486194
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	6626000	6626000	6626000	6626000	6626000	0

	2014	2015	2016	2017
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*)	10486194			
Total Funds available during the calendar year (*C=A+B*)	10486194			
Total expenditure during the calendar year (*D*)	140272			
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			

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
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*)	1746731250	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	1254712140	0	0	0	0	662600000
Remaining funds (carry over) from previous year (*B*)	0	995362488	349797493	348909368	348252743	348252743
Total Funds available during the calendar year (*C=A+B*)	1254712140	995362488	349797493	348909368	348252743	1010852743
Total expenditure during the calendar year (*D*)	259349652	645564995	888125	656625	0	949200
Balance carried forward to next calendar year (*E=C-D*)	995362488	349797493	348909368	348252743	348252743	100136074
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	524321812	556848650	568932073	596352530	596352530	0

	2014	2015	2016	2017
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*)	100136074			
Total Funds available during the calendar year (*C=A+B*)	100136074			
Total expenditure during the calendar year (*D*)	1427200			
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			

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	2008	2009	2010	2011	2012	2013
Opening on 1 January	74.25	79.125	84.0336	85.8571	89.9951	97.6
Closing on 31 December	79.125	84.0336	85.8571	89.9951	90.8822	105.65

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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 2014 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.

Please note that this section contains information from three implementing entities, namely the Government of Pakistan, Ministry of National Health Service Regulations & Coordination (Mo NHSR& C), WHO and UNICEF:<?xml:namespace prefix = "o" />

1. **Mo NHSR&C:** The details of the financial management arrangements and processes used with regards to GAVI HSS fund utilization through Government (US$ 3.4 million) remain the same and may please be accessed from APR 2011 and 2012. These funds are included in national health sector plans and budgets by virtue of being reflected in the HSS PC 1. There was no expense of GAVI HSS funds to be utilized through GOP (US$ 3.4 m) for the year under review, i.e. 2013 owing to the pending approval of the PC-1.

Direct role of the HSCC was not envisaged in the financial management; it was, however the forum to provide monitoring oversight and policy directives on the overall management on the implementation of grant supported activities and work plan. Any change in the work plan including budget had to be discussed and then endorsed by the HSCC.

1. **World Health Organization**: Funds for the WHO are maintained in the savings account of UBS Bank in Geneva which is a commercial bank. In Pakistan, Standard Chartered Bank is a commercial bank, where WHO maintains a saving account. The budget (PB) is approved on a biennial basis which is then discussed and recommended in the Regional Committee for subsequent approval of the World Health Assembly. Budgets are allocated by major office (HQ/ RO) and then by Budget Centre (country office/regional division). Budget categories include assessed (AC) and voluntary contribution (VC). Budgets are distributed by donor funds at the category and programme area level in the country office. Channelling of funds to the sub-national levels is affected through activity work plans in the national level work plans ideally through the creation of Top Tasks. Commitment instruments are created at the national level and activities are performed at the sub-national level. Cash is transferred to the sub-national accounts and activities are recorded at the sub-national ledger. The financial reporting arrangements at both the sub-national and national levels include consolidation of national and sub-national ledgers through implementation of the Organizational ERP and report generation by donor funds. Reports are prepared and submitted in accordance to the donor agreement with regard to the type and the timing. Memorandum of Understanding between GAVI & WHO requires WHO to provide annual certified financial report detailing the disbursements made in respect of the defined activities for which it is responsible.

Funds availability was considerably delayed after the formal signing of Mo U between GAVI and WHO in July 2013 (Annex: WHO MoU). Consequent funds disbursement from GAVI to WHO Headquarters was made on 17th September 2013. Further processing and procedural formalities during the closure of one and commencement of a new biennium within the World Health Organization resulted in the actual funds availability only by mid Feb 2014. Hence, despite advanced planning and preparation for the work plan, commencement of actual implementation has now been delayed by over six months. The situation has affected all the work plan activities in general and some like the training of LHWs in Routine EPI in particular, owing to the long duration of six months required for completion of trainings. Furthermore, the mode of donor funds' absorption into the regular WHO system is still under process; resulting in partial absorption and availability (70 %) of GAVI HSS funds to date.

The fund utilization maybe influenced by the necessity of directly and individually engaging all provincial/ regional departments of health; which will require considerable time and coordination efforts. Engaging not with one but different programs /departments within the DOH is another concern. Exercising monitoring over sight on the provincial funds' utilization in the absence of an effective government federal set up will be another challenge for utilization of GAVI HSS funds.

3. UNICEF contribution towards country programme includes provision of cash assistance to implement its programme activities. Cash assistance is the direct financial support to make the programmes operational in the short run and self-sustaining in the long run. UNICEF places a high premium on strategic partnerships and appreciates that its contribution to achievement of rights for all children and women would be possible only with the commitment and performance of the Government, Civil Society Organizations and other key development partners. UNICEF, therefore, has been working in close collaboration with partners for decades for humanitarian, recovery and development work.Working with partners means providing (technical, human, supply, and) financial assistance to them as and when required. The cash assistance (DCT-Direct Cash Transfer) is an

important means of UNICEF's programme implementation strategy. Some 65% of total UNICEF resources are channeled thru this means towards Partners.

There are three modalities of cash assistance including a)Reimbursement; b) Direct Payment and c) Advance (Director Cash Transfer – DCT).

The preferred method is Reimbursement whereby Partners will utilize their funds to pay for the programme costs and obtain reimbursement from UNICEF hence reducing the dependency on UNICEF funds and facilitates UNICEF's programme procedures.

Direct Payment by UNICEF upon partner's request to vendors, suppliers workshop participants or consultant etc. For this the partners need to submit duly certified original invoices, contracts, claims, service certificates etc for payment under this modality; payment of hotel bills, TA/DA for workshop participants, consultant fees are examples of direct payment by UNICEF.

The Advance modality is used when partners are unable to pre-finance the costs, UNICEF provides cash advance to carry out agreed upon activities on installments; normally one installment covers three months' estimated programme costs.

Eligibility and changing risk level

Risk Level can only be changed by doing another assessment;

- High or Significant Risk Partner's may be reassessed if partner has addressed recommendations from earlier Micro-Assessment;
- Evidence: Two consecutive Spot Checks of the Partner show 'strong controls';
- If risk level changes and UNICEF or Partner wants to change the cash transfer modality accordingly, a PCA Addendum needs to be done articulating the change;

The reassessment could go vice versa also – 'medium' to 'significant'.

Aging and liquidation: Cash advance is provided for a period of three months; a partner must report expenses, or submit refund, once the three month period is over; as soon as the DCT-advance is processed for a partner, the clock in the UNICEF's financial system starts counting its age. The system stops further payments to a partner whose advance has touched 6-month aging (180 days). Once the FACE/accounting documents are received, an entry is made in UNICEF's accounting system, which converts the 'Advance' into 'expense', and closes the transaction. This process is called liquidation.

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 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 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
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)	Workshops in Statistical Analysis and Use of Information for EPI Program Management	100	WHO and UNICEF Updates
	Identification & Defining New Data Needs for DHIS	20	WHO and UNICEF Updates
	Feasibility & Development of IT based Software for Integrated MIS for all diseases	20	WHO and UNICEF Updates
	Comprehensive Review of EPI Data Collection, Consolidation and Use including Quality Audit, Consistency and Integration with DHIS	0	WHO and UNICEF Updates
	Computer Hardware and IT Network for District Data Managers	40	WHO and UNICEF Updates
Review and Finalization of Strategy for Appropriate Use of Vaccines and Health Technologies including Development and Implementation of Assessment Tools at All Levels**	Conduct Effective Vaccine Management (EVM) Assessment to Improve Vaccine Management Practices	100	WHO and UNICEF Updates
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)	20	WHO and UNICEF Updates
Introduction of Hepatitis B Birth Dose for Im	Of the four provinces, only KP has introduced the birth dose of Hepatitis B in September 2013 and has a clear strategy in place to implement this activity. Introduction of birth dose of Hepatitis B was endorsed by NITAG on 1 February 2011 and is part of the draft EPI policy developed in 2011 and updated in 2013. UNICEF is in close consultation with the federal and provincial counterparts and WHO is in the process of finalizing the scope of work.	20	UNICEF progress report and Inception meetings
Strengthening/ Establishment of 70 Warehouses with Proper Cold Storage Facilities including Replacement of CC Equipment in Selected	All four provinces after repeated consultative meeting with UNICEF have come up with the final need of establishing new warehouses and strengthening existing ones. UNICEF CO with the	20	UNICEF progress report and Inception meetings

Districts on Need Basis (Punjab: 25; Sindh: 15; KPK: 10; Balochistan: 10; AJK: 5 & GB: 5, FATA 4)	support of the supply section has initiated the process of implementation		
Develop Procurement Manuals & Guidelines for		0	WHO and UNICEF Updates
Develop Standard System (including guidelines	Refresher and on Job Training for Vaccinators on SOPs of Appropriate Use of Vaccine	0	WHO and UNICEF Updates
	Refresher and on Job Training on LSS/LMIS	0	WHO and UNICEF Updates
	Software and Hard Ware Support for Vaccine and Logistics Management for PHC Level	70	WHO and UNICEF Updates
	Capacity Building of Health Care Providers on IT based Software for Integrated MIS for all diseases	0	WHO and UNICEF Updates
Implementation and Monitoring of Technical Ac	Hiring for Work plan Implementation (Program Support Staff at Federal and Provincial level)	70	WHO and UNICEF Updates
	Technical Support to HSSCU & HSRU	0	WHO and UNICEF Updates
	Printing of Training Materials, Guidelines, Manuals	0	WHO and UNICEF Updates
	Periodic National and Provincial Review Meetings	0	WHO and UNICEF Updates
	Program Operational Cost	15	WHO and UNICEF Updates
Capacity Assessment for MCH Service Delivery	Capacity Assessment for MCH Service Delivery including EPI	20	WHO and UNICEF Updates
Development of Modalities between LHWs/CMWs a	Development of Modalities between LHWs/CMWs and Vaccinators for Integrated MNCH and EPI Service Delivery at the Community Level	0	WHO and UNICEF Updates
Up-scaling Training of LHWs in Routine EPI	District Level Trainings (DSAs Facilitator and Participants, Stationery etc)	10	WHO and UNICEF Updates
	Facility Level Trainings (DSAs Facilitator and Participants, Stationery etc)	10	WHO and UNICEF Updates
Demand Generation and Creating Awareness for Routine EPI Activities through CSOs/ and Community involvement	A CSO named JSCD is working in hard-to-reach 12 Union Councils of district Rajanpur, a district of South Punjab with one of the poorest indicators of maternal and child health portraying a grim picture of inadequate and inaccessible healthcare system and poor health indicators along with high level of in equities in access and coverage of immunization and weak demand for the services.	65	UNICEF quarterly report
	Strengthening and Support to Provincial HSRUs for HSS/ Integrated Health Service Delivery	0	Mo NHSR&C

