GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Nepal

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 4:47:54 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 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: **2012**

Requesting for support year: **2014**

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
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	Yes	Yes	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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**	SUBEDI, Mr. Shanta Raj, 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
POKHREL, Dr. Tara Nath	Director, Child Health Division	977-1-4261463	pokhrelt1@gmail.com
SUBEDI, Mr. Giriraj	Chief, Immunization Section, Child Health Division	977-1 4262263	subedi.giriraj@gmail.com
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BOHARA, Dr. Rajendra	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 MG, Director General	Department of Health Services		

POKHAREL, Dr TN, Director	Child Health Division, DoHS		
ACHARYA, Dr BP, Director	Management Division, DoHS		
KHADKA, Mr BB, Director	NHEICC, DoHS		
SUBEDI, Mr GR, EPI Manager	Child Health Division, DoHS		
SHAKYA, Mr RM, Chairperson	Polio Plus Committee, Rotary International		
RAAIJMAKERS, Dr H, Chief	Health Section, UNICEF		
LIMBU, Ms NM	USAID		
BOHARA, Dr Rajendra, National Coordinator	World Health Organization		

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

All comments will be treated confidentially

Comments from Partners:

The ICC members thanked GAVI for their continuous support to Nepal in area of immunization and health system. They also expressed their hope for similar support in future.

Comments from the Regional Working Group:

N/A

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 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	692,646	692,646	676,877	662,446	688,369	688,369	703,101	703,101
Total infants' deaths	33,630	33,630	25,721	32,197	24,092	24,092	22,500	22,500
Total surviving infants	659016	659,016	651,156	630,249	664,277	664,277	680,601	680,601
Total pregnant women	769,699	769,699	744,565	736,163	757,206	757,206	773,411	773,411
Number of infants vaccinated (to be vaccinated) with BCG	678,793	632,422	663,339	649,197	674,602	674,602	689,039	689,039
BCG coverage	98 %	91 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	626,065	591,132	586,040	567,224	611,135	611,135	646,571	646,571
OPV3 coverage	95 %	90 %	90 %	90 %	92 %	92 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	645,836	590,886	612,087	592,434	644,349	644,349	666,989	666,989
Number of infants vaccinated (to be vaccinated) with DTP3	626,065	592,658	586,040	567,224	611,135	611,135	646,571	646,571
DTP3 coverage	95 %	90 %	90 %	90 %	92 %	92 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	15	9	0	15	0	15	0	15
Wastage[1] factor in base-year and planned thereafter for DTP	1.18	1.10	1.00	1.18	1.00	1.18	1.00	1.18
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	587,827	590,886	612,087	592,434	644,349	644,349	666,989	666,989
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	587,827	592,658	612,087	567,224	611,135	611,135	646,571	646,571
DTP-HepB-Hib coverage	95 %	90 %	90 %	90 %	92 %	92 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	9	0	15	25	25	20	20
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.1	1.33	1.18	1.33	1.33	1.25	1.25
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	593,114	569,367	618,598	579,829	631,063	631,063	646,571	646,571
Measles coverage	90 %	86 %	95 %	92 %	95 %	95 %	95 %	95 %
Pregnant women vaccinated with TT+	615,759	570,469	595,652	603,654	643,626	643,626	657,399	657,399

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	80 %	74 %	80 %	82 %	85 %	85 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	2,618,791	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	1,377,453	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	0 %	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.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 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 2013 are based on HMIS projection. The total births for 2014-2015 are based on previous APR 2010 as there is no HMIS projected figure available for 2014 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. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

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

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

  Expected wastage rate for pentavalent vaccine is estimated as 15%.

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

The national coverage for BCG was 96%, DPT3 was 90 %, OPV3 was 90%, and measles was 86 % which is less than NDHS survey 2011 data.

