Joint appraisal report

When submitting this report, the country confirms that the grant performance framework has been reviewed as part of this joint appraisal. Performance against agreed metrics has been analysed, and explained where relevant.

Country	Nepal
Reporting period	*2015*
Fiscal period	*15 July 2014 to 16 July 2015*
If the country reporting period deviates from the fiscal period, please provide a short explanation	*EPI program follows calendar year for reporting and review*
Comprehensive Multi Year Plan (cMYP) duration	*Being finalized for period 2017 to 2021*
National Health Strategic Plan (NHSP) duration	*2015 to 2020*

1. SUMMARY OF RENEWAL REQUESTS

[These tables will be pre-populated by the Gavi Secretariat. If there are any changes to be made, this should be discussed as a group during the joint appraisal and flagged in the report – see the guidance document for more details]

Programme	Recommendation	Period	Target	Indicative amount paid by Country*	Indicative amount paid by Gavi*
NVS – *Pentavalent (DTP-HepB-Hib), 10 doses/vial liquid,*	*Extension*	*2017 - 2021*	*2017*	*US$ 455,000* *(co-financing of US$ 0.2 per dose)*	*US$ 2,965,500*
NVS – *IPV, 10 doses/vial, Liquid*	*Extension*	*2017 - 2018*	*2017*	*Co-financing requirements do not apply for IPV*	*For 2016, US$ 502,500* *For 2017, data not available*
NVS – *Measles, (Measles Rubella), 10 doses/vial, Lyophilised*	*Extension*	*2017 – 2019* *Note: period is based on Gavi support for measles for 5 years. MRSD was introduced in 2015*	*2017*	*Note: Gavi only supports measles component in Measles-Rubella Second Dose. The rest in MRSD is borne by the Government*	*US$ 543,500*
NVS – *Pneumococcal (PCV10), 2 doses/vial, Liquid*	*Extension*	*2017 - 2021*	*2017*	*US$ 399,000* *(co-financing of US$ 0.2 per dose)*	*US$ 5,837,500*
HSS – *First tranche*	*Already approved two tranches*	*2016 - 2020*	*2016*	*N/A*	*US$* 8,700,000

*****Indicative amount derived from Gavi country portal except IPV and HSS for which amount derived from decision letter.

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	NVS – Rotavirus vaccine	*2017*	*2018*
	NVS – HPV vaccine (National)	*2017*	*2018*
	Cold Chain Equipment Optimization Platform	*2017*	*2017/2018*

Not applicable for countries in final year of Gavi support

2. COUNTRY CONTEXT *(maximum 1 page)*

This section does not need to be completed for joint appraisal update in interim years

[If relevant, comment only on any changes since the previous joint appraisal to key contextual factors that directly affect the performance of Gavi grants – see guidance document for more details]

Immunization Act.

The immunization bill, after being passed by the Parliament, was approved by the President on 26 January 2016. The Immunization Act will come in force within 90 days of this enactment. Immunization Regulation is also being made based on the Immunization Act.

The immunization act ensures the right to vaccination, provision of quality vaccine and logistics, provider and recipient responsibilities, as well as punishment, compensation and appeal relating to immunization. Furthermore, the act ensures provision for establishment of National Immunization Fund and establishment/strengthening of immunization committees (National Immunization Committee, National Immunization Advisory Committee, and AEFI Committee). The National Immunization Fund is to ensure immunization financing and sustainability and has public-private partnership model. The Immunization Act will further strengthen the immunization program in the country.

Full Immunization Program

Nepal has had initiated and implemented a unique initiative known as 'full immunization program'. This program addresses issues of social inequity in immunization as every child regardless of social or geographical aspect are meant to be fully immunized under this program. Mobilization of local resources, ownership, and leadership are the key aspects of the full immunization program. To declare any district or sub-district as a fully immunized region, it should assure that 100% of the eligible children in that area have received complete vaccination following guidelines endorsed by Ministry of Health and Population and Ministry of Federal Affairs and Local Development, Nepal. The full immunization program aims to reach every child through immunization services and reduce child morbidity and mortality associated with vaccine preventable diseases. As of April 2016, 1300 VDCs, 56 municipalities, 1 sub-metropolitan city, and 17 districts (out of 75 total districts) have been declared fully immunized in Nepal. In 2015, 12 districts were declared fully immunized compared to only 4 in 2014.

