



GAVI Alliance

# Annual Progress Report 2010

Submitted by  
The Government of  
**Pakistan**

Reporting on year: **2010**  
Requesting for support year: **2012**  
Date of submission: **01.06.2011 11:00:05**

**Deadline for submission: 1 Jun 2011**

Please submit the APR 2010 using the online platform  
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country\\_results/index.php](http://www.gavialliance.org/performance/country_results/index.php)

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 IRC processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 TRANSPARENCY 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 language of the arbitration will be English.

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: 2010

Requesting for support year: 2012

### 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015
NVS	Pneumococcal (PCV10), 2 doses/vial, Liquid	Pneumococcal (PCV10), 2 doses/vial, Liquid	2015

### Programme extension

No NVS support eligible to extension this year.

### 1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010

CSO	2010
HSS	2010

## 2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

### 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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Dr Asad Hafeez, Director General (Health), Ministry of Health	Name	
Date		Date	
Signature		Signature	

*This report has been compiled by*

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Altaf Bosan	National Program Manager - EPI	009251 925101	altafbosan@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

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.

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Asad Hafiz	Director General (Health), Ministry of Health			
Dr Huma Qureshi	Executive Director, Pakistan Medical Research Council, Islamabad			
Prof Tariq Iqbal Bhutta	Chairman, National Immunization Technical Advisory Group (NITAG)			
Mrs. Fakhera T. Abbasi	Financial Advisor (Health), Islamabad			
Dr Altaf Hussain Bosan	National Program Manager, EPI, Ministry of Health			
Dr Muhammad Asif	Assistant Chief Health P & D, Islamabad			
Dr. Iqbal Ahmed Lehri	National Programme Manager, FP and PHC			
Mr. Mazhar Nisar Sheikh	Health Education Advisor, MoH			
Mr. Muhammad Iqbal	Dy. Director, Federal EPI Cell			
Mr. M. Sharafat Ali Zia	Finance Manager-HSSPU, MoH, Islamabad			
Dr. Mohammad Cisse	Chief Health & Nutrition, UNICEF, Islamabad			
Dr. Quamrul Hasan	Medical Officer-EPI, WHO, Islamabad			
Dr. Azhar Abid Raza	Health Specialist, UNICEF, Islamabad			

Name/Title	Agency/Organisation	Signature	Date	Action
Mr. Yohei Ishiguro	Representative from JICA, Islamabad			
Mr. Abdul Rauf	Chief Consultant, Rotary International			
Dr. Ayaz Ali Khan	Specialist Medical Products Technologies, HSSPU			
Dr. Zubair Mufti	National Surveillance Coordinator-WHO, Islamabad			
Mrs. Huma Khawar	Coordinator GAVI CSO Support, Islamabad			
Dr. Rozina Mistry	Director AKUSP, Karachi			
Ms. Lubna Hashmat	CEO CHIP, Islamabad			
Ms. Sunadas Warsi	M & E Officer, GAVI CSO Support			

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

The APR 2010 of Pakistan has been unanimously endorsed by all members of the ICC.

Comments from the Regional Working Group:

## 2.3. HSCC Signatures Page

If the country is reporting on HSS

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.

### 2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - Pakistan, 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.

**Note:** To add new lines click on the **New item** icon in the **Action** column.

#### Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Assad Hafiz	Director General, Ministry of Health, Islamabad			
Dr. Huma Qureshi	Executive Director, Pakistan Medical Research Council, Islamabad			
Dr. Tariq Iqbal Bhutta	Chairman, National Immunization Technical Advisory Group (NITAG)			
Mrs. Fakhra T. Abbasi	Financial Advisor (Health), Islamabad			
Dr. Altaf Hussain Bosan	National Programme Manager-EPI			
Dr. Muhammad Asif	Assistant Chief Health P & D, Islamabad			
Dr. Iqbal Ahmed Lehri	National Programme Manager, FP and PHC			
Mr. Mazhar Nisar Sheikh	Health Education Advisor, MoH			
Mr. Muhammad Iqbal	Dy. Director, Federal EPI Cell			
Mr. M. Sharafat Ali Zia	Finance Manager- HSSPU, MoH, Islamabad			
Dr. Mohammad Cisse	Chief Health & Nutrition, UNICEF, Islamabad			
Dr. Quamrul Hasan	Medical Officer-EPI, WHO, Islamabad			



Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Azhar Abid Raza	Health Specialist, UNICEF, Islamabad			
Mr. Yohei Ishiguro	Representative from JICA, Islamabad			
Mr. Abdul Rauf	Chief Consultant, Rotary International			
Dr. Ayaz Ali Khan	Specialist Medical Products Technologies			
Dr. Zubair Mufti	National Surveillance Coordinator-WHO, Islamabad			
Mrs. Huma Khawar	Coordinator GAVI CSO Support, Islamabad			
Dr. Rozina Mistry	Director AKUSP, Karachi			
Ms. Lubna Hashmat	CEO CHIP, Islamabad			
Ms. Sunadas Warsi	M & E Officer, GAVI CSO Support			

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto: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

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Mrs. Huma Khawar	Coordinator GAVI CSO Support, Islamabad			

### 2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - Pakistan, endorse this report on the GAVI Alliance CSO Support.

