GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Nepal

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Nepal 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 Nepal

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	MISHRA, Dr Praveen, Secretary MoHP	**Name**	BASKOTA, Mr Krishna Hari , Secretary MoF
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
Dr SR Upreti	Director, Child Health Division	977-1-4261463	epi@ntc.net.np, drshyam@hotmail.com
Mr GR Subedi	Chief, Immunization Section/Child Health Division	977-1-4262263	epi@ntc.net.np, subedi.giriraj@gmail.com
Ms Chahana Singh Rana	Health Officer, Health and Nutrition Section, UNICEF	977-1-5523200 Ext: 1132	csingh@unicef.org
Dr Rajendra Bohara	National Coordinator, WHO-IPD	977-1-5260831	boharar@searo.who.int

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
SHERPA, Dr Mingmar G, Director General	DoHS		

UPRETI, Dr Shyam Raj, Director	CHD, DoHS		
KC, Dr Naresh Pratap, Director	LMD, DoHS		
RAJENDRA, Dr Saroj P, Director	MD, DoHS		
KHADKA, Mr Badri B, Director	NHEICC, DoHS		
SUBEDI, Mr Giri R, EPI Manager	CHD, DoHS		
AUNG, Dr Lin, WHO Representative	WHO		
SCHLUTER, Dr William W, MO-EPI	WHO		
MAHAT, DR Kishori, NPO	WHO		
KENTRO, Ms. Linda	USAID		
SINGH, Ms Chahana, PO	UNICEF		
LAMSAL, Mr Rajan	Lions International		
GNAWALI, Dr Devendra, PO	SABIN		
PAUDEL, Mr Bishnu, PO	UNICEF		

SHAKYA, Mr Ratna M, Chairperson	Rotary International		
Bohara, Dr Rajendra, NC	WHO		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

The ICC members raised questions on use of remaining ISS funds in coming years, injection safety and waste disposal.

Comments from the Regional Working Group:

No

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Nepal is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	654,428	689,020	665,564	692,646	676,877	676,877	688,369	688,369	703,101	703,101
Total infants' deaths	27,486	33,243	26,623	33,630	25,721	25,721	24,092	24,092	22,500	22,500
Total surviving infants	626942	655,777	638,941	659,016	651,156	651,156	664,277	664,277	680,601	680,601
Total pregnant women	719,871	765,578	732,121	769,699	744,565	744,565	757,206	757,206	773,411	773,411
Number of infants vaccinated (to be vaccinated) with BCG	634,795	637,969	652,253	678,793	663,339	663,339	674,602	674,602	689,039	689,039
BCG coverage	97 %	93 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	532,901	623,359	562,269	626,065	586,040	586,040	611,135	611,135	646,571	646,571
OPV3 coverage	85 %	95 %	88 %	95 %	90 %	90 %	92 %	92 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	576,787	585,815	587,827	645,836	612,087	612,087	644,349	644,349	666,989	666,989
Number of infants vaccinated (to be vaccinated) with DTP3	532,901	627,998	562,269	626,065	586,040	586,040	611,135	611,135	646,571	646,571
DTP3 coverage	101 %	96 %	88 %	95 %	90 %	90 %	92 %	92 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	9	0	15	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.10	1.00	1.18	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	576,787	585,815	587,827	645,836	612,087	612,087	644,349	644,349	666,989	666,989
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	532,901	627,998	562,269	626,065	586,040	586,040	611,135	611,135	646,571	646,571
DTP-HepB-Hib coverage	85 %	96 %	88 %	95 %	90 %	90 %	92 %	92 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	25	9	25	15	25	15	25	25	20	20
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.1	1.33	1.18	1.33	1.18	1.33	1.33	1.25	1.25
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	564,248	575,158	575,048	593,114	618,598	618,598	631,063	631,063	646,571	646,571
Measles coverage	90 %	88 %	90 %	90 %	95 %	95 %	95 %	95 %	95 %	95 %
Pregnant women vaccinated with TT+	575,897	597,158	585,697	615,759	595,652	595,652	643,626	643,626	657,399	657,399
TT+ coverage	80 %	78 %	80 %	80 %	80 %	80 %	85 %	85 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	520,489	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	3,045,266	N/A	0	N/A	0	N/A	0	N/A	0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	8 %	-7 %	4 %	3 %	4 %	4 %	5 %	5 %	3 %	3 %

*

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  The total births, number of surviving infants and PW for 2012 are based on HMIS projection. The total births for 2013-2015 are based on previous APR 2010 as there is no HMIS projected figure avaibale for 2013 and onwards.