The following major activities were conducted to increase vaccination coverage :

- Temporary vaccinators contracted in vacant post and orientation to newly recruited vaccinators was provided before assigning to duties.
- RED micro planning completed in 56 districts (out of 75 districts)
- Celebration of immunization month.
- MLM training on immunization to District manager's and EPI staff.
- Review of immunization in low performing districts.
- Annual performance review

Challenges

- Contracting out vaccinators for each year created difficulty in retaining same vaccinators and in same numbers
- There are still several vacant post of vaccinators
- Inadequate monitoring of implementation of RED micro plan at grass root level
- Inadequate involvement of community and lack of ownership
- Weak monitoring of vaccine wastage and no system of transportation of vaccine back to district from periphery
- Problem with target population

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

Although national coverage for major antigens looks good. But coverage at district and below level are not uniform and pockets of non immunized children still exists. There has been problem with denominator as always. Community ownership of the program is still inadequate. Due to problem with contract type and release of funds on time the temporary vaccinators are not able work full 12 months. Based on successes and weaknesses/gaps new innovative program should be planned, implemented and monitored in upcoming years.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

National Demographic Health Survey	NDHS survey 2011	91.4	91.3

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There is no variation in children fully immunized by gender.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

There is no variation in immunization coverage among boys and girls with DPT3 coverage. However the full immunization with basic antigens for boys is 87% where as for girls is 85%. At presents, disaggregated data by sex, caste, ethnicity is available only thorough survey and Department of Health is piloting collection of data in 19 districts. Full immunization varies by mother's education, ranging from 78% among children of mothers who have no education to at least 92% among children whose mothers are educated.

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)

The routine administrative coverage data is almost consistent with National Demographic Health Survey (NDHS) 2011.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

In an attempt to assess administrative coverage data, DQSA was conducted in 15 districts followed by feedback to districts, regions and center. Data was checked for consistency in 6 low performing districts to find out discrepancies of data below district or at district level. The major findings of the DQSA was - monitoring chart not filled and not used, identification of hard to reach population, low coverage area and high drop out not done and annual work plan not updated.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Following major activities were undertaken to improve administrative data:
- Performance review including data quality at below district, district , regional and central level
- Data verification exercise by HMIS
- DQSA
- Feedback from center to districts and regions on coverage data on quarterly basis
- Line listing of children at local level
- Use of other data collected from different source to verify HMIS denominator

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.

- EPI coverage survey was carried out in 2009. There is plan in 2013 to do another EPI coverage survey.
- DQSA and LQSA are planned for 15+6 districts in 2012.
- Verification and assessment of data quality will continue.
- Capacity building training on data management is planned.
- Introduce SMS reporting system for vaccination reporting.
- Data analysis and feedback to district and below level
- Line listing of every eligible child by FCHVs

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 88	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 2012**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**None**	**None**	**None**
Traditional Vaccines*	1,270,890	1,270,890	0	0	0	0	0	0
New and underused Vaccines**	7,965,076	336,948	7,628,128	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	161,825	13,935	147,890	0	0	0	0	0
Cold Chain equipment	78,543	28,543	0	0	50,000	0	0	0
Personnel	1,594,466	1,559,466	0	15,000	20,000	0	0	0
Other routine recurrent costs	3,886,834	2,842,696	0	925,000	119,138	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	8,739,704	6,134,812	0	1,712,675	892,217	0	0	0
None		0	0	0	0	0	0	0
Total Expenditures for Immunisation	23,697,338							
Total Government Health		12,187,290	7,776,018	2,652,675	1,081,355	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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

The government of Nepal procures all traditional vaccines (BCG, OPV, measles, TT) from its own budget and cofinance pentavalent vaccine with GAVI

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 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 set date for FMA

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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 the ICC were:
- Problem with denominator, accurate forecast of target population
- Low and not uniform coverage not meeting national target as expressed in cMYP (2011-2016)
- Fulfilling of vacant posts
- Congratulate government taking ownership in vaccine procurement and increasing amount for EPI in health budget

Recommendations made by ICC were:
- Use 2011 census data to forecast accurate denominator
- Fulfill vacant post of vaccinators and strengthen monitoring for strengthening RI
- Finalize : National Immunization Act" and "Immunization Trust Fund"
- Use of GAVI HSS fund to strengthen RI

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

If Yes, which ones?