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Assad Hafiz	Director General, Ministry of Health, Islamabad			
Dr. Huma Qureshi	Executive Director, Pakistan Medical Research Council, Islamabad			
Dr. Tariq Iqbal Bhutta	Chairman, National Immunization Technical Advisory Group (NITAG)			
Mrs. Fakhera T. Abbasi	Financial Advisor (Health), Islamabad			
Dr. Altaf Hussain Bosan	National Programme Manager-EPI			
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Mr. Muhammad Iqbal	Dy. Director, Federal EPI Cell			
Mr. M. Sharafat Ali Zia	Finance Manager-HSSPU, MoH, Islamabad			
Dr. Mohammad Cisse	Chief Health & Nutrition, UNICEF, Islamabad			

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Quamrul Hasan	Medical Officer-EPI, WHO, Islamabad			
Dr. Azhar Abid Raza	Health Specialist, UNICEF, Islamabad			
Mr. Yohei Ishiguro	Representative from JICA, Islamabad			
Mr. Abdul Rauf	Chief Consultant, Rotary International			
Dr. Ayaz Ali Khan	Specialist Medical Products Technologies			
Dr. Zubair Mufti	National Surveillance Coordinator-WHO, Islamabad			
Mrs. Huma Khawar	Coordinator GAVI CSO Support, Islamabad			
Dr. Rozina Mistry	Director AKUSP, Karachi			
Ms. Lubna Hashmat	CEO CHIP, Islamabad			
Ms. Sunadas Warsi	M & E Officer, GAVI CSO Support			

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

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## 13. Attachments

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## 4. Baseline and Annual Targets

**Table 1:** baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	5,857,880	5,943,108	6,048,895	6,156,566	6,266,152	6,377,690
Total infants' deaths	451,057	457,619	465,765	474,056	482,493	491,082
Total surviving infants	5,406,823	5,485,489	5,583,130	5,682,510	5,783,659	5,886,608
Total pregnant women	5,975,038	6,061,970	6,169,873	6,279,697	6,391,476	6,505,244
# of infants vaccinated (to be vaccinated) with BCG	5,874,949	5,586,521	5,746,450	5,910,303	6,078,168	6,250,136
BCG coverage (%) *	100%	94%	95%	96%	97%	98%
# of infants vaccinated (to be vaccinated) with OPV3	5,382,773	4,772,375	5,024,817	5,227,909	5,436,369	5,651,144
OPV3 coverage (%) **	100%	87%	90%	92%	94%	96%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	5,804,967	5,046,650	5,303,964	5,455,210	5,610,149	5,768,876
# of infants vaccinated (to be vaccinated) with DTP3 ***	5,368,884	4,772,375	5,024,817	5,227,909	5,436,369	5,651,144
DTP3 coverage (%) **	99%	87%	90%	92%	94%	96%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of HepB and/or Hib	5,804,967	5,046,650	5,303,964	5,455,210	5,610,149	5,768,876
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of HepB and/or Hib	5,368,884	4,772,375	5,024,817	5,227,909	5,436,369	5,651,144
3 <sup>rd</sup> dose coverage (%) **	99%	87%	90%	92%	94%	96%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Pneumococcal			5,303,964	5,455,210	5,610,149	5,768,876
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of Pneumococcal			5,024,817	5,227,909	5,436,369	5,651,144
<b>Pneumococcal coverage (%) **</b>	0%	0%	90%	92%	94%	96%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)			10%	10%	10%	10%
Wastage <sup>[1]</sup> factor in base-year and planned thereafter			1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	5,206,095	4,772,375	5,024,817	5,227,909	5,436,369	5,651,144
<b>Measles coverage (%) **</b>	96%	87%	90%	92%	94%	96%
Pregnant women vaccinated with TT+	4,416,847	4,849,576	5,244,392	5,651,727	5,880,157	6,179,982
<b>TT+ coverage (%) ****</b>	74%	80%	85%	90%	92%	95%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	8%	5%	5%	4%	3%	2%

\* Number of infants vaccinated out of total births

\*\* 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

<sup>1</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . 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 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

The numbers of birth for 2010 in section 4 Baseline and Annual Target is consistent with JRF 2010. The numbers of birth for 2011 to 2015 in 4 Baseline and Annual Target is consistent with APR 2009, Pakistan application for Pneumococcal vaccine and cMYP 2011 - 15. The reduction of target figures in 2010 than in 2009 is due to revision of the EPI target figures as advised by National Institute of Population Science. This has been earlier approved by the NICC.

Provide justification for any changes in **surviving infants**

The numbers of surviving infants for 2010 in section 4 Baseline and Annual Target is consistent with JRF 2010. The numbers of surviving infants for 2011 to 2015 in 4 Baseline and Annual Target is consistent with APR 2009, Pakistan application for Pneumococcal vaccine and cMYP 2011 - 15

Provide justification for any changes in **targets by vaccine**

Achievements for 2010 in section 4 Baseline and Annual Target for different antigens are in consistent with JRF 2010.

Target by vaccines for 2010 – 2015 are consistent with the cMYP 2011 – 2015 for current vaccines (traditional and new)

Target for Pneumococcal vaccine for 2012 - 15 is consistent with Pnumo Application. However, target for Pnumo vaccine for 2011 is lower than as mentioned in Pnumo application due to delay in introduction.

Provide justification for any changes in **wastage by vaccine**

Wastage factors for Pentavalent and Pnumo vaccine are same in this document as mentioned in the last year APR (2009) and Pnumo application.

### 5.2. Immunisation achievements in 2010

#### 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 2010 and how these were addressed

Key	activities	and	achievements	in	2010:
1.	Phase 1 measles follow-up campaign was conducted in 40 districts targeting 8.35 million children aged 9 – 59 months. tOPV was also administered to all children and BCG, Pentavalent vaccines were given to the defaulters up to 2 years age. 149,582 children received BCG and 217,197 children received Pentavalent vaccine as their routine dose during this campaign.				
2.	72% of the districts had reached 80% coverage for DPT (Penta) 3rd dose against only 61% districts in 2009 reaching the same coverage				
3.	66% districts had reached 80% coverage for Measles 1st dose against 54% districts in 2009 reaching the				



same coverage

4. DPT (Penta) 1 – 3 dropout has been reduced from 10% in 2009 to 8% in 2010
5. Measles 2nd dose has been raised to 51% in 2010 from 30% in 2009
6. Country successfully procured all its due share of Pentavalent vaccine and injection equipments under co-financing agreement on time.
7. 2 rounds of MNT campaign was conducted in one district of Sindh as planned

**Key challenges faced in 2010:**

1. The devastating flood during the 2nd half of the year caused serious setback in EPI
2. EPI infrastructure including cold chain equipments, vaccines and injection equipments were destroyed or lost in number of districts
3. Service delivery was seriously compromised due to inaccessibility and destruction of infrastructure
4. Expansion of cold chain system couldn't be done as planned due to procedural delay in transferring part of Penta introduction grant (US\$ 1 million) from GAVI to UNICEF
5. Adequate resources couldn't be secured to conduct the measles follow-up campaign up to the extent as planned
6. Adequate resources couldn't be made available to conduct the MNT campaign in intermediate risk districts of Punjab province as planned.

