Health System Strengthening (HSS) Cash Support

Application Package – ProposalForm

COUNTRY NAME: **Nepal** DATE OF APPLICATION: **January 2015**

This proposal form is for use by applicants seeking to request Health System Strengthening (HSS) cash support from Gavi, the Vaccine Alliance (Gavi). Countries are encouraged to participate in an iterative process with Gavi partners, including civil society organisations (CSOs), in the development of HSS proposals prior to submission of this application for funding.

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As an important supplement to this document, please also see the '*General Guidelines for Expressions of Interest and Applications for All Types of Gavi Support*, available on the Gavi web site:
http://www.gavi.org/support/apply/

The General Guidelines serve as an introduction to the principles, policies and processes that are applicable to all types of Gavi support, both Health Systems Strengthening (HSS) and New and Underused Vaccines Support (NVS).

All applicants are encouraged to read and follow the accompanying '*SupplementaryGuidelines for Health System Strengthening Applications in 2014*' in order to correctly fill out this form. Each corresponding section within the Supplementary HSS Guidelines provides more detailed instructions and illustrative instructions on how to fill out the HSS proposal form.

Please note that, if approved, your application for HSS support will be made available on the Gavi website and may be shared at workshops and training sessions. Applications may also be shared with Gavi partners and Gavi's civil society constituency for post-submission assessment, review and evaluation.

Gavi's Key Elements for Health System Strengthening Grants

The following key elements outline Gavi's approach to health system strengthening and should be reflected in an HSS grant. They are presented as being either 'required' for a Gavi HSS Grant or 'recommended' for a Gavi HSS Grant:

Required Elements:

- One of Gavi's strategic goals is to "contribute to strengthening the capacity of integrated health systems to deliver immunisation". The objective of Gavi HSS support is to address system bottlenecks to achieve better immunisation outcomes, including increased vaccination coverage and more equitable access to immunisation. As such, it is necessary for the application to be based on a strong bottleneck and gap analysis, and present a clear results chain demonstrating the link between proposed activities and improved immunisation outcomes.
- Performance based funding (PBF) is a core approach of Gavi HSS support. All applications must align with the Gavi performance based funding approach introduced in 2012. Countries' performance will be measured based on a predefined set of PBF indicators against which additional payments will be made to reward good performance in improving immunisation outcomes. Under the PBF approach for HSS, the programmed portion of HSS grants must be used solely to fund HSS activities. Countries have more flexibility on how they wish to spend their reward payments, as long as they are still spent within the health sector. Neither programmed nor performance payments may be used to purchase vaccines or meet Gavi's requirements to co-finance vaccine purchases, and shall not be used to pay any taxes, customs, duties, toll or other charges imposed on the importation of vaccines and related supplies.
- Gavi's HSS application requires a strong M&E framework, measurement and documentation of results, and an end of grant evaluation. The performance of the HSS grant will be measured through intermediate results as well as immunisation outcomes including diphtheria tetanus pertussis (DTP3) coverage, measles-containing vaccine first dose (MCV1) coverage, fully immunised child coverage, difference in DTP3 coverage between top and bottom wealth quintiles, and percent of districts reporting at least 80% coverage of DTP3. Additionally, so as to systematically measure and document immunisation data quality and data system improvement efforts, independent and recurrent data quality assessments and surveys will be required for all HSS applications.
- Gavi's approach to HSS includes support for strengthening information systems and improving data quality. Strong information systems are of fundamental importance both to countries and to Gavi. Gavi requires that countries have in place routine mechanisms to independently assess the quality of administrative data and track changes in data quality over time. Countries are strongly encouraged to include in their proposals actions to strengthen data systems, and to demonstrate how their grant will be used to help implement recommendations or agreed action items coming from previous data quality assessments. The process of conducting periodic data quality assessments and monitoring trends should be credible and nationally agreed. For example, incorporating an independent element to the assessments could involve national institutions that are external to the programme that collects or oversees the data collection. Comprehensive information on reporting and data quality requirements are provided in the NVS/HSS General Guidelines for 2015. Please refer to section 3 on Monitoring and Reporting and Annex E on Data Quality.
- Gavi recognises the importance of effective and efficient supply chain systems for the management of existing and new vaccines and health commodities. Gavi has therefore developed and approved

in June 2014 a supply chain strategy[1]. (For more information about the strategy initiatives, see the factsheet http://www.gavi.org/Library/Publications/*Gavi*-fact-sheets/Gavi-Supply-Chain-Strategy/). The Effective Vaccine Management (EVM) assessment and improvement plan are essential steps in the strategic approach to supply chain improvement in countries.

  - **New Requirement**: As approved by the Gavi Board in June 2014 all future proposals (2015 and beyond) that include Gavi-financing for cold chain equipment intended for vaccine storage shall need to procure pre-qualified equipment by WHO through the Performance Quality and Safety (PQS) programme. The purchase of non-PQS pre-qualified equipment will only be considered on an exceptional basis, with justification and advance agreement from Gavi.

- Gavi supports the principles of alignment and harmonisation (in keeping with Paris, Accra and Busan declarations and the International Health Partnership, IHP+). The application must demonstrate how Gavi support is aligned with country health plans and processes, complementary to other donor funding, and uses existing country systems, such as for financial management and M&E. The IHP+ Common Monitoring and Evaluation Framework is used as a reference framework in the supplementaryHSS guidelines.
- Gavi requests countries to identify and build linkages between HSS support and new vaccines implementation (Gavi NVS) – linkages to routine immunisation strengthening, new vaccine introduction, and campaign planning and implementation must be demonstrated in the application. Countries should demonstrate alignment between HSS grant activities and activities funded through other Gavi cash support, including vaccine introduction grants and operational support for campaigns.
- As part of vaccine introduction, Gavi HSS support should be used during pre-and post-introduction for strengthening the routine immunisation system to increase the coverage e.g. through social mobilisation, training, supply chain management etc. (see grant categories in table 1 of the Supplementary HSS Guidelines) for all the vaccines supported. This should complement other sources of funding including vaccine introduction grants from Gavi.
- Applications must include details on lessons learned from previous HSS grants from Gavi or support from other sources such as previous New and Underused Vaccine Support, the EVM assessment or PIE tools, EPI reviews etc.
- Applications must include information on how sustainability of activities and results will be addressed from a financial and programmatic perspective beyond the period of support from Gavi.
- Applications must include information on how equity (including geographic, socio-economic, and gender equity) will be addressed.
- Applications will need to show the complementarity and added value of Gavi support to reducing bottlenecks and strengthening the health system, relative to support from other partners and funding sources and relative to other funding from Gavi specific to new vaccines and/or campaigns.

Recommended Elements:

- Gavi supports the use of Joint Assessment of National Strategies (JANS). If a country has conducted a JANS assessment the findings can be included in the HSS application. The Independent Review Committee (IRC) will use the findings of a JANS assessment to gain an understanding of the policy and health sector context that will inform their assessment of the

[1] See Gavi supply chain strategy section 3.5, http://www.gavi.org/About/Governance/Gavi-Board/Minutes/2014/18-June/Minutes/05---Gavi-Alliance-immunisation-supply-chain-strategy/

credibility and feasibility of the HSS proposal.