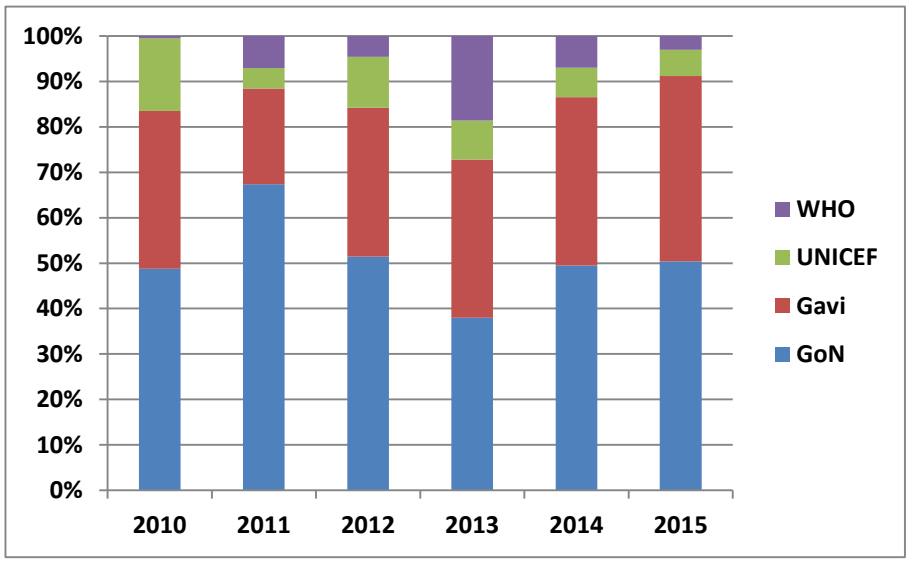
As of end 2015, appreciative inquiry trainings for 'full immunization program' have been conducted in 54 districts. Furthermore, appreciative inquiry trainings were given to parliamentarian members of Women's, Children and Social Welfare Committee (Shared Responsibility for Sustainable Immunization: A Symposium to Sensitize Parliamentarians). Appreciative inquiry trainings were also given to journalists in five development regions as well as to education sector in Kaski and Chitwan Districts.

Effective Vaccine Management

Following the EVM assessment 2014 and development of the EVM Improvement Plan, the Logistic Management Division and Child Health Division formed an EVM secretariat to implement the EVM implementation Plan. Capacity building measures were done on EVM standard operating procedures to all the cold chain and immunization staff at the central and regional vaccine stores. Auctioning of the non-functioning cold chain equipment was conducted in regional vaccine stores and 10 district vaccine stores. Continuous support was provided to the districts to conduct a periodic mini-EVM assessment and quarterly improvement plan.

Immunization Financing

Fig 1. Overall Financing for Immunization From All Sources, 2010 - 2015



In 2015, 50.4% of the overall financing for immunization was from the Government, whereas 40.8% was from Gavi (Fig 1). Over the past six years, Government has financed 38% to 67% of the overall expenditure on immunization, whereas Gavi has financed 21% to 41%.

Further, several donors, including Gavi, also provide budget support through a national health sector program which would be continues through the health strategy period with increasing focus on linking the financing with pre-agreed results.

3. GRANT PERFORMANCE AND CHALLENGES *(maximum 3-4 pages)*

Describe only what has changed since the previous year's joint appraisal. For those countries conducting the joint appraisal 'update', only include information relevant to upcoming needs and strategic actions described in section 5

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: programmatic performance of each vaccine programme against approved targets and planned activities, including progress and bottlenecks in implementation; actual versus planned financial expenditure, associated challenges, proposals for using unspent funds, and complementarity between all cash grants]