**Actions and activities undertaken:**

1. Immediate immunization response was undertaken in all flood affected districts with EPI's own resources. All accessible children below 5 years were immunized with an additional dose of measles and OPV vaccine and defaulter children were immunized with appropriate doses of other routine antigens.
2. Planned measles follow-up campaign was modified to prioritise the flood affected districts. The campaign was conducted in those districts soon the flood water receded. All target aged children were vaccinated with one dose of measles and one dose of OPV vaccine along with other routine antigens if missed. Pregnant women were also targeted with TT vaccine in this campaign.
3. Assessment made for loss of infrastructure in damaged health facilities. Resource mobilized from different donors e.g. UNICEF, UAE government to replenish the damaged equipments. New equipments were procured in 2011 which will be elaborated in 2011 APR.

### 5.2.2.

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

Though administrative reports from districts indicate targets were reached but that could not be verified through independent survey.  
 Few important activities couldn't be undertaken due to different challenges as mentioned above.

### 5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

**If No**, please describe how you plan to improve the equal access of males and females to the immunisation services.

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

**If Yes**, please give a brief description on how you have achieved the equal access.

As the national EPI policy, vaccination is delivered to all target children irrespective of their gender, ethnicity and race. Both male and female children have equal access to EPI vaccination service and no discrimination is made at any level.

### 5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

EPI Pakistan provides immunization services to all children irrespective of gender, ethnicity, race. There is no evidence yet available indicating any discrimination due to sex for immunization service.

### 5.3. Data assessments

#### 5.3.1.

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)\*.

No survey data is available for 2010 for such comparison. WHO/UNICEF estimate for National Immunization coverage is available up to 2009 and that matches with official country estimate.

Pakistan Social and Living Standard Measurement (PSLM) survey 2008 – 09 data is available (<http://www.statpak.gov.pk/fbs/content/pakistan-social-and-living-standards-measurement-survey-pslm-2008-09-provincial-district>) which corresponds with the administrative report to some extent.

\* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

#### 5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

Review of administrative data is being regularly conducted at provincial level. Resultantly data inconsistency has been reduced especially in Punjab province. This is a continuous process and will continue for further improvement.

#### 5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Monthly review of administrative data send by districts at provincial level to check for inconsistency and discrepancy. If so are found, those are corrected with appropriate feedback.

#### 5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

Independent coverage evaluation will be continued time to time at district level with partners' support and Federal initiative. Beside this, DQS is also planned in the current year. Any suggestion from partners to improve this further is welcome.

#### 5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

<b>Exchange rate used</b>	1 \$US = 85	Enter the rate only; no local currency name
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**Table 2a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

**Note:** To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name World Bank	Donor name	Donor name	
Traditional Vaccines*	4,829,989	4,829,989							
New Vaccines	49,360,398	5,559,176	43,801,222						
Injection supplies with AD syringes	2,115,571	903,293	1,212,278						
Injection supply with syringes other than ADs	143,208	143,208							
Cold Chain equipment	170,813			170,813					
Personnel	1,500,000	1,500,000							
Other operational costs	539,876	539,876							
Supplemental Immunisation Activities	52,710,734	3,169,412		3,337,190	4,440,000	41,764,132			
<b>Total Expenditures for Immunisation</b>	111,370,589								
<b>Total Government Health</b>		16,644,954	45,013,500	3,508,003	4,440,000	41,764,132			

\* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1<sup>st</sup> 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.

**Table 2b:** Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

**Note:** To add new lines click on the **New item** icon in the **Action** column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	11,590,230	11,917,637	
New Vaccines	177,171,520	187,542,948	
Injection supplies with AD syringes	5,331,609	5,589,823	
Injection supply with syringes other than ADs			
Cold Chain equipment	1,000,000	1,500,000	
Personnel	682,000	750,000	
Other operational costs	3,800,000	4,620,000	
Supplemental Immunisation Activities	40,577,707		
<b>Total Expenditures for Immunisation</b>	240,153,066	211,920,408	

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

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The actual expenditure in the reporting year is less than the planned amount mainly due to financial constraint. However, MoH has overcome the challenge with support from partners. WHO has provided 3.1 million doses of measles vaccine for routine immunization in the reporting year in response to the request of MoH. For upcoming period, the Federal government has made commitment to provide adequate resource for procurement of all vaccines for next five years. The prime minister's secretariat has already approved procurement of all routine vaccines and country's co-financing liabilities up to December 2011.

