



Government of Nepal
Ministry of Health & Population

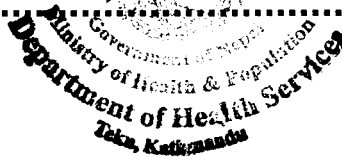
DEPARTMENT OF HEALTH SERVICES

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Pachali, Teku
Kathmandu, Nepal

Ref. No. 4946

Date : 13 May 2010



Subject: Submission of Annual Progress Report 2008/2009 Nepal.

Dr. Julian Lob-Levyt
Executive Secretary
GAVI Alliance
CH-1211 Geneva 10
Switzerland

Dear Dr. Julian Lob-Levyt,

I am pleased to submit herewith the Annual Progress Report 2008-2009 on GAVI INS, NVS and ISS. The report reflects the progress for the period of July 2008 to July 2009. The annual progress report for GAVI HSS covering the same period of July 2008 to July 2009 was submitted on 12 August 2009. The HSS report for current fiscal year (2009-2010) will be submitted again on August 2010 as current fiscal ends in July 2010.

I will be happy to clarify on any queries and concerns on this report.

Looking forward for further cooperation.

Thanking you.

Dr. Y. V. Pradhan
Director General
Department of Health Services
ICC Chairperson



Annual Progress Report 2008-2009

Submitted by

The Government of Nepal

Reporting on year: **2008/09 (Nepal's national planning budgeting cycle (FY) begins from 15 July to 14 July next year). The data in this report reflects for period from July 2008 – July 2009 for ISS, INS and NVS.**

Requesting for support year: **2010/2011**

Date of submission: 12 May 2010

**Government Signatures Page for all GAVI Support
(ISS, INS, NVS, HSS, CSO)**

For the Government of Nepal

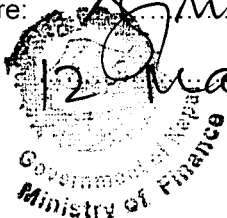
Ministry of Health & Population:

Title: Secretary
 Signature: [Handwritten Signature]
 Date: 11th May 2010



Ministry of Finance:

Title: For, Secretary
 Signature: [Handwritten Signature]
 Date: 12th May 2010



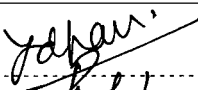
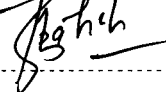
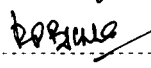
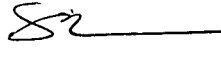

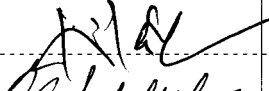

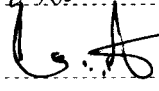
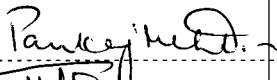
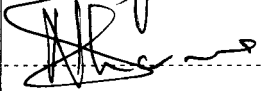
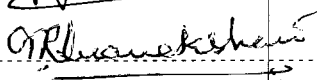
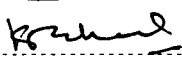
This report has been completed by:

<p>Full name: Mr KB Chand Position: EPI Chief, Child Health Division, Department of Health Services Telephone: 977-1-4261660 E-mail: ..Kchanddohs@yahoo.com</p>	<p>Full name: Dr RP Bichha Position: Director, Child Health Division, Department of Health Services Telephone.....977-1-4261463 E-mail drrbichha@gmail.com</p>
<p>Full name</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>	<p>Full name</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>

ICC Signatures Page

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

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date
Dr. Y. V. Pradhan	DOHS.		7-05-10
Dr. L. R. Pathak	MOHP.		"
Dr. R. P. Bichha	CHD.		"
Dr. S. S. Tiwari	MD.		"
Dr. M. G. Sherpa	LMD.		
Mr. Lakshmi Narayan Deo	NHEICC.		"
Mr. Tilakman Singh Bhandari	MOF		"
Dr. William Schluter	WHO		"
Dr. Lin Aung	WHO.		
Dr. Pankaj Mehta	UNICEF		"
Dr. Nasta Pd. Sharma	World Bank		
Mr. Tehmas R. Manekshaw	Rotary Int.		"
Mr. K. B. Chand	CHD.		"

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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Table of Contents

This APR reports on activities between July 2008 – July 2009 and specifies requests for the period July 2010 – July 2011