List CSO member organisations:
Rotary International

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

The main objectives as per cMYP are: To achieve 90% DPT3 coverage in 60 districts and all antigens in 50 districts (out of 75 districts); zero cases of WPV, AEFI reporting system in place, introduce pneumococcal and MR vaccine into RI, continue CRS, typhoid and cholera surveillance and achieve elimination standard surveillance for suspected measles cases

The government has planned various priority activities to meet the objectives:
- Complete micro planning in 75 districts
- Mobilization of local participation, ownership and resources through appreciative inquiry approach
- Line listing of all eligible children by FCHVs
- Deceleration of full immunization VDCs
- Improve communication and advocacy activities
- Use of SMS reporting system for vaccination coverage data
- Celebration of immunization month
- DQSA and LQSA
- Introduce MR and pneumococcal vaccine into RI
- Conduct polio campaign and maintain surveillance standard surveillance
- Finalize cold chain inventory and develop cold chain equipment replacement plan

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD for Vaccination & disposable for Reconstituton	Government
Measles	AD for Vaccination & disposable for Reconstituton	Governmnet
TT	AD Syringes	Government
DTP-containing vaccine	AD Syringes	GAVI Co- financing
JE	AD for Vaccination & disposable for Reconstituton	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. There is interest in exploring alternative ways of disposal of vaccination waste. The government is planning to conduct training of health staff on injection safety in coming years.

Please explain in 2012 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.
- There is problem of burning of waste in rainy and dry season and also using of this method in municipalities. Every municipality do not have incinerator. The government is thinking of finding alternative method of disposal of immunization waste.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	740,782	52,558,514
Total funds available in 2012 *(C=A+B)*	740,782	52,558,514
Total Expenditures in 2012 *(D)*	181,168	16,051,509
Balance carried over to 2013 *(E=C-D)*	559,614	36,507,005

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 develops an annual work plan which includes list of activities, estimated budget, timeline and source of budget. This plan is then presented to ICC for discussion, comments and feedback. After the discussion with ICC the plan is submitted to MoHP which incorporates plans from all disvisions and centers, verifies and then submits to National Planning Commission and Ministry of Finance and finally to parliament for approval.

Channelling of GAVI ISS funds follow the same mechanism used for all programs of the MoHP. After receiving the approval of programs with budget from MoF, the MoHP provides authority of expenditure to the Director General, Department of Health Services. The DG then authorizes district health offices to make expenses as per approved annual work plan. The MoF releases the funds to district treasure comptroller's office (DTCO) as per approved plan.

After receiving authority letter from DG which outlines the activities, timeline and budget, district health offices receive 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 from DTCO. District Health Office have to send monthly expenditure statement to DTCO to receive reimbursement based on the monthly expenditures statement. Activity progress report are sent to regional and central office (HMIS).

The ISS funds source is stated in the government annual activity plan and monitored against progress by the divisions and ministry. All GAVI funds are deposited in same donor 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 preparesan Annual Plan with budget of Government of Nepal, which is then submitted toNational Planning Commission for approval of the programs. After approval ofthe activities/programs, the plan is submitted to the MoF for budgetallocation. After approval of the budget by the MoF, the annual health plan togetherwith the national plan is submitted to parliament for approval. Once the planis approved by parliament, it is reflected as the annual consolidated plan inthe “Red Book”. The MoF sends the approved plan with budget to MoHP. MoHP givesauthority to DoHS for implementation of the plan. DoHS sends authority to alldistrict health offices for expenditure of the funds as per approved activitiesin the annual plan.

The health sector budget including GAVI ISS budget will undergo internal as well asexternal audit as per established procedures of the Government of Nepal.District Health Offices maintain district level accounts by budget heading andsend monthly expenditure statements to the departments and respective DTCOs forinternal audit. DTCOs carry out quarterly internal audits at district level.External audits are carried out by the Auditor General Office annually on theconsolidated statement prepared by Ministry of Health and Ministry of Financeafter internal audit.

The ICC plays an important role in finalization of the annual immunization planincluding the budget before it is submitted to MoHP.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

The major activities supported by ISS funds were training and orientation of newly recruited medical officers and support to Female Community Volunteers activities.

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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Nepal is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	2,203,922	2,860,850	0	No

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

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

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

  The doses received in 2012 was more than the quantity decised for the year as per the decison letter due to adustment of shipments postponed from 2010.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  Revised the vaccine shipment plan of entral and regional vacine stores following review together with central and regional team. The wastage rate limited to accepted level (15 %) by using 10-dose vial presentation and recommended to continue it.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

NA

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	Yes	01/02/2009
Nationwide introduction	Yes	01/07/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

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

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

PIE is not yet planned.