- Gavi's approach to HSS includes support for community mobilisation, demand generation, and communication, including Communication for Immunisation (C4I) approach.
- Gavi supports innovation. Countries are encouraged to think of innovative and catalytic activities for inclusion in their grants to address HSS bottlenecks to improving immunisation outcomes.
- Gavi strongly encourages countries to include funding for CSOs in implementation of Gavi HSS support to improve immunisation outcomes. CSOs can receive Gavi funding through two channels: (i) funding from Gavi to Ministry of Health (MOH) and then transferred to CSO, or (ii) direct from Gavi to CSO. Please refer to Table 1 for potential categories of activities to include in budget for CSOs and Annex 4 of the Supplementary HSS Guidelines for further details of Gavi support to CSOs.
- Recommended: Countries can incorporate new strategy elements in their NVS and HSS proposals that begin to address the three key elements of supply chain management fundamentals (supply chain managers, supply chain performance dashboards, and comprehensive supply chain management plans) and can use existing resources such as:
    - The EVM, EVM improvement plan and the Progress report on the EVM improvement plan which shall be submitted with applications, if available; and, which should contribute to providing evidence on the existing cold chain status and the country plans to address supply chain bottlenecks and inform the development of a comprehensive supply chain management plan.
- While Gavi's current PBF approach is applied to HSS grants at the national level, Gavialso encourages countries to consider using performance-based funding at sub-national levels. Where appropriate, countries may decide to align with other PBF programmes, such as the World Bank's results-based financing (RBF) programmes, and if so,sufficient information must be included with the Gavi HSS proposal on how funding will be aligned. If aligning to a World Bank RBF programme, please provide the concept note or programme design document. Describe which of the objectives of the grant are for the PBF/RBF programme. Please also attach the results framework and budget for theRBF programme. Please note that more than one immunisation-related indicator is expected to be part of any such PBF/RBF programme, if the Gavi HSS grant is proposed to be aligned with it(please see part IVof the Introduction to the Supplementary HSS Guidelines).
- Applicants are encouraged to identify technical assistance (TA) and capacity building needs for implementation and monitoring of the HSS grants. Applicants are required to include details of short term and long term TA if they are requesting TA as part of the HSS application to ensure strong implementation and effectiveness of Gavi HSS support.

PART A - SUMMARY OF SUPPORT REQUESTED AND APPLICANT INFORMATION

For further instructions, please refer to the Supplementary Guidelines for HSS Applications

Checklist for a Complete Application (for pool fund countries)

A completed application comprises the following documents. Countries may wish to attach additional national documents as necessary.

HSS Proposal Forms and Mandatory Gavi attachments *→ Please place an 'X' in the box when the attachment is included*		
No.	*Attachment*	***X***
1.	HSS Proposal Form	*X*
2.	Signature Sheet for Ministry of Health, Ministry of Finance	*X*
3.	Aide memoire from latest Joint Appraisal Review	*X*
4.	Minutes of three most recent JCM (or equivalent) meetings	*X*
5.	Please provide the results framework (or monitoring and evaluation section) of the NHP	*X*
6.	Detailed budget, gap analysis and work plan or equivalent documents	

Existing National Documents - Mandatory Attachments Where possible, please attach approved national documents rather than drafts. For a decentralised country, provide relevant state/provincial level plan as well as any relevant national level documents. *→ Please place an 'X' in the box when the attachment is included*		
No.	*Attachment*	***X***
7.	National health strategy, plan or national health policy, or other documents attached to the proposal, which highlight strategic interventions	*X*
8.	National M&E Plan (for the health sector/strategy)	*X*
9.	Comprehensive Multi-Year Plan for Immunization (cMYP)	*X*
10.	Effective Vaccine Management (EVM) Assessment report (from an EVM conducted within the preceding 36 months). In addition the related documents must be attached if available. If this is not available, please indicate when the next EVM is anticipated. • Latest EVM Improvement Plan. In case an EVM Improvement Plan is not provided, the country shall provide a justification and identify a plan for developing the improvement plan. • Latest Progress Report on the EVM Improvement Plan Implementation (no older than 6 months prior to proposal submission). In case a Progress Report on the Improvement Plan Implementation is not provided, the country shall provide a justification.	*X*

1. Applicant Information	
Applicant:	***Ministry of Health and Population***
Country:	***Nepal***
Proposal title:	***Application for Health System Strengthening***
Proposed start date:	***July 2015***
Duration of support requested:	***Five Years***
Total funding requested from Gavi:	***USD 36,540,000***
Contact Details	
Name:	***Dr. Krishna Paudel***
Organisation and title:	***Child Health Division, Director***
Mailing address:	***Department of Health Services, Teku, Kathmandu, Nepal***
Telephone:	***4-262-263***
Fax:	***4-263-594***
E-mail addresses:	***kpkalyan@gmail.com***

2. The Proposal Development Process

This section will give an overview of the process of proposal development, outlining contributions from key stakeholders.

Address all the items listed below. Indicate if any of these are not applicable and explain why:

- *The main entity which led the proposal development and coordination of inputs. It is possible to have multiple lead implementers, however the country must decide which department will lead the proposal development process.*
- *The roles of HSCC and ICC.*
- *Cooperation between EPI programme and the other departments of MOH involved in the proposal development (including Departments of Planning, Child Health, HMIS, and Central Medical Stores (or related Supply Chain Units), etc.).*
- *Involvement of subnational level (provincial, district, etc.) entities.*
- *The role of CSOs in the proposal development. Applicants must describe whether the HSCC/ICC worked with any CSO platforms/coalitions, or just with individual organisations. Please provide the names of the specific CSOs, with contact details, or of the CSO platforms involved.*
- *The names and roles of other specific development partners/donors.*
- *The role of the private sector, if applicable.*
- *Description of technical assistance received during the proposal development. Include the source of technical assistance and a comment on the quality and usefulness of that technical assistance.*
- *Description of the overall process of proposal development: duration, main steps of the proposal development, analytical work involved in the proposal development, links between the proposal development and national health sector planning/budgeting, links between the proposal development and JANS (if applicable).*
- *Description of the most challenging elements during the proposal development and how they were resolved.*
- *Pleasecomplete this section of the Gavi proposal form.*

a. This proposal has been developed by the National Immunization Program under the Child Health Division in close collaboration and coordination with other closely linked divisions and centres under the department of health services, Policy, Planning and International Cooperation Division and Public of the MOHP, civil society organizations, development partners and higher authorities of government of Nepal.

b. The Nepal HSCC, chaired by Minister of Health and Population provided overall guidance for the application development process. It set out the guiding principles for application development and directed the Child Health Division to initiate the process.

c. There is close collaboration and coordination between other division and centres for national immunization program, namely Logistics Management Division, Health Management information System, National Health Training Centre and National Health Education, Information and Communication Centre. Besides, the Family Health Division and National Public Health Laboratory are also part of the collaboration.

d. Involvement of the sub-national level in the process of development of this proposal was ensured through: (a) review of past performances (b) identification of strengths and weaknesses and future possibilities (c)Analysis of new innovations and (d) stakeholders' expressions. The major partners in this process were (i) Regional Health Directorates, (ii) District (Public) Health Offices, (iii) Local governments (DDC and VDC), (iv) community stakeholders (mothers' group for health and Female Community health volunteers), teachers and (v) members of health facility management committees.

e. Civil Society organizations like Rotary international and Nepal Red Cross Society were involved in the proposal development process. Their involvement was secured through informal discussions, formal invitation during the deliberations and meetings as well as sharing of the drafts.

f. Agencies of UNO, especially World Health Organization (WHO) and United Nations Children's Fund (Unicef) were closely involved in each step of the proposal development process.

g. Private sector involvement was obtained from the involvement of Rotary International, Nepal Chapter.

h. Technical Assistance to develop this proposal was obtained from WHO for the development of proposal. WHO took a proactive role in developing the proposal and supported the NIP in elaboration of the proposal and review of the proposal. It also supported the NIP through hiring the services of a national consultant. Similarly, Unicef supported in organization of workshop. Besides, organization of meetings and deliberations was also supported by WHO through procurement of services from a NGO.

i. The proposal development process was a relatively long and cumbersome one. The process initially started in February 2014. Three workshops were held solely for the proposal development purpose. The first workshop held at Godavari discussed the issues, process and major areas of activities with the HSS support. The second was held in Pokhara attended by district health officers, regional directors and other stakeholders. However, due to various in-country reasons it could not be submitted early. Besides, district level and regional level review of health programs were held in September and October 2014. During the same period, Nepal also moved ahead with the introduction of injectable Inactivated Polio Vaccine (IPV) in September. During this process it was realized that supporting the health system is an important component as further development and enhancement of service sites, vaccine logistics and human resources were spelt out. In December 2014, a workshop to finalize the proposal was carried. This was followed by meeting of NHSCC on 8th January 2015.

j. The challenges identified and observed during the proposal development process were: (a) Annual budget and work plan development process somehow delayed the initiation, (b) regional reviews and other activities also hampered smooth carrying out of the regular activities and the time line was too short for initiating the process. (c) The issue of vaccine purchase and logistics were also surfaced affecting smooth running of program. Besides, the transitional period from NHSP-2 (2010-2015) to NHSP III (2015- 2020), CMYPA not covering whole proposal period (2011-2016), development of new RF as well as the revised GAVI requirement for application from SWAp countries, but using the same and somewhat "unfriendly format" also had effect in proposal development process.