1. General Programme Management Component

- 1.1 Updated baseline and annual targets. Table 1 in Annex 1
- 1.2 Immunisation achievements in 2009
- 1.3 Data assessments
- 1.4 Overall Expenditure and Financing for Immunisation
- 1.5 Interagency Coordinating Committee (ICC)
- 1.6 Priority actions in 2010-11

2. Immunisation Services Support (ISS)

- 2.1 Report on the use of ISS funds in 2008-2009
- 2.2 Management of ISS funds
- 2.3 Detailed expenditure of ISS funds during the 2008-2009 calendar year
- 2.4 Request for ISS reward

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

- 3.1 Receipt of new & under-used vaccines for 2009 vaccination programme
- 3.2 Introduction of a New Vaccine in 2009
- 3.3 Report on country co-financing in 2009
- 3.4 Effective Vaccine Store Management/Vaccine Management Assessment
- 3.5 Change of vaccine presentation
- 3.6 Renewal of multi-year vaccines support
- 3.7 Request for continued support for vaccines for 2011 vaccination programme

4. Injection Safety Support (INS)

- 4.1 Receipt of injection safety support for 2009 (for relevant countries)
- 4.2 Progress of transition plan for safe injections and management of sharps waste
- 4.3 Statement on use of GAVI Alliance injection safety support received in cash

5. Health System Strengthening Support (HSS)

6. Civil Society Organisation Support (CSO)

7. Checklist

8. Comments

Annexes

Annex 1: Nepal's APR calculation of ISS-NVS for 2011 (Excel file attached)

Annex 2: ISS and NVS Financial Statement

List of Tables in 2009 APR

APR Section	Table N°	Where-about	Title
1.1	Table 1	Annex 1	Updated Baseline and Annual Targets
1.4	Table 2	APR form	Overall Expenditure and Financing for Immunisation in US\$.
2.4	Table 3	Annex 1	Calculation of ISS reward
3.1	Table 4	APR form	Vaccines received for 2009 vaccinations
3.3	Table 5	APR form	Four questions on country co-financing in 2009
3.7	Table 6	Annex 1	Request for vaccines for 2011
4.1	Table 7	APR form	Received Injection Safety supply in 2009
4.2	Table 8	APR form	Funding sources of Injection Safety supply in 2009
4.3	Table 9	APR form	Expenditure for 2009 activities (for INS in cash)
4.3	Table 10	APR form	Planned activities and budget for 2010
7.	Table 21	APR form	Checklist of a completed APR form

List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
NEP-01	Calculation of Nepal ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
NEP-02	Minutes of all the ICC meetings held in 2008-2009	1.5
NEP-03	Financial statement for the use of ISS funds in the 2008-2009 calendar year	2.3
NEP-04	External audit report of ISS funds during the most recent fiscal year (if available)	2.3
NEP-05	Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year	3.2.3
NEP-06	Report of the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)	3.4
NEP-07	cMYP for the years 2007-2011	

1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space 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:

Target population is projected by HMIS/DoHS on the basis of the 2001 census, with subsequent years estimating population growth rate using low declining total fertility rate. However, the 2006 DHS found total fertility rate to be declining faster than previously estimated. Therefore HMIS/DoHS has adjusted denominators for 2010 and 2011 population estimates in accordance with a high declining fertility rate. The annual targets reflected in this APR are as per HMIS/DoHS recommendation for 2010 and 2011 (Earlier in APR, we used annual target as reflected in cMYP)

Provide justification for any changes in surviving infants: No change

Provide justification for any changes in Targets by vaccine: No change in target

Provide justification for any changes in Wastage by vaccine: No change

The government of Nepal, DoHS has a policy of using one BCG and measles vaccine vial per session, with expected wastage rate of >50%. As pentavalent (DPT-HepB-Hib) vaccine is used as single dose liquid the expected wastage rate is 5%.

1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

The overall coverage for BCG was 85%, DPT3 and polio3 was 81% and measles was 75% based on HMIS target. Several efforts were made to strengthen routine immunization including the following: capacity building of health staff through various skill development trainings and orientations (refreshers training to vaccinators, vaccine and cold chain management trainings, data management trainings) verification of immunization data through various data quality reviews and data quality self assessment, micro planning in low performing districts, effective supervision and monitoring at all levels and mutual learning through inter-district exposure. Like in the past local resources were used for hiring of vaccinator at local level.