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**

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Pneumococcal vaccine will be introduced in 2014. Rota is planned for 2016.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0

Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

N/A

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	350,882	169,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	Government of Nepal	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	13,935	169,000
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	November	Government of Nepal
	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/

N/A

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **January 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for Nepal is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	659,016	630,249	664,277	680,601	2,634,143
	Number of children to be vaccinated with the first dose	Table 4	#	590,886	592,434	644,349	666,989	2,494,658
	Number of children to be vaccinated with the third dose	Table 4	#	592,658	567,224	611,135	646,571	2,417,588
	Immunisation coverage with the third dose	Table 4	%	89.93 %	90.00 %	92.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.10	1.18	1.33	1.25	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	160,550				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	160,550				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

NA

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

Co-financing group	Low

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

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

		2013	2014	2015
Number of vaccine doses	#	1,937,500	2,441,600	2,265,000
Number of AD syringes	#	2,013,700	2,277,200	2,221,100
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	22,375	25,300	24,675
Total value to be co-financed by GAVI	$	4,304,000	5,410,000	4,904,000

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

		2013	2014	2015
Number of vaccine doses	#	197,100	248,400	236,800
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	427,000	538,000	500,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.23 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	590,886	592,434	54,696	537,738
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,772,658	1,777,302	164,087	1,613,215
E	**Estimated vaccine wastage factor**	*Table 4*	1.10	1.18		
F	**Number of doses needed including wastage**	*D X E*	1,949,924	2,097,217	193,622	1,903,595
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		36,824	3,400	33,424
H	**Stock on 1 January 2013**	*Table 7.11.1*	160,550			
I	**Total vaccine doses needed**	*F + G – H*		2,134,541	197,068	1,937,473
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,013,680	0	2,013,680
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*		22,352	0	22,352
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		4,345,926	401,231	3,944,695
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		93,637	0	93,637
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)*		12,965	0	12,965
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		278,140	25,679	252,461
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		4,730,668	426,909	4,303,759
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		426,909		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.23 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	644,349	59,489	584,860	666,989	63,129	603,860
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,933,047	178,466	1,754,581	2,000,967	189,387	1,811,580
E	Estimated vaccine wastage factor	*Table 4*	1.33			1.25		
F	Number of doses needed including wastage	*D X E*	2,570,953	237,359	2,333,594	2,501,209	236,734	2,264,475
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	118,434	10,935	107,499	0	0	0
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,689,887	248,340	2,441,547	2,501,709	236,781	2,264,928
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,277,144	0	2,277,144	2,221,074	0	2,221,074
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*	25,277	0	25,277	24,654	0	24,654
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,476,610	505,619	4,970,991	4,968,395	470,247	4,498,148
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,476,610	0	105,888	4,968,395	0	103,280
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)*	14,661	0	14,661	14,300	0	14,300
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	350,504	32,360	318,144	317,978	30,096	287,882
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	5,947,663	537,978	5,409,685	5,403,953	500,343	4,903,610
U	Total country co-financing	*I x country co-financing per dose (cc)*	537,978			500,342		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

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

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

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

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in **2012**

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: **0** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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*)			6166214	2500015	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)			6166500	2500500	0	0
Remaining funds (carry over) from previous year (*B*)			0	1411703	1221126	128087
Total Funds available during the calendar year (*C=A+B*)			6166500	3912203	1221126	128087
Total expenditure during the calendar year (*D*)			3689306	2696418	1150696	102571
Balance carried forward to next calendar year (*E=C-D*)			1411703	1221126	128087	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]			2500015	0	0	0

	2013	2014	2015	2016
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*)			395889300	1815112950	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)			395889300	1815112950	0	0
Remaining funds (carry over) from previous year (*B*)			0	109562263	90729667	9087801
Total Funds available during the calendar year (*C=A+B*)			395889300	291073558	90729667	9087801
Total expenditure during the calendar year (*D*)			286327037	200343891	81641866	9087801
Balance carried forward to next calendar year (*E=C-D*)			109562263	90729667	9087801	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]			181511295	0	0	0

	2013	2014	2015	2016
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			67	77.61	74.3	70.95
Closing on 31 December			77.61	74.3	70.95	88.6

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

Channelling of GAVI HSS funds will utilize the same mechanism used for all programs of the MoHP.The management and financial arrangement of HSS funds are fully aligned with the national system of financial management, disbursement and reporting.