Introduction of IPV and subsequently PCV also had some effect.

Major roles and responsibilities of key partners in the proposal development process is given in the table below:

Title / Post	Organisation	NHSCC member yes/no	Specific roles and responsibilities of partners
Minister	Ministry of Health and Population	Yes	Led the NHSCC in overseeing development of the application. Guided the application was in line with the National Health Policy- 2014, MoHP's NHSP-III and 2nd long-term Health Plan as well as IHP+ National Compact; approved and endorsed application.
Secretary	Ministry of Health and Population	Yes	Provided overall guidance on application development, coordinated communication between the MoHP and MoF on the endorsement and approval of the application.
Chief, Policy Planning & International Cooperation Division	Ministry of Health and Population	Yes	Provided technical input, coordinated communication between MoHP and other line ministries related to GAVI application, and provided input on technical policies and requirements of the MoHP. Ensured the application was in line with the MoHP'songoing strategic plans.
Chief, Public Health Administrator, Monitoring & Evaluation Division	Ministry of Health and Population	Yes	Offered overall guidance on application development, provided feedback on monitoring and development of indicators.
Director General	Department of Health Services	Yes	Provided overall guidance on application development, provided input on identification of bottlenecks and activities to overcome those bottlenecks.
Joint Secretary	Ministry of Finance	Yes	Provided information on flow of funds and assisted in defining future funding gaps.
Joint Secretary	National Planning Commission	Yes	Helped in proposal application and on linking planning of activities to national planning cycles.
Coordinator Health Sector Reform Unit	Ministry of Health and Population	Yes	Ensured linkage of proposed HSS activities to NHSP-III
Chairman	Nepal Health Research Council	Yes	Provided feedback on evidence-based used for priority-setting.

Representative	WHO	Yes	Offered overall technical input on assisting development of application
Representative	UNICEF	Yes	Provided technical input on development of application,
Representative	UNFPA	Yes	Provided technical input on health-related efforts in other sectors relevant to the development of an HSS strategy.
Health Section Chief	USAID	Yes	Gave feedback and technical input on development of application.
Health Section Chief	WB	Yes	Provided technical input on the area of sustainability financing for HSS.
Director, Child Health Division	Department of Health Services	No	Coordinated development of the application, and provided technical input on identification of service delivery bottlenecks and choosing the HSS interventions which would be supported by GAVI.
Director, Family Health Division	Department of Health Services	No	Provided technical input into the identification of MCH service delivery bottlenecks and selection of interventions.
Director, Logistic Management Division	Department of Health Services	No	Helped to identify logistic, transportation and supply management bottlenecks, and in assessing the system constraints causing them.
Director, National Health Education, Information and Communication Centre	Department of Health Services	No	Provided input on communication and demand-side health system weaknesses.
Other representatives from WHO	WHO	No (TWG member)	Provided technical input on identification of bottlenecks of health system, HSS strategies, HSS financing, GAVI guidelines, and technical support to application development and writing.
Other representatives from UNICEF	UNICEF	No (TWG member)	Provided technical input on integration of immunization, MCH and other services, linking HSS strategies to GAVI guidelines, and technical support to application development and writing.
EPI Manager	Department of Health Services	No	Actively involved in the proposal development process and conducting the workshop to develop the proposal. Also shared experiences in overcoming system barriers to improved immunization services, and in managing development and implementation of GAVI supported strategies.

Program Officer	Department of Health Services	No	Provided information on communication, and on gaps in the health management information system (HMIS)
Various representatives of district health staffs, civil society, partners, NGOs	District and below level people	No	Assisted in identifying barriers and bottlenecks at the service delivery and facility levels. Provided the sub-district viewpoint on priority interventions and lessons learnt to overcome those barriers.
Various representatives of district health staffs, civil society, partners, NGOs	District and below level people	No	Helped in identifying barriers and bottlenecks at the point of service delivery and facility levels. *Provided views on sub-district level interventions and lessons learnt to overcome identified barriers.*

Signatures: Government endorsement

Signatures: Government endorsement

Please note that this application will not be reviewed or approved by Gavi without the signatures of both the Ministers of Health & Finance and their delegated authority.

Secretary, Ministry of Health & Population

Name: Mr Shanta Bahadur Shrestha

Signature:

Government of Nepal Ministry of Health and Population

Date: 12 January 2015

Acting Secretary, Ministry of Finance

Name: Mr Rajan Khanal

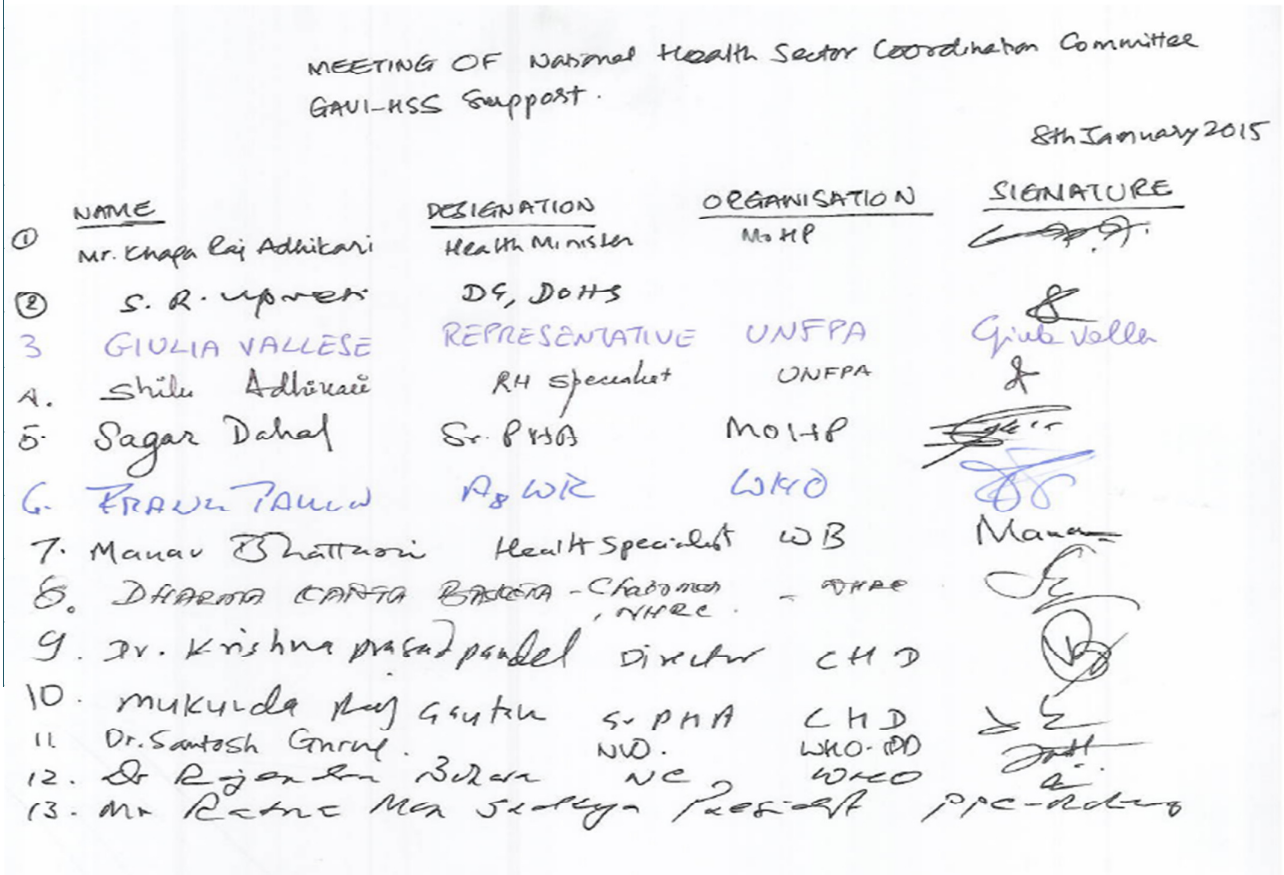
Signature:

Government of Nepal Ministry of Finance

Date: 12 January 2015

Signatures: Health Sector Coordinating Committee endorsement

We the members of the HSCC, or equivalent committee met on the _____ (date) to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. The minutes of the meeting endorsing this proposal are attached to this application.



