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Ministry of Health & Population
DEPARTMENT OF HEALTH SERVICES

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Ref. No. 1492

Date : 14 May 2008

Dr. Julian Lob-Levyt
Executive Secretary
Global Alliance for Vaccine and Immunization
C/O UNICEF
Palais des Nations
CH-1211 Geneva-10
Switzerland

Subject: Submission of Annual Progress Report 2007

Dear Dr. Lulian,

It is my pleasure to submit Annual Progress Report (APR) 2007. In the process of development there were discussions in ICC, and finally the APR was endorsed by ICC members. We are glad to answer if any quarries arise regarding the report.

Thanking you and looking for further cooperation.

Sincerely

Dr. Govinda Prashad Ojha
Director General,
Department of Health Services
Chairperson of ICC

Annual Progress Report 2007

Submitted by

The Government of Nepal

Date of submission: **15 May 2008**

This report reports on activities in 2007 (Nepal's national planning budgeting cycle (FY) is from 15 July to 14 July next year. So the data in this report reflects for period from July 2006 – July 2007.)

Signatures Page for ISS, INS and NVS

For the Government of Nepal

Ministry of Health & Population:

Title: Secretary

Signature: .....

Date: 14 May 2008

Ministry of Finance:

Title: Secretary Ministry of Finance

Signature: .....

Date: May 14th 2008

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. G.P. Ojha, Director General (Chair ICC)	DoHS		
Dr. S.R. Upreti, Chief EPI Section (ICC Member Secretary)	DoHS		12th May 08
Dr. Y.V. Pradhan, Director, CHD	DoHS		12th May 08
Dr. M.G. Sherpa, Director, LMD	DoHS		12th May 08
Dr. S.S. Tiwari, Director, MD	DoHS		
Mr. L.R. Ban, Director, NHEICC	DoHS		
Mr. G.K. Shrestha, Under-secretary	NPC		12th may 08.
Dr. H.S.B. Tennakoon, Ag. WR	WHO		13/May/2008
Dr. G. Mellsop, Country Rep.	UNICEF		13 may 2008
Dr. N. Sharma, Sr. Health Specialist	World Bank		12th may
Ms. A.M. Peniston, Chief, Health and Family Planning	USAID		May, 13, 2008
Mr. T.R. Manekshaw, Chairman, National PolioPlus Committee	Rotary International		May 12, 2008
Mr. M. Hiasa, Representative	JICA		
Mr. Deepak Khanal	MoF		May 14, 2008

Signatures Page for HSS: NA

For the Government of Nepal

Ministry of Health:

Title: ……

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

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1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Population, and Ministry of Finance budget): **Yes**

If yes, please explain in detail how it is reflected as MoHP budget in the box below.
If not, explain why not and whether there is an intention to get them on-budget in the near future?

Immunization Section under the Child Health Division in consultation with partners develops an annual plan with budget. The plan is then presented to ICC for discussion and endorsement. After the endorsement by ICC the plan is submitted to MoHP for incorporation into the annual plan of the ministry. MoHP prepares an annual plan with budget, which is then submitted to National Planning Commission for approval. After approval of the activities/programs, the plan is submitted to the Ministry of Finance (MoF) for budget allocation. After approval of the budget by the MoF, the annual health plan as part of the national development plan is submitted to parliament for approval. Once the plan is approved by parliament it is reflected as the annual consolidated plan in the "Red Book". The MoF sends the approved plan with budget to MoHP. MoHP gives authority to DoHS for implementation of plan. DoHS send authority to all districts health offices for expenditure of the fund as per approved activities in the annual plan.

1.1.1 Management of ISS Funds

Management of GAVI ISS fund is governed by the same mechanism used for all programs of the MoHP. After receiving the approval of programs with budget from the MoF, the MoHP provides authority of expenditure to the Director General (DG), Department of Health Services. The DG then authorizes District Health Offices to make expenses as per approved annual plan. MoF then releases the budget to District Treasury Comptroller's Office (DTCO) as per approved plan.