## 5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes ( Document number 5, 6 & 7 ) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

1. ICC endorsed the revision of EPI target figures in accordance with cMYP
2. ICC endorsed Pakistan's request to GAVI for extension of support for Pentavalent vaccine for 5 years (2011 - 15)
3. ICC endorsed the Aid Memoire signed between GAVI and GoP according to the FMA
4. ICC endorsed introduction of Pneumococcal vaccine in EPI Pakistan
5. ICC endorsed request of GoP to transfer the Hib introduction grant by to UNICEF (\$1 million) for cold chain procurement and to WHO (\$0.811 million) as per the MoU signed between GAVI and WHO
6. ICC endorsed use of GAVI ISS fund (\$1.37 million) and GoP fund (\$1 million) lying with UNICEF for procurement of cold chain equipments
7. ICC endorsed use of trained LHWs in immunization service delivery

Are there any Civil Society Organisations (CSO) member of the ICC?: **Yes**

**If Yes**, which ones?

**Note:** To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
Rotary International	
Aga Khan University	

### 5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

1. Achieve antigen wise coverage target set in this document for routine immunization
2. Expansion of cold chain system at all levels to accommodate the need for introduction of new vaccines (Pneumo in 2011)
3. Introduction of Pneumococcal (PCV10) vaccine in 2011 fulfilling all prerequisite conditions set by WHO
4. Implementation of the National Emergency Plan for Polio Eradication
5. Completion of Measles Follow-up campaign in the remaining districts of the country
6. Conduction of MNT campaign in one high risk district in Sindh province and remaining intermediate risk districts in Punjab province

All these activities are linked with cMYP

### 5.7. 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 2010

**Note:** To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.05 ml AD syringe and 2 ml dispossable reconstitution syringe	GoP	
Measles	0.5 ml AD syringe and 5 ml dispossable reconstitution syringe	GoP	
TT	0.5 ml AD syringe	GoP	
DTP-containing vaccine	0.5 ml AD syringe	GAVI and GoP	

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? (Please report in box below)

**IF No:** When will the country develop the injection safety policy/plan? (Please report in box below)

The key obstacles are as follows,  
 1. Use of AD syringe for all injections in public and private sector  
 2. Final disposal of sharp waste according to the safety guideline

However, all components (use of AD syringe and safe disposal of sharp waste) are fully implemented in EPI

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All sharp wastes in EPI activities were disposed by mostly burn and burry method. In limited facilities incineration was the practice where arrangements available.

## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 14,984,000
Remaining funds (carry over) from 2009	US\$ 2,517,000
Balance carried over to 2011	US\$ 16,246,000

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

1. Salaries to additional immunization staff
2. Human Resource Development
3. Social Mobilization
4. Consultancy, Technical Assistance
5. Performance Rewards
6. Procurement

### 6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? **Yes**

**If Yes**, please complete Part A below.

**If No**, please complete Part B below.

**Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

GAVI Team completed Financial Management Assessment (FMA) and submitted its report in November, 2009. Based on the recommendations of the FMA Report an Aide Memoire has been signed in July, 2010 between the Government of Pakistan and the GAVI Management .

The following is the implementation status on major terms of Aide Memoire:

#### 1. Fund Flow Mechanism

The terms of Aide Memoire required opening of Assignment Accounts in the provinces and districts for smooth and speedy transfer of funds from federal level to provincial and district levels.

After completion of due process the Assignment Accounts have been opened in the two provinces namely, Sindh and Balochistan. Their share of funds is being transferred to them. The other two provinces, Punjab and Khyber Pakhtunkhwa are being pursued to open their Assignment Accounts. So that funds could be transferred to them.

#### 2. Internal Control Frame Work

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

An internal control frame work is being devised in consultation with the GAVI Health System Strengthening (HSS) Programme implementation Unit in the Ministry of Health. In the meantime, Federal Audit Department has been approached to include in their terms of reference a review of the existing internal controls in GAVI ISS funds. The external audit of accounts of EPI (including GAVI ISS) for FYs 2008-9 and 2009-10 has been completed and audit report awaited.



### 3. Bank Reconciliation and Financial Reporting

The Aide Memoire required that reconciliation of accounts with the bank and account office may be carried out on monthly basis.

The reconciliation of account of expenditures is being carried out monthly with the bank and Accountant General's Office.

### 4. External Audit of ISS Programme

The Aide Memoire required that the terms of external audit should be expanded to include a review of existing internal controls i.e. undertake some of the functions of an internal audit.

The office of the Federal Audit Department was requested to review the existing internal audit functions for GAVI ISS .The external audit of GAVI ISS accounts for FYs 2008-9 and 2009-10 has been completed and final report is awaited.

**Part B:** 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.

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

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

### 6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year ( Document Number 11 ) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

### 6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at [http://apps.who.int/immunisation\\_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm](http://apps.who.int/immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm).

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

**Note:** The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

**Table 3:** Calculation of expected ISS reward

			2009	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) <b>specify</b>		5,267,150	5,368,884
2	Number of <b>additional</b> infants that are reported to be vaccinated with DTP3			101,734
3	Calculating	\$20 per additional child vaccinated with DTP3		2,034,680
4	<b>Rounded-up estimate of expected reward</b>			<b>2,035,000</b>

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

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

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

### 7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

#### 7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

**Table 4:** Received vaccine doses

**Note:** To add new lines click on the **New item** icon in the **Action** column.

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP- HepB- Hib	14,605,700	12,158,100	2,548,000	

\* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] above are different

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

The key reasons are revision of annual target figures as described earlier and rescheduling of shipment. However, there was no stock-out at any level. No problem with cold chain and no vaccine was discarded due to VVM color change or expiry date.

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)

Following quarterly supply of vaccine at all levels.

#### 7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? **No**

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

Please describe the reason and impact of stock-out

### 7.2. Introduction of a New Vaccine in 2010

#### 7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	Pneumococcal Conjugate Vaccine
--------------------	--------------------------------

<b>Phased introduction</b>	Yes	<b>Date of introduction</b> 01.01.2012
<b>Nationwide introduction</b>		<b>Date of introduction</b>
<b>The time and scale of introduction was as planned in the proposal?</b>	No	<b>If No, why?</b> The approval of GAVI was received by the end of 2010. Pakistan opted for PCV13 for introduction in 2011. But UNICEF informed that the preferred product (PCV13) is not available till 2013 and hence only PCV10 can be made available for introduction at present. The MoH has decided to introduce this vaccine (PCV10) in 2012 after completion of the ongoing safety study run by WHO on this vaccine in Kenya.