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

  The proportion of surviving infants is calculated based on IMR figures as reflected in cMYP (2011-2016) using HMIS as baseline population.

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

  The target population for vaccination is changed based on expected coverage for each antigen.

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

  Expected wastage is estimated as 15% whch is higher than earlier of 5% due to change in vial presentation (from sigle dose vial to 10 dose vial).

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

The immunization coverage is in increasing trend. The national coverage for BCG was 97% , DPT3 was 96%, OPV3 was 95% and measles was 88% in 2011. The administrative coverage is consistent with NDHS survey 2011.

The following activities were conducted to increase vaccination coverage:

- Contract vaccinators assigned in vacant posts and orientation provided
- Updating Microplanning in municipalities using RED approach
- Celebration of immunization month
- Integrated review of child health programs at district and regional level
- MLM training on Immunization to EPI staff
- Training on AEFI surveillance to health staff in 38 districts and investigation of all reported AEFI cases
- Installation of solar refrigerator sets in 10 places of remote districts
- Review of immunization in low performing VDCs

Challenges:

- Required number of vacant post of vaccinators not fulfiled by contract out
- Weak monitoring of vaccine wastage at al levels
- Maintenance of Cold Chain Equipment and procurement of spare parts
- Inadequate implementation of REC micro planning especially in tracking of unimmunized and drop out children

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

Targets have been achieved for other vaccines, except measles. With the measles elimination goal by 2016, more focus will be given to increase measles coverage with partnership with Lions Club and other CBOs by improving tracking system based on Microplanning.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

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

What action have you taken to achieve this goal?

At present, disaggregated data by sex, caste, ethnicity is available ony through NDH survey. Department of Health Services is piloting reporting of immunization data by sex, caste, ethnicity in 19 districts.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

There is consistency between administrative and NDHS survey 2011 coverage data of immunization.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

As a part of assessment of administrative data, DQSA was conducted in problematic districts.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Following activities were carried out to improve administrative data systems;

- Performance review including data quality at region, district and below
- Conducted Data Quality Self Assessment
- Conducted Data Verification and Vaildation at region, district and below
- Provided feedback from the center to the district and region on quarterly basis following analysis of HMIS compiled data

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

- Continue data-quality self assessment in the selected districts and provide feedback
- Continue feedback from center to region and districts
- Conduct immunization coverage data assessment in the districts that have reported unexpected high coverage or very low coverage.
- Training of EPI staff on data management

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 73.37	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2011**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**None**	**None**	**None**
Traditional Vaccines*	1,362,328	1,362,328	0	0	0	0	0	0
New and underused Vaccines**	3,083,500	199,000	2,884,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	165,572	165,572	0	0	0	0	0	0
Cold Chain equipment	653,864	453,864	0	120,000	80,000	0	0	0
Personnel	1,903,424	1,870,424	0	15,000	18,000	0	0	0
Other routine recurrent costs	2,841,275	2,841,275	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	3,670,874	2,322,040	0	483,750	865,084	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	13,680,837							
Total Government Health		9,214,503	2,884,500	618,750	963,084	0	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Every year, the Government of Nepal develops an annual work plan, which includes an estimated budget for all health programs of the Ministry including immunization. The annual plan is then approved by the Parliament before implementation.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Adequate funds received.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The Government of Nepal procures all traditional vaccines from its own budget.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	**Budgeted Year 2012**	**Budgeted Year 2013**
Traditional Vaccines*	1,571,296	2,087,215
New and underused Vaccines**	5,753,500	6,337,767
Injection supplies (both AD syringes and syringes other than ADs)	335,382	155,649
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	721,344	1,877,947
Personnel	2,093,766	2,303,143

Other routine recurrent costs	3,125,402	3,281,672
Supplemental Immunisation Activities	14,324,697	5,127,927
Total Expenditures for Immunisation	27,925,387	21,171,320

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes, we are expecting to receive all funds that were budgeted for 2012.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

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

If none has been implemented, briefly state below why those requirements and conditions were not met.

GAVI has not yet decided the timeline for FMA in Nepal

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, 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 5.5 Overall Expenditures and Financing for Immunisation

Key concerns made by ICC were:

- Problem with denominator
- Effective monitoring of implementation of RED micro plan
- Strengthening of RI in municipalities
- Fulfilling vacant posts of vaccinators

Recommendations included:

- Use census data (2011) to address problem with denominator
- Maintain AFP surveillance at certification standard and be more vigilant. Immediately respond to any outbreak of poliomyelitis.
- Allocate funding for strengthening of RI in municipalities
- Establish "National Immunization Act" and "National Immunization Trust Funds" as per government policy
- Fulfil vacant post of vaccinators

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

If Yes, which ones?