Some of the challenges faced were: progressively increasing vacant posts of vaccinators, decreasing community ownership toward the program due to lack of elected local government, weak supervision and monitoring and limited use of supervision findings to improve the situation. Likewise, lack of appropriate immunization strategies and infrastructures in the municipalities.

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

Targets were not reached in many instances due to various reasons. The first and foremost was the problem of the denominator which has been solved to some extent. Other reasons were:

- Progressively increasing vacant posts of vaccinators,
- decreasing community ownership toward the program,
- ineffective supervision and monitoring
- limited use of data and findings from monitoring and supervision to improve the situation
- lack of appropriate immunization strategy and human resources in municipalities.

1.3 **Data assessments**

1.3.1 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)¹.

EPI coverage survey was conducted in 2009 with support from WHO & UNICEF. The coverage data shows BCG-94%, DPT-HepB3-87%, polio3-98% and measles-96%.

A survey done in rural areas of 40 districts of Nepal in 2009 also had coverage of all antigens similar (95% Confidence Interval overlapping) to that of the EPI coverage Survey done in 2009

The administrative data from HMIS had much lower coverage reporting for antigens: BCG 85%, DPT-HepB3-81%, polio3-81% and measles 75%.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES]. If YES:

Please describe the assessment(s) and when they took place.

As part of the assessment of administrative data system, the government conducted data-verification of HMIS data at all levels in more than 1/3rd of the districts randomly. Similarly, DQSA was also conducted in several districts.

EPI coverage survey was also completed in 2009.

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

As described earlier, administrative data were verified at all levels in several districts. The plan is to expand and complete data verification in all 75 districts. Similarly several districts also conducted DQSA. Quarterly review meetings at sub-district and district levels were used as an opportunity to improve the quality data.

Supervisory visits, though not as effective as desired, have been used by EPI supervisors as an opportunity to discuss data quality with the health staff.

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

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

The government has a plan to expand the data verification exercise to all levels throughout the country, to make supervisory visits more effective, and to focus more on immunization data during review meetings.

1.4 Overall Expenditures and Financing for Immunisation

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

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines (BCG, OPV, Measles, TT)	\$ 953,698.63	\$ 1,019,589.04	\$ 983,178.08
Country Approved Routine Vaccine (JE)	\$ 89,287.67	\$ 239,342.47	\$ 269,589.04
New Vaccines (DPT-HepB-Hib)	\$ 2,430,000.00	\$ 5,998,924.80	\$ 6,185,160.00
Injection supplies with AD syringes	\$ 379,493.20	\$ 382,178.08	\$ 324,082.19
Injection supply with syringes other than ADs			
Cold Chain equipment	\$ 4,354,045.21	\$ 216,438.36	\$ 890,410.96
Operational costs	\$ 410,772.00	\$ 571,684.93	\$ 688,095.89
Other (JE, Measles and polio NID)	\$ 6,985,592.23	\$ 5,291,326.22	\$ 4,864,875.68
Total EPI	\$15,602,888.94	\$13,719,483.90	\$ 14,205,391.84
Total Government Health (@78.21)	\$ 191,000,000	\$ 228,110,000	

Exchange rate used | US \$ 73

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.

Trends in immunization expenditures are increasing due to introduction of new vaccines and mass campaigns against VPDs. Currently GoN has been procuring the traditional antigens (OPV, BCG, TT, JE and measles) through its own resources. DPT-HepB vaccine was fully supported by GAVI through 2008. The Government entered into a co-financing agreement with GAVI for pentavalent DPT-HepB-Hib beginning in 2009. The total EPI expenditure varies in different years due to new vaccine introduction, campaigns (polio, measles and JE) and US \$ exchange rate as well as differences in operational costs. The measles campaign conducted in 2008-2009 was a major additional expenditure for the government. One of the main reasons for the differing expenditure amounts is lower population targets in 2010 and 2011 (as adjusted by HMIS/DoHS).