### 7.2.2.

When is the Post introduction Evaluation (PIE) planned? 2012

If your country conducted a PIE in the past two years, please attach relevant reports ( Document No Not applicable )

### 7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

### 7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

<b>\$US</b>	
<b>Receipt date</b>	

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

**Hib vaccine introduction grant (\$1,811,000):**

Hib vaccine was first introduced phase wise in Q4, 2008 and countrywide in 2009. Unfortunately the introduction grant was not available that time. Part of the grant (\$811,000) had recently been transferred to WHO as per the MoH's request. The planned activities for this fund has already been undertaken long back. The remaining amount (\$1 million) was supposed to be transferred to UNICEF for procurement of cold chain equipments. Unfortunately GAVI has not yet transferred that money to UNICEF.

**Pneumo vaccine introduction grant (\$1,783,000):**

MoH requested GAVI to transfer the whole amount to WHO and a LoA (between GAVI and WHO) has also been signed by WR Pakistan accordingly on 10 March 2011. GAVI counterpart signed the LoA on 24 May 2011 and the fund transfer is now under process as per GAVI information.

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

Cold chain expansion for the new vaccine as planned is at a stalemate due to non-availability of the Hib introduction grant (\$1 million). All preparatory activities are also delayed for Pneumococcal vaccine introduction as the grant for

this vaccine is also delayed.

Is there a balance of the introduction grant that will be carried forward? **No**

**If Yes**, how much? US\$

Please describe the activities that will be undertaken with the balance of funds

### 7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year ( Document No **Not applicable** ). (Terms of reference for this financial statement are available in [Annex 1.](#)) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

### 7.3. Report on country co-financing in 2010 (if applicable)

**Table 5:** Four questions on country co-financing in 2010

<b>Q. 1: What are the actual co-financed amounts and doses in 2010?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	5,559,176	1,575,100
2nd Awarded Vaccine Pneumococcal (PCV10), 2 doses/vial, Liquid		
3rd Awarded Vaccine		
<b>Q. 2: Which are the sources of funding for co-financing?</b>		
Government		
Donor		
Other		
<b>Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?</b>		
1. Country's fiscal year runs from June to July of the next calendar year and fund is released by the MoF on quarterly basis. Hence, it's not possible to make the fund for co-financing available before the last quarter of the calendar year.		
2. Since Pakistan self-procure its co-financing share of Pentavalent vaccine, the required procedural steps for procurement according to the national procurement guideline also requires considerable time.		
3.		
4.		
<b>Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2012</b>	
	(month number e.g. 8 for August)	
1 <sup>st</sup> Awarded Vaccine	0	

DTP-HepB-Hib, 1 dose/vial, Liquid	
2 <sup>nd</sup> Awarded Vaccine Pneumococcal (PCV10), 2 doses/vial, Liquid	
3 <sup>rd</sup> Awarded Vaccine	

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/resources/9\\_Co\\_Financing\\_Default\\_Policy.pdf](http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf).

Not applicable

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

#### 7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? **05.06.2009**

When was the last Vaccine Management Assessment (VMA) conducted?

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. ( Document N° **15** )

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/immunisation\\_delivery/systems\\_policy/logistics/en/index6.html](http://www.who.int/immunisation_delivery/systems_policy/logistics/en/index6.html).

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

Status of implementation of EVM improvement plan is attached. Pls see Document 22 attached.

When is the next Effective Vaccine Management (EVM) Assessment planned? **01.09.2011**

#### 7.5. Change of vaccine presentation

If you would prefer, during **2012**, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Not applicable

Please attach the minutes of the ICC and NITAG (if available) meeting ( Document No **Not applicable** ) that has endorsed the requested change.

#### **7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011**

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for Pentavalent (DTP-Hep B-Hib) vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of Pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of Pentavalent vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR ( Document No 23 ).

The country ICC has endorsed this request for extended support of Pentavalent vaccine at the ICC meeting whose minutes are attached to this APR ( Document No 7 ).

#### **7.7. Request for continued support for vaccines for 2012 vaccination programme**

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

## 7.8. Weighted average prices of supply and related freight cost

**Table 6.1:** Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

**Table 6.2:** Freight Cost



Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

## 7.9. Calculation of requirements

**Table 7.1.1:** Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
<b>Number of Surviving infants</b>	Table 1	#	5,485,489	5,583,130	5,682,510	5,783,659	5,886,608		28,421,396
<b>Number of children to be vaccinated with the third dose</b>	Table 1	#	4,772,375	5,024,817	5,227,909	5,436,369	5,651,144		26,112,614
<b>Immunisation coverage with the third dose</b>	Table 1	#	87%	90%	92%	94%	96%		
<b>Number of children to be vaccinated with the first dose</b>	Table 1	#	5,046,650	5,303,964	5,455,210	5,610,149	5,768,876		27,184,849
<b>Number of doses per child</b>		#	3	3	3	3	3		
<b>Estimated vaccine wastage factor</b>	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		4,554,305					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.30	0.34	0.40	0.46	0.52		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

#### Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Intermediate
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	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Your co-financing	0.30	0.34	0.40	0.46	0.52

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		10,755,600	14,502,200	14,023,700	13,503,000	52,784,500
Number of AD syringes	#		11,169,900	15,336,200	14,830,200	14,279,500	55,615,800
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		124,000	170,250	164,625	158,525	617,400

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Total value to be co-financed by GAVI	\$		28,234,500	35,837,000	30,445,000	26,799,000	121,315,500	

**Table 7.1.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		1,600,400	2,800,900	3,770,400	4,794,000	12,965,700	
Number of AD syringes	#		1,662,000	2,962,000	3,987,200	5,069,700	13,680,900	
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		18,450	32,900	44,275	56,275	151,900	
Total value to be co-financed by the country	\$		4,201,000	6,921,500	8,185,500	9,514,500	28,822,500	