List CSO member organisations:
Rotary International -Nepal

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

The key priority actions for 2012-2013 are:

- Update RED micro planning in all 75 districts and ensure implementaiton of micro-plans
- Strengthen immunization in municipalities
- Data quality improvement by feedback and community monitoring
- Collaboration with local bodies, schools and CBOs to advocate for complete immunization
- Advocacy, social mobilization and other BCC activities in collaboration with Rotary International, Lions Club International and other organizations, to increase the demand for immunization, community participation and ownership
- Linking Community-Based-Neontal Care Program to track the eligible children
- Introduction of MR vaccine into routine immunization following MR catch-up campaign targeting children 9 month to under 15 years of age
- Develop cold chain and vaccine management strategy, cold chain inventory and replacement plan

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD for Vaccination & Disposable for Reconstitution	Government
Measles	AD for Vaccination & Disposable for Reconstitution	Government
TT	AD Syringes	Government
DTP-containing vaccine	AD Syringes	GAVI Co-financing
JE	AD for Vaccination & Disposable for Reconstitution	Government

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

Injection Safety Policy is in place. Disposal of immunization wastes (safety box filled with used syringes) at health facility is not properly followed in some places.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

- Immunization sharps are collected in the safety box from EPI sessions and brought back to the health facilities where it is burnt and buried openly in a pit dug
- Used vials and ampoules are collected back to health facilities which is burried in a pit
- Other immunization wastes like wrapper, cotton swabs are burnt at session site

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	1,076,014	79,947,834
Total funds available in 2011 *(C=A+B)*	1,076,014	79,947,834
Total Expenditures in 2011 *(D)*	386,037	27,389,319
Balance carried over to 2012 *(E=C-D)*	689,977	52,558,515

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Immunization section under the Child Health Division in consultation with partners developed an annual work plan which includes list of activities, estimated budget and budget source. This plan is then presented to ICC for discussion, comments and feedback. After the discussion with ICC the plan is submitted to MoHP which incorporated annual plans from all divisions and centers, verifies and then submits to national planning commission.

Channelling of GAVI ISS funds will utilize 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 1/3 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 have to send monthly expenditure statement to DTCO to receive reimbursement based on the monthly expenditure statements. Activity progress reports are sent every month by the district health offices through HMIS.

The ISS budget source is clearly stated in the Government annual activity plan (RED Book) and monitored against progress by the Divisions and Ministry. All GAVI funds are deposited in same account making it difficult to track expenditures for each activity by individual fund providing support.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The GAVI funds are deposited in the government account under the heading of GAVI. This account is used for all types of support (ISS, NVI and HSS)

MoHP prepares an Annual Plan with budget of Government of Nepal, which is then submitted to National Planning Commission for approval of the programs. After approval of the activities/programs, the plan is submitted to the MoF for budget allocation. After approval of the budget by the MoF, the annual health plan together with the national 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 the plan. DoHS sends authority to all district health offices for expenditure of the funds as per approved activities in the annual plan.

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 audits are 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 an important role in finalization of the annual immunization plan including the budget before it is submitted to MoHP.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Major activities conducted using ISS funds:

- Strengthening of RI in municipalities (micro planning, review meetings)
- Integrated review of child health program including immunization
- Recruitment of contract vaccinators
- Strengthening VPD surveillance
- Procurement of spare parts and cold chain equipment
- Strengthening of AEFI (training and reporting, investigation and response)

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

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

6.3. 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/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			690298	627998
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-62300
3	Calculating	$20	per additional child vaccinated with DTP3		0
4	**Rounded-up estimate of expected reward**				0

* 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.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		1,860,100	0

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

If values in [A] and [B] are different, specify:

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

No problems encountered.

- 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)

Vaccine shipments were adjusted according to the requirement for 2011.