After receiving the authority letter from the DG, which outlines the activities and budget, districts health offices receive from DTCO, one-sixth of the approved annual budget or the total amount of funds required to carry out activities in the first quarter of the year, whichever is higher.

District health offices send monthly expenditure statement to DTCO and get reimbursement based on the monthly expenditure statements. Activity progress reports are sent every month by the district health offices through the Health Management Information System.

The health sector budget including GAVI ISS budget will undergo internal as well as external audit as per established procedures of the government of Nepal. District health offices maintain district level accounts by budget heading and send monthly expenditure statements to the departments and respective DTCOs for internal audit. DTCOs carry out quarterly internal audits at district level. External audit is carried out by the Auditor General Office annually on the consolidated statement prepared by Ministry of Health and Ministry of Finance after internal audit.

The ICC plays important role in finalisation and endorsing the annual plan including budget before it is submitted to MoHP.

There is no problem such as delay in getting funds on time for programme implementation.

1.1.2 Use of Immunization Services Support

*In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Remaining funds (carry over) from 2005/06: $1,165,975
Funds received during 2007: US $ 650,000
Balance to be carried over to 2007/08: $1,815,976*

**(this amount is as of 14 July 2007 plus the fund received in 2007. A sum of* $285,012 *has been allocated in the current FY plan, which will be expended by 14 July 2008). The use of ISS fund in 2006/07 and 2007/08 was low due to use of pool fund for immunization activities. However, expenditure of remaining ISS fund is planned for 2008/09 (July 2008 to July 2009)*

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region	District	
Vaccines	-				
Injection supplies	-				
Personnel	46,135	46,135	-	-	
Transportation	-	-	-	-	
Maintenance and overheads	2,307	2,307	-	-	
Training	13,845	7,692	-	6,153	
IEC/social mobilization	15,384	15,384	-		
Outreach (micro planning)	36,523	-	-	36,523	
Supervision	30,768	15,384	15,384	-	
Monitoring and evaluation	124,091	-	30,769	93,322	
Epidemiological surveillance	-	-	-	-	
Vehicles	-	-	-	-	
Cold chain equipment	-	-	-	-	
Other ……. *(specify)*	1,538	1,538	-	-	
Total:	**270,591**	**88,440**	**46,153**	**135,998**	
Remaining funds for next year: 2007/08	**1,815,976**				

Exchange rate 1US$=65 NRs

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

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

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

In addition to routine activities several extra efforts were made to strengthen immunization. These included: expansion of micro planning in low performing districts, improvement in data quality through DQSA, performance review at all levels, improvement of monitoring tools, micro-planning in four municipalities, capacity building of health staff through various training including vaccine management for district level staff, study tour by EPI staff within and outside the country. No major problem was encountered in relation to implementation of multi-year plan.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **2010**

**If no DQA has been passed, when will the DQA be conducted?*
**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*
**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA? **NA**

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

YES ☐ *NO* ☐

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

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

Nepal Demographic and Health Survey-2006 (published in 2007) which includes immunization

1.1.4. ICC meetings

How many times did the ICC meet in 2007? ***Please attach all minutes.***
Are any Civil Society Organizations members of the ICC and if yes, which ones?

ICC met 3 times in 2007. Rotary International (Polio Plus Committee) represented on behalf of Civil Society Organization.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2007.

Monovalent HepB vaccine was introduced in Nepal from November 2002 and was expanded throughout the country by 2004 in phase wise manner. Monovalent was replaced by tetravalent (DPT-HepB) from June 2005 and by December was introduced throughout the country.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPT-HepB	10 dose	42,250	June 2005	14 March 2007
DPT-HepB	10 dose	85,200		01 June, 2007
DPT-HepB	10 dose	85,300		22 August, 2007
DPT-HepB	10 dose	50,300		11 Oct. 2007
DPT-HepB	10 dose	49,200		9 Nov, 2007

Please report on any problems encountered.