**Table 7.1.4:** Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
<b>A</b>	<b>Country Co-finance</b>		12.95%			16.19%			21.19%			26.20%			
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 1	5,046,650	5,303,964	686,961	4,617,003	5,455,210	883,036	4,572,174	5,610,149	1,188,719	4,421,430	5,768,876	1,511,497	4,257,379
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	15,139,950	15,911,892	2,060,882	13,851,010	16,365,630	2,649,108	13,716,522	16,830,447	3,566,157	13,264,290	17,306,628	4,534,489	12,772,139
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	15,896,948	16,707,487	2,163,926	14,543,561	17,183,912	2,781,563	14,402,349	17,671,970	3,744,465	13,927,505	18,171,960	4,761,214	13,410,746
G	Vaccines buffer stock	(F – F of previous year) * 0.25		202,635	26,245	176,390	119,107	19,280	99,827	122,015	25,854	96,161	124,998	32,751	92,247
H	Stock on 1 January 2011			4,554,305	589,866	3,964,439									
I	Total vaccine doses needed	F + G - H		12,355,817	1,600,305	10,755,512	17,303,019	2,800,843	14,502,176	17,793,985	3,770,318	14,023,667	18,296,958	4,793,964	13,502,994
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		12,831,847	1,661,960	11,169,887	18,298,059	2,961,910	15,336,149	18,817,233	3,987,132	14,830,101	19,349,105	5,069,636	14,279,469
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		142,434	18,448	123,986	203,109	32,878	170,231	208,872	44,258	164,614	214,776	56,274	158,502

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times g$	30,518,868	3,952,753	26,566,115	40,143,005	6,497,955	33,645,050	36,121,790	7,653,746	28,468,044	33,849,373	8,868,834	24,980,539
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times ca$	680,088	88,084	592,004	969,798	156,982	812,816	997,314	211,319	785,995	1,025,503	268,691	756,812
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times cr$	0	0	0	0	0	0	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times cs$	91,158	11,807	79,351	129,990	21,042	108,948	133,679	28,325	105,354	137,457	36,015	101,442
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times fv$	1,068,161	138,347	929,814	1,405,006	227,429	1,177,577	1,264,263	267,882	996,381	1,184,729	310,410	874,319
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times fd$	77,125	9,990	67,135	109,979	17,803	92,176	113,100	23,965	89,135	116,296	30,471	85,825
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	32,435,400	4,200,978	28,234,422	42,757,778	6,921,208	35,836,570	38,630,146	8,185,234	30,444,912	36,313,358	9,514,419	26,798,939
<b>U</b>	<b>Total country co-financing</b>	$I \times 3 \times cc$	4,200,978			6,921,208			8,185,234			9,514,419		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	12.95%			16.19%			21.19%			26.20%		

**Table 7.2.1:** Specifications for Pneumococcal (PCV10), 2 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	5,485,489	5,583,130	5,682,510	5,783,659	5,886,608		28,421,396
Number of children to be vaccinated with the third dose	Table 1	#		5,024,817	5,227,909	5,436,369	5,651,144		21,340,239
Immunisation coverage with the third dose	Table 1	#	0%	90%	92%	94%	96%		
Number of children to be vaccinated with the first dose	Table 1	#		5,303,964	5,455,210	5,610,149	5,768,876		22,138,199
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#		1.11	1.11	1.11	1.11		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		\$	0.20	0.23	0.26	0.30	0.35		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%		5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

### Co-financing tables for Pneumococcal (PCV10), 2 doses/vial, Liquid

Co-financing group	Intermediate
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	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30	0.35

**Table 7.2.2:** Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item			2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#			20,721,000	17,020,600	17,302,400	17,533,000	72,577,000
Number of AD syringes	#			21,176,900	17,033,500	17,315,500	17,546,200	73,072,100
Number of re-constitution syringes	#			0	0	0	0	0
Number of safety boxes	#			235,075	189,075	192,225	194,775	811,150
Total value to be co-financed by GAVI	\$			77,550,000	63,677,000	64,731,000	65,594,000	271,552,000

**Table 7.2.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item			2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#			1,356,800	1,271,300	1,508,500	1,809,600	5,946,200
Number of AD syringes	#			1,386,700	1,272,200	1,509,600	1,811,000	5,979,500
Number of re-constitution syringes	#			0	0	0	0	0
Number of safety boxes	#			15,400	14,125	16,775	20,125	66,425
Total value to be co-financed by the country	\$			5,078,000	4,756,000	5,643,500	6,770,000	22,247,500

**Table 7.2.4:** Calculation of requirements for Pneumococcal (PCV10), 2 doses/vial, Liquid

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
<b>A</b>	Country Co-finance		6.15%			6.95%			8.02%			9.36%		
<b>B</b>	Number of children to be vaccinated with	Table 1	5,303,964	325,956	4,978,008	5,455,210	379,122	5,076,088	5,610,149	449,872	5,160,277	5,768,876	539,701	5,229,175

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	<b>the first dose</b>													
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3
<b>D</b>	<b>Number of doses needed</b>	B x C	15,911,892	977,868	14,934,024	16,365,630	1,137,364	15,228,266	16,830,447	1,349,616	15,480,831	17,306,628	1,619,101	15,687,527
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Wastage factor table	1.00	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
<b>F</b>	<b>Number of doses needed including wastage</b>	D x E	17,662,201	1,085,433	16,576,768	18,165,850	1,262,474	16,903,376	18,681,797	1,498,074	17,183,723	19,210,358	1,797,202	17,413,156
<b>G</b>	<b>Vaccines buffer stock</b>	(F – F of previous year) * 0.25	4,415,551	271,359	4,144,192	125,913	8,751	117,162	128,987	10,344	118,643	132,141	12,363	119,778
<b>H</b>	<b>Stock on 1 January 2011</b>		0	0	0									
<b>I</b>	<b>Total vaccine doses needed</b>	F + G - H	22,077,752	1,356,791	20,720,961	18,291,763	1,271,225	17,020,538	18,810,784	1,508,417	17,302,367	19,342,499	1,809,564	17,532,935
<b>J</b>	<b>Number of doses per vial</b>	Vaccine parameter	2	2	2	2	2	2	2	2	2	2	2	2
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	(D + G –H) x 1.11	22,563,462	1,386,641	21,176,821	18,305,613	1,272,187	17,033,426	18,824,972	1,509,555	17,315,417	19,357,034	1,810,924	17,546,110
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	I / J * 1.11	0	0	0	0	0	0	0	0	0	0	0	0
<b>M</b>	<b>Total of safety</b>	(K + L)	250,455	15,392	235,	203,193	14,122	189,	208,958	16,757	192,	214,864	20,102	194,76