MEETING OF National Health Sector Coordination Committee
GAVI-HSS Support.

8th January 2015

	NAME	DESIGNATION	ORGANISATION	SIGNATURE
1	Mr. Chapa Raj Adhikari	Health Minister	MoHP	
2	S. R. Upreti	DG, DOHS		
3	GIULIA VALLESE	REPRESENTATIVE	UNFPA	Giulia Vallese
4.	Shilu Adhikari	RH Specialist	UNFPA	
5.	Sagar Dahal	Sr. PHA	MoHP	
6.	PRAVA TAMANG	PO WR	WHO	
7.	Manav Bhattarai	Health Specialist	WB	Manav
8.	DHARMA CANTA BASNYA - Chairman, NHRC.		NHRC	
9.	Dr. Krishna prasad paudel	Director	CHD	
10.	mukunda raj gautam	Sr. PHA	CHD	
11.	Dr. Santosh Gurung.	NPO.	WHO-PO	
12.	Dr Rajendra Bohara	NC	WHO	
13.	Mr Rama Mala Srestha	President	PPC-Nepal	

Please tick the relevant box to indicate whether the signatories above include representation from a broader CSO platform: Yes ☒ No ☐

Individual members of the HSCC may wish to send informal comments to: gavihss@gavi.org
All comments will be treated confidentially.

MINUTES OF THE MEETING
NEPAL HEALTH SECTOR COORDINATION COMMITTEE

Date: 8 January 2015 Time: 03 pm

Venue: MoH&P, Kathmandu

Meeting Participants:

Name	Designation	Department
1. Mr KR Adhikari	Minister	Ministry of Health & Population
2. Dr SR Upreti	Director General	Department of Health Services
3. Dr KP Paudel	Child Health Division	Department of Health Services
4. Mr S Dahal	Sr. PHA	Ministry of Health & Population
5. Dr DK Baskota	Chairman	National Health Research Council
6. Mr M Gautam	EPI Manager	Department of Health Service
7. Dr F Paulin	Representative	WHO
8. Ms Giulia Vallese	Representative	UNFPA
9. Dr S Adhikari	RH Specialist	UNFPA
10. Mr M Bhattarai	Representative	World Bank
11. Dr A KC	Health Specialist	UNICEF
12. Dr R Bohara	National Coordinator	IPD/WHO
13. Dr S Gurung	NVO	IPD/WHO
14. Mr D Gewali	PO	SABIN
15. Mr RM Shakya	Chairperson	PPC, Rotary
16. Mr R Ghimire	Sr. PHA	Child Health Division

Chairperson: Hon. Minister of Health and Population chaired the meeting

Agenda
Objectives of the meeting:

1. Brief members of NHSCC on GAVI- HSS and new application process
2. Endorsement of HSS application by NHSCC

Mr M Gautam, EPI Manager welcomed the participants and stated the objectives of the meeting. Dr K Paudel briefed the members of NHSCC on GAVI support received through various windows to Nepal since 2002. He extensively explained about new HSS support, its guideline and process of preparation of application and presented draft application. Since 2012 GAVI will provide support

through 2 windows: New vaccine support and Health system strengthening support. The new HSS support is available for Nepal for next 5 years amounting around 33 million $ and which could be increased up to $39 million based on EPI coverage performance. He updated about development of new application based on NHSP-III (draft paper) and NHSP-II.
Following the update on GAVI HSS support by Dr Paudel the floor was open for discussion.

The Minister of Health & Population stressed on reaching every child through declaration of full immunization and focus on health of new borne. He also stressed on implementation and monitoring of the activities. The DG explained about use of HSS funds to support IP of NHSP-III once that is developed, finalized and endorsed by the cabinet. He stressed on strengthening cold chain system to facilitate introduction of new vaccine. The UNFPA representative talked about HPV vaccination. Dr Paulin stressed on use of HSS funds to strengthen health system as whole with immunization outcomes. Dr K Paudel and other replied on questions raised by different participants.
The NHSCC endorsed the HSS application. The Hon. Minister of Health & Population closed the meeting thanking all participants.

Recommendation by NHSCC:

1. Submit HSS application before 25 January deadline
2. Stressed on implementation and monitoring of HSS activities

PART B – EXECUTIVE SUMMARY

3. Executive Summary

Please provide an executive summary of the proposal, of no more than 2 pages, with reference to the items listed below:

- ➔ *The main bottlenecks for achieving immunisation outcomes addressed within this proposal and how proposed objectives in this application will address these bottlenecks and improve immunisation outcomes.*
- ➔ *A summary description of the population to be covered by the intervention (i.e. total population targeted).*
- ➔ *Objectives and the related budget for each objective.*
- ➔ *The proposed implementation arrangements including the role of government departments and civil society organisations. Please include a summary of financial management, procurement and M&E arrangements.*
- ➔ *Please complete this section of the Gavi proposal form.*

The immunization program of Nepal was started in 1979 with introduction of three vaccines in three districts of Nepal as a pilot. The program covered all the 75 districts in 1989 with the initiation of universal childhood immunization. It was established as one of the major components of health services after the organization of Child Health Division in 1994.

EPI is one of the priority programs of government of Nepal. So, it attracts considerable attention and allocation from the government.

This proposal to GAVI has been submitted to request for funding for strengthening health system in Nepal. Nepal has been successful in achieving overall high coverage in immunisation. However, issues like universal coverage and equity need addressing as these are challenging factors for the immunisation program.

Nepal has been successful in obtaining GAVI support in the past and has proved the worth of the money. Introduction of Hepatitis B Vaccine, Injection safety, support in cold chain logistics and micro-planning are some of the examples. Nepal was awarded UN award for being on the track to achieve MDG 4.

Though the country is very responsive for immunization services, system issues do exist. For example, geographical isolation of some of the remote villages, interrupted presence of health workers, -- interrupted vaccine logistics and irregular reporting and monitoring are some of the system issues that is affecting the performance of immunization program as well.

Major bottlenecks in addressing mentioned above issues are regular presence of health workers, who provide immunization services, basically in remote areas, their updated knowledge and skills, appropriate place for outreach immunization services, good logistics and reporting system and overall regularity of other supporting services.

The primary beneficiaries of this proposal will be infants of Nepal (about 630,000 birth cohort per year). However, children above 12 months who were not vaccinated and/or have missed the opportunities or did not get full immunization are also important target group. Besides, pregnant women and adolescent girls will be benefitted as the immunization system improves. Apart from this, Nepal has recently introduced Measles and Rubella (MR) vaccine in the national immunization schedule and a second dose is offered at the age of 15 months. Similarly, introduction of pneumococcal (PCV) vaccine and injectable inactivated polio vaccine (IPV) will have systemic impact over the health system, especially on the human resources time, knowledge and skills, logistics requirements and updated recording and reporting requirements etc)

The secondary beneficiaries are family and community as the system will improve. Updating the knowledge and skills of health workers will add quality to the service.

The immunization services to be offered will be in line with NHSP-III. Some of the key objectives of NHSP- III are:

- provide quality of care at the point of service
- equitable utilization of services
- improved sector management
- Improved logistics

These objectives are very much in line with the immunization program. Quality of care, equity and improved logistics are core area of immunization program, where this proposal tries to address. If the health sector as a whole is strengthened, the outcome will be more pronounced.

Strengthening the partnership with community will give more input for ownership as demand increases and ensure sustainability ensuring community support. Involvement of local governance structure (VDC and DDC) as well as local CSOs will enhance the partnership. This is visible with the declaration of VDC/District with Full immunization.

Nepal as a country using sector-wide (SWAp) approach for health intends to use its “pooled funding” mechanism for utilizing the grant fund. We have experience in the past to work through "pooled funding" mechanism. It helps in putting the required activities in annual work plan, monitor the progress jointly with pool-partners, review periodically and integrate into the system. "One plan, one monitoring framework and one report" is the principle of the SWAp and it helps in the performance of program in the whole health sector, though visibility of the program will be compromised.