	Strengthening and Support to Provincial HSRUs for HSS/ Integrated Health Service Delivery	0	Mo NHSR&C
Facilitate donor coordination across the health sector at a strategic level	Establishment of donor coordination forum at national level	0	Mo NHSR&C
	Mapping of donor interventions in health related assistance program	0	Mo NHSR&C
	Roadmap for future coordination between various stakeholders	0	Mo NHSR&C
Contribute to resolving constraints in delivering immunization; increasing equity in access to services and strengthening civil society engagement through providing support to provinces in transforming policy into strategic plans and strengthening integrated health systems to ensure improvement in health services delivery	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)	0	Mo NHSR&C
	Support for Maintenance of Cold Chain (Selected Districts)	0	Mo NHSR&C
	Demand Creation for EPI Services- Support for Advocacy and Awareness Raising Activities	0	Mo NHSR&C
	Support for Alignment of CMYP with Provincial Health Sector Strategy & Reform Processes	0	Mo NHSR&C
Support development of M & E framework to track and monitor implementation of the HSS activities; monitor health outcomes; carry out research and evaluation strategies in the health sector	Project Monitoring & Evaluation- Federal & Provincial Level	0	Mo NHSR&C
	Establishment & Up scaling Evaluation of EPI Activities through E monitoring	0	Mo NHSR&C
Build capacity of the health system by adopting different measures for the varied human resource development and capacity building	Capacity Building and Support for Developing District Health Plan	0	Mo NHSR&C
	Human Resource Development: Capacity Building Trainings of Health Care Providers/ Vaccinators including Training of LHWs in Routine EPI (Selected Districts)	0	Mo NHSR&C

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**
Improved Monitoring & Evaluation of Immuniza	1. Three workshops in statistical analysis and use of information for EPI Program management conducted for Punjab & KPK, Sindh & Balochsitan and AJK (Annex 1) 2. ToRs developed for defining new data needs are under technical review of EMRO 3. Preliminary discussion on the feasibility & development of IT based software for Integrated MIS for all diseases was held on 10th April 2014 with Punjab DOH. In this regard, first consultative workskop with participation of relevant stakeholders and involvement of all the Provincial DOH planned for 11-12th June 2014. 4. Process has been completed for procurement of IT equipment for DHIS & EPI managers/ data operators at the district level (Others Folder: NFR)
Review and Finalization of Strategy for Appro	EVM Assessment was conducted and completed from 1st -21st April 2014 by WHO & UNICEF for the defined period between 1st March 2013- 28th Feb 2014; with the following main objectives: • Identify strengths and gaps in the vaccine supply chain management; • Develop an improvement plan in order to achieve and maintain high quality management of EPI vaccines (Note: all the three subactivities have been merged and entire amount of US$ 130,000 allocated/ utilized for EVM assessment)
Implementation and Monitoring of Technical Ac	Meeting held with Policy Strategy Planning Unit and Punjab Information Technology Board on 10th April and KP on 16th April to discuss various propositions for integrated e monitoring (Annex 2)
Develop Standard System (including guidelines	1. A joint meeting was held with USAID regarding implementation of Vaccine inventory management system. USAID Deliver has supported 55 districts with software & hardware and trainings have already been imparted. Now WHO in collaboration with USAID intends to scale up the intervention & target additional 15 to 20 districts with hard ware support & training of HR. 2. Process has been initiated and allocated funds encumbered for procurement of IT equipment for implementation of vaccine management software training of District Data Managers on Data Entry on Software for Vaccines and Logistics Management.
Develop Procurement Manuals & Guidelines for	Not initiated as yet
Strengthening/ Establishment of 70 Warehouse	Consultative meetings were held with all provinces for need assessment
Introduction of Hepatitis B Birth Dose for Im	Strategy for the implementation of birth dose of Hepatitis B chalked out in consultation with Federal and Provincial EPI in the presence of GAVI HSS coordinator and WHO (Annex 4)
Up-scaling Training of LHWs in Routine EPI	Consultative meeting on development of training plan held with LHWs Program, Punjab on 10th April 2014 (Annex 2)
Development of Modalities between LHWs/CMWs a	Not initiated as yet
Capacity Assessment for MCH Service Delivery	Draft ToRs developed for awarding/ advertising the assignment (Annex 5)
Implementation and Monitoring of Technical Ac	1. Positions advertised and short listing completed. Interview for Technical Officer M&E held on 7th May 2014 Interviews for Provincial positions planned for the first week of June 2014 2.Process for hiring A. F Ferguson selected to conduct Audit of GAVI ISS and HSS grants from 2010-2012 has been completed. The assignment will be completed by 30th June 2014.
Demand Generation and Creating Awareness for	A CSO named JSCD is working in hard-to-reach 12 Union Councils of district Rajanpur, a district of South Punjab with one of the poorest indicators of maternal and child health portraying a grim picture of inadequate and inaccessible healthcare system and poor health indicators along with high level of inequities in access and coverage of immunization and weak demand for the services. Through Community Action Plan (CAP), JSCD has

	fostered co-operation among policy makers, local and state government officials, religious leaders and local community members to advocate on issues related poor health situation of the district. It is also facilitating outreach teams through the listing of mothers and children, refusal cases and missed cases as they are in close contact with the community.
Build capacity of the health system by adopting	PC 1 pending approval in P&D Division since May 2013
Capacity Building and Support for Developing Distr	
Human Resource Development: Capacity Building Trai	
Support development of M & E framework to track an	PC 1 pending approval in P&D Division since May 2013
Project Monitoring & Evaluation- Federal & Provin	
Establishment & Up scaling Evaluation of EPI Activ	
Contribute to resolving constraints in delivering	PC 1 pending approval in P&D Division since May 2013
Support for Integrated MNCH and EPI Service Delive	
Support for Maintenance of Cold Chain (Selected Di	
Demand Creation for EPI Services- Support for Advo	
Support for Alignment of CMYP with Provincial Heal	
Facilitate donor coordination across the health se	PC 1 pending approval in P&D Division since May 2013
Establishment of donor coordination forum at natio	
Mapping of donor interventions in health related a	
Roadmap for future coordination between various st	
Function as the Coordinating Unit and technical ad	PC 1 pending approval in P&D Division since May 2013
Establishment and operationalization of Federal HS	
Strengthening and Support to Provincial HSRUs for	

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

HSS PC 1 Ministry of National Health Services Regulations & Coordination: The work plan activities of HSS PC 1 still await approval of the P&D Division; please refer to APR 2012 for further details, which remain the same.<?xml:namespace prefix = "o" />

WHO: The Memorandum of Understanding between GAVI & WHO was signed on 7th July 2013. Consequent funds disbursement to WHO Headquarters was however, effected on 17th September 2013. Further processing and procedural formalities during the closure of one and commencement of a new biennium within the World Health Organization resulted in the actual funds availability only by mid Feb 2014. Hence, despite advanced planning and preparation for the work plan, commencement of actual implementation has been delayed by almost six months due to non availability of funds. The situation will affect all the work plan activities in general and some like the training of LHWs in Routine EPI in particular, owing to the long duration of six months required for completion of trainings.

Furthermore in view of devolution the preparatory consultation required for activity implementation will now require dealing with separate provincial DOH, which consumes more time than usual. Similarly,another constraint is that the provincial DOHs differ not only in terms of their capacities but also have diverse priorities. for instance, the work plan activity of integrated e monitoring activity is at completely different levels in all provinces. Work is in progress in Punjab and KPK, and is yet to commence in rest of the provinces.

Donor competition is another consideration; the long interval between implementation of previous HSS and the current work plan has resulted in other HDP filling in the funding gap (EPI training of LHWs in six districts of Punjab finalized in June 2013 were funded by WB; the training plan under

GAVI HSS has been renegotiated for additional new districts on 10thApril 2014).

Several activities have however been initiated, the details of which have been given in Table 9.2.1

9.2. Some need based modification has been required. The allocated funds for the three sub activities under 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) have been consumed for EVM which was successfully conducted and completed from 1- 21 April, 2014. Similarly, some of the allocated funds for activity 1.4 Develop Standard System (including guidelines on minimum SOPs) for Vaccine Management by Introducing web based VSSM Software at Provincial and District level will be utlized to support capacity building trainings of Health Care Providers on IT based Software for Integrated MIS for all diseases which will be developed as a critical HSS work plan activity for improving data quality and use to directly impact EPI service delivery.

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UNICEF: Grant agreement was signed on July 21 2013; the funds were received by the Pakistan Country Office on September 24, 2013. The inception phase of the grant was from October-December 2013 where UNICEF CO initiated the planning for the three activities with the provinces. The provinces took longer time to complete the planning especially assessing the need of the provinces for the warehouses, coming up with estimated cost and defining the modalities of implementation. Furthermore the changes in the governance and management structure especially in Baluchistan and Sindh provinces resulted in further delay. Lack of decision making and poor implementation capacities: of the provincial government on the geographic focus of the ware houses; one of the reasons being the competing priorities like Polio SNIDs and SIADs that occupied the EPI management most of the time hence not giving them sufficient time for planning. Since the proposal was developed in 2008, many things have changed since then; needs and priorities of the provinces have also changed with more donors interested in immunization. A total of 70 warehouses are reflected in the GAVI approved work plan; however,after more than five years since the inception of the project proposal; several factors like the cost of construction material, price of POL, labor have escalated markedly implying that it is not possible to establish/construct the intended number of warehouses.

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?

Please refer to the previous APR 2012 for an overview of GAVI HSS support utilized for contributing to HRH strategy and policy formulation and other aspects. Further updates for building on the contribution towards implementation of National Human Resource policy and guidelines are as under:<?xml:namespace prefix = "o" />

1. Implementation of Human Resource Information System (HRIS) through systematic phasing of activities. The aim is to develop and implement a well functioning, standardized Human Resource Information System (HRIS) to enable extension of comprehensive HR information to decision makers in areas of HR management, personal details, chronological history, position data, payroll records, training history, employee benefits and performance analysis; which is also compatible to the existing Information Systems in Health.

In the first phase situation analysis would be undertaken by review of existing data sources, collection & analysis of existing HRM practices and data use. The second phase of Human Resource for Health Information System (HRHIS) software development will include consensus building workshops on development of tools/data collection procedure and instruction manual for finalization of tools and data collection procedures; which will then be pilot tested prior to wide scale implementation. An initial activity for implementation will include organizing trainings of Master Trainers on the newly designed system and computer staff on HRIS in the six pilot districts. The last phase of consolidation will comprise of development of reports and publications, implementation

reviews and data sharing meetings.

Almost all the provinces have either drafted HR strategies or are in the process of development. Recently, a meeting was held in Islamabad on 31st March,2014 involving all stakeholders on Developing Human Resource for Health Strategy for Pakistan. Each province presented the development of their HRH plan detailing SWOT analysis, challenges and way forward.

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 2012 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	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
Establishment of HSSCU at Federal level	0	MoIPC	1	1	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	1	0	0	0	0	0	Mo NHSR&C	do
Mapping of donor interventions in health related assistance program	0	MoIPC	100%	100%	0	0	0	0	0	Mo NHSR&C	do
Trainings of LHWs as vaccinators	15%	Ex-MoH/DOH	30%	30%	15%	15%	15%	15%	15%	Third party evaluation of LHW program	do
Vaccine wastage	30%	MoIPC/UNICEF	5%	5%	30%	30%	30%	30%	30%	UNICEF Report, 2012	do
fully immunized children aged 12-23 months	53%	PSLM, 2011	80%	80%			53%	53%	54%	PDHS 2012-13	do
Poorly functioning system for monitoring and evaluation	Quarterly monitoring	MoIPC/Federal EPI	functioning system for monitoring and evaluation	Functional M&E						Mo NHSR&C/ Federal EPI	do
Refresher and on job trainings for existing vaccinators on SOPs of appropriate use of vaccine	30%	MoIPC/Federal EPI	60%	60%	15%	20%	30%	30%	30%	Mo NHSR&C/ Federal EPI	do
Trainings for EPI data managers on data entry for EPI, vaccines and logistic	0%	MoIPC/Federal EPI	70%	70%	0	0	0	0	38%	Mo NHSR&C/ Federal EPI	do
Establishment of web based EPI data management system at provincial and	0	MoIPC/Federal EPI	100%	100%	0	0	0	0	38%	Mo NHSR&C/ Federal EPI	do

district level											
appropriate use of vaccine and health technology	60%	MoIPC/Federal EPI	80%	80%	60%	60%	60%	60%	65%	Mo NHSR&C/ Federal EPI	do
Establishment/ strengthening of 70 warehouses with cold rooms	1	MoIPC/Federal EPI	70, however based on the need given by the provinces the total number of ware houses will be less because of changing needs and escalating cost of construction, labour and POL.	70, however based on the need given by the provinces the total number of ware houses will be less because of changing needs and escalating cost of construction, labour and POL.	0	1	1	1	1	MoNHSR&C/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%	10%	0	0	0	0	0	Mo NHSR&C/ Federal EPI	do

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

1. The major accomplishments in 2013 relate to the successful completion of processes enabling funds disbursement of second tranche of HSS funds (US$ 6.626 m) for utilization in Pakistan. This included consensus on revision of HSS PC1 and development of GAVI HSS Work plan, achieved in the consultative workshop held on 11th Feb 2013; followed by endorsement of the decisions in NITAG meeting on 15th Feb 2013. The IRC, GAVI approval in April 2013 was followed by signing of two separate MoUs between GAVI, WHO and UNICEF respectively in July 2013. Actual funds disbursement from GAVI to the implementing partners was made at the end of Sep 2013.