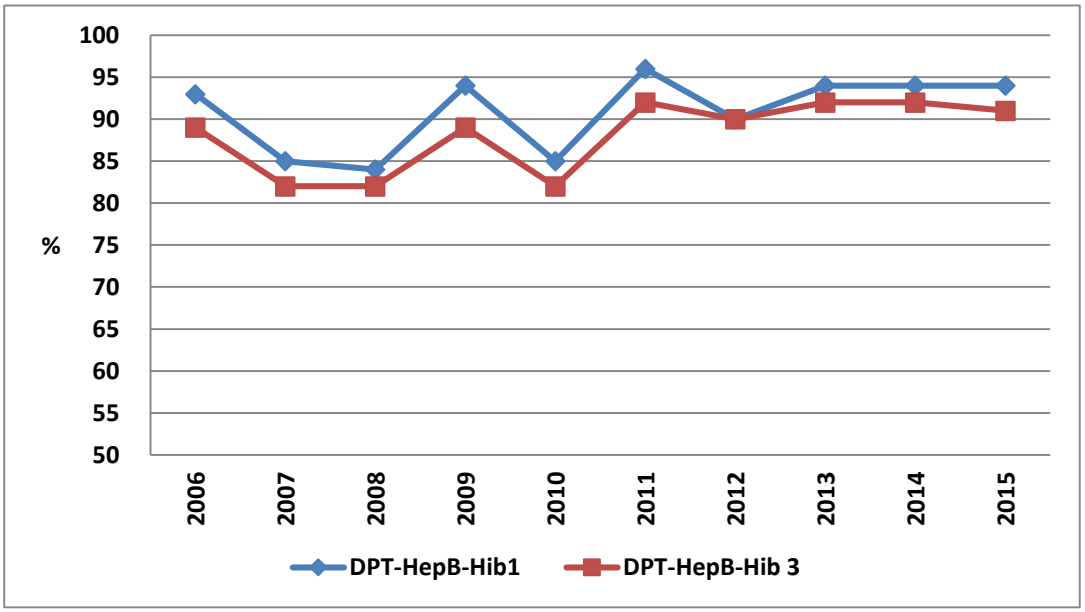
Currently, Nepal is receiving new and underused vaccine support for pentavalent vaccine (DPT-HepB-Hib), IPV, PCV, and measles second dose. The support for pentavalent vaccine is since 2009. Previously, support was received for Hep B monovalent vaccine (2002-2004) and tetravalent (DTP-HepB) vaccine (2005-2007). IPV was introduced in the routine immunization on 18 September 2014. PCV was started in phase-wise manner in the country since 18 January 2015 and has covered all districts of Nepal by September 2015. Measles-rubella second dose was started in the routine immunization on 15 September 2015.

Furthermore, the first round vaccination for first year of HPV vaccine demonstration program was completed in February/March 2016. The second round of first year is scheduled for September 2016. JE campaign in 47 districts of Nepal through Gavi support was conducted in April-June 2016. The performance for both HPV vaccine demonstration program and JE campaign will be included in Joint Appraisal in 2017.

Through introduction of four new vaccines over a period of two years, Nepal demonstrated the strong platform for delivery of immunization. This also underscored the resilience of the health sector while managing through the devastating impact of a major earthquake in April 2015 because of which the services were impacted for almost 6 months in fourteen worst affected districts.

The DPT-HepB-Hib1 coverage for 2015 was 94% and DPT-HepB-Hib3 coverage was 91%. The vaccine wastage rate for DPT-HepB-Hib was 22.2%. **Nepal has maintained DPT-HepB-Hib vaccine coverage ≥ 90% for continuous 5 years** (Fig 2). The challenge remains to increase sub-national coverage for DPT-HepB-Hib. In 2015, 13% (10/75) of districts had DPT-HepB-Hib coverage <80%. Scale up of full immunization program in low-performing districts as well as Immunization Act. which ensures vaccination as a right of every child will address the challenges of increasing sub-national as well as national coverage for all antigens.

Fig 2. DPT-HepB-Hib1 & 3 Coverage, Nepal, 2006 – 2015



Source: JRF, official estimate

Nepal is the first Gavi-supported country to introduce IPV in routine immunization ensuring its commitment towards global agenda of polio eradication. The administrative coverage for IPV was 71% for the period covering 10 months in the fiscal year (Fig 3). Even though, IPV was introduced on 18 September 2014, there was variation in introduction dates between districts and within districts depending on the different routine immunization session dates. This may account for low coverage as the total denominator was for 10 months whereas districts in actual may have denominator for less than 10 months. The vaccine wastage rate was 57.3% (Fig 4). Now, IPV with MDVP (multi-dose vial policy) is being used which will significantly reduce the vaccine wastage rate.