		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	<b>boxes (+ 10% of extra need) needed</b>	/100 * 1.11				063			071			201			2
<b>N</b>	<b>Cost of vaccines needed</b>	I x g		77,272,132	4,748,768	72,523,364	64,021,171	4,449,285	59,571,886	65,837,744	5,279,460	60,558,284	67,698,747	6,333,474	61,365,273
<b>O</b>	<b>Cost of AD syringes needed</b>	K x ca		1,195,864	73,492	1,122,372	970,198	67,426	902,772	997,724	80,007	917,717	1,025,923	95,979	929,944
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	M x cs		160,292	9,851	150,441	130,044	9,038	121,006	133,734	10,724	123,010	137,513	12,865	124,648
<b>R</b>	<b>Freight cost for vaccines needed</b>	N x fv		3,863,607	237,439	3,626,168	3,201,059	222,465	2,978,594	3,291,888	263,974	3,027,914	3,384,938	316,674	3,068,264
<b>S</b>	<b>Freight cost for devices needed</b>	(O+P+Q) x fd		135,616	8,335	127,281	110,025	7,647	102,378	113,146	9,074	104,072	116,344	10,885	105,459
<b>T</b>	<b>Total fund needed</b>	(N+O+P+Q+R+S)		82,627,511	5,077,883	77,549,628	68,432,497	4,755,859	63,676,638	70,374,236	5,643,236	64,731,000	72,363,465	6,769,875	65,593,590
<b>U</b>	<b>Total country co-financing</b>	I 3 cc		5,077,883			4,755,859			5,643,236			6,769,875		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	U / T		6.15%			6.95%			8.02%			9.36%		



## **8. Injection Safety Support (INS)**

There is no INS support this year.

## 9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

## 10. Civil Society Programme (CSO)

The CSO form is available at this address: [CSO section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

## 11. Comments

### 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

- i) Second tranche of the approved Phase 1 HSS support has still not been released by the GAVI secretariat despite repeated reminders and fulfilling all the requirements raised by the GAVI Secretariat from time to time, including approval of PC-1, external audit etc. It was recommended that the GAVI secretariat be approached for early transmission of second tranche.
- ii) Due to non-availability of this support services of the currently available technical staff hired by HSS support at federal and provincial levels will be discontinued beyond June 2011. GAVI is requested to release the 2nd tranche of the Phase 1 support immediately.

## 12. Annexes

### Annex 1

#### 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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

### *An example statement of income & expenditure*

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	<b>60,139,325</b>	<b>125,523</b>

\* An average rate of CFA 479,11 = UD 1 applied.

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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.



## Annex 2

### TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:**

*An example statement of income & expenditure*

<b>Summary of income and expenditure – GAVI HSS</b>		
	<b>Local currency (CFA)</b>	<b>Value in USD *</b>
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	38,987,576	81,375
<b>Total expenditure during 2009</b>	30,592,132	63,852
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	60,139,325	125,523

\* An average rate of CFA 479,11 = UD 1 applied.

<b>Detailed analysis of expenditure by economic classification ** – GAVI HSS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	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.

## Annex 3

### TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 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 *
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	38,987,576	81,375
<b>Total expenditure during 2009</b>	30,592,132	63,852
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	60,139,325	125,523

\* An average rate of CFA 479,11 = UD 1 applied.

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
<b>TOTALS FOR 2009</b>	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

### 13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC		4	Yes
Minutes of ICC meetings in 2010		5, 6	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		7	Yes
Minutes of HSCC meetings in 2010		8, 9	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		10	Yes
Financial Statement for ISS grant in 2010		11	Yes
Financial Statement for CSO Type B grant in 2010		12	Yes
Financial Statement for HSS grant in 2010		13, 14	
EVSM/VMA/EVM report		15, 22	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		23	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant		16, 17, 18, 19	
Latest Health Sector Review Report			