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2. The Strategic Goal 2 of GAVI aims to ensure that health system strengthening efforts lead to improved immunization outcomes, specially reduce inequities in coverage. Under the Programme Objective 2.2.1 of GAVI Business Plan, Pakistan is one of the ten countries where UNICEF aims to enhance the equity in routine immunization hence contributing to health system strengthening efforts with improved immunization outcomes. UNICEF under GAVI Business Plan provided funds for the technical support to introduce and support methodologies to identify main drivers of inequities shifting the focus beyond national level planning for 'Reaching Every District' (RED) and 'Reaching Every Union Council' (REUC). In addition, the fund will enable UNICEF Pakistan to support national immunization program to improve immunization coverage in low performing districts and address inequities. Based on the desk review and the aforementioned information, UNICEF Country Office undertook the situation analysis of the key drivers of immunization inequities in seven out of ten selected districts of Pakistan (two from each of the four provinces in addition to the Azad Jammu Kashmir (AJK). Out of ten pilot districts, six overlap with Polio high risk districts where PEI-EPI convergence has taken place.

3. A CSO named JSCD is working in hard-to-reach 12 Union Councils of district Rajanpur, a district of South Punjab with one of the poorest indicators of maternal and child health portraying a grim picture of inadequate and inaccessible healthcare system and poor health indicators along with high level of inequities in access and coverage of immunization and weak demand for the services.
Through Community Action Plan (CAP), JSCD has fostered co-operation among policy makers, local and state government officials, religious leaders and local community members to advocate on issues related poor health situation of the district. It is also facilitating outreach teams through the listing of mothers and

children, refusal cases and missed cases as they are in close contact with the community.

5. Furthermore, in the first quarter of 2014 ome other GAVI HSS work plan activities under strategic goal 2 contribute to resolving major constraints to delivering immunization also commenced which will directly benefit the immunization program. US$ 130,000 in the GAVI HSS work plan had been allocated for contributing to the conduction of EVM assessment in Pakistan from the 1- 21 of April 2014. The nationwide EVM assessment in Pakistan was a large, complex and unique exercise. EVM is a continuous quality improvement process that helps assess and Improve all levels of supply chain of immunization system in terms of vaccine supply, buildings, storage capacity, knowledge and practices of work force in immunization (health) system; and also rates the system's performance against defined benchmarks. Improvement plans are then built around the results of EVM and then checked periodically to assess the system's compliance to the defined standards or deficiencies identified in the assessment. The assessment identifies strengths and weaknesses of supply chain in immunization system. An improvement plan will now be developed and implemented to rectify the issues identified in EVM assessment. It is envisaged that EVM assessment will be undertaken periodically on a regular basis; which is expected to improve the quality and operations of supply chain levels of immunization system hence positively impacting the EPI service delivery.

6. Data quality issues in EPI service delivery have been a long standing concern. The wide variation in EPI coverage estimates perhaps reflects diverse geographical and demographic conditions. However, most likely critical factors are the differences between management capacity and commitment, reporting credibility and consistency, motivation, poor supervision and monitoring and an overall absence of any sort of accountability for EPI performance. Additionally, the available data are seldom used or properly analysed and converted to information that is targeted at the needs of its user to enable utilization for evidence based decision making. In this regard, activities for building and improving the capacity for EPI data management at the district and provincial levels are an important part of the work plan. Three capacity building workshops for the EPI program management on statistical analysis and use of information, comprehensive review of EPI data collection, consolidation flow mechanisms including Quality Audit and consistency with DHIS were held for participants from Sindh, Balochistan, Punjab, KP and AJ&K. Provision of hardware and IT support to district data managers to complement the training has also been initiated. Development and dissemination of provincial immunization status reports from EPI, DHIS and other data sources is in process. Consultative meetings to support situation analysis of existing national and disease specific information systems have been planned towards integrating existing parallel data streams in Pakistan. As a follow up to the planning meeting in Punjab, a consultative workshop with Punjab Health Department on reviewing all portals and dashboards developed for multiple diseases (Dengue, Measles, Integrated Disease, etc) will be held in the first week of June, 2014.

7. A recent accomplishment is the re notification of NICC on 29th April 2014 (Others: Renotification of ICC) to include HSS representation following decision of the joint NITAG and ICC meeting held on 15th Feb 2013 that 'ICC will be re-notified to include representation from Provincial HSRUs to ensure and signify Health System Strengthening component'. The re notified NICC is expected to facilitate joint oversight as a single committee on all GAVI grants. There is also potential to broaden the scope of the committee to include other donor grants, such as GF to ensure collective harmonization and complementarity for greater impact of donor grants and support.

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

Implementation of GAVI grant continues to be a challenge in Pakistan. This particularly relates to the pending approval of HSSPC 1 in the P&D Division since 2011. The latest update in this context is the response of Mo NHSR&C to the observations made by P&D on....(Annex….). Several mission attempts have failed to resolve the stalemate; the issue will again be taken up in the forthcoming joint mission at the end May, 2014. However, the issue requires a different approach to arrive at a solution and avoid further delays.

Another challenge will be the post devolution obligation to engage simultaneously with several provincial/ regional DOH on anindividual basis, which are essentially different entities in terms of status of development, needs and priorities, existing capacities and political inclinations. <?xml:namespace prefix = "o" />

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

The Monitoring and Evaluation framework and plan will focus on enabling progress towards improvement in

the outcome indicators, through development and appropriate balance of M & E tools and other supervisory approaches relevant to the proposed work plan activities. In this regard, HSS work plan will be supported for implementation and monitored at the national and provincial levels by specific staff hiring of Technical Officer M&E at the national and provincial HSS officers.

•□□□□□□□□Consolidated reporting relevant data will be maintained at the national level by the Mo NHSR&C, WHO & UNICEF.

• □ □ □□The implementing partners (WHO & UNICEF) will send activity accomplishment report to Mo NHSR&C within one week of completion of activities; where all reports and execution plan will be consolidated for onward transmission and relevant sharing.

•□□□□□□□□Project Reporting mechanism – Regularly obtaining project documentation and analyzing it for progress i.e. quarterly progress reports, project work plans.

•□□□□□□□□Validation- checking and verifying through the M & E teams whether the reported information is accurate or not i.e.field visits for direct evaluation.

•□□□□□□□□Participation/Feedback- obtaining regular feedback from partners and beneficiaries on progress and proposed actions on a quarterly / half yearly review by Mo NHSR&C.

•□□□□□□□□Annual review will be placed for consideration, action and approval in the ICC meeting.

Mo NHSR&C (HSS PC1 National Level)

The main responsibility of coordination of HSS PC 1 project activities and oversight of outcomes will be carried out by the HSSCU/ Mo NHSR&C in close collaboration with implementing partners. The focus will be to ensure that the scope of monitoring is wider than just assessing project deliverable and also include reviewing overall performance,emerging gaps, partnerships, resource requirements, with particular attention to achieving the targets and improvement in EPI indicators.

Monitoring would be multi functional so that information generated or gathered at one level is useful at the next. Monitoring would also go beyond just checking whetheractivities are taking place as planned. The quality and regularity of two-way information flow would be routinely checked and adjusted to meet specific needs.

Work plan activities regarding development and training of LMIS and GIS, Manual and SOPs/ guidelines for procurement, logistic etc., will also contribute to M&E activities and will strengthen the linkages and overall M&E system.

Implementing Partners and HSRUs

Regular meetings will be held with implementing partners to share work plan progress and experience. Monitoring of project activities will be undertaken mainly by the project staff employed at the national and provincial level and documented in the form of regular progress reports which will be shared with provincial HSRUs and Mo NHSR&C.

All information collected by the implementation set ups at the provincial level will be shared with and channeled through the Provincial Health Departments and also forwarded to the national level with Mo NHSR&C.The reports, after approval will be utilized for reporting to GAVI through the APR mechanism.%

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 the percentage drop out between DTP1 and DTP3 coverage and percentage of surviving infants receiving 3 doses of DTP-containing vaccine are common to all the health sector strategies such as the National EPI Policy and Provincial Health Sector Strategies.Moreover, the systems defined for M&S are in line with the already existing set ups at all levels in the country, including Federal, Provincial and District. These indicators are also part of the District Health Information (DHIS), PSLM and PDHS which is the main source of health information in Pakistan.

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.

Previously EPI, HSS and CSOs were working as separate entities with different management arrangements and lack of any meaningful collaboration for implementation of activities. However, now theGAVI HSS work plan and fund utilization is being undertaken in coordination with all the key stakeholders including CSOs. In this context, both the revised HSS Work plan and PC-1 both have been developed in close coordination with Federal & Provincial EPI Programs, the Provincial Health Sector ReformUnits (HRSU), CSOs and development partners (WHO and UNICEF). <?xml:namespace prefix = "o" />

All the partners work together in the preparation,planning and coordination for activity implementation. Whenever applicable, joint preparatory meetings for review and strategic planning and organization are held between the Mo NHSR&C, WHO & UNICEF (Annex……).

The key stakeholders in the coordination and implementation of GAVI HSS grant will include:

Ministry of National Health Services, Regulation and Coordination

Federal EPI Cell and Provincial/ Regional EPI Programs

Provincial Health Sector Reform Units (HRSUs)

Provincial Lady Health Workers Programs (PPIUs)

WHO

UNICEF

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.

A total of USD 60000 were allocated to UNICEF under the strategic objective of strengthening Civil Society and Community Engagement in Health sector on demand generation and creating awareness for routine EPI activities through CSOs/ and community involvement. A CSO named JSCD is working in hard-to-reach 12 Union Councils of district Rajanpur, a district of South Punjab with one of the poorest indicators of maternal and child health portraying a grim picture of inadequate and inaccessible healthcare system and poor health indicators along with high level of inequities in access and coverage of immunization and weak demand for the services. Through Community Action Plan (CAP), JSCD has fostered co-operation among policy makers, local and state government officials, religious leaders and local community members to advocate on issues related poor health situation of the district. It is also facilitating outreach teams through the listing of mothers and children, refusal cases and missed cases as they are in close contact with the community. <?xml:namespace prefix = "o" />

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 HSS funds management cannot be given due to lack of any activity or fund utilization being undertaken at any level in the reportingyear, 2013.

- The previous HSS funds management experience,disbursement constraints can be referred to in APR 2012.

- The management processes in the coming year aimed at improvement in the funds management in 2014 will be effected through the following two processes:

1. The PSDP/ PC 1 mechanism for the available balance of US$ 3.4 million, which is in line with the Government Financial Rules.