No major problem was encountered

1.2.2. Major activities

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

High focus is given to quality services. For this, orientation and refresher training of health staff and community was conducted focussing on data management. AEFI surveillance of routine immunisation was expanded. Training of district health staff was conducted on DQSA and the assessment conducted ten districts. IEC materials were developed and distributed. Performance reviews were conducted at all levels.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: **NA**

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The Effective Vaccine Store Management (EVSM) was conducted in August 2007

Please summarize the major recommendations from the EVSM/VMA

The assessment of the primary store in Kathmandu was conducted in August 2007 using the WHO-Unicef Effective Vaccine Store Management tool.

Major recommendations are:

Immediate:

1. The primary store needs immediate refurbishing to improve the current condition of the building as well as to increase the total store space in order to :
   - Accommodate the required additional capacity of cold rooms for introduction of new vaccine (pentavalent)
   - Increase the total usable working space
   - Increase total dry space
2. Temperature monitoring during storage as well as transport needs to be more reliable using electronic monitors. Introduce use of freeze indicators during storage and transport of freeze sensitive vaccines

Mid-term perspective:

1. Procure new cold room to enhance storage capacity by another 20 CuM for introduction of DPT-Hep B-Hib.
2. There is need to install continuous computerised temperature monitoring system for each of the Walk-In-Freezer (WIF) and Walk-In-Cooler (WIC).
3. SoP for several important task as described in the report need to be prepared along with a detailed job description for each staff.

Long-term perspective:

1. In view of the EPI programme intending to introduce the pentavalent vaccine from 2009, assessment of the existing infrastructure and availability of space demands that a new building with sufficient space both in terms of dry as well as cold room be planned and made available.

Was an action plan prepared following the EVSM/VMA: Yes.

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

- Construction of additional cold room has been already planned and budgeted.
- Vaccine management training for EPI staff on going.
- Capacity building of district/regional staff on VMA has been planned.
- SoP for different level cold chain management under development.

The next EVSM/VMA will be conducted in:*

Nepal plans to conduct VMA of regional and district stores in May 2008.

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind: NA

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

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

If support has ended, please report how injection safety supplies are funded.

The government of Nepal is procuring all required injection safety supplies using its own resources.

Please report how sharps waste is being disposed of.

Sharp waste from outreach sites are collected in safety boxes and are brought back to health facilities at the end of session and are burned and buried. Some heath facilities where local incinerator is available sharp waste are disposed by incineration. Nepal plans to explore appropriate technology for proper sharp waste disposal.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

Disposal of sharp waste by burn and bury method was difficult during rainy season. Storing at health facilities was a problem. Collection of safety boxes from outreach sites in remote places to health facility was a problem. So sharp waste were burned and buried at session site.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

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

NA

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	*6,274,338	9,019,846	4,778,767	12,137,804
Injection supplies			525,988	638,034
Cold Chain equipment	38,461	38,462	844,689	123,627
Operational costs	5,057,861	6,685,459	6,505,855	6,852,971
Other Campaign Cost(please specify)			6,579,375	737,,349
Sub Total	**11,370,660**	**15743767**	**19,234,674**	**20,489,785**
Financing by Source				
Government (incl. WB loans)	3,175,815	2,953,662	3,175,815	5,515,308
GAVI Fund	2,213,862	457,8138	3,868,213	11,604,839
UNICEF	709,600	6,337,015	4,613,319	1,399,716
WHO	1,912,338	1,547,446	2,859,468	691,294
JICA			844,689	-
Other (please specify)				
Total Expenditure	**8,011,615**			
Total Financing		**15,416,262**	**15,361,504**	**19,211,157**
Total Funding Gap			**3,873,170**	**1,278,628**

**Due to unavailability of budget from partners JE vaccine procurement was not done, so there is big different between planned and actual financing and expenditure.*

Trends in immunization expenditures are increasing due to introduction of new vaccine and SIAs. Currently GoN has been procuring the traditional antigens (OPV, BCG, TT, JE and measles) DPT-HepB vaccine has been provided by GAVI and government has not started co-financing yet. But with introduction of pentavalent vaccine (DPT-HepB-Hib) government will enter co-financing from 2009.