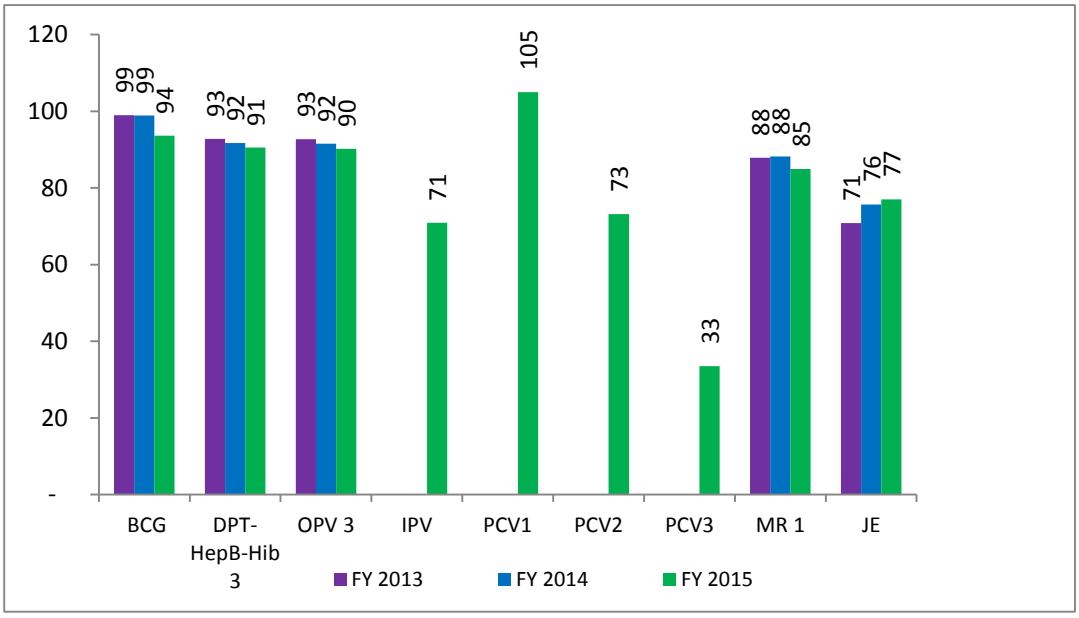
The global shortage of IPV vaccination may hamper public's perception about vaccination program, especially in countries like Nepal where there are reliable vaccination services and vaccination uptake is high. To mitigate IPV shortages, adoption of fractional doses has been suggested. The costs associated

with introduction of new vaccines or methods, as seen during introduction of IPV and PCV in Nepal, is high. Furthermore, if fractional doses of IPV were to be adopted, correct administration of intradermal injection technique requires higher competency which might be a challenge to existing cadre of vaccinators, especially for newly recruited vaccinators.

PCV vaccine was introduced in phase-wise manner in Nepal. During the fiscal year, out of five development regions in Nepal, only Western Development Region completed 6 months and Eastern Development Region completed 3 months of PCV introduction. The PCV coverage with denominator adjusted for these two regions only was 105% for PCV1, 73% for PCV2, and 33% for PCV3. Nepal has had adopted unique schedule of 2+1 PCV vaccination, where PCV1 and PCV2 is given at 6 weeks and 10 weeks whereas PCV3 is given at 9 months of age. During introduction, all children receiving the first dose of PCV regardless of age was recorded as PCV1. The time duration in the fiscal year was not enough for all children receiving PCV1 to receive PCV3. This explains the low coverage of PCV3. The vaccine wastage rate for PCV was 18.7%.

Measles-rubella second dose was introduced on 15 September 2015 and it does not fall in the reporting period of this appraisal. The measles-rubella first dose coverage was 85% with vaccine wastage rate of 63.6%. Since MDVP is not used in measles-rubella vaccine, wastage rate for this vaccine is high.