The immunization services in Nepal are provided basically on two modalities (complementarily): (a) institution based, which are regularly provided from health facilities and (b) outreach session based, which are conducted in rural areas, where access to the health facilities is limited due to long distance to travel. Outreach sessions are conducted once every month in a predetermined date and places. The FCHV are the primary motivators for the immunization. A major chunk of the children receive vaccination services from the outreach supported by the FCHVs.

4. Acronyms

➔ *Please detail the full version of all acronyms used in this proposal, including in the HSS M&E Framework (Attachment 3) and in the Budget, Gap Analysis and Workplan Template (Attachment 4).*

➔ *Please complete this section of the Gavi proposal form.*

Acronym	Acronym Meaning
AHW	Auxiliary Health Worker
ANM	Assistant Nurse Midwife
BCC	Behaviour Change Communication
CHD	Child Health Division
CRVS	Central Registration of Vital Statistics
CSO	Civil Society Organization
DDC	District Development Committee
DOHS	Department of Health Services
DTCO	District Treasury Controller’s Office
EPI	Expanded Program on Immunization
EVM	Essential Vaccine Management
FCGO	Financial Comptroller General’s Office
FCHV	Female Community Health Volunteer
GAVI	Global Alliance for Vaccines and Immunization
HMIS	Health Management Information System
HFMC	Health Facility Management Committee

HPV	Human Papilloma Virus
HSS	Health System Support
IPV	Inactivated Polio Vaccine
LMD	Logistics Management Division
LOC	Letter of Credit
MICS	Multiple Indicators Cluster Survey
MOF	Ministry of Finance
MNCH	Maternal, Neonatal and Child Health
MOFALD	Ministry of Federal Affairs and Local Development
MOHP	Ministry of Health and Population
NDHS	Nepal Demography and Health Survey
NPC	National Planning Commission
NHTC	National Health Training Centre
NHEICC	National Health Education Information and Communication Centre
NIP	National Immunization Program
PCV	Pneumococcal Vaccine
SWAp	Sector Wide Approach
Unicef	United Nations Children's Fund
VDC	Village Development Committee
VPD	Vaccine Preventable Diseases
WHO	World Health Organization

PART C– SITUATION ANALYSIS

For further instructions, please refer to the Supplementary Guidelines for HSS Applications

5. Key Relevant Health and Health System Statistics

- ➔ *Please use the tables below to provide information on vaccines currently used by the Immunisation Programme as well as on any vaccines planned for future use.*
- ➔ *In the textbox below the tables please provide the most recent statistics for thekey health, immunisation, and health system indicators by referring to the most recent EPI Review, Health Sector Review or DHS. Please also attach the source document.*
- ➔ *If there is an existing coverage improvement plan / equity analysis and action plan, whether supported by Gavi, please list key findings/recommendations*
- ➔ *Where possible, data on the key statistics should be presented showing: rates for early marriage, maternal and infant mortality, vaccine coverage by wealth quintile differences, and coverage disaggregated by sex. Data on vaccine coverage by maternal education should also be included if available.*
- ➔ *If available, disaggregated data for the key statistics indicators showing differences by geographic location (region / province) and urban / rural should also be included in the space provided after the table.*
- ➔ *If relevant, please include information on the impact on the health system of refugee or internally displaced populations,whether due to natural disaster or conflict.*
- ➔ *Please include activities related to addressing equity issuesor particular populations such as IDPs in sections 11 (Objectives of the Proposal) and 12 (Description of Activities).*

Please include a summary of the situation analysis from the NHP and reference the relevant pages of the NHP.

Vaccines Currently Used by the Immunisation Programme

Vaccine	**Year of introduction**	**Comments** (including planned product switches, wastage etc.)
Pentavalent (DPT-HepB-Hib)	DPT- 1979, HepB-2002, Hib- 2009)	
BCG	1979	
OPV	1988	

Measles and Rubella	Measles- 1988, Rubella- 2013	
Japanese Encephalitis	2009	Being used in 31 high risk of JE districts
Tetanus Toxoid	1979	
Inactivated Polio Vaccine (IPV)	September 2014	For Polio Eradication
PCV	2014	

Vaccine	**Month / Year of Introduction**	**Comments** (including planned product switches, wastage etc.)	**Plan for vaccine introduction taken into account in HSS application? If not, why not?** (Requirements for cold chain, human resources etc)
IPV 10 dose	September 2014	Considering a switch to a 5-dose presentation when available.	Yes
Measles and Rubella Second dose	February 2015	At the age of 15 months	Yes
Human Papilloma Virus Vaccine	June 2015	As demonstration project in 2 districts	Yes
Rotavirus Vaccine	2016	As invisaged in cMYP(2011-2016)	Yes

Please use the space below to provide:

- **Further disaggregation of the data provided in the supporting documentation (if available). This data will be used to illustrate equity differences by geographic location and urban/rural.**

Indicator	**Source**	**National Average**	**Percentage difference between highest & lowest quintiles**	**Sex** *(Please provide disaggregated data where available)*			**Year**
				M	F	T	
DTP3 coverage	Administrative Data	93	-	-	-	-	2013
	Other* (state source)	92 (NDHS)	11	92	91	92	2011
Measles 1st dose coverage	Administrative Data	88	-	-	-	-	2013
	Other* (state source)	88 (NDHS)	10	90	86	88	2011
Drop-out rate between DTP1 & DTP3	Administrative Data	6	-	-	-	-	-
	Other* (state source)	5 (NDHS)	5	4	5	5	2011
Percent of districts with DTP3 coverage ≥80%	Administrative Data	90.6	-	-	-	-	2013
	Other* (state source)	-	-	-	-	-	-
DTP3 coverage in the lowest wealth quintile is +/- X% points of the coverage in the highest wealth quintile	Administrative Data	-	-	-	-	-	-
	Other* (state source)	-11 (NDHS)					2011
Fully immunised child coverage (%)	Administrative Data						
	Other* (state source)	87 (NDHS)	11	88	86	87	2011

Recently published Multiple Indicators Cluster Survey (January 2015) Document No. 3 (a) shows the following figures in terms of immunization services:

Tuberculosis (BCG) immunization coverage:	95.7%
Polio immunization coverage:	91.8%
DPT (Pentavalent) immunization coverage:	88.3%
Measles immunization coverage:	92.6%
Hepatitis B immunization coverage:	88.3%
Hib immunization coverage:	88.3%
Full immunization coverage:	84.5%

The MICS also shows the drop-out rate of DPT1 to DPT3 to be 95 to 88, BCG to measles from 96 to 93. No vaccination is reported to be 3% among the infants. Neonatal tetanus protection rate stands at 77.3%

The NHSP- III has comprehensively provided situation analysis pertaining to health sector (pp 3- 18). It categorizes the major findings into following sub-groups:

a) Health outcomes
b) Equity gaps in health care services
c) Demographic transition
d) Quality of care
e) Shifting burden of diseases
f) Investment in health
g) Financing health Care and
h) Sector management and coordination

From sector point of view, all these are relevant information however, the description given under a, b, d, f and g are relevant to immunization services.

Pertaining to immunization, the NHSP- 3 mentions the following: (draft NHSP-III, page 4 and 6)
The immunization coverage during the last five years has consistently above 90% for DPT3 and polio and for measles it has hovered around 88%The target set for NHSP II for immunization as well as for comprehensive multi-year plan 2011-2015 has been achieved. As a result, Nepal has achieved Polio free status, Measles Mortality Reduction Goal, MNT Elimination status, and control of Japanese Encephalitis.

Despite consistently high coverage of vaccine and immunization, certain population remain excluded from these services. The 2011 NDHS survey has revealed that 3% of the children did not receive any vaccine and 10% did not receive full immunization. Special attention needs to be taken for the slum population in the urban areas, remote places and for girl child. Document 3 (b).

Despite the recognition of good achievement of Nepal on MDG-4, challenges persist. This is particularly important in updated the knowledge and skills of health workers, drugs and vaccine logistics, community empowerment for health services, integrated surveillance of diseases and infrastructures are major bottlenecks to achieve desired results. ,

6. Description of the National Health Sector

This section will provide Gavi with the country context which will serve as background information during the review of the HSS proposal.