### 13.2. Attachments

List of all the mandatory and optional documents attached to this form

**Note:** Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) *	File name: <a href="#">APR-Sign-2_copy--3a.pdf</a> Date/Time: 17.06.2011 04:40:24 Size: 1 MB		
2	File Type: Signature of Minister of Finance (or delegated authority) *	File name: <a href="#">APR-Sign-2_copy--3a.pdf</a> Date/Time: 17.06.2011 04:40:35 Size: 1 MB		
3	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<u>Signatures of members of ICC *</u> <b>File Desc:</b>	<u><a href="#">Signature of members of ICC and HSCC.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:31:34 <b>Size:</b> 1 MB		
4	<b>File Type:</b> <u>Signatures of members of HSCC *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">Signature of members of ICC and HSCC.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:32:29 <b>Size:</b> 1 MB		
5	<b>File Type:</b> <u>Minutes of ICC meetings in 2010 *</u> <b>File Desc:</b> Minutes of the 1st meeting of ICC/HSCC in 2010	<b>File name:</b> <u><a href="#">Minutes of ICC meeting 5 April 2010.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:25:04 <b>Size:</b> 5 MB		
6	<b>File Type:</b> <u>Minutes of ICC meetings in 2010 *</u> <b>File Desc:</b> Minutes of the 2nd meeting of ICC/HSCC in 2010	<b>File name:</b> <u><a href="#">Minutes of ICC meeting 27 July 2010.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:22:29 <b>Size:</b> 461 KB		
7	<b>File Type:</b> <u>Minutes of ICC meeting in 2011 endorsing APR 2010 *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">Minutes ICC &amp; HSCC meeting 30 May 2011.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:26:52 <b>Size:</b> 143 KB		
8	<b>File Type:</b> <u>Minutes of HSCC meetings in 2010 *</u> <b>File Desc:</b> Minutes of the 1st meeting of ICC/HSCC in 2010	<b>File name:</b> <u><a href="#">Minutes of ICC meeting 5 April 2010.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:34:58 <b>Size:</b> 0 B		
9	<b>File Type:</b> <u>Minutes of HSCC meetings in 2010 *</u> <b>File Desc:</b> Minutes of the 2nd meeting of ICC/HSCC in 2010	<b>File name:</b> <u><a href="#">Minutes of ICC and HSCC meeting 27 July 2010.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:36:06 <b>Size:</b> 461 KB		
10	<b>File Type:</b> <u>Minutes of HSCC meeting in 2011 endorsing APR 2010 *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">Minutes ICC &amp; HSCC meeting 30 May 2011.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:36:56 <b>Size:</b> 143 KB		
11	<b>File Type:</b> <u>Financial Statement for ISS grant in 2010 *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">Financial statement for the use of ISS fund in 2010.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:38:06 <b>Size:</b> 180 KB		
12	<b>File Type:</b> <u>Financial Statement for CSO Type B grant in 2010 *</u> <b>File Desc:</b> Financial Statement is part of this document	<b>File name:</b> <u><a href="#">APR CSO 2010.pdf</a></u> <b>Date/Time:</b> 01.06.2011 04:41:55 <b>Size:</b> 373 KB		
13	<b>File Type:</b> <u>Financial Statement for HSS grant in</u>	<b>File name:</b> <u><a href="#">Financial Statement 1 HSS 2010.jpg</a></u>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<b>File Type:</b> 2010 *	<b>File name:</b> <u>Financial Statement 2_HSS_2010.jpg</u>		
	<b>File Desc:</b> Financial statement 1	<b>Date/Time:</b> 01.06.2011 04:46:17 <b>Size:</b> 956 KB		
14	<b>File Type:</b> Financial Statement for HSS grant in 2010 *	<b>File name:</b> <u>Financial Statement 2_HSS_2010.jpg</u>		
	<b>File Desc:</b> Financial statement 2	<b>Date/Time:</b> 01.06.2011 04:47:15 <b>Size:</b> 1 MB		
15	<b>File Type:</b> EVSM/VMA/EVM report	<b>File name:</b> <u>EVM Assessment Pakistan 2009.pdf</u>		
	<b>File Desc:</b>	<b>Date/Time:</b> 01.06.2011 04:49:36 <b>Size:</b> 466 KB		
16	<b>File Type:</b> External Audit Report (Fiscal Year 2010) for HSS grant	<b>File name:</b> <u>HSS External Audit Report 2010 Page 1.jpg</u>		
	<b>File Desc:</b> Page 1	<b>Date/Time:</b> 01.06.2011 04:56:09 <b>Size:</b> 113 KB		
17	<b>File Type:</b> External Audit Report (Fiscal Year 2010) for HSS grant	<b>File name:</b> <u>HSS External Audit Report 2010 Page 2.jpg</u>		
	<b>File Desc:</b> Page 2	<b>Date/Time:</b> 01.06.2011 04:57:02 <b>Size:</b> 793 KB		
18	<b>File Type:</b> External Audit Report (Fiscal Year 2010) for HSS grant	<b>File name:</b> <u>HSS External Audit Report 2010 Page 3.jpg</u>		
	<b>File Desc:</b> Page 3	<b>Date/Time:</b> 01.06.2011 04:57:46 <b>Size:</b> 371 KB		
19	<b>File Type:</b> External Audit Report (Fiscal Year 2010) for HSS grant	<b>File name:</b> <u>HSS External Audit Report 2010 Page 4.jpg</u>		
	<b>File Desc:</b> Page 4	<b>Date/Time:</b> 01.06.2011 04:58:48 <b>Size:</b> 769 KB		
20	<b>File Type:</b> other	<b>File name:</b> <u>HSS section of the APR 2010.pdf</u>		
	<b>File Desc:</b> APR HSS Section	<b>Date/Time:</b> 01.06.2011 05:01:45 <b>Size:</b> 440 KB		
21	<b>File Type:</b> other	<b>File name:</b> <u>APR CSO 2010.pdf</u>		
	<b>File Desc:</b> APR CSO Section	<b>Date/Time:</b> 01.06.2011 05:05:42 <b>Size:</b> 373 KB		
22	<b>File Type:</b> EVSM/VMA/EVM report	<b>File name:</b> <u>Updated EVM improvement plan Pak current status (26.05.2011).pdf</u>		
	<b>File Desc:</b> EVM implementation status report	<b>Date/Time:</b> 01.06.2011 10:43:10 <b>Size:</b> 247 KB		
23	<b>File Type:</b> new cMYP starting 2012	<b>File name:</b> <u>Pakistan cMYP 2011-2015.pdf</u>		
	<b>File Desc:</b>	<b>Date/Time:</b>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	cMYP	01.06.2011 10:44:21 <b>Size:</b> 602 KB		
24	<b>File Type:</b> other <hr/> <b>File Desc:</b> Pakistan JRF 2010	<b>File name:</b> <a href="#">Pakistan JRF 2010 (Final 5 Feb 2011).xls</a> <hr/> <b>Date/Time:</b> 17.06.2011 05:25:24 <b>Size:</b> 254 KB		
25	<b>File Type:</b> other <hr/> <b>File Desc:</b> CSO APR report 2010	<b>File name:</b> <a href="#">APR CSO Revised June11.docx</a> <hr/> <b>Date/Time:</b> 17.06.2011 09:12:47 <b>Size:</b> 105 KB		

~ End ~