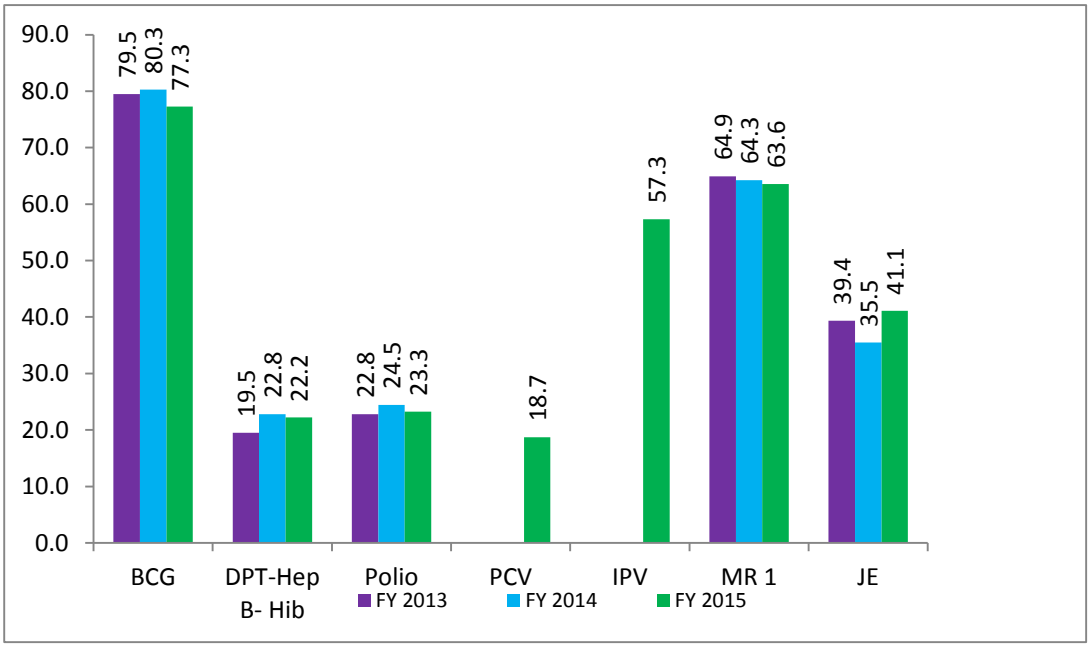
Fig 3. National Routine Immunization Coverage, Nepal, Fiscal Year 2013 – 2015



Source: Administrative coverage JEV data for 31 districts only where JEV is introduced

Adjusted denominator for IPV and PCV (IPV data for 10 months only; PCV data for WDR 6 months and EDR 3 months only)

Fig 4. Vaccine Wastage Rate in Routine Immunization, Nepal, Fiscal Year 2013 – 2015



3.1.2. NVS future plans and priorities

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: for existing vaccines - reasonableness of targets for next implementation year, plans for any changes in presentation or type, risks to future implementation and mitigating actions; for new applications – any expected future applications (include in table 1 above), emerging new priorities for the national immunisation programme]

Nepal's Immunization Act. ensures vaccination as a right to every child. Therefore, the objective of national immunization program is to reach every child with quality services to reduce morbidity and mortality associated with vaccine preventable diseases. Comprehensive Multi-Year Plan 2017-2021 is being developed with Immunization Act. as a guiding principle for the national immunization program.

The main priorities regarding Gavi's 'new and underused vaccines support' for Nepal's national immunization program are:

1) Reach every child and attain full/high coverage of traditional as well as new and underused vaccines and achieve GVAP target of vaccine coverage.

2) Achieve and sustain 'full immunization' in all districts with focus on low-performing districts. 'Full immunization program' will be used to achieve full coverage and address equity issues in immunization.

3) Improve immunization supply chain system and achieve EVM scores more than 80% in all criteria.

4) Apply to Gavi for 'cold-chain optimization platform' to increase cold chain capacity to accommodate future new vaccines introductions as well as use of improved cold chain equipment for quality services.

5) After evaluating 'HPV vaccine demonstration program' and assessing feasibility of scaling-up HPV vaccination to national level, apply for national introduction of HPV vaccine to Gavi. Studies conducted in Nepal have shown that cervical cancer is the leading cancer among women in Nepal with approximately 1/5 of the total cancer burden in women. HPV vaccine introduction will be a priority in Nepal, however, acknowledging feasibility, economic return on investment, and sustainability.