- ➔ *Please provide a concise overview of the national health sector, covering both the public and private sectors, including CSOs, at national, sub-national and community levels, with reference to NHP or other key documents.*
- ➔ *Please include a copy of the National Health Strategy/Plan as Attachment 5. If the NHP is in draft format please provide details of the process and timeline for finalising it. If there is not an NHP, or if other documents are referenced in this section, please provide these other key relevant documents.*

It is recommended that applicants refer to Gavi's health system strengthening grant categories detailed in the Supplementary Guidelinesfor HSS Applications (Table 1). Please refer to the list of health sector aspects in the Supplementary HSS Guidelines and if any are not included in your reference documents then please provide a short commentary. In order to keep this section concise, please summarise the key elements in the context of the HSS support being asked for, andprovide reference to the relevant section in the National Health Plan for further detail.

Please include the description of the National Health Sector from the NHP.

In Nepal, Department of health was established at around 1993 BS. Later on a Ministry of Health was created which has undergone subsequent changes over the years. Ministry of health and population (MOHP) is the main governmental agency providing health services to the population. MOHP is mandated to carry out health related services as per the Nepal Government's work procedure regulation.

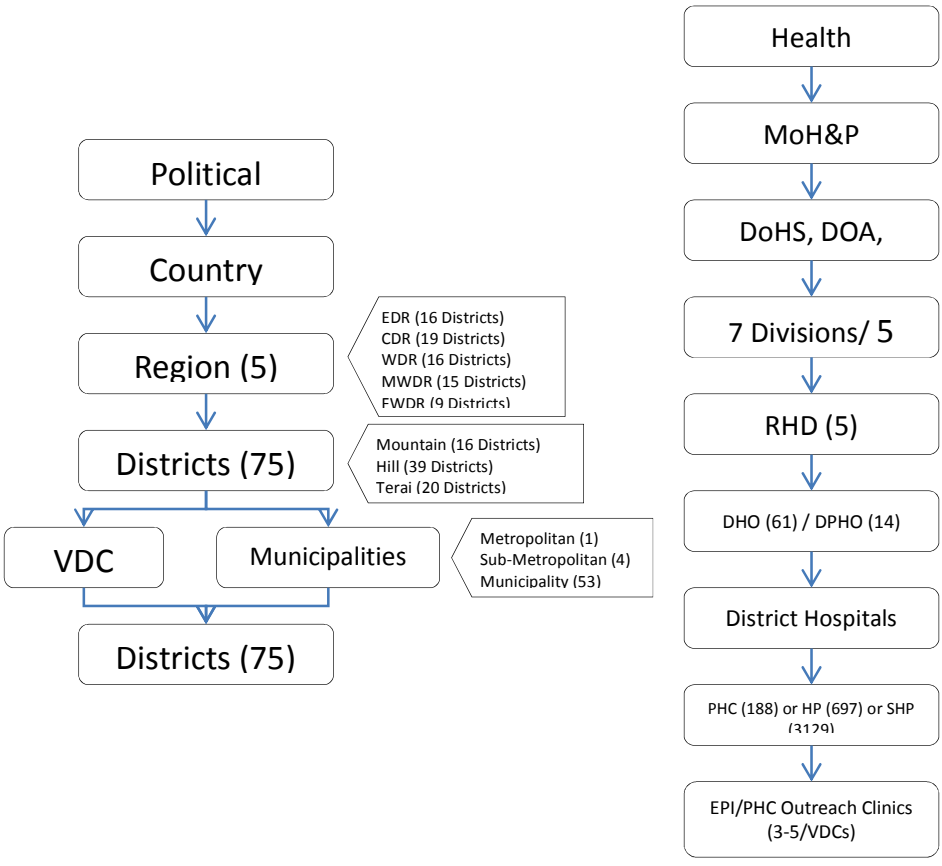
At present the health services under MOHP are provided through four levels:

1. Central Level,
2. Regional Level,
3. District Level and
4. Local (VDC/Municipality) level

Structurally MOHP has four levels institutions, but in terms of administration and financing, it is largely regulated by the center.

The "peripheral" institutions have the role to provide the basic health care services. The Regional Health Directorate (RHD) basically supervises and monitors the ongoing activities. The district (public) health office is basically responsible for preventive functions and running major health programs under it excluding the hospitals. The immunization service is the function of district (public) health office.

Scheme of Organizational Structure of MOHP in relation to the Administrative Structure of the Country



The department of health services (DOHS) is the largest department with a responsibility of carrying out "allopathic" services including immunization services. It is supported by 12 divisions and centres at central level, 5 regional health directorate (RHD) at regional level and 75 district (public) health Offices (D/PHO) for carrying out various tasks as allocated by MOHP.

A brief Sketch of health sector

• Total number of health facilities	- about 4300
• Total number of human resources	- about 30,000
• “Cost Centers” under MOHP	- 278
• Health Facilities under Development Boards	- about 106
• Number of Acts related to health	- 21
• Number of Policies	- 15
• Professional Councils, governed by acts	- 6
• Academic institutions, governed by acts	- 4
• Number of Private Hospitals	- 301
• Number of EPI outreach sessions	- More than 16,000

As about 4300 health facilities spread all over the country provide primary health services in the public sector, including immunization services, it makes a "broad-based" health services provider. Its strength lies in the strong presence in rural areas. However, presence in urban areas is rather undefined and sketchy. The diverse topography of the country, scattered population distribution and centrally “owned" health facility challenges the regularity of services especially in remote areas.

The "local" level health facilities like Sub- Health Posts (SHP), Health Posts (HP) and Primary Health Care Centres (PHCC) provide "essential" health care services. These services range from promoting and preventing infectious diseases and preventable conditions to a lesser extent to curative and rehabilitative function. The Outreach sessions are run at the community level targeting for immunization, child care and reproductive health related activities usually once in a month.

Additionally, female community health volunteers embedded within their communities provide Vitamin A, immunization, anti-worm medicines, manage some cases of ARI, and distribute ORS.

Immunization services to the children are provided by the mid level health workers (Health Assistants, Staff Nurses, Senior Auxiliary Health Workers, Senior Assistant Nurse Midwives, Auxiliary Health Workers, Assistant Nurse Midwives. A national immunization schedule is implemented by NIP with endorsement from National Immunization Committee.

Nepal currently uses 11 vaccines in its national immunization program. Majority of the vaccines are procured by the government annually with public fund. Few new vaccines are supported by GAVI.

Immunization services are provided through almost all the public facilities where maternal and child health services are offered. All the 3915 VDCs of Nepal have at least one facility, from where immunization services are provided. Besides, there are some 16000+ community outreach sessions (located at a distance of somewhere 1- 2 hours away from the health facility, but close to the community, where immunization services are provided once in a month with pre-determined dates and place. Active involvement of FCHVs and mothers group for health supports regular running of these outreach sessions. .

Curative functions are provided by hospitals in four tiers: Central, Regional/Sub-regional, Zonal and District. Recently, some of the PHCC and HP have been "upgraded" to "community" hospitals, whose status along with their role and responsibilities in the whole health architecture needs to be established.

Nepal has successfully implemented two periods of “Health Sector Program”. It is a pooled-funding mechanism and largely considered as successful.

At present Nepal is also preparing Nepal Health Sector Program- III for a period of 5 years (2015-2020). It encompasses the following points relevant to the present proposal:(Draft NHSP-3, PAGE 6)(Document 1)

"Despite consistently highly coverage of vaccine and immunization, certain population remain excluded from these services. The 2011 NDHS survey has revealed that 3% of the children did not receive any vaccine and 10% did not receive full immunization"

The same document (page54) has kept vaccine Preventable diseases as elements of Basic Health Package.

Draft Immunization Act has been submitted to the Constituent Assembly (parliament) for endorsement.

The Draft NHSP- III mentions that the sector wide approach, which came into effect in 2004 continues to hold and largely seen as a 'mature' SWAp which the GON aims to replicate in other sectors. The assessment of the implementation of the Paris Principles on Aid Effectiveness shows good progress made in health sector. Improved aid effectiveness has helped strengthen health systems and "facilitated the rapid scale up of proven, successful service delivery interventions.

7. National Health Strategy and Joint Assessment of National Health Strategy (JANS)

This section will be used to determine how immunisation is addressed in the national health plan, and what the key findings of an independent JANS of the strategy were. The Independent Review Committee (IRC) will use the findings of a JANS to gain an understanding of the policy and health sector context that will inform their assessment of the credibility and feasibility of the HSS proposal.