The future resource requirements and financing gap analysis detailed in the cMYP outlines the resource requirements 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 critical in introducing new and under-used vaccines such as *Haemophilus influenzae* type b, rubella, pneumococcus, rotavirus, and other new and under used vaccines. The government recognizes the funding challenges 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. Immunization is one of the high priority (priority 1) programs. Immunization will get a larger 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, CDC, Gates Foundation, JICA, WB, NORAD, AusAID, GTZ, DFID, Rotary and other various NGOs and INGOs.
- 3) Use of pool funds: Different partners have joined pooled funding under a sector wide approach (SWAp). The pooled funds have been a significant help to immunization activities. With the signing of IHP+ National Compact, the Government of Nepal expects to have more partners with greater financial flexibility in the pooled fund. For the first time GAVI funds will join the pooled funds.
- 4) The Government plans to mobilize local and community level resources under the decentralization strategy.
- 5) Role of ICC: ICC can play a crucial role in resource allocation and mobilization and ensure appropriate use of available resources.
- 6) Program efficiency: Efficiency hasn't been assessed but the funding requirements in the cMYP have been well maintained with good efficiency.
- 7) The government has met with Members of Parliament to advocate for long term financial support.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2008-2009? 4 times

Please attach the minutes (**Document N°: NEP-02**) from all the ICC meetings held in 2008-2009, including those of the meeting endorsing this report.

The ICC members congratulated the government on their commitment to provide new (HiB) vaccine to children of Nepal and sharing the cost of vaccine (co-financing). Some of the recommendations are:

- Immediate need for strengthening of routine immunization
- Strengthen cold chain system, make a long term (>5 years) cold chain equipment replacement plan addressing cold chain requirement for introduction of new vaccine and SIAs
- Conduct disease burden studies for rota, pneumo and other diseases to support evidence based decision making for introduction of new vaccines in future
- Advocate for allocation of more funds for immunization from Government/pooled funds.

Are any Civil Society Organisations members of the ICC ? : [**Yes**]. If yes, which ones?

Rotary International

1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

The main objectives and priority actions are in line with cMYP, which are:

1. Achieve and sustain coverage of 90% for all antigens by 2010
2. Maintain polio free status
3. Sustain MNT elimination
4. Initiate measles elimination
5. Expand VPD surveillance
6. Accelerate control of other VPDs through introduction of new vaccines
7. Improve and sustain immunization quality &
8. Expand immunization services beyond infancy

The major priorities for the government are to achieve immunization coverage of > 90% for all antigens in 50 districts, achieve polio free status, sustain MNT elimination, develop plan of action for measles elimination by 2015, and plan of action for introduction of rubella vaccine, conduct additional rounds of campaigns to eradicate, eliminate or control of VPDs and explore several approaches for financial sustainability of immunization programs.

2. Immunisation Services Support (ISS)

2.1 Report on the use of ISS funds in 2008-2009

Funds received during 2009: US\$ **None**

Remaining funds (carry over) from 2008: US\$ 2,020,835.29

Balance carried over to 2010: US\$ 1,183,210.63

Please report on major activities conducted to strengthen immunisation using ISS funds in 2008-2009.

The GAVI ISS funds were used for cold chain system management: expansion of cold room space and purchase of cold chain equipments (vaccine carriers & cold box), supervision and monitoring, various capacity building trainings, orientations (vaccine management and cold chain repair and maintenance training) and mutual learning through inter-district exposure visits, celebration of immunization month and review of immunization data at sub-district level.

2.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **NO**

[**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.

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.

The GAVI funds were deposited in the government account under the heading of GAVI. This account was used for all types of GAVI support (ISS, NVI and HSS). GAVI ISS funds were managed as per the same financial procedure as for all other programs of the MoHP.

Immunization Section under the Child Health Division in consultation with partners developed an annual plan along with estimated budget. This plan was then presented to ICC for discussion, comments, feedback and endorsement. After the endorsement by ICC the plan was submitted to MoHP for incorporation into the annual plan of the Ministry of Health and Population (MoHP). MoHP, after agreement, then submitted the plan to the National Planning Commission for approval. After approval of the activities/programs by the National Planning Commission, the plan was submitted to the Ministry of Finance (MoF) for budget agreement. After agreement on the budget by the MoF, the annual health plan, as part of the national development plan was submitted to the Parliament for approval. Once the plan was approved by Parliament it was reflected as the annual consolidated plan in the "Red Book". The MoF sent the approved plan

with budget to MoHP for implementation.

After receiving the approved programs from the MoF, the MoHP provided a letter of authority for expenditure of the funds to the Director General (DG) of the Department of Health Services. MoF in the mean while released the budget to District Treasury Comptroller's Office (DTCO) as per the approved plan. The DG then authorized District (Public) Health Offices to make expenses as per approved annual plan from the DTCO. After receiving the authority letter from the DG, which outlined the activities and budget, districts health offices requested for the release of budget from the DTCO. The district received from DTCO whichever was the higher amount of either one-sixth of the approved annual budget for the district or the total amount of funds required to carry out the specific program activities in the first quarter of the year.