MoHP prepares an annual plan with budget, 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. 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 send monthly expenditure statement to DTCO and get reimbursement based on the monthly expenditure statements. Activity progress reports are sent every month by the district health offices through the Health Management Information System.

The health sector budget including GAVI HSS budget will undergo internal as well as external audit as per established procedures of the government of Nepal. DTCOs carry out quarterly internal audits at district level. External audit is carried out by the Auditor General Office annually on the consolidated statement prepared by Ministry of Health and Ministry of Finance after internal audit.

The implementations of activities are monitored both from a technical and a financial perspective.The concerned program division along with Finance Section periodically reports the implementation status to the Director General of Department of Health Services. The NHSCC also reviews the status of implementation of the activities. The MoH&P has developed certain indicators to evaluate performance of each district. Based on these indicators, each district is categorized at certain level. The best districts are rewarded. The MoH&P conducts regional review meeting in each region where all district present the implementation status of all activities for the last FY together with concerned divisions and centres.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Support Female Community Health Volunteers	Support activities conducted by FCHVs	100	Report from Family Health Division and Finance Section, DoHS

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.

N/A

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?

N/A

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 2011 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	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
National DPT3 coverage	82%	HMIS	90%	90%	82	81	82	96	90	HMIS	
% of districts achieveing >90% DPT3 coverage	16%	HMIS	90%	90%	16	25	24	52	45	HMIS	Lack of vaccinators, problem with denominator, weak monitoring system
% of districts achieveing >80% measles coverage	37%	HMIS	90%	90%	37	32	61	61	59	HMIS	Insufficient number of vaccinators, problem with denominator
Under 5 mortality rate	61/1000	NDHS-2006	55/1000	55/1000				54/1000		NDHS-2011	

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Remaining HSS funds were used to support FCHVs activities in 2012. The FCHVs are known as back bone of health system in Nepal. They support various health activities including tracing of vaccination defaulters, line listing of all eligible children in their area, distribution of VitA and polio drops during polio campaign, support mothers during pregnancy, IEC activities and other activities as required. The immunization coverage has been stable in compare to last year.

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

No problems were encountered using HSS funds.

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

The GAVI HSS support is managed and monitored through existing structures. The recording and reporting is harmonized with existing HMIS reporting system in line with sector wide approach (SWAp). The department of health services (DoHS) is the implementing department of the MoHP. HSS activities are implemented by different divisions of DoHS under the coordination of DG in collaboration with partners. Coordination is done through regular meetings, sharing of reports,quarterly review meetings and through SWAp mechanism.

The financial monitoring of GAVI HSS funds follows the same mechanism (channelization and monitoring) for other health sector programs based on sector wide approach.

A joint annual review (JAR) and joint consultative meeting (JCM) with partners is conducted each year to review the progress of previous year work plan as well as to plan for next year.

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.

Centers and districts carries out activities reflected on annual work plan as per rules and regulation of the government. There are 2 types of reporting:
1. Financial reporting - Monthly expenditure statements are sent to DTCO by 7th of every month for reimbursement based on monthly expenditure. DTCO send the report to FCGO which compiles reports from allover the country and submits to OAG for verification and an audit. District Health Offices also send monthly expenditures to departments of health services. DOHS compiles statements sent from all districts and send the report to FCGO.
2. Technical progress reporting - Activity progress reports are sent from peripheral health facilities to districts. The districts compile all reports received from the periphery and send reports to HMIS and RHD every month. HMIS analyzes the information received from districts and feedback is given to all divisions and districts quarterly. HMIS produces an annual report at the end of each year. GAVI-HSS support program will be monitored through existing HMIS using the indicators listed in the application.

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

WHO & UNICEF have been providing technical assistance to the government for programmatic implementation of GAVI supported activities and monitoring and evaluation of the program. Some major stakeholder have been supporting the government are NFHP, USAID, GTZ, WB, AusAID and others.