6) Apply to Gavi for national introduction of rotavirus vaccine to prevent morbidity and mortality. Furthermore, strengthen rotavirus sentinel surveillance as well as IBD sentinel surveillance site to generate evidence as well as to evaluate impact of vaccine introductions.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

[Comment on the extent to which the HSS grant contributes to improve coverage and equity in access to immunisation, and how it helps to address the technical, health systems and financial bottlenecks that might jeopardize the sustainability of these gains. See guidance document for more details]

The strategic focus for HSS grant 2016-2020 is guided by the principles and outcomes of the Nepal Health Sector Strategy. The guiding principle of NHSS is improving equity and quality of basic health services to overcome the existing barriers and bottlenecks within the health system as well as in community through

- a strengthened procurement and supply system, resilient infra-structure
- improved quality of care at the point of service delivery
- increased utilization of health care services
- strengthened decentralized planning and budgeting
- improved sector management and governance
- improved sustainability of health sector financing
- improved healthy lifestyles and environment
- strengthened management of public health emergencies
- improved availability and use of evidence in decision making processes at all level

The HSS grant will help to improve the expansion of immunization where the coverage is low and improve the quality of immunization supply chain system and care at the point of delivery.

Moreover, the HSS grant focuses in improvement in two key areas of immunization system and program. First, improving the equity of immunization services (coverage of DPT3 ≥ 80% in districts with dropout less than 10%) and second improvement in the immunization supply chain system (EVM sore ≥ 80%) by 2020.

3.2.2. Grant performance and challenges

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: achievements of targets and intermediate results; actual versus planned activity implementation and financial expenditure; use of PBF reward and budgets/plans; degree of participation of key stakeholders in implementation of HSS proposal; implementation bottlenecks and key challenges regarding financial management of HSS grant; compliance with data quality and survey requirements]

The Gavi HSS grant 2016-2020, follows the pool funding mechanism for financing of the health sector. The sector wide approach established in 2004 is a partnership between the donors and Ministry of Health and Population for health system strengthening, which is based on Nepal Health Sector Program (NHSP). The NHSP is jointly agreed by the partners and the Ministry for implementation of the health sector program and finance the sector. The financing of the health sector by the donors (World Bank, DfID, KfW, Gavi, and AUSAID) is termed as pool funding. Other partners of the sectors such as WHO, UNICEF, UNFPA, UNAIDS, GIZ are the non-pool funding partners. In Nepal, the third sector-wide program is being implemented as Nepal Health Sector Strategy. The NHSS has been costed and the 5-year implementation plan is in the process of being finalized. To ensure the implementation of the sector strategy, a joint financial arrangement (JFA) has been developed and is in the due process of being endorsed.

The joint financial arrangement is a mechanism for strengthened partnership, unified plan for the sector and targets, promotes joint planning and review mechanisms and reduces administrative burden to MoH for reporting.

Unlike the previous JFA for the Nepal Health Sector Programme (2010-2015), where the financing was activity based for pool funding, the JFA for NHSS 2016-2020 will be output as well as activity based. World Bank, Gavi and KfW will be providing funding to the health sector based on the achievement of the selected indicators- Disbursement Linked Indicators (DLIs). DfID and KfW will continue to provide funding support to health sector for activity completion as committed in the Annual Workplan and budget.

For Gavi HSS grant two disbursement linked indicators will be used to assess the performance of HSS grant

- Full immunization village declaration in the 13 poor performing districts by 2020
- Effective Vaccine Management Score achieving 80% by 2020.

There will be a DLI verification by Nepal Health Research Council on an annual basis to verify the achievement of the indicators based on which disbursement of the fund will be done.

Since the Gavi HSS grant will be for the period of July 2016-July 2020. The performance of the Gavi HSS grant will be reported from 2017. The joint financial arrangement has identified different instruments for the review of the Gavi HSS grant together with other donor support.

On an annual basis, the performance of the implementation of the NHSS is being reviewed jointly by the partners and the Ministry of Health. The annual performance review includes improvement in service delivery, public financial management, procurement and supply chain management and human resource for health. The performance review is based on the result framework developed for the NHSS and the target set for the sectoral areas.

On a quarterly basis, there are joint consultative meeting conducted between the development partners and Ministry of Health to finalize the annual workplan and budget and review the progress in implementation of NHSS.

The results framework for NHSS will be used as the instrument to review the progress in the implementation of NHSS.

The national periodic surveys Nepal Demographic Health Survey 2016, Nepal Multiple Cluster Indicator Survey 2018 will be used to measure the progress in the achievement of the target set for Nepal Health Sector Strategy (NHSS) as well as HSS grant achievement.