District health offices had to send monthly expenditure statements to DTCO to receive reimbursement based on the monthly expenditure statements. Activity progress reports were sent every month by the district health offices through the Health Management Information System.

The health sector budget including GAVI ISS budget underwent internal as well as external audit as per established procedures of the Government of Nepal. District health offices maintained district level accounts by budget heading and sent monthly expenditure statements to the departments and respective DTCOs for internal audit. DTCOs carried out quarterly internal audits at district level. External audit was 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 played a vital role in finalizing and endorsing the annual plan including the budget before it was submitted to MoHP.

2.3 Detailed expenditure of ISS funds during the 2008-2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2008-2009 calendar year (**Document N°: NEP-03**).

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 N°: NEP-04**).

2.4 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 previous high), 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.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.²

² The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

Vaccine Type	[A]	Date of DL	[B]	Total doses of postponed deliveries in 2009/10
	Total doses for 2009 and 10 in DL		Total doses received by end 2008/09 *	
DPT-Hep B	1,278,500		1,278,500	0
DPT-HepB-Hib single dose, liquid	3,141,900 (2009)	9 May 2008	900,000 (2008/2009)	2,241,900
DPT-HepB-Hib single dose, liquid	2,142,100 (2010)	14 Jan 2010	1,453,500 (2009/2010)**	

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

** All vaccines suspended and recalled except for the last shipment of 131,600 doses.

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

What are the main problems encountered? (<i>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?...</i>)	<ul style="list-style-type: none"> The main problems encountered were: lower vaccine utilization than expected due to late and phase wise introduction, problem in the denominator & different fiscal year used by the Government of Nepal and GAVI.
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 SD)	<ul style="list-style-type: none"> The vaccine has been introduced throughout the country, target population has been re-estimated by HMIS/DoHS and reduction of wastage rate through training and appropriate session planning.

3.2 Introduction of a New Vaccine in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	DPT-HepB-Hib (pentavalent, single dose liquid formulation)
Phased introduction [YES]	Date of introduction 14 April 2009 in 25 districts (of 75 districts)
Nationwide introduction [YES]	Date of introduction by 31 December 2009 in all 75 districts
The time and scale of introduction was as planned in the proposal? If not, why?	The vaccine was introduced late and in phase wise manner in the country due to utilization of remaining stock of DPT-HepB vaccines.

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received:	US\$ 266,500	Receipt date: August 2008
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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.

Several activities were conducted at different levels before the introduction of pentavalent vaccine. Some of the major activities that were conducted using new vaccine introduction grant were as follows: Vaccinator orientation, advocacy meeting with media & professional organizations (e.g., Nepal Pediatric Society), production and distribution of IEC materials and guidelines, planning meetings at regional and district level and a launching ceremony of vaccine introduction.

Please describe any problems encountered in the implementation of the planned activities:

The vaccine could not be introduced on time as planned due to existing stock of DPT-HepB at various levels and introduction in phase wise manner for better implementation and monitoring of any AEFI should it have occurred. There were no major problems encountered.

Is there a balance of the introduction grant that will be carried forward? **[YES]**

If YES, how much? US\$.151, 972 (@73)

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

The balance funds will be used for refresher training of vaccinators (VHW & MCHW) throughout the country.

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2008-2009 fiscal year **(Document N°: NEP-05)**.

3.3 Report on country co-financing in 2009 (if applicable)

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)	31 Dec 2009	3 August 2009	
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1 st Awarded Vaccine (specify)	588,336.59	158,024	
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated slowed or hindered mobilisation of resources for vaccine co-financing?			
The government's commitment has accelerated the mobilization of resources for vaccine co-financing.			

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf

Country has fully complied with co-financing agreement.

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [05/2008]

If conducted in 2008/2009, please attach the report. (**Document N°: NEP-06**)

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

Was an action plan prepared following the EVSM/VMA? [YES]

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

Training on Vaccine Management Assessment and Assessment of Cold Chain & Vaccine Management status in NEPAL using WHO/UNICEF Vaccine Management Assessment Tool (VMAT) was carried out in May 2008. The objective of the assessment was to:

- To review current vaccine management practices at regional level, identify gaps towards compliance with quality criteria as defined by UNICEF/WHO EVSM initiative and make recommendations to update them in view of the introduction of the new vaccines.
- To assess cold storage and dry storage space requirements with introduction of new vaccines at the regional level.
- To develop proposal for upgrading regional vaccine storage capacity.