All staff responsible for vaccine management have been trained on cold chain and vaccine management. An EVM Assessment was conducted in December 2011

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	None	
Phased introduction	Yes	01/02/2009
Nationwide introduction	Yes	01/07/2010
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	**Not Applicable**

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **January 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

Not Applicable

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Not Applicable

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

Not Applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Not Applicable

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	199,000	64,000
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4,939	

	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Not required	

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

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **December 2011**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Insufficient fire extinguishers in Vaccine stores	Increase no & capacity of fire extinguishers	Increased no & capacity of fire extinguishers
Refrigeration units are CFC	Prepare replacement plan for existing CFC equip	Continued to replace for existing CFC equipment
No itemized maintenance plan exists	Introduce itemized maintenance plan for CCEs	Planned to introduce itemized maintenance plan
Freeze indicators not used for T series vaccines	Introduce inclusion of freeze indicator each level	Initiated use of freeze indicators for each level
No SOPs in Nepali language	Translate SOPs, print and distribute	Translated SOPs into Nepali and being finalized

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

Not Applicable

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Nepal does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Nepal does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Nepal is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

As per GAVI letter dated 7 October 2011, Nepal's request for extension of DPT-HepB-Hib support until 2015 has been endorsed.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10				
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1	2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1	5.000	3.500	3.500	3.500
AD-SYRINGE	0	0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0	0.004	0.004	0.004	0.004
SAFETY-BOX	0	0.006	0.006	0.006	0.006

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 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	655,777	659,016	651,156	664,277	680,601	3,310,827
	Number of children to be vaccinated with the first dose	Table 4	#	585,815	645,836	612,087	644,349	666,989	3,155,076
	Number of children to be vaccinated with the third dose	Table 4	#	627,998	626,065	586,040	611,135	646,571	3,097,809
	Immunisation coverage with the third dose	Table 4	%	95.76 %	95.00 %	90.00 %	92.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.10	1.18	1.18	1.33	1.25	
	Vaccine stock on 1 January 2012		#	358,585					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,841,700	1,964,100	2,418,200	2,257,100
Number of AD syringes	#	2,248,700	2,038,300	2,257,900	2,221,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	24,975	22,625	25,075	24,675
Total value to be co-financed by GAVI	$	4,375,000	4,304,000	5,206,500	4,738,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	174,400	202,700	253,900	244,200
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	403,500	433,500	534,500	500,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.65 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	585,815	645,836	55,846	589,990
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,757,445	1,937,508	167,538	1,769,970
E	**Estimated vaccine wastage factor**	*Table 4*	1.10	1.18		
F	**Number of doses needed including wastage**	*D X E*	1,933,190	2,286,260	197,695	2,088,565
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		88,268	7,633	80,635
H	**Stock on 1 January 2012**	*Table 7.11.1*	358,585			
I	**Total vaccine doses needed**	*F + G – H*		2,015,943	174,321	1,841,622
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,248,612	0	2,248,612
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		24,960	0	24,960
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		4,398,788	380,367	4,018,421
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		104,561	0	104,561
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		145	0	145
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		263,928	22,823	241,105
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		10,471	0	10,471
T	**Total fund needed**	*(N+O+P+Q+R+S)*		4,777,893	403,189	4,374,704
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		403,189		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		8.65 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	612,087	57,258	554,829	644,349	61,217	583,132
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,836,261	171,773	1,664,488	1,933,047	183,649	1,749,398
E	Estimated vaccine wastage factor	*Table 4*	1.18			1.33		
F	Number of doses needed including wastage	*D X E*	2,166,788	202,692	1,964,096	2,570,953	244,253	2,326,700
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0	101,042	9,600	91,442
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,166,788	202,692	1,964,096	2,671,995	253,852	2,418,143
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,038,250	0	2,038,250	2,257,839	0	2,257,839
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	22,625	0	22,625	25,063	0	25,063
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,370,412	408,829	3,961,583	5,306,583	504,150	4,802,433
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	4,370,412	0	94,779	5,306,583	0	104,990
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	132	0	132	146	0	146
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	262,225	24,530	237,695	318,395	30,250	288,145
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	9,492	0	9,492	10,514	0	10,514
T	Total fund needed	*(N+O+P+Q+R+S)*	4,737,040	433,358	4,303,682	5,740,628	534,399	5,206,229
U	Total country co-financing	*I x country co-financing per dose (cc)*	433,358			534,399		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	666,989	65,105	601,884
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	2,000,967	195,314	1,805,653
E	Estimated vaccine wastage factor	*Table 4*	1.25		
F	Number of doses needed including wastage	*D X E*	2,501,209	244,142	2,257,067
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	2,501,209	244,142	2,257,067
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,221,074	0	2,221,074
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	24,654	0	24,654
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,834,837	471,927	4,362,910
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	103,280	0	103,280
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	143	0	143
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	290,091	28,316	261,775
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	10,343	0	10,343
T	Total fund needed	*(N+O+P+Q+R+S)*	5,238,694	500,242	4,738,452
U	Total country co-financing	*I x country co-financing per dose (cc)*	500,242		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.76 %		