- ➔ *Please provide a reference to the relevant sections and pages in the NHP which outline immunisation policies, objectives, and activities.*
- ➔ *If a JANS has been conducted, please provide the JANS report as an attachment.*
- ➔ *Please provide a summary of how the government and partners have addressed the weaknesses and recommendations identified in the JANS or attach the country's response.*
- ➔ *Please provide a reference to the relevant sections and pages in the NHP which outline immunisation policies, objectives, and activities. Additionally, if available, please include any JANS conducted by the country and how the country has addressed identified weaknesses or recommendations.*

Nepal has recently endorsed National Health Policy (2014). This document will guide the country for the betterment of health status as well as health services in the country. (Document 4) Following points are relevant in the context of the present proposal:

- Challenges are to strengthen the system to further control the VPD among others (page 6)
- National immunisation program will add new vaccines (page 19)
- To ensure sustainability in immunisation, a provision for "immunisation fund" will be created(page 18)

The NHSP- III is being developed to guide the health sector for a period of 5 years (2015- 2020). It is considered as a strategic document that guides decisions across the health sector including public and private services. It also guides relationships with all stakeholders including the external development partners (EDP) including GAVI. The MOHP aims to exert greater stewardship over the health sector by promoting greater national ownership of NHSP- 3through creating a conducive environment for its effective implementation. In this context, considerable effort has been made to ensure wide-ranging consultations and to promote the strategy at both national and sub-national levels. Partnership remains one of the cornerstones for health development in Nepal and from the outset the NHSP-III development process held to this principle. Besides, Nepal is a member of IHP+ Partnership and follows its recommendations. For this reason NHSP-III is the result of a joint effort between the government and its national and international partners.

The MOHP of Nepal uses the Sector Wide (SWAp) Approach for financing its activities (NHSP-III, Draft page 30) The Sector Wide Approach (SWAp) that came into effect in 2004 continues to hold and is largely seen as a 'mature' SWAp which the GON aims to replicate in other sectors.109 110 The assessment of the implementation of the Paris Principles on Aid Effectiveness shows good progress made in the health sector. Improved aid effectiveness has helped strengthen health systems and

"facilitated the rapid scale up of proven, successful service delivery interventions.

JANS was carried out in 2010 before the development of NHSP- II. There has been no JANS carried out after that for the health sector as a whole. In 2013, a mid-term review of NHSP- II was carried out which also serves the basis for developing NHSP—III. It seems that JANS was not carried out before the development of NHSP- III in view of the available mid-term review in 2013. (Document No. 6)

8. Monitoring and Evaluation Plan for the National Health Plan

This section will provide background information on how the country organises M&E arrangements and whether this proposal is aligned and complementary to national M&E plans.

- ➔ *Please attach a copy of the M&E Plan for the national health plan.*
- ➔ *Please provide a summary of how the National M&E Plan is implemented in practice. In your answer refer to relevant sections of the M&E Planin the national health plan for further details.*
- ➔ *Please attach a copy of data quality assessment report(s) conducted within the last 5 years and data quality improvement plans.*
- ➔ *Please provide a description of how development partners are involved in the M&E of the national health plan implementation and financing. Is there a Joint Annual Health Sector Review (JAR) and if so how and when are they are conducted? Please outline the extent of Gavi involvement in the JAR process.*
- ➔ *Please explain how immunisation programme reviews are linked to the JAR, and if they are not linked currently, what will be done to establish linkages.*
- ➔ *Please attach M&E Plan for the NHP. Please see section 14 below. Additionally, please attach documentation on the joint review process (terms of reference, schedule etc.).*

The NHSP- III will be accompanied by NHSP- III Results Framework (RF). It includes all the indicators necessary to gauze the progress of sector-wide activities, of which immunization is an important component. (Document 2)

MOHP has also developed and implementing a financial tracking tool termed "TABUCS" (Transaction, Accounting and Budgeting Control System) to be implemented in all cost centres, and expects to obtain information on real time expenditure of the public health program by activity and line-items. Similarly, national level surveys like DHS, MICS, HHS, STS etc. are being carried-out with the support of development partners and local research institutions. The Technical Working Groups for these surveys guide the process of the surveys. Few additional surveys are being conducted by the concerned program divisions coordinating with technical experts and groups. DOHS is responsible for maintaining the routine information systems – Health Management Information System, Logistics Management Information System, Health Infrastructure Information System and Financial Management Information System. Ongoing reporting through these systems help in addressing immediate needs, if any and plan for the next annual work plan appropriately.

Development partners were also involved in the designing of National Health Sector M&E. A Technical Working Group was institutionalized by the MOHP in 2013. The composition and term of the group was approved by MOHP and comprises of planning and M&E experts from government and development partners which include WHO, NHSSP, DFID, PSI, H4L, USAID, UNICEF and UNFPA. The group guides all the M&E activities in the health sector.

MOHP also is planning to develop M&E Framework in line with NHSP- III. This document will guide the monitoring and evaluation of whole health sector and the immunization program will be part of it.

Every year, the MOHP organizes a "Joint Annual Review" with all major stakeholders including donors, development partners, stakeholders and international partners. Before the review is held, a field visit is organized to observe the outcome/output of the health sector program.

As the national immunization program is a priority program of GON, various other regulating authority also monitor the activities at the community level and largely found to be doing well.

The latest JAR was held in January 2014 in Kathmandu. A representative of GAVI Alliances was also present in the JAR meeting. The Aide Memoire of the JAR held in 2014 is attached as Document 5. It is expected that the representative of GAVI as a member of pool-partner will be able to participate in the annual JAR meeting, where the sector-wide system issues are discussed.

9. Health System Bottlenecks to Achieving Immunisation Outcomes

This section will be used to understand the main bottlenecks affecting the health system performance. The analysis here underpins the application, ensuring the proposed activities are designed to address the bottlenecks.

- ➔ *Please describe key health and immunisation systembottlenecks at national, sub-national and community levels preventing your country from improving immunisation outcomes. Consider constraints to providing services to specific population groups, such as the hard to reach, marginalised or otherwise disadvantaged populations.*
- ➔ *In order to keep this section concise, please summarise the key elements in the context of the HSS support being asked for, providing a reference to the relevant section in the National Health Plan for further detail.*
- ➔ *Please describe any gender and equity related bottlenecks to access to immunisation.*
- ➔ *Please reference the analytical work that led to identification of the bottlenecks.*
- ➔ *Describe the bottlenecks identified in any new and underused vaccine proposals submitted to Gavi, the National Health Plan, and any recent health sector assessments such as the Effective Vaccine Management (EVM) assessment or Post Introduction Evaluation (PIE).*
- ➔ *Which of the above specified bottlenecks will be addressed by the current proposal? Which bottlenecks are addressed by other national or externally supported programmes?Please refer to section 13 on the results chain to highlight linkages between bottlenecks identified and objectives and immunisation outcomes.*

In order to keep this section concise, please summarise the key bottlenecks and provide references to the relevant sections in existing bottleneck analyses. Please ensure the referenced analyses are provided as attachments.

Please provide a reference to the relevant sections and pages in the NHP which outline health system bottlenecks to achieving immunisation outcomes. Additionally, please include the most recent immunisation-related assessment including effective vaccine management assessment, and coverage or equity improvement plan if any.

The NHSP- III describes the system issues and gaps in the health sector under the sub-chapter Situation Analysis. (page 5- 6). It states that there are significant equity gaps. Many citizens still face several barriers – economic, socio-cultural, geographical, and institutional – in accessing quality health care services. The following barriers are seen in the health sector.

Barriers citizens face	**Significance for health sector**
Economic Barriers	High user fees, unable to afford transport, medicines and associated costs
Socio-cultural Barriers	Health seeking behaviour, religious/spiritual beliefs may lead to harmful cultural practices or non-acceptance of particular services. Women usually have to seek permission from husbands or parents to make health related decisions
Geographical Barriers	Location of health facilities, physical distance and time to taken to reach a facility, difficulties accessing transport/lack of transport. Seasonality issues: such as flooded rivers and roads impeding access
Institutional Barriers	Gap in availability and retention of HR, attitude and behaviour of service provider, stock-outs of drugs, opening hours of health facilities

Besides, there are wide variations in health services availability, utilisation and health status across

different socio-economic and geographical population groups For example, in under-five mortality the gap between the poorest and wealthiest has increased since 2001; in 2011 the under-five mortality rate for the poorest income quintile was 75 – more than double the rate of 36 for the wealthiest. Infant mortality rate of 69 among Muslims and 65 for Dalits, as compared to 45 for Brahmin/Chhetri, also typifies the variation in health status between different caste/ethnic groups.