The future resource requirements and financing gap analysis detailed in cMYP outlines the resource requirement and financial sustainability. From the analysis it can be concluded that Nepal can sustain the immunization program for traditional vaccines. However, external support will be extremely critical in introducing new and under-used vaccines such as Haemophilus Influenza, Measles/Rubella. The government recognizes the funding risks and, is exploring various additional funding sources for financial sustainability.
The government plan for financial sustainability includes:

1) The government is committed to increase per capita health expenditure (Three year health plan 2007-2010). Immunization is high priority (P1) program. Immunization will get more share of the increased health budget
2) Ongoing support from development partners: Many developmental partners have been supporting immunization in Nepal. These are WHO, UNICEF, USAID, JICA, WB, GTZ, DFID, Rotary and other various NGOs and INGOs. The government is planning to explore possibility of support from various other EDPs such as EU, AusAID, government of India and others
3) Use of pool fund: Different partners (WB-$50 million and DFID-$54 million for period of 2005-2009) have joined pooled funding under a SWAP approach. The pooled funds have been a significant help to immunization activities.
4) The government plans to mobilize local resources under decentralization strategy.
5) Role of ICC: ICC could play crucial role in resource mobilization
6) Program efficiency: Accelerating the potential improvement in program efficiency

Table 2.2: Country Co-Financing (in US$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB-Hib)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				$0.20
Government				664,000
Other sources (please specify)				
Total Co-Financing (US$ per dose)				$ 664,000

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

Monovalent HepB vaccine was introduced into routine immunization in November 2002 and was expanded throughout the country by 2004. Monovalent HepB vaccine was replaced by tetravalent (DPT-HepB) from July 2005 and was expanded throughout the country by December 2005. Nepal continues to use tetravalent vaccine awarded by GAVI.

For 2nd GAVI awarded vaccine. Please specify which vaccine : DTP-HepB-Hib	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US$ 0.20 per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Nepal plans to introduce pentavalent (DPT-HepB-Hib) vaccine from March 2009. Total values to be co-financed by Nepal in 2009 is $664,000, in 2010 is $ 571,500 and 2011 is $ 920,500. For first 2 years (2009 & 2010) the country co-financing per dose is $0.20 and in 2011 is $0.30.
Nepal as explained in application for pentavalent introduction will procure vaccine and injection supplies both for GAVI and government co-financed part through UNICEF. Government's co-finance amount will be paid to UNICEF as per agreement.

Table 2.3: Country Co-Financing (in US$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	Yes	BCG, OPV, TT, measles & JE	Government fund
Government Procurement- Other			
UNICEF	Yes	OPV and Measles for campaign	
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
NA		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
NA for reporting year	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	NA
National health budget	Yes
Medium-term expenditure framework	Yes
SWAp	NA
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

*Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.*

3.1. Up-dated immunization targets

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

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

As per application. No changes from previously approved plan in application.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS										
Births	*793,249	*787,185	845,800	887,520	931,389	977,522				
Infants' deaths	51,085	39,618	51,594	51,476	51,226	50,831				
Surviving infants	742,164	747,567	794,207	836,044	880,163	926,691				
Pregnant women		961,241	845,800	887,520	931,389	977,522				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	635,056	651,703								
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	588,583	630,718								
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)* ……. *(new vaccine)*	460,758	651,703	795,052	843,144	894,133	957,972				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of……. *(new vaccine)*	398,751	630,718	795,052	816,519	866,192	928,646				
Wastage rate till 2007 and plan for 2008 beyond*** …….. *(new vaccine)*	21%	21.1%	15%	15%	15%	15%				
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	413,029	477,326	592,060	710,016	791,681	879,770				
Infants vaccinated / to be vaccinated with BCG	679,584	676,864	820,426	860,895	903,448	948,197				
Infants vaccinated / to be vaccinated with Measles (1st dose)	582,818	617,415	727,388	798,768	856,878	928,646				