2. Simultaneous and parallel GAVI HSS fund utilization of US$ 6.26 million will be undertaken through the Partners work plan to facilitate completion of activities and total fund utilization of US$ 6.626 million by the

end of 30th June 2015.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 Partners (WHO and UNICEF) has been effected through separate MoU between GAVI with WHO and UNICEF respectively. The organizational management mechanisms including the financial component applicable to the GAVI HSS work plan implementation has been defined in these MoUs.

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
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)	Workshops in Statistical Analysis and Use of Information for EPI Program Management	50000	35060	NA	NA	0
	Identification & Defining New Data Needs for DHIS	18000				
	Feasibility & Development of IT based Software for Integrated MIS for all diseases	50000				
	Comprehensive Review of EPI Data Collection, Consolidation and Use including Quality Audit, Consistency and Integration with DHIS	50000				
	Computer Hardware and IT Network for District Data Managers	100000				
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	Refresher and on Job Trainings for Vaccinators on SOPs of Appropriate Use of Vaccine	50000		NA	NA	0

Development, Implementation and Training of Integrated Logistic Support System (LSS)/ LMIS						
	Refresher and on Job Training on LSS/LMIS	30000				
	Software and Hard Ware Support for Vaccine and Logistics Management for PHC Level	100000				
Develop Procurement Manuals & Guidelines for Vaccines and Logistics with Training	Capacity Building of Health Care Providers on IT based Software for Integrated MIS for all diseases	120000		NA	NA	0
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		NA	NA	0
Introduction of Hepatitis B Birth Dose for Improved Neonatal Care (Selective 10% First Referral Facilities at DHQ/THQs)		410000		NA	NA	0
Up-scaling Training of LHWs in Routine EPI	District Level Trainings (DSAs Facilitator and Participants, Stationery etc)	400000		NA	NA	0
	Facility Level Trainings (DSAs Facilitator and Participants, Stationery etc)	1200000				
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		NA	NA	0
Capacity Assessment for MCH Service Delivery including EPI	Capacity Assessment for MCH Service Delivery including EPI	50000		NA	NA	0
Implementation and Monitoring of Technical Activities by Provincial HSRUs and HSS CU/ IPC (National and Provincial	Hiring for Work plan Implementation	160000	14646	NA	NA	0

Technical & Admin/ Other Support)						
	Technical Support to HSSCU & HSRU	40000				
	Printing of Training Materials, Guidelines, Manuals	102000				
	Periodic National and Provincial Review Meetings	50000				
	Operational Cost	32000	142			
Integrated e-Monitoring, (Piloting & Replication)	Implementation and Monitoring of Technical Activities by Provincial HSRUs for Integrated e-Monitoring, (Piloting & Replication)	150000		NA	NA	0
Review and Finalization of Strategy for Appropriate Use of Vaccines and Health Technologies including Development and Implementation of Assessment Tools at All Levels**	Conduct Effective Vaccine Management (EVM) Assessment to Improve Vaccine Management Practices	130000	54548	NA	NA	0
	Development of Effective Vaccine Management Training Curriculum for Health Care Staff (national, sub-national and service delivery level)	0				
	Development/Implementation of SOPs for Effective Vaccine Management	0		NA	NA	0
Demand Generation and Creating Awareness for Routine EPI Activities through CSOs/ and Community Involvement		60000	40277	NA	NA	0
Function as the Coordinating Unit and technical advisory body to Mo IPC and the provincial DoHs to respond to health system challenges by developing and strengthening linkages with provinces/region				NA	NA	0
	Establishment and operationalization of Federal HSSCU	27000				
	Strengthening and Support to Provincial HSRUs for HSS/ Integrated Health Service Delivery	287100				
Facilitate donor coordination across the health sector at a strategic level				NA	NA	0
	Establishment of donor coordination forum at	5000				

	national level					
	Mapping of donor interventions in health related assistance program	10000				
	Roadmap for future coordination between various stakeholders	5000				
Contribute to resolving constraints in delivering immunization; increasing equity in access to services and strengthening civil society engagement through providing support to provinces in transforming policy into strategic plans and strengthening integrated health systems to ensure improvement in health services delivery				NA	NA	0
	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				
	Support for Maintenance of Cold Chain (Selected Districts)	800000				
	Demand Creation for EPI Services- Support for Advocacy and Awareness Raising Activities	250000				
	Support for Alignment of CMYP with Provincial Health Sector Strategy & Reform Processes	130000				
Support development of M & E framework to track and monitor implementation of the HSS activities; monitor health outcomes; carry out research and evaluation strategies in the health sector				NA	NA	0
	Project Monitoring & Evaluation- Federal & Provincial Level	15000				
	Establishment & Up scaling Evaluation of EPI Activities through E monitoring	500000				
Build capacity of the health system by adopting				NA	NA	0

different measures for the varied human resource development and capacity building						
	Capacity Building and Support for Developing District Health Plan	150000				
	Human Resource Development: Capacity Building Trainings of Health Care Providers/ Vaccinators including Training of LHWs in Routine EPI (Selected Districts)	1200000				
Program Support Cost (7%)		414125	793	NA	NA	0
	Contingency	310803	9493	NA	NA	0
		10206028	154959			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. 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 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (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 2015** (if relevant)
Training of LHWs in Routine EPI	Facility Level Trainings	1600000	NA	NA	NA
Warehouses	Strengthening/ Establishment of 70 Warehouses	2500000			
Introduction of Hep B Birth Dose		410000			
		4510000			

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	752532	2014-15	Generate evidence and develop policies, strategies, standards & environment supportive for quality health service delivery; Health systems capacity improved for efficient health care delivery through strengthening human & financial capital to reduce OOP and enhance supply of medicine & equipment;
WHO JPRM	2400000	2014-15	All aspects of HSS will be addressed through four major work plans under the overall HSS category, namely 1. Policy Planning & HRH; 2. Health Care Delivery; 3. Health Information System; and 4. Essential Medicines & Technologies. Some of the main areas under the work plan include: Support for National Policy & Planning Processes and Capacity Building, UHC, HRH Accreditation & HRIS; Support for Improvement in Access and Utilization to Health Services, Quality & Accreditation of Health Care, Capacity Building of CHWs (LHWs), Strengthening of Hospital Management & Patient Safety; Promoting Health Information through Improvement in Data Quality, Analysis & Use of Information for Decision Making; Strengthening Civil Vital Registration & Statistics; Strengthen National Capacity to Ensure Availability, Access to & Rational Use of Quality Essential Medicines & Technologies; Support to National Regulatory Framework for Quality & Safety of Medicines & Medical Technologies.
World Bank	50000000	2013-2018	The National Immunization Support Program (NISP) aims to achieve equitable increase in immunization coverage and quality through the following three components: 1. Building program capacity in the provinces and territories; 2. Support for a minimum set of competencies for coordination at the Federal level; and 3. Aperformance-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
1. PDHS 2012-13, NIPS, Mo NHSR&C 2. Federal EPI cell, Mo NHSR&C	1. The planning and implementation of the 2012-13 PDHS involved more then 30 national experts from the field of	Immunization coverage in Pakistan has stayed steady over the last decade. Most of the popular surveys in Pakistan have given varying figures

	population, development and health including Technical Advisory Committee(TAC) members. PDHS used CAFE system in the field. the application was developed and fully tested before team deployment in the field. 2. Consultative meeting was held with all stakeholder to discuss the discrepancy between administrative data and data in survey report. it was decided that to mark average score for all the three available data sources for each VPD and benchmark a percent increase in coverage per year.	yet have a consensus on a slow progress on immunization coverage. The current coverage, as estimated by different surveys, varies between 47 to 88 percent. The elements of over reporting in the routine data and of recall biases in the PDHS and PSLM cannot be ruled out.

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 sometimes not possible to indicate percentage of progress in some of the activities; or clarify the percentages in terms of physical completion of activity and actual funds utilization. Actual expenditures incurred is reported much later than completion of physical activity.

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 adjustment in some cases. On line formatting is not possible and creates problems.

4. On line system becomes frequently unresponsive; changes are not always saved in first attempt.

5. Seeking and compiling information to update the APR particularly the endorsement of relevant government counterpart usually takes longer than anticipated. Consideration maybe given to on line submission of completed report (without endorsement) within the deadline which could be simultaneously reviewed for GAVI feedback/ gaps while waiting for the official endorsement/ country approval.

6. Attachments; some documents are common to ISS, HSS and CSO section of APR and should not be require separate uploading. It is difficult to up load all additional annexes without defined slots, into one folder for up loading at the end (Other)

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?2

Please attach:

1. The minutes from the HSCC meetings in 2014 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 2013

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 support*1*

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

BCG	Bacillus Calmette–Guérin (tuberculosis vaccine)<?xml:namespace prefix = "o" />
CHIP	Civil Society Human and Institutional Development Programme
CMYP	Country Multi Year Plan
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
EPI	Expanded Programme on Immunization
FLCF	First Level Care Facility
GAVI	Global Alliance for Vaccines and Immunization
GB	Gilgit-Baltistan
HACT	Harmonized Approach for Cash Transfer
HANDS	Health and Nutrition Development Society
HBIG	Hepatitis Immune Globulin
HSFP	Health System Funding Platform
HSS	Health System Strengthening
IEC	Information, Education and Communication
IPV	Injectable Polio Vaccine
IRC	Independent Review Committee
LHV	Lady Health Visitor
LHW	Lady Health Worker
MCH	Mother and Child Health
MDG	Millennium Development Goal
MNCH	Maternal, Neonatal and Child Health
MNTe	Maternal Neonatal Tetanus Elimination
MoU	Memorandum of Understanding
NHSCC	National Health Sector Coordination Committee
NIDs	National Immunization Days
PAVHNA	Pakistan Voluntary Health and Nutrition Association
PCA	Project Cooperation Agreement
PCV	Pneumococcal Conjugate Vaccine
PVDP	Participatory Village Development Programme
SABAWON	Social Action Bureau for Assistance in Welfare and Organizational Networking
SAM	Severely Acute Malnutrition
SBA	Skilled Birth Attendant

SNIDs	Sub National Immunization Days
SSFAs	Small Scale Funding Agreements
TBAs	Traditional Birth Attendant
THF	The Health Foundation
THQ	Taluka/ Tehsil Headquarter hospital
TT	Tetanus Toxoid
UC	Union Council
UNICEF	United Nations Children Funds
VDC	Village Development Committee
VHC	Village Health Committee

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.

In 2013, CSOs continued their activities as part of their ongoing agreements. <?xml:namespace prefix = "o" />

Many CSOs were to complete the agreements in the first quarter of 2013 and rest during mid-2013. GAVI approved and transferred funds for the extension in July 2013 to UNICEF Country Office to continue support to CSOs.

A number of CSOs who had completed their activities in the first quarter entered into Small Scale Funding Agreements (SSFA) with UNICEF from the existing funds (surplus amount due to US$/Pak Rupee parity) enabling them to continue their activities until the next agreements were to be signed (from the extension funds). Few CSOs did not get any funds in 2013 and their activities had to be discontinued. The suspension of activities continued from three to nine months. In December 2013, eight PCAs were signed (between UNICEF and CSO) followed by a few more in January and February 2014 whereas one of the CSOs PCA is in the signing process.

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. However, during the reporting period, pursuant to the 18th Constitutional Ammendment whereby a number of functions of the Ministry of Health were devolved from Federal to the provinces. As such, efforts were made to strengthen the partnership with provincial Health Departments. In this respect, CHIP (one of the CSOs, working on CSO strengthening with CRS) and GAVI CSO Unit worked in close coordination and had meetings with Sindh, Punjab and KP-K governments (EPI departments). As a result, formal Memorandum of Understanding (MoU) has also been signed with Sindh government and currently efforts are under way to sign similar MoUs with KP-K and Punjab governments.