The NHSP- III also mentions that despite consistently highly coverage of vaccine and immunization, certain population remained excluded from the services. It notes that the 2011 NDHS survey has revealed that 3% of the children did not receive any vaccine and 10% did not receive full immunization.

Complex topographical terrain of Nepal further widens the equity gap. The three distinct ecological regions of the country – mountain, hills, and Terai – pose different challenges for health service delivery and affect the health outcomes of the population living there. In 2011, for example, 42.8% of deliveries were attended by Skilled Birth Attendants (SBAs) in Terai region – which has flat topography allowing easier service access – as compared to a meagre 18.9% in mountain region with its harsh terrains impeding easier access. NDHS- 2011 also revealed that full immunization in the mountainous area was 85% and among lowest wealth quintile was 80% compared to national average of 89%. Similarly, full immunization among the guardians with no formal education was 81%.

The Mid-term Review of NHSP II explicitly notes that, “Access has been the focus. Now more attention on quality of care is needed as a matter of priority. (page 11) (Document 6)

On a supply side, quality of care related challenges remain with basic inputs such as: deficit (and absence) of qualified health workers at facilities, stock-out of drugs and commodities, non-functioning equipment and poor physical and utility infrastructure. Curative services, in particular, have suffered more from the quality issues. (page 11)The EVMA done in 2014 points towards the following (Document No. 7 (a) & (b)):

- There is an acute need for improving vaccine storage as well as logistics. Oly 4 out of 47 stores met all minimum requirements for the quality of vaccine store
- Storage capacity is compromised specially at district and community level. Dry store capacity is minimal. Only 43% dry stores had well organized shelving, pallet standing or pallet racking.
- Vaccine transport capacity was not sufficient
- None out of 7 sub-national stores met all WHO recommendations on layout of the packing area.
- only 24% stores had voltage stabilizers for all refrigeration equipments.
- None out of 20 fully satisfied transport maintenance

The CMYPA (2011-2016) has identified the following major issues (Document No. 8):

- Urban maternal and child health services including immunization structures in municipalities are inadequate and not well defined
- Poor access to immunization for urban slums, marginalized and migratory population
- Not all municipalities have immunization micro-plans (page 10)
- Knowledge and skills of immunization service providers not regularly updated (page 11)
- Inadequate cold chain infrastructure at centre and districts (page 16)

10. Lessons Learned and Past Experience

This description will highlight to Gavi how lesson-learning has been incorporated into the design of the activities. It will provide the evidence base that demonstrates that the proposed activities will be effective, and that implementing them will achieve the desired intermediate results and immunisation outcomes.

➔ *Please use the table in the proposal form to summarise the evidence base and/or lessons learned related to each of the objectives in the proposal. Applicants are asked to detail the lessons learned from relevant*

interventions specific to their country that were successful.

➔ *In addition, please illustrate the challenges to successful implementation.*

**Where possible, please provide evidence of this learning by providing a reference or a web-link to a published document related to the specific interventions.*

Please provide a reference to the relevant section and pages in the NHP which outline how lessons learned from the previous NHP have been incorporated into the current NHP plan. If available, please attach documentation on lessons learned implementation of the pooled funding mechanism, including relevant sections from joint annual reviews (JAR), mid-tern evaluations etc.

Various lessons have been learned during the implementation of Nepal Health Sector Program- 1 and 2. The mid-Term review of the NHSP- 2 has shown that coverage, regularity of services, quality issues, logistics and equity are major concerns. (Pages: 8, 22 and 49)

Equity in health featured prominently in the previous sector strategies: NHSP-I (2005-2010) and NHSP II (2010-2015). NHSP-I attempted to put “clear systems in place to ensure that the poor and vulnerable have priority for access.22” Similarly, NHSP-II aspired to “increase access to and utilisation of quality essential health care services” and “reduce cultural and economic barriers to accessing health care services Vulnerable Community Development Plan (VCDP), developed in 2004, supported NHSP-I to operationalize the agenda of social inclusion in the health sector; likewise, Health Sector Gender Equality and Social Inclusion Strategy of 2009 accompanied NHSP II. (page 7)

Pooled Funding is a practice where predetermined fund from pool partners is committed to the national government. The national government will allocate the necessary budget to carry out the required activities. The beauty of pool funding is that there are no strings attached: only the outcomes are assessed. government can spend the money wherever it feels necessary. So, "One work plan, one monitoring plan and one report" applies to all pool partners. This helps the country not to prepare many program and financial reports.

Joint Annual Review (JAR), carried out every year with pool- partners provides important feedback to the health sector for necessary adjustment and revision of programs. Improvement of health services in the urban area, improvement of quality of services, logistics, financing and equity are the major area of focus in the JAR.

PART D - PROPOSAL DETAILS

For further instructions, please refer to the Supplementary Guidelines for HSS Applications

11. Objectives of the Proposal

This section will be used to assess whether the proposed objectives are relevant, appropriate and aligned with the National Health Plan and cMYP, and contribute to improving immunisation outcomes. It will also ensure alignment with the bottleneck analysis above.

➔ *Please succinctly describe the immunisation and HSS objectives to be addressed in this proposal and explain how they relate to, and contribute to, reducing HSS and immunisation bottlenecks (identified in section C.9 above) and strengthening of the health system. Please describe how these objectives are aligned with those in the national health plan.*

The objectives need to be aligned to and numbered in the same way in the HSS M&E Framework (Attachment 5) and also in the detailed Budget, Gap Analysis and Workplan Template (Attachment 6).

➔ *For each objective, please describe:*

a) *Which immunisation outcomes will be improved by implementing the activities, and how will the activities contribute to their improvement? Please focus on the key activities related to each objective rather than every single activity. Please demonstrate this link in the next section on the results chain.*

b) *Whether and how the proposed objectives relate to the equity and gender related barriers to access as identified in the bottleneck analysis, and how the objectives will result in narrowing the equity gap in immunisation coverage and contribute to reaching the under reached, underserved and marginalised populations. Countries are requested to consider gender related and geographic barriers to access of immunisation and other health services.*

➔ *Please list and describe all of the proposed activities in the Budget, Gap Analysis and Workplan Template. Please organise the activities accordingly by objective. If Gavi funding is requested to go into pooled funds, please attach the Annual Work Plan and Budget for the pooled fund and related TORs.*

➔ *If this Gavi HSS grant (either a portion or all of it) is proposed to be aligned with the World Bank's RBF programme or any other existing PBF programme in the country, then please attach the concept note or programme design document. Describe in this section which of the objectives of the grant are for the PBF/RBF programme and how the grant will be aligned.*

There is no need to prepare separate objectives for the Gavi HSS grant.

Please list the key objectives from the NHP including ones relevant to immunisation

The Draft NHSP-III (2015- 2020) has defined 9 outcomes for the sector, which are given below. These objective statements are said to be the basis of output based planning and budgeting that will drive the five year plan of action as outlined in the NHSP-III Implementation Plan and also form the basis for monitoring of sector performance and progress as defined in the NHSP-III Results framework. (page 30)

- ☐ Outcome 1 Strengthened health systems: HRH, Infrastructure, Procurement and Supply chain management
- ☐ Outcome 2 Improved quality of care at point-of-delivery
- ☐ Outcome 3 Equitable utilization of health care services
- ☐ Outcome 4 Strengthened decentralised planning and budgeting
- ☐ Outcome 5 Improved sector management and governance
- ☐ Outcome 6 Improved sustainability of health sector financing
- ☐ Outcome 7 Improved healthy lifestyles and environment
- ☐ Outcome 8 Strengthened management of public health emergencies
- ☐ Outcome 9 Improved availability and use of evidence in decision-making processes at all levels

Though these outcomes reflect whole health system, particularly important in relation to immunization are outcomes 1, 2, 3, 4 and 6. It is assumed that more detailed work out in relation to immunization will

be included in