Main activities carried out to address EVSM/VMA recommendations and their implementation status are as follows:

- Construction of additional cold room at central and regional was completed
- Vaccine management training has been completed to all EPI staff
- Repair & maintenance trainings for EPI related staff is continuing
- Guideline on vaccine management training developed and distributed to all concerned.
- New forms and formats designed as per recommendation for vaccine and printed distributed.
- Capacity building of district/regional staff on VMA is on going
- SoP for several important task as described in report prepared along with a detailed job description for each staff
- Procurement of enough spare parts in process
- Budget for cold chain management increased

When is the next EVSM/VMA* planned? ***In Year 2010 (date yet to be fixed)***

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

3.5 Change of vaccine presentation

If you would prefer during 2011 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 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:

Initially pentavalent vaccine was supplied from Shantha Biotechnics, but as per WHO recommendations all Shan5 pentavalent vaccine was suspended and is no longer being used in Nepal. Nepal is still waiting for pentavalent vaccine from a different supplier.

Please attach the minutes of the ICC meeting that has endorsed the requested change.

3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

If 2010 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 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for[vaccine type(s)] vaccine for the years 2011-.....[end year]. At the same time it commits itself to co-finance the procurement of[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of[vaccine type(s)] vaccine support is in line with the new cMYP for the years [1st and last year] which is attached to this APR (**Document N°.....**).

The country ICC has endorsed this request for extended support of[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.....**)

3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm] / [NO, I don't]

Confirm

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [NO] or supplies [NO]? NO

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety materials in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringes	Government funds
Measles	AD syringes	Government funds
TT	AD syringes	Government funds
DTP-containing vaccine	AD syringes	Bundled with vaccine

Please report how sharps waste is being disposed of:

Sharp waste from outreach sites are collected in safety boxes and brought back to health facilities at the end of the EPI session. These are burned and buried in standard pits dug for the purpose. Some health facilities use incinerators to dispose of the waste but these are only sporadically available. Disposal of sharps is a great challenge, especially from hospitals. Nepal plans to explore appropriate environmentally friendly technology for proper sharp waste disposal.

Does the country have an injection safety policy/plan? [YES]

If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

IF NO: Are there plans to have one? (Please report in box below)

Nepal has a policy on injection safety. Some of the problems encountered for sharp waste were: disposal of sharp waste by burning and burying method during rainy season is a problem (as the pits fill with water), collection of safety boxes from outreach sites in remote places to health facility is particularly difficult and storing of the waste at health facilities has been a problem in some places due to easy access by the community.

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (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:

Fund from GAVI received in 2009 (US\$): **None**

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	

5. Health System Strengthening Support (HSS)

The HSS report for fiscal year July 2008-July 2009 was submitted on August 2009. The report for the current fiscal year July 2009-July2010 will be submitted in August 2010.

6. Strengthened Involvement of Civil Society Organisations (CSOs)

Nepal is not the recipient of CSO grant.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR			X	X
2	Signature of Minister of Finance (or delegated authority) of APR			X	X
3	Signatures of members of ICC/HSCC in APR Form			X	X
4	Provision of Minutes of ICC/HSCC meeting endorsing APR			X	X
5	Provision of complete excel sheet for each vaccine request	X		X	X
6	Provision of Financial Statements of GAVI support in cash			X	X
7	Consistency in targets for each vaccines (tables and excel)	X		X	X
8	Justification of new targets if different from previous approval (section 1.1)	X		X	X
9	Correct co-financing level per dose of vaccine 1	X		X	X
10	Report on targets achieved (tables 15,16, 20)	X	X	X	X

11	Provision of cMYP for re-applying	X		X	X
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OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1	X		X	X
13	Consistency between targets, coverage data and survey data			X	X
14	Latest external audit reports (Fiscal year 2009)		X	X	X
15	Provide information on procedure for management of cash		X	X	X
16	Health Sector Review Report	X	X	X	X
17	Provision of new Banking details	NA	NA	X	X
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support	X		X	X
19	Attach the CSO Mapping report (Type A)	X	X	X	X

8. 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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.