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.

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).

In April 2013, CSOs applied for a second extension of GAVI funds for continuation of activities. The proposal approved by the members of NHSCC. GAVI IRC approved another extension request submitted by EPI/ GoP on behalf of Pakistani CSOs under which an amount of USD 1.5 million was received in UNICEF in July 2013. The purpose of this additional funding, from GAVI was to enable CSOs continue their ongoing activities without a break in their target communities till December 2014. ‘This extension request sets out the rationale for continuation of the core work of the CSO Type B support<?xml:namespace prefix = "o" />

The GAVI CSO Unit, in anticipation of receiving approval from GAVI for Extension, requested UNICEF to undertake the programmatic assessments of CSOs which was a pre requisite under the newly introduced financial system, Harmonized Approach to Cash Transfer (HACT) for signing a PCA with UNICEF. Since HACT was to become applicable on CSO Project as well, the completion of assessment of all CSOs would avoid any delay in signing of new Agreements. However, this process, which was started in October 2012, continues till date.

The GAVI CSO Unit started working with CSOs on partnership modalities under the revised system of UNICEF. It was then discovered that a revised Partnership Cooperation Agreement (PCA) follows specific templates and formats to meet HACT/UNICEF's requirement. For that, an orientation was organized for all the CSOs in three different groups to allow the CSOs to understand HACT and PCA templates.

The CSOs started the process of drafting their PCAs soon after the training. UNICEF and GAVI CSO Unit in close coordination worked with CSOs to finalize other documents of PCAs. A number of meetings and consultations were organized to come up with the PCAs which meet the approved targets and activities of CSOs that started in 2009. CSOs had to collate and address varying feedback and comments of UNICEF's team, which continues to date.

The new system HACT was made applicable to CSOs that entailed a number of issues for signing new agreements with CSOs. It took more time to comply to HACT than anticipated, A number of CSOs initially bridge financed the project from their own resources while a few CSOs are still working under reimbursement mode.

The challenges could be summarized as:

- Application of UNICEF's new financial system HACT on CSO Project
- A diverse group of CSOs with varying capacities, ranging from a national level CSO to a small community based CSOs with limited capacity and resources.
- A few CSOs could not fully utilize funds within the project agreement timelines and were required to refund the balance to UNICEF to become eligible for signing new PCA.
- Compliance to the HACT guidelines was a time taking process for CSOs
- A baseline study was recommended by the IRC in the approval received for Extension of CSO Grant 2013-2014. For this purpose, a firm was selected by a selection committee in June 2013. However, the contract to the selected firm was issued on 1st November, 2013. The firm declined to accept the assignment for two reasons: 1) they had not anticipated the five months delay in award of contract and 2) planned to close their offices by 31st December, 2013. Thus the objective of incorporating the baseline information as the benchmark for the new PCAs to be signed under the funding 2013-2014 could not be achieved. The selection process was reinitiated in January 2014 and in April 2014, a firm has been awarded a contract for undertaking a baseline study for the CSO Project.

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 the Government at different levels and yielded positive results. Whether it is the provision of vaccines, logistical support during campaigns, social mobilization or reaching out to hard to reach areas, CSOs and the Government has already shown joint commitments and partnerships through MoUs. <?xml:namespace prefix = "o" />

CSOs are involved in consultative process initiated at Federal EPI as well as Provincial EPI Offices, such as feedback on EPI Policy, CMYP, Application of IPV, etc.

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 19 CSOs started working under GAVI support. Under the present funding, 13 CSOs are on-board that remain. The CSOs working for immunization and health system strengthening recipient of GAVI CSO funds are:<?xml:namespace prefix = "o" />

●□□□□□□□□ AKHS,P

●□□□□□□□□ AKU

•□□□□□□□□ BDN (Kasur, Muzzafarabad & Nowshera)

•□□□□□□□□ CHIP

•□□□□□□□□ HANDS

•□□□□□□□□ HELP

•□□□□□□□□ LIFE

•□□□□□□□□ NRSP

•□□□□□□□□ PVDP

•□□□□□□□□ SABAWON

THF

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

Under this new system, HACT, all CSOs were to be assessed to become eligible for signing PCA with UNICEF. The three risk assessments included Programmatic, Financial and Supply. In case a CSO falls on high or significant risk, UNICEF cannot make advance disbursement to that CSO and in such case the CSO has to work in a reimbursement mode (use its own resources for an activity under the project and then get the funds reimbursed from UNICEF.)<?xml:namespace prefix = "o" />

Since the modality was not affordable to the two CSOs –BDN Mastung and BDN Multan, they did not submit a proposal under the extension phase and closed their respective field offices in Balochistan and Punjab[V1] . This issue has not been resolved as yet. As these two CSOs are small and community based and do not have sufficient resources to work in the reimbursement mode. The CSOs contacted many times and requested to offer SSFA or small scaling funds so that major activities could be continued and they may remain part of the Coalition. However UNICEF could not adjust these CSOs and as a result they are dropped and are not recipients of GAVI CSO Support.

The assessment process that started more than a year back continues to date.

In order to meet the requirements of HACT, the entire PCA signing process took more time than anticipated. In the absence of any Agreement, the activities of CSO discontinued and thus their field offices closed down and staff retrenched.

A total of 13 PCAs between CSOs and UNICEF have been signed in two batches with an implementation period of 12 months. First batch from 15 December 2013 and the second from 15 February 2014. However, PCA of PAVHNA, is still to be signed.

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 2013	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	618 health awareness sessions organized through Community Based Organizations (CBOs) & Community Health Workers (CHWs) where total 16,096 people received awareness messages; 2,451 vaccination shots were supported for children less than 23 months; 508 TT vaccination doses were supported for pregnant women and CBAs;	The immunization coverage increased to 96.5% till June 2013. When AKHS-P started project in Tando Allahyar in 2009, the EPI coverage was 40.2% Tetanus Toxoid (TT) coverage increased to 78% in June 2013, from 35% in 2009.

	government through TB DOTS strategy and GFATM, EPI and FP services are examples of joint partnership initiative with GoP among many others	Registration campaign for creating a list of due, defaulters and missed children was initiated in December 2012/January 2013 resulted in the registration of 4,948 children under five years of age; Registration of 490 pregnant women to ensure timely Bacillus Calmette–Guérin (BCG) vaccination of the newborns along with their routine vaccination card. This is also ongoing process in our routine EPI activities; 18 Micro-planning activities for health awareness campaigns, vaccination campaigns and social mobilization at village level were carried-out on monthly basis in each union council by involving all relevant stakeholders; In addition to routine EPI activities, total 14 vaccination campaigns (6 in UC-Mirabad, 4 in UC-Sheikh Musa & 4 in UC-Dad Jarwar) were organized where 28,509 doses of routine immunization were administered. Project team proactively participated in three National Immunization Days (NIDs) and one Sub National Immunization Day (SNID) by participation in polio eradication meetings at union council and district level, ensuring transport for polio teams followed by written request from district health department raised during meetings, provided human resources (CHWs) for administration of 6,231 Oral Polio Vaccine (OPV) drops to eligible children and monitoring of overall activities in this regard; Various meetings held with government vaccinators, LHWs, CBOs along with health management committee members and People's Primary Health Care Initiative (PPHI) to plan and share the progress. Such planning meetings also helped in coordinating the activities for efficient utilization of time & other resources and to avoid duplication; One day training on new data entry procedures was organized for 7 CHWs through district health department for the data keeping purpose in NIDs; and Continuation of referral support through linkages: 166 females were referred to FLCFs for skilled deliveries and 25 complicated cases to secondary level care facilities for C-Sections. First Quarter of 2014: Children (0-11 months) in the target area are provided with improved immunization services BCG (719 against the target of 714), Penta-3 (553 against the target of 700, PCV 10-3 (529 against the target of 303), Measles 1 (1004 against the target of 689) and the achievement of Measles 2 was	

		791 in the first quarter of 2014 Women (15-49 years) in the target area ;benefitted from improved maternal and antenatal care services Total 773 TT 1 and 387 TT 2 doses supported against the target of 330 (target as per PCA) 17 safe deliveries (in selected UCs) assisted by project identified two private Skilled Birth Attendants (SBAs) and five AKHS,P SBAs against the target of 110; one of the reasons of variance is dropping of three LHVs due to personal issues – team is trying to mobilize them. 29 expectant mothers were provided with antenatal care services by project identified two p;rivate SBAs and five AKHS,P' SBAs.	
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	Hospital based surveillance for severe acute gastroenteritis; and laboratory testing for rotavirus in children aged less than five years at rural hospitals Matiari and Hala (Sindh); In the reporting period, total 367 children presented with history of severe acute gastroenteritis (eligible), of which 136 (37%) stool specimens were collected. Rotavirus was detected in 19 children (14%) on the laboratory testing (Elisa testing) onsite; The hospital triage at two Taluka hospitals in Matiari and three secondary/tertiary hospitals in Hyderabad (Sindh) for children less than five years seeking healthcare presenting with complaints of suspected pneumonia and meningitis; A total of 489 children got registered with severe pneumonia where 208 children were triaged with suggestive signs of severe pneumonia, of which 62 were confirmed having alveolar consolidation. On other hand, there were 47 children triaged with suggestive signs of meningitis, of which 36 CSF specimens were obtained with the parental permission. Only 2 (5%) cases of bacterial meningitis were confirmed out of 36 CSF tested in the laboratory; The mobilization/awareness sessions were conducted to apprise the community and stakeholders about surveillance for rotavirus gastroenteritis, vaccine preventable infections, and EPI vaccine promotion for children aged < 2 years; In the reporting period, total 39 health awareness sessions were arranged where 549 community members got awareness. First Quarter of 2014: Baseline data collection to estimate the TT1 and TT2 vaccine coverage in pregnant women and coverage of TT3, TT4 and TT5 vaccination in women of childbearing age from urban	Overall, rotavirus is responsible for one third of all hospitalization in young children with severe gastroenteritis in rural settings. The burden of radiologically confirmed pneumonia in young children (aged < 2 years) is 18% in the urban and rural population in Pakistan. The burden of bacterial meningitis has been decreasing after the introduction of Pentavalent (containing Hib) vaccine in Pakistan. Total 869 (never vaccinated and defaulters) got vaccination as a result of awareness sessions and social mobilization activities.

		slums of Karachi	
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.	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.	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.	Two trainings on record management and social mobilization for VHC members were organized in which 22 members were trained in Jhelum and 29 members were trained in Skardu on maintaining the VHC activities register and other committee records; Health forums have been arranged to allow community to discuss the issues relating to maternal and child health and available services directly with district health department. Three health forum meetings were conducted in (One in Jhelum and two in Skardu) through which 81 VHCs shared their respective village's mother and child healthcare problems with district officers; An assessment of practices of skilled birth attendants conducted and 10 attendants were selected for practical exposure to hospitals. 14 local birth attendants (9 from Skardu and 5 from Jhelum) were given practical exposure in hospitals for observing and practicing methods of conducting safe deliveries; 13 LHWs, 8 SBAs and 6 vaccinators of Jhelum were trained in social mobilization so that their outreach activities in assigned villages can be improved; In order to promote safe delivery practices 15 CBAs and 18 LHWs from Skardu were given a refresher course on safe delivery methods; 5,170 individual sessions were conducted with pregnant women and mothers on the importance of vaccination, preparation of Oral Rehydration Solution (ORS), danger signs of diseases in children under five years of age, danger sign of pregnancy. 3,635 individual sessions were conducted with decision makers on importance of vaccination and role of decision makers for the preparation of safe delivery A total of five support visits (two in Jhelum and three in Skardu) to five health facilities took place this reporting period by VHC members for trust building, monitoring and developing linkages between the health facilities and the local community; Two puppet shows were conducted in district Jhelum (village Hasnot and Malikpur) for awareness raising regarding	100 % health facilities in the target UCs have functional health committees for extending quality health services (particularly for children vaccination, TT vaccination, safe deliveries) 80% FLCF in Jhelum and 48 % FLCF in Skardu are equipped for delivering immunization and safe delivery services 93% and 70% (Jhelum and Skardu respectively) increase in number of mothers having knowledge about danger signs of illness of a child under five years of age 93% and 70% (Jhelum and Skardu respectively) increase in numbers of mothers delivered who have increase knowledge about danger signs of pregnancy .