The JAR and JCM are attended by major stakeholders and civil society like Rotary and RECPHEC to review progress and plan for next year. At local level HFMCs supports the implementation of health programs along with various local NGOs and communities. The HFMC are represented by local users, leaders, service providers and civil societies who have been involved in monitoring and supervision of the activities.

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.

CSOs are not directly involved in implementation of HSS activities.

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

Management of HSS funds utilizes the same mechanism used for all other programs of the MoHP. It is reflected in annual work plan and budget. The health sector budget including GAVI HSS budget undergoes internal as well as external audit as per established procedures of the government of Nepal. DTCOs carries out quarterly internal audits at district level and the Auditor General Office carries out external audit annually on the consolidated statement prepared by the MoHP after internal audit.

The government has one single account for all GAVI funds coming to the country which has made disaggregation of funds utilization as per different proposals difficult. The government is working to disaggregate fund utilization as per different proposal and indentify remaining balance if any for HSS, ISS and NVS. Based on availability of remaining funds after review of disaggregated reports, activities will be planned in February 2012 for FY 2012/13.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
not available						
		0	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Not yet planned					
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Financial statement of DoHS	Finance section verifies districts reports. OAG verified and audits every report	None
HMIS	HMIS carries out data verification at sub-district , district, regional and central level	None
Project/ program reports	Programme divisions	None

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.

None

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?1

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

Nepal **has NOT received GAVI TYPE A CSO support**

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 **has NOT received GAVI TYPE B CSO support**

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

No comments

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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: Date/time: 5/15/2013 4:29:19 AM Size: 175921
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of secretaries.pdf File desc: Date/time: 5/15/2013 4:29:46 AM Size: 175921
3	Signatures of members of ICC	2.2	✓	ICC signature.pdf File desc: Date/time: 5/14/2013 7:37:30 AM Size: 211519
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	ICC meeting endorsing APR.pdf File desc: Date/time: 5/14/2013 7:38:23 AM Size: 557928
5	Signatures of members of HSCC	2.3	✗	Signature of HSCC.pdf File desc: Date/time: 5/14/2013 8:02:58 AM Size: 74581
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Minutes of HSCC.pdf File desc: Date/time: 5/14/2013 8:03:15 AM Size: 78433
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	DoHS_ISS expenditure_FY 2068-69 (2011-12).pdf File desc: Date/time: 5/14/2013 7:39:06 AM Size: 166933
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	External audit report ISS and HSS.pdf File desc: Date/time: 5/14/2013 8:14:22 AM Size: 77444
9	Post Introduction Evaluation Report	7.2.2	✓	Post introduction evaluation.pdf File desc: Date/time: 5/14/2013 8:14:45 AM Size: 67667
				Financial statement of NVS.pdf

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	File desc: Date/time: 5/14/2013 8:15:10 AM Size: 70672
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	External audit report for NVS.pdf File desc: Date/time: 5/14/2013 8:15:22 AM Size: 67602
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM Assessment Report, Nepal 2011.pdf File desc: Date/time: 5/14/2013 7:41:38 AM Size: 4644134
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM Improvement Plan, Nepal 2011.pdf File desc: Date/time: 5/14/2013 7:41:57 AM Size: 320823
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Progress Report on EVM-VMA-EVSM implementation status, Nepal 2011.pdf File desc: Date/time: 5/14/2013 7:42:17 AM Size: 135919
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	External audit report for preventive campaign.pdf File desc: Date/time: 5/14/2013 8:15:35 AM Size: 73949
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	DoHS_HSS expenditure_FY 2068-69 (2011-12).pdf File desc: Date/time: 5/14/2013 7:43:04 AM Size: 154403
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Financial statement for HSS grant for Jan-Apr 2013.pdf File desc: Date/time: 5/14/2013 8:19:56 AM Size: 75229
				External audit report ISS and HSS.pdf

21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	File desc: Date/time: 5/14/2013 8:17:57 AM Size: 77444
22	HSS Health Sector review report	9.9.3	✗	Health sector review report.pdf File desc: Date/time: 5/14/2013 8:20:21 AM Size: 70684
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Bank statement.pdf File desc: Date/time: 5/14/2013 7:43:43 AM Size: 250191