3.2.3. Describe any changes to HSS funding and plans for future HSS applications

[Present the rationale for a new tranche of HSS funds (and the associated amount as per table in section 1) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming]

The HSS funding approved by the decision letter on July 13, 2015 was for the period of 5 years from 2015-2019. However, since the Nepal Health Sector Strategy 2015-2020 will start from 2016, the period of HSS funding will be from 2016-2020. The year 1 (July 2016-July 2017) of HSS funding will remain the same (8.7 million USD) and for the subsequent year 6.96 million USD will be provided. The disbursement of the subsequent year funding i.e from year 2-5 will be based on the achievement of the disbursement linked indicators as well as general progress in health sector as noted through the M&E framework.

Whereas the Gavi funding is available from mid-July 2015, no fund transfer has been made due to non-finalization of the Joint Financing Agreement between the Government and the donors. A country mission is taking place in week of 19 September to explore if first tranche of HSS funds could be released to the Government through the pooled fun mechanism.

The country is aware of the Gavi funding opportunity to update and strengthen the cold chain systems. Since it has been receiving major support through other sources, including Gavi's HSS through the pooled fund mechanism, it is only in 2017 Nepal would review its needs and make an application for Gavi support, if required.

3.3. Transition planning *(if relevant)*

[Comment on all bolded areas listed in the table in this section of the guidance document, e.g. progress of implementation of planned activities; implementation bottlenecks; changes required to the transition plan for coming years, including rationale and costing/proposed financing]

Not applicable

3.4. Financial management of all cash grants *(e.g. HSS, VIG, campaign operational cost grant, transition grant)*

[Comment on the bolded areas listed in the table in this section of the guidance document, e.g.: cash utilization performance and financial capacity constraints; modifications to financial management arrangements; major issues arising from cash programme audits or monitoring review; degree of compliance with Financial Management Requirements]

There is a dual mechanism followed in Nepal. The cash grants for VIGs and operational support for the campaigns go to the Child Health Division whereas the HSS funds go through the pooled fund mechanism. The recipient from Gavi in both instances is Government treasury since the expenditures are managed by the Government's financial management system. The financial management reports and audit of the HSS grant through the pool fund has a common oversight mechanism, previously by World Bank and now likely by DFID. This will be assessed and determined during the Program capacity assessment planned for in second half of November 2016.

Gavi funds for EPI programs do not have an external oversight mechanism now. This aspect will also be covered in the planned PCA. It was only in 2015 large cash grants were sent by Gavi to support JE campaign and nation-wide introduction of IPV. There is likelihood that the Gavi funds for EPI are managed together and not reported separately.

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

[Status of top 5 prioritised strategic actions from previous joint appraisal and any additional IRC or HLRP recommendations (if relevant)]

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
1. Enhance the institutional capacity for managing procurement	There has been improvement in the procurement procedures for 2015/2016 as a result of which Ministry of Health has been able to procure non-Gavi supported vaccines through its own system.
2. Effective vaccine/cold chain equipment supply chain management system	In 2015/2016 the EVM Improvement Plan has been incorporated in the Annual Work Plan and Budget of the Ministry of Health i.e. there has been increased resources allocation for EVM. The cold chain equipment has been replaced with new technology in 24 districts.
3. Improve mechanism for evidence based planning for service delivery	In 2015/2016 more efforts and resource has been allocated for 'full immunization initiatives' in low-performing districts and allocation of resources for stock management and information systems.

4. Improve the community mobilization and participation for full immunization in low coverage area	The appreciative inquiry workshops for full immunization have been completed in 71 districts with only 4 districts remaining. Efforts have been made to support low-performing districts to mobilize local resources for full immunization declaration.
5. Improve the execution rate of the budget planned for Child Health Division, Logistic Management Division and Management Division	In comparison with 2014/2015, the budget absorption capacity of Child Health Division has significantly improved from 43% to 75% in 2015/2016. This has been due to improved planning, implementation and budget execution at the central level**.**

5. PRIORITISED COUNTRY NEEDS[1]

[Summarise the highest priority country needs and strategic actions that could significantly improve coverage, equity and financial sustainability; the timeline for completing the actions and the type of technical assistance needed if applicable – see guidance document for more details]