		mother and child healthcare, particularly focusing on immunization and safe delivery reaching as many as 128 people; 20 theatre performances were conducted in the 20 target villages of Skardu. A total of 709 people (494 women, 204 children and 11 persons with disability) were made aware of danger signs of pregnancy, importance of emergency planning, importance of immunization and mother and child healthcare Two radio programs, radio messages and wall chalking in 28 locations was completed in Jhelum and Skardu Case studies of best practices of community birth attendants, LHWs, health promoters and mothers were compiled, designed and printed for wider dissemination among stakeholders. Awareness raising flyers on importance of safe delivery and hygiene practices were distributed in communities as part of awareness raising Ten vaccination camps were conducted in Jhelum and Skardu during this reporting period through which 359 children and 30 CBAs were vaccinated First Quarter of 2014: 65 Village Health Committees/ (VHCs), (20 in Skardu and 15 in Jhelum) were provided with stationary items comprising record registers, flip charts and markers. Provision of stationary items was meant for record keeping and planning activities for the programme implementation. This is envisaged that VHCs will hold their monthly planning and review meetings and will keep record of their activities and decisions. 20 VHCs in Skardu and 10 in Jhelum have updated record for their activities. 5 newly established VHCs were provided orientation to maintain record and regarding use of stationary items. Two experience sharing meetings (1 each in Skardu and Jhelum) were held amongst VHCs and Health Promoters. In Skardu, Roles and responsibilities of VHC members and health promoters were shared with the participants. Memorandum of Understanding (MoU) for the collaboration in programme activities was signed with 33 VHCs (20 from Skardu and 13 from Jhelum). A mutual understanding regarding programme was developed and roles of the VHCs and Health Promoters become clearer. Two health forums' meetings (01 each in Skardu and Jhelum) were held during the reporting period. These health forum meetings were participated by VHCs' members and representatives	

		from health department. Health forum meetings helped in bridging the communication gap between service providers i.e. health department and beneficiaries i.e. VHC members. As a result of these health forum meetings 5 Skilled Birth Attendants (3 from Jhelum and 2 from Skardu) were attached with the government health facilities to improve their skills. As a vital outcome of district health forum meetings both in Skardu and Jhelum practical exposure of 5 SBAs arranged in the nearest health facility. 3 SBAs are from Jhelum and 2 SBAs are from Skardu. They are attached with District Head Quarters Hospital Skardu and two BHUs of Tehsil Jhelum for an exposure to safe delivery methods. Two groups of religious leaders (1 each in Skardu and Jhelum) were formed. Two trainings of religious leaders on importance of vaccination were conducted. In Jhelum, 8 religious leaders and in Skardu 10 religious leaders participated. The objective of including religious leaders in sensitization trainings was as they usually have a say in the community and always have opportunity to spread the words about the benefits of immunization during Friday prayers. Two trainings (1 each in Skardu and Jhelum) on Community Mobilization Skills for Health Promoters were conducted. Trainings aimed at enhancing the community mobilization skills for the health promoters from mother child health and immunization perspective. Two trainings on record keeping and social mobilization (1 each in Skardu and Jhelum) were conducted for 35 VHCs. Training helped the participants to learn social mobilization skills and equipped the participants to maintain record of their programme activities. Two trainings on social mobilization (1 each in Skardu and Jhelum) were conducted. Training helped the participants to learn social mobilization skills pertaining to improve immunization coverage both for children under 23 months and women of childbearing age. Staff was imparted training on social mobilization together with LHWs and SBAs. Two experience sharing meetings (one each in Jhelum and Skardu) were conducted during the reporting period. Experience sharing meetings provided a platform and opportunity to share the challenges faced by the SBAs. A one day orientation session for the SBAs regarding use of items in delivery kits was conducted during	

		the experience sharing meetings. Awareness raising sessions for mothers on preparation of ORS and schedule, fixed points and importance of immunization were conducted. In Skardu 425 sessions with 425 mothers having children under 23 months and in Jhelum 1008 sessions with 504 mothers were conducted. Sessions aimed at facilitation of mothers to prepare ORS and clarification of misconceptions regarding immunization of their children. Awareness raising sessions with decision makers mostly husbands in 35 villages (20 of Skardu and 15 from Jhelum) were conducted. The sessions aimed at sensitizing the decision makers towards importance, schedule & fixed points of vaccination. In total 321 sessions in Skardu and 1008 sessions in Jhelum were conducted on importance of vaccination for their children. 16 Quiz competitions (9 in Skardu and 7 in Jhelum) were conducted in 16 schools. These sessions aimed at raising awareness on importance of vaccination for children and CBAs. Awareness raising in schools is targeting young boys and girls as they are being seen as future mothers and fathers. 765 students (700 girls and 65 boys) from Jhelum and 981 students from Skardu (283 boys and 698 girls) participated in quiz competitions. 3 radio programmes (2 in Jhelum and 1 in Skardu) were on aired. Wall chalking on 36 visible and prominent locations regarding schedule of vaccination was done (20 in Skardu and 16 in Jhelum). Cable messages aiming the importance of vaccination and spreading awareness about vaccination schedule were on aired both in Skardu and Jhelum districts for 30 days. 8 puppet shows on awareness raising regarding mother child health care particularly focusing on immunization and safe delivery were performed in 8 villages of Jhelum. In 8 puppet shows, 472 participants (115 men and 357 women) from 8 villages participated. 7 theatre shows in 7 villages of Skardu were conducted and 292 community women participated in theatre performances. Baseline study was conducted with 6 types of respondents i.e. pregnant worm, mothers of children under 23 months, decision makers of children under 23 months, SBAs, LHWs, FLCF staff. The data has been entered and analysis and report writing is under process. The overall objective of baseline was to assess the present	

		immunization coverage for children under 23 months old and pregnant women. The baseline also assessed knowledge and practices of mothers and decision makers about immunization, maternal child health care. It has also assessed capacity of SBAs, LHWs and FLCFs. One vaccination camp was organised in village Chotala. Health department provided vaccinator and vaccine for the camp. VHC of village Chotala provided space for the conduct of camp and made announcement regarding services and vaccination. In total 75 beneficiaries (70 children and 5 pregnant women) benefited from the camp. Field visits to 4 health facilities in Jhelum (BHU Chotala, RHC Khlaspur, BHU Pind Swika, BHU Raryala) and 6 health facilities in Skardu (BHU Rondoo, First Aid Point of Tolti, First Aid Point of Hilalabad, First Aid Point of Gandus, First Aid Point of Purgun, First Aid Point of Kharmung) were conducted to record the situation of the health facilities and provide renovation support. Feasibilities and cost estimates for the whitewash, minor repair and construction of ramps were prepared. 35 VHCs (20 in Skardu and 15 in Jhelum) were formed during the reporting period. Each of the VHCs is comprised of members ranging between 5 to 15. Criteria for the selection of members was developed i.e. each of the VHCs is comprised of 1 religious leader, 2 health promoters (men and women), LHW, teacher and SBA. Each of the 35 VHCs (20 in Skardu and 15 in Jhelum) were provided with office sign boards, white boards, mats for sitting along with a chair and table for office use. 35 delivery kits were procured. Each of the kit is comprised of piodine, sterilized gauze, scissor, soap, chord clamps, Dettol, cotton rolls, plastic sheets, instrument tray, gloves, thermometer, and towels. 5 SBAs in Jhelum have been handed over the kits. The remaining kits will be distributed during 2nd quarter. Awareness raising kits for 70 health promoters were purchased. Each of the awareness raising kit is comprised of a hand bag, stationary items, clip board, nail cutter, tooth paste, tooth brush, anti lice shampoo, comb, soap and awareness raising resource material. The distribution of kit to health promoters will take place during 2nd quarter.	
Health and Nutrition Development Society (HANDS)Registered as	HANDS is benefiting more than 8 million population of	18 meetings were conducted with Executive District Officer (EDO)	EPI coverage raised to 85.1%against the baseline

Not-for Profit social organization in 1979.	14,586 villages in 18 districts of Sindh working in close coordination with district governments with focus on women and children health.	district officer health for measles campaign, polio campaign participation, introduction to pneumococcal vaccine seminar; Five Press releases has published in daily Subah, Awami Awaz and Dunya on the occasion of Mother and child and World Immunization Week Celebration; 447 time health messages were on Aired at FM radio; One theatre performance was arranged on Pneumococcal Seminar on the Pneumococcal vaccine seminar; Advocacy seminar on introduction to pneumococcal was arranged in which district health department, line department, local organizations, other medical superintendent and community representatives participated; Meetings conducted with government for joint collaboration with government for measles & polio campaign; Participated in a four day polio activity and provided vehicle support; 7,775 children vaccinated during seven day measles campaign and provided vehicle support to district health department for vaccine to 09 Month to five year children covering two UCs; 34 Meetings conducted with EDO, district office health for Mother and Child for World Immunization Week celebrations & Polio campaign participation Six Theatres performed on EPI, antenatal care and safe motherhood at schools by the students under guidance of GAVI CSO Unit during mother and child week and World Immunization Week (WIW) celebration; Mother and child Health and world immunization week was celebrated in April 410 child vaccinated and 136 women vaccinated, 629 boys and girls, 80 teachers got awareness on MNCH and importance of immunization during this week; MCH week celebrated in May announced By district government health department. Rallies and awareness session conducted in Six UCs with support of LHWs; 20 community volunteer ("VHC member") has trained regarding vaccination and its awareness, VHC roles and responsibilities through on job training process; 113 health awareness sessions have been conducted on importance of immunization and mother and child health care; 1,723 Male, 1,898 Female reached in awareness session and got awareness regarding importance of immunization and Mother and child health care. First Quarter of 2014: 17,584 total vaccine shots given to child in this quarter 4,842 TT vaccine given in this quarter 21 CMWs selected	48.1% in 2009. In the reporting period, all efforts helped to sustain this coverage at 85% 10% increase in safe deliveries recorded in the reporting period