8. Injection Safety Support (INS)

Nepal is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						

Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

Has an external audit been conducted? Not selected

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

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

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

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2011 Target**	**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**				

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

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

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

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
		0	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Nepal is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Nepal is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

None

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of secretaries.pdf File desc: File description.Signature of secretaries.. Date/time: 5/22/2012 4:58:04 AM Size: 197005
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of secretaries.pdf File desc: File description.Signuature of secretaries.. Date/time: 5/22/2012 4:58:34 AM Size: 197005
3	Signatures of members of ICC	2.2	✓	ICC_Signature.pdf File desc: File description...ICC signature Date/time: 5/10/2012 4:59:47 AM Size: 271647
4	Signatures of members of HSCC	2.3	✗	signature of members of HSCC.pdf File desc: File description..Signature of members of HSCC. Date/time: 5/9/2012 3:06:10 AM Size: 80391
5	Minutes of ICC meetings in 2011	2.2	✓	ICC Minutes.pdf File desc: File description..ICC meetings. Date/time: 5/10/2012 5:06:38 AM Size: 3079775
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	08 May 2012.pdf File desc: File description...8 May ICC endorsing minutes Date/time: 5/10/2012 5:00:40 AM Size: 992040
7	Minutes of HSCC meetings in 2011	2.3	✗	minutes of HSCC meeting in 2011.pdf File desc: File description...Minutes of HSCC meeting in 2011 Date/time: 5/9/2012 3:07:41 AM Size: 85679
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	minutes of HSCC meeting in 2012 endorsing APR 2011.pdf File desc: File description...Minutes of HSCC meeting endorsing APR 2011 Date/time: 5/9/2012 3:08:20 AM Size: 93007
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Financial statement for HSS grant APR 2011.pdf File desc: File description..Financial statement for HSS grant APR 2011. Date/time: 5/9/2012 3:09:26 AM Size: 83807
				cMYP 2012-2016.pdf

10	new cMYP APR 2011	7.7	✓	File desc: File description.cMYP 2012-2016.. Date/time: 5/9/2012 3:11:41 AM Size: 2100938
11	new cMYP costing tool APR 2011	7.8	✓	cMYP_Costing_Tool_19 April Nepal.xls File desc: File description...cMYP costing tool Date/time: 5/10/2012 5:03:44 AM Size: 3485696
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Financial statement ISS 2010-11.pdf File desc: File description.Financial statement for ISS grant.. Date/time: 5/11/2012 12:22:14 AM Size: 234317
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial statement for NVS Introduction grant in 2011 APR 2011.pdf File desc: File description..Financial statement for NVS. Date/time: 5/11/2012 12:24:08 AM Size: 6745
15	EVSM/VMA/EVM report APR 2011	7.5	✓	EVM Assessment Report, Nepal 2011.pdf File desc: File description...EVM assessment report Date/time: 5/11/2012 3:18:58 AM Size: 2057445
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM Improvement Plan, Nepal 2011.pdf File desc: File description..EVM improvement plan, Nepal 2011. Date/time: 5/9/2012 3:12:44 AM Size: 320823
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	Progress Report on EVM-VMA-EVSM implementation status, Nepal 2011.pdf File desc: File description...Progress report on EVSM/VMA/EVM, Nepal 2011 Date/time: 5/9/2012 3:13:30 AM Size: 135919
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	English External audit report 2010-2011.pdf File desc: File description.English external audit report.. Date/time: 5/22/2012 4:56:33 AM Size: 2013122
20	Post Introduction Evaluation Report	7.2.2	✓	Post introduction ER.pdf File desc: File description.Post introduction ER.. Date/time: 5/22/2012 4:59:18 AM Size: 62219
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	ICC_Signature.pdf File desc: File description..ICC signuature. Date/time: 5/22/2012 5:01:26 AM Size: 271647
				English External audit report 2010-2011.pdf

22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✕	File desc: File description.English audit report.. Date/time: 5/22/2012 5:03:16 AM Size: 2013122
23	HSS Health Sector review report	9.9.3	✕	HSS HSR.pdf File desc: File description..HSS HSR. Date/time: 5/22/2012 5:04:02 AM Size: 56387