**Technical assistance not applicable for countries in final year of Gavi support*

Prioritised needs and strategic actions	**Associated timeline for completing the actions**	**Does this require technical assistance?*** *(yes/no)* If yes, indicate type of assistance needed
Objective 1-Effective Vaccine Management and Supply chain system improved		
Output 1- Cold Chain system Improved		
Activity 1.1-Support for the periodic national, sub-national and district level inventory update and cold chain expansion	By end 2017	YES, UNICEF
Activity 1.2-Support replacement of non-functional cold chain equipment with disaster resilient cold chain equipment and new technology	End 2016 and 2017	YES, UNICEF
Activity 1.3-Disposal of non-functional cold chain equipment	By end 2017	YES, UNICEF
Output 2-Effective Vaccine Management practice improved		
Activity 2.1-Capacity building on EVM SOP and implementation	By end 2017	YES, UNICEF
Activity 2.2-Support to expand online inventory system	By end 2018	YES, UNICEF
Objective 2-New vaccines introduction improved		
Output 1- Improved Gavi applications for new vaccines		
Activity 1.1- Support development of Gavi applications for new vaccines for national introduction. Support development of application to strengthen cold chain capacity.	By end 2017	YES, WHO
Activity 1.2- Support development of progress reports, use of country portal system	By end 2017 (continuous process)	YES, WHO
Output 2- Improved sentinel surveillance of vaccine preventable diseases		

[1] Subsequent planning and discussions on Targeted Country Assistance will take place - detailed guidance on the process will be shared in May 2016.

Activity 2.1- Support and liaison to VPD sentinel surveillance sites.	By end 2017 (continuous process)	YES, WHO
Objective 3- Improve immunization equity and coverage through 'full immunization program'		
Output 1- Increased number of VDCs, municipalities and districts will initiate full immunization		
Activity 1.1- Support national and sub-national level Appreciative Inquiry (AI) workshops	By end 2017	YES, WHO
Activity 1.2- Support introduction of full immunization program in low performing districts among low performing districts	End 2017 and 2018 (continuous process)	YES, WHO
Output 2- Enhanced review, processes and outcomes of full immunization program		
Activity 2.1 – Support monitoring of full immunization program	End 2017 and 2018 (continuous process)	YES, WHO

6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS

This section does not need to be completed for joint appraisal update in interim years, instead the EPI manager is expected to endorse the joint appraisal report.

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	Interagency Coordination Committee (ICC) meeting was organized in May 2016 after the Joint Appraisal field visit to debrief on the field visit findings and recommendations as well as to share findings of the Joint Appraisal. The ICC approved the submission of Joint Appraisal.
Issues raised during debrief of joint appraisal findings to national coordination mechanism	
Any additional comments from: • **Ministry of Health** • **Gavi Alliance partners** • **Gavi Senior Country Manager**	Gavi SCM: The ICC meeting was more of an information sharing as the members from outside of the Government, WHO and UNICEF had little information on Gavi support to Nepal. The meeting was chaired by the Director (Child Health) and did not engage senior level participation like the Secretary, Director General or Partner Representative levels. Whereas the value add of the ICC may be questioned, it is important to underscore the strong collaboration among the Government, WHO and UNICEF delivering a highly effective EPI program in Nepal. An example of this collaboration is sharing of physical space by Child Health Division and WHO's EPI team.

7. ANNEXES

This section does not need to be completed for joint appraisal update in interim years. Please include the following Annexes when submitting the report, and any others as necessary

Annex A. Description of joint appraisal process (e.g. team composition, how information was gathered, how discussions were held)

The Joint appraisal team was formed with the representatives from Ministry of Health-Child Health Division and Logistic Management Division, Gavi Secretariat Staff, WHO Country Office, UNICEF Regional Office, UNICEF Country Office and NGO-Life Line Nepal.

Joint appraisal process was done in three phases and different methods were used for information gathering

First phase - Desk review (before country mission)

The joint appraisal team reviewed of the updated Performance Monitoring Framework (automated), analysis of PMF, JRF, other Reports (e.g. JAR from NHSP in Nepal), EPI data to identify issues for priority attention and agreement on 'External JA team composition' and dates.

Second phase - Country Mission

The joint appraisal team conducted direct observations through field visits, Vaccine Store visit, meeting key stakeholders: Government officials, WHO, UNICEF, development partners, drafting of JA report and ICC presentation and endorsement of JA.

Third phase - After Country Mission

Finalization of JA report, including technical assistance by the JA team.