		for Training	
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	Two Basic Health Units (BHUs) in Shahdapur were equipped (BHU Golo Pir, UC Maldasi, Talluka Shahdadpur and BHU Khan Sanjrani, UC Asghrabad, Talluka Shahdadpur) were provided equipment for growth monitoring and screening of malnutrition; Organized two training events of three days each (one in each UC) in which seven health facility staff members, two LHVs and 40 LHWs got training on immunization, Circumference Mid Arm Measurement (CMAM), Infant and Young Child Feeding Practices (IYCF) and counseling skills. 38 coordination meetings were held with EDO, Taluka Health Office (THO), PPHI and LHW programme. Meetings were held to ensure the provision of government vaccinator and vaccines. However, the government did not provide vaccinator and HELP nominated its staff member for vaccination; 10,404 doses of TT were administered to CBAs To increase the EPI coverage, 4,427 doses were given to children of less than two years. HELP screened 3,818 children of under two years of age, of which 270 children were found as severely malnourished and thus started giving them high density diet to rehabilitate them. From the identified 270 children, 198 children (more than 70%) have been cured whereas the remaining are under care; 291 health education sessions were held, reaching to as many as 12,140 mothers on importance of exclusive breastfeeding and complementary feeding; and HELP's seven staff members trained on immunization, CMAM, IYCF and counseling skills. One week practical training on immunization was also given. Eight coordination meetings were held at provincial and district level with EDO, THO, PPHI and LHW programme to ensure the provision of government vaccinator and vaccines; 2,316 doses were given to CBAs during the reporting period To increase the EPI coverage, 1,566 vaccination doses were given 104 health education sessions were held, reaching to as many as 2,190 mothers on importance of exclusive breastfeeding and complementary feeding Two government health facilities equipped and 52 health care providers trained 12,140 mothers/caretakers have been targeted in awareness sessions regarding exclusive breastfeeding	68% TT coverage among childbearing age women. Routine immunization coverage in target UCs in children under 2 years is 68% complete and 32% in process. 74% of identified severely malnourished children rehabilitated 100% facilities trained on nutrition screening and counselling (Two government health facilities equipped and 52 health care professionals trained)

		and timely and appropriate complimentary feeding	
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.	40 health awareness sessions were organized where 1,184 participants were given awareness regarding EPI, Polio, skilled delivery, etc; 30 sessions were conducted with religious leaders in which 400 religious leaders participated; 33 awareness sessions and different activities were conducted in public/private schools on which 4,018 children participated to orient about newborns timely BCG and on getting routine vaccination cards; Five calendar days were celebrated in which 3,999 participants participated from different walks of life. Different type of activities were conducted in these days in communities and schools like walk, workshops, rallies', seminars etc etc. Worked in collaboration with EPI Programme was facilitated and from January 2013 - June 2013, 6,030 children were vaccinated along with government in four (Kotli, Rawalakot, Turbat, Gawadar) districts of Pakistan. In addition to routine EPI activities, 13 puppet shows and 13 advocacy campaigns were conducted. In which 1,725 participants in puppet shows and 618 participants participated in campaign. 03 medical camps were conducted in which 627 patients were screened and treatment was given; Almost on monthly basis meeting were conducted with district health departments; In Polio Campaign 2,353 children were administrated polio drops during campaign with government;	EPI coverage of the target UC and villages of Kotli, Rawalakot, Turbat and Gawadar has been increased to more than 20% (average) through various interventions carried out for this purpose TT vaccination among pregnant ladies increase by 10% in the target areas Safe deliveries ratio increased by 35%
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	To provide quality health care services in the target communities, PAVHNA established two community based clinics in Sindh (Larkana-Naudero and Bakrani). These centers provided services on primary health care; pre and post natal care, family planning, counseling services on safe motherhood and neonatal care, immunizations and related issues. 1,117 clients visited the CBD centers for various health services. Visited 4,228 Households and 576 female awareness raising meetings were carried with community female in Naudero and Taluka Bakrani district Larkana. The main purpose of these activities is to increase awareness level of Reproductive Health (RH), MNCH and Immunization/Vaccination among the target community. Male mobilizers carried out 12 sessions with 284 community male participants on RH & MNCH	Two maternal and child health centers catered population of 70,000 19% increase in routine immunisation (from 61 % to 80%) . Data source is project impact assessment conducted internally by PAVHNA to assess the immunization coverage in project targeted area

		issues. In these meetings males were told about their women and children importance in their lives and pregnancy related issues and sensitized them on maternal and neonatal health issues. There was enormous focus to motivate the community members to vaccinate children and women; PAVHNA deployed 10 vaccinators on honorarium basis who jointly arranged field visits with EPI vaccinators for administering vaccination doses to children' Total 6,349 routine doses and 1,608 TT vaccine doses were given in the target area; PAVHNA's staff developed close networking and coordination with health department officials. Strengthened public and private partnership. PAVHNA's field staff participated enthusiastically in health department mother and child related campaigns in the project target area. 1,280 dhouseholds were visited and 4,077 Polio dose were given to the children in these polio campaigns; Field workers and male mobilizers visit the targeted villages and conduct meetings with the community members to increase their knowledge and enhance demand for the quality reproductive health in the project area. Topics discussed were family planning, vaccination/immunization, balance diet, personal hygiene, ante-natal & post-natal check-ups; emergency transport during delivery, dangerous signs during and after delivery etc. They referred the patients to PAVHNA Community Based Development Centers (CBD) and other public and private health care providers. 125 complex cases were referred for advance treatment. 30 SBAs were trained during one day refresher training organized by PAVHNA. SBAs were educated on importance of immunization, hygiene, Antenatal Care (ANC) & Post Natal Care (PNC), family planning emergency transportation to dealt with the situation during pregnancy. They were trained on proper use of clean Delivery kits and also told them the importance of developing effective referral and networking with other health care providers to facilitate the client during emergency and save their lives. Session was participatory and activity based. The participants were oriented through charts and diagrams about human reproductive systems. All the SBAs participated actively throughout the training. At the end, they were provided clean delivery kits and committed that	

		“we will disseminate the given information in the community and utilize the skill in our daily practice”. 2 Advocacy meetings were conducted in which total 39 different community stakeholders and Health Department officials were held. The purpose of this activity was to strengthen coordination and networking with these stakeholders and create a supportive environment for the smooth implementation of the GAVI project activities.	
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	Four coordination meetings held with district health department for micro planning and campaigning for missed, due and defaulter children; Three vaccination campaigns, one in each UC, were organized to cover dues and defaulters of routine immunization. 28 visits in each UC made by social mobilizers to reach at villages for conducting sessions, register due and defaulters. About 230 sessions conducted by three teams of mobilizers 195 outreach visits made by social mobilizers in targeted 3 UCs. 1246 sessions/ meetings held with 300 VHCs of 150 villages in targeted 3 UCs to mobilize community regarding immunization and MNCH. 609 children and 114 pregnant women registered during outreach visits as due or defaulter from target areas and list given to concerned vaccinators time to time. 3 vaccination campaigns were conducted in collaboration with district health department where 1,893 doses were given 15 trainings for VHC members on “diseases and available vaccines” conducted in which about 358 participants participated. A training for CBAs was organized in which 24 CBAs trained for MCH services. 13 coordination meetings held with district health department and government health facilities.	Cumulative EPI coverage of target UCs in children under 2 years is more than 86%. TT Coverage in pregnant ladies is 92% while in childbearing age women is 54%. 90% of villages have at least one trained CBBA
Save the Children Federation Inc. (SCI) It is an International Non-government Organization	SCI has been involved at different levels with government for immunisation	130 trained LHWs (trained for giving vaccination during 2012) have got the data recording/reporting tools for performing independent immunization in their catchment areas /union councils in both the districts Quetta and Chagai. To perform independent immunization, 130 WHO recommended standardized vaccine carriers were procured under the project and provided to 130 LHWs. 130 LHWs were regularly supervised by Lady Health Supervisor (LHS) and EPI vaccinator. Independent vaccination by LHWs was conducted for one month in district Quetta. This activity was supervised by LHS and	SCI supported 9,856 BCG vaccination among newborns in Quetta and Chaghi 72,006 TT vaccination shots given to pregnant ladies and childbearing age women.

		vaccinators of district Quetta. Field based monitoring visits were conducted frequently (almost on monthly basis) by District Health Management Team (DHMT) members. Capacity building trainings and EPI Sweep activities have also been monitored by DHOs, District Coordinators, etc. Furthermore the independent immunization activities were also monitored by DHMT. After the revitalization of DHMTs, the project review meetings involving members of DHMT have regularly been conducted in both the districts Quetta and Chagi; To strengthen District Health Information System (DHIS) cells, data reporting tools have been provided to district health offices. 48 healthcare providers were trained on DHIS in both the districts Quetta and Chagai in coordination with Provincial DHIS Cell. 160 men/women support groups revitalized. 30 men support groups and 130 women support groups formed and revitalized in both the districts Quetta and Chagai. Counselling cards designed, printed and 1,000 copies have been distributed among 130 LHWs for conducting the community sessions on immunization in both the districts. 845 immunization focused sessions of women and men support groups were conducted in both the districts. Based on the demand 10,000 copies of Information, Education & Communication (IEC) material printed and distributed among community, LHWs, district health offices, National program, PPHI and provincial EPI 03 immunization and nutrition focused messages developed in 04 local languages for local FM and AM radio channels (radio Pakistan) The immunization messages were developed and on aired on AM across Balochistan and FM frequencies of radio Pakistan Quetta. 38 sensitization sessions were organized with religious leaders and community members to support immunization services. 20 petition signing events were organized by involving the community elders, school teachers, school children and their parents by sensitizing them on significance of immunization. There were 7540 participants in this activity. 03 advocacy seminars organized by involving district health authorities to encourage their views and aspirations to enhance the EPI routine immunization services at district and provincial level. 15 Events including 1 event of World Health Day, 2 Events of World	

		Pneumonia Day, 2 Events of World AIDS Day, and 10 school level activities on Mother and Child Week were celebrated in collaboration with Family Planning and Primary Health Care Initiative (FP&PHC) and district health offices of district Quetta & Chagi.	
Social Action Bureau for Assistance in Welfare and Organizational Networking (SABAWON)It is a civil society organization registeredunder 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	557 number Community health sessions were organized, 12 vaccination campaigns attended, 3480 doses administered. 4 Meetings held with govt. health & education departments for bridging coordination gaps and bringing improvement in EPI and MNCH service delivery Advocacy campaigns organized during MNCH week. Children were educated on MNCH through interactive learning techniques. More than 1000 children in 12 schools were reached and received lessons by certified medical technicians and doctors Capacity building programs for teachers were organized for educating teachers on MNCH teaching and learning techniques. About 200 teachers trained on educating children with regards to improved vaccination and immunization 6 meetings were arranged with government officials from EPI, PPHI and EDO Health for understanding, discussing and streamlining the progress achieved and challenges in vaccination and immunization. Meetings were held with PPHI, EPI, District Health Department, World Health Organization (WHO), UNICEF and Civil Society Organizations Improved relations formed between EPI department and project communities and resultantly substantial improvement in vaccination coverage has been recorded in once opposing villages of Peshawar and Mardan that can be verified from the record of local health facilities. About 2000 people reached during SSFA activities period and 20% increase recorded in routine EPI. Members of Health Action Forum hold meetings with district health officials and discussed MNCH related issues at district level in Peshawar. During bilateral discussion, the health department officials became aware about the existing issues related to immunization prevailing in 2 project districts. First Quarter of 2014: 3 Alliance Building Workshop held with participation of Provincial Health Department, Provincial Education Department, and Civil Society Organizations, members Health Committees and Community members. 1 Advocacy and Mobilization	50% population reached within project communities of 18 union councils in two districts. Beside project staff, 86 male and female Health Committees are actively operational, each having 15 – 25 members and are working on awareness enhancement and linkages development between communities and health department in Peshawar and Mardan districts. 20 % increase recorded in immunization coverage in various villages of 18 Union Council of two districts. The 20% increase in immunization coverage has been recorded as per increase in immunization ratio at local health facilities.15 Polio refusal cases have been resolved during course of the project and families show flexibility in attitude due to strong mobilization efforts in project areas.