*JRE

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Nepal plans to introduce pentavalent vaccine in the country from March 2009. Nepal has requested DPT-HepB-Hib vaccine, single dose liquid form. There are no changes in number of vaccine doses or presentation of vaccine as mentioned in NVS application.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

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

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)*

		Formula	2009	2010
A	Target if children for BCG Vaccination	#	860,895	903,448
B	Number of doses per child	1	1	1
C	Number of BCG doses	A x B	860,895	903,448
D	AD syringes (+10% wastage)	C x 1.11	955,593	1,002,827
E	AD syringes buffer stock *(2)*	D x 0.25	238,898	250,707
F	Total AD syringes	D + E	1,194,492	1,253,534
G	Number of doses per vial	20	20	20
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	95,559	100,283
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	14,320	15,027

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 8a: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	2009	2010
A	Target if children for Measles Vaccination	#	798,768	856,878
B	Number of doses per child	#	1	1
C	Number of ….doses	A x B	798,768	856,878
D	AD syringes (+10% wastage)	C x 1.11	886,632	951,135
E	AD syringes buffer stock *(2)*	D x 0.25	221,658	237,784
F	Total AD syringes	D + E	1,108,291	1,188,918
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	177,326	190,227
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	14,270	15,309

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 8c: Estimated supplies for safety of vaccination for the next two years with DPT-HepB-Hib

		Formula	2009	2010
A	Target if children for DPT-HepB-Hib Vaccination	#	816,519	866,192
B	Number of doses per child	#	3	3
C	Number of ….doses	A x B	2,449,557	2,598,576
D	AD syringes (+10% wastage)	C x 1.11	2,719,008	2,884,419
E	AD syringes buffer stock *(2)*	D x 0.25	679,752	721,105
F	Total AD syringes	D + E	3,398,760	3,605,524
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	1	1
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	2,854,959	3,028,640
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	69,416	73,639

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 8d: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	2009	2010
A	Target if children for TT Vaccination	#	710,016	791,681
B	Number of doses per child	#	2	2
C	Number of ….doses	A x B	1,420,032	1,583,362
D	AD syringes (+10% wastage)	C x 1.11	1,576,236	1,757,532
E	AD syringes buffer stock *(2)*	D x 0.25	394,059	439,383
F	Total AD syringes	D + E	1,970,294	2,196,915
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	1	1
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	174,962	195,086
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	23,812	26,551

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS):

The HSS application has been approved. The government is planning to implement HSS funded activities from 2008/09.

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: _____
Current Health Systems Support will end in: _____

Funds received in 2007:	Yes/No	
	If yes, date received: (dd/mm/yyyy)	
	If Yes, total amount:	US$ _____
Funds disbursed to date:		US$ _____
Balance of installment left:		US$ _____

Requested amount to be disbursed for 2009 US$ _____

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (*In case there is a change in the 2009 request, please justify in the narrative above)*			
Area for support	**2007 (Expenditure)**	**2007 (Balance)**	**2009 (Request)**
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	**2007**
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators *(Add other indicators according to the HSS proposal)*						
Indicator	**Data Source**	**Baseline Value[1]**	**Source[2]**	**Date of Baseline**	**Target**	**Date for Target**
1. National DTP3 coverage (%)						
2. Number / % of districts achieving =80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

[1] If baseline data is not available indicate whether baseline data collection is planned and when
[2] Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 May 2008	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	NA	
Reported on use of Vaccine introduction grant	NA	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	NA	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	NA	

6. Comments

ICC/HSCC comments:

The ICC members enquired about unspent ISS balances in 2006/07 and 2007/08. The government used pool fund for immunization activities due to expiry date of pool fund. The government plans to use remaining balances of ISS fund in 2008/09.

ICC would like to thank GAVI for their generous support in strengthening immunization and introduction of new vaccine for children of Nepal. The GAVI support has benefitted thousands of children. Children who have been never reached before with existing vaccines have been reached. The ISS and NVs support will bring great impact in reducing infant and under five mortality and morbidity in Nepal.

~ End ~