		Seminar held. Current trends in vaccination and immunization, child health and women health issues discussed. 6 School role plays held during reporting quarter. children were educated on the need for vaccination, immunization and importance of personal hygiene 1 Advocacy Campaign on World's Women Day to be held on 8 March 2014 1 Theatre Workshop was organized. Communities were sensitized on immunization, mother and child health.	
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	Hepatitis B vaccination given to children (5-15 years) Pregnant females screening for Hepatitis B HBIG to neonates born to Hepatitis B Positive mothers Focused approach was followed for awareness raising on Hepatitis B & C, total 1,693 sessions were held reaching 165,565 community members, health care providers and parents. A local Facility provided with a Needle Cutter (courtesy of W.H.O) and a 50 gallons plastic barrel for sharp waste disposal. First Quarter of 2014: 1st Dost = 5530 2nd Dose = 5983 3rd Dose = 9157 3191 people reached via BCC,door to door awareness and IPC/awareness sessions Ten clinics have been equipped for sharp waste management	Against the target, following outcome was achieved in the reporting period: - 1st dose (Hep B) given (to children 5-15 years of age) ------ 27,649 (96%) - 2nd dose (Hep B) given to (to children 5-15 years of age) ------ 26,260 (91%) - 3rd dose (Hep B) ongoing (to children 5-15 years of age) ---- - 19,426 (67%) 100% neonates born to Hepatitis B positive mothers immunized at birth thus protecting them from vertical transmission of chronic Hepatitis B

Please list the CSOs that have not yet been funded, but are due to receive support in 2013/2014, 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 2013/2014

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2013/2014	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, ensure vaccination and for child health and maternal health related activities	To vaccinate 2,8556 children against BCG, 2,800 against Penta 3 and 2,756 children with Measles I
Aga Khan University (AKU)	Yes and make representations at NICC meetings at federal level	Assessment of KAP and coverage of TT1 and TT2 vaccine in pregnant women and TT3, TT4 and TT5 vaccination in women of child bearing age	20% increase in TT coverage in pregnant women and women of child bearing age
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 85-90% 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	To achieve 90% EPI coverage in the target areas

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 98% and 90% TT coverage and ensure 89% safe deliveries
Health Education and Literacy Program (HELP)	Yes	Vaccination through camps in coordination with local health authorities	To increase the immunization and TT coverage up to 80%
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 the use of AD syringes by 25%. To reduce the use of un safe injections by 25% from the baseline
National Rural Support Program (NRSP)	Yes	social mobilization and vaccination to enhance the routine immunization, coordination with village health committees, advocacy events, puppet shows	To increase immunization coverage from 10-15% in the target districts. To bring about 5% increase in TT coverage (Pregnant females)
Participatory Village Development Program (PVDP)	Yes	Coordination with village health committees, outreach visits, organizing vaccination camps	To increase the immunization and TT coverage by 10% of the target districts
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 bring EPI coverage at 80% and TT coverage at 80%
The Health Foundation (THF)	Yes	Arrange vaccination camps at Schools and arrange awareness sessions	To vaccinate 198,869 children with 3 doses of Hepatitis B vaccines in the Town (THF has already achieved its target of vaccinating 37,000 children)

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.

During this phase, CSOs have been particularly focusing on strengthening routine immunization. CSOs (in their PCAs) have clearly agreed on concrete results in terms of number of children immunized/percentage increase in immunization (BCG, Penta 3 and Measles). Since the CSOs are good in social mobilization, arranging vaccination camps and vaccination points to ensure vaccination of children (missed and defaulter children). The CSOs have remained successful in uplifting immunization and addressing refusals. The district governments also truly appreciate and realize CSOs contribution. At many occasions, district health offices, issued letter of appreciation in recognition of CSOs work for immunization.<?xml:namespace prefix = "o" />

Duringlast six months, CSOs provided input/feedback to federal EPI on differentdocuments such as the draft EPI Policy,cMYP (country Multiyear Plan) and theIPV Application. Meetings withprovincial governments of KP and Punjab were organized to sign formal MoU toensure CSOs participation in different activities, while MoU with Sindhgovernment was already signed by one of the CSOs, leading the Coalition..

Afterthe devolution, with joint efforts of GAVI CSO Unit and CHIP (under CRSfunding), the coalition has been planning to penetrate at provincial and federallevel for CSOs role at policy and implementation level in a much formalizedway.

Itis envisioned that in future, the CSOs working on immunization and health (17CSOs working under GAVI funding since 2009 and 30 CSOs who have joined the coalition later (but are notrecipient of GAVI funds) now organized into a coalition known as PakistanCoalition for Health and Immunization (PCCHI) will engage with government at different levels for immunization andhealth system delivery and to become part of HSS.

TheCSOs will be consulted through the GAVI CSO Unit and CHIP, to incorporate theirperspective in new HSS application. The CSOs will also play their due role asstipulated in the new HSS application in its execution.

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" />

AKU, Dr. Faisal Ali Saleem, ali.saleem@aku.edu, +92 (21) 34864734

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

CHIP, Ms. Lubna Hashmat, lubna@chip-pk.org, +92 (51) 228 0151

HANDS, Dr. Dileep Kumar Malhi, dileep.kumar@hands.org.pk, +92 (21) 3438 9180

HELP, Dr. D S Akram, Help_ngo@hotmail.com, +92 (21) 35834465

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

NRSP, Dr. Irfana Rafique, emailirfana@gmail.com, +92 (51) 2206005

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

SABAWON, 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 2013 year

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	1,420,671	139,339,447
Remaining funds (carry over) from 2012 *(B)*	1,028,662	100,891,169
Total funds available in 2013 *(C=A+B)*	2,449,333	240,230,616
Total Expenditures in 2013 *(D)*	661,914	64,920,525
Balance carried over to 2014 *(E=C-D)*	1,787,419	175,310,091

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 National Health Services Regulation and Coordination (MoNHSR&C). UNICEF Pakistan is the fund manager for this pilot initiative. Previously funds were transferred to CSO account from UNICEF upon a request letter from Federal EPI. But under the HACT and new PCAs of CSOs, UNICEF does not need approval from EPI and the funds are directly transferred to CSOs account without the involvement of Federal EPI. It means that CSOs directly submits the reports and financial statements to UNICEF and UNICEF process the CSOs payment on their own.

Detailed expenditure of CSO Type B funds during the 2013 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2013 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	Baseline and Endline Survey	In Process	N/A	April-June 204	20	Feb-April 2015

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" />

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** communities to ensure service delivery and get more and more children immunized. The CSOs target population/coverage is low **in comparison** to a district's population. Thus the impact and results generated in the target UCs are not reflected at the district level data analysis. To overcome this issue, baseline has been planned specifically for the CSOs work so that results could be measured later through endline survey. Currently the baseline study is in the design phase and soon data will be collected (through a statistically representative sample) from the CSOs target UCs/villages

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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	✓	Signatures Health and Finance Ministry.pdf **File desc:** Endorsement of Health Ministry **Date/time :** 02/06/2014 09:14:23 **Size:** 414 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures Health and Finance Ministry.pdf **File desc:** Endorsement of Finance Ministry **Date/time :** 02/06/2014 09:12:39 **Size:** 414 KB
3	Signatures of members of ICC	2.2	✓	Endoresment of APR ICC.pdf **File desc:** Endorsement of APR 2013 by ICC members **Date/time :** 31/05/2014 01:05:39 **Size:** 634 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Minutes of ICC for APR endorsement.pdf **File desc:** Minutes of ICC meeting endorsing APR **Date/time :** 01/06/2014 09:10:10 **Size:** 228 KB
5	Signatures of members of HSCC	2.3	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** ICC endorsement sheet **Date/time :** 22/05/2014 06:59:21 **Size:** 399 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** Not applicable **Date/time :** 22/05/2014 06:59:58 **Size:** 399 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	State Bank Credit Memo.pdf **File desc:** **Date/time :** 14/05/2014 07:41:13 **Size:** 1 MB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Audit Report for APR.pdf **File desc:** audit report ISS grant EPI **Date/time :** 14/05/2014 07:44:26 **Size:** 4 MB

9	Post Introduction Evaluation Report	7.2.2	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** Not applicable **Date/time :** 22/05/2014 07:00:30 **Size:** 399 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** NA **Date/time :** 22/05/2014 07:00:52 **Size:** 399 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** Not Applicable **Date/time :** 22/05/2014 07:01:51 **Size:** 399 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Pakistan EVM April2014.pdf **File desc:** Latest EVM draft report **Date/time :** 15/05/2014 02:32:07 **Size:** 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** Not Applicable. The EVM report is awaited **Date/time :** 22/05/2014 07:02:20 **Size:** 399 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** Not Applicable. The EVM report is awaited **Date/time :** 22/05/2014 07:02:44 **Size:** 399 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded

18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Un-audited Financial Statement [GAVI-HSS] (FY 2012-13).doc **File desc:** **Date/time :** 15/05/2014 03:39:20 **Size:** 38 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** **Date/time :** 22/05/2014 07:03:45 **Size:** 399 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	External Audit Report for HSS Grant.pdf **File desc:** External audit report for HSS grant (Fiscal Year 2013) **Date/time :** 12/05/2014 07:00:19 **Size:** 63 KB
22	HSS Health Sector review report	9.9.3	✓	HSS Health Sector review report 2012-13.pdf **File desc:** HSS Health Sector review report **Date/time :** 12/05/2014 06:54:59 **Size:** 76 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** **Date/time :** 22/05/2014 07:04:15 **Size:** 399 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✓	Funds Utilization Report.pdf **File desc:** FUR-UNICEF **Date/time :** 09/05/2014 04:16:03 **Size:** 16 KB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✓	Submission of ICC endorsement and Signatures0001.pdf **File desc:** Not available **Date/time :** 22/05/2014 07:03:14 **Size:** 399 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in	0	✓	Bank reconciliation statement.jpg **File desc:** Bank Reconciliation statement - EPI **Date/time :** 15/05/2014 03:36:08

	the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013			**Size:** 436 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	FSP_jan04_Pakistan.pdf **File desc:** Financial Sustainability report. **Date/time :** 14/05/2014 09:00:19 **Size:** 336 KB
				Others.pdf **File desc:** HSS Section:Annexes 1,2,4 &5,Audit Update and NFR **Date/time :** 15/05/2014 03:31:54 **Size:** 1 MB
				Minutes of ICC Meeting for endorsment of GAVI APR 2012 28 May 2013_QH.doc **File desc:** Minutes of meeting of ICC held in 2013 **Date/time :** 14/05/2014 06:13:20 **Size:** 38 KB
				Minutes of the ICC Meeting_11 March 2013.pdf **File desc:** Minutes of meeting of ICC held in 2013 **Date/time :** 14/05/2014 06:03:08 **Size:** 421 KB
				National cMYP.docx **File desc:** National cMYP Report 2014-18 **Date/time :** 21/05/2014 08:24:11 **Size:** 4 MB
				ICC_2014 001.jpg **File desc:** Re notification of ICC **Date/time :** 21/05/2014 04:50:26 **Size:** 640 KB
				WHO expenditure in 2013.xlsx **File desc:** signed copy will be sent as soon as received from HQ **Date/time :** 16/05/2014 12:42:26 **Size:** 12 KB

				Statement of Expenditure for APR UNICEF.xls **File desc:** Signed SOE will be shared as soon as recieved **Date/time :** 16/05/2014 12:54:56 **Size:** 74 KB
				SG3 Q3 Pakistan Mission Report_Final.pdf **File desc:** Situation analysis and action plan for strengthening immunization financing **Date/time :** 16/05/2014 01:30:53 **Size:** 962 KB
				SOE for ISS fund spent in 2013 by WHO.pdf **File desc:** Statement of expenditure for ISS Fund **Date/time :** 16/05/2014 12:36:25 **Size:** 49 KB
				WHO Financial Statement 2014.docx **File desc:** WHO Non Certified Financial Statement **Date/time :** 21/05/2014 05:42:28 **Size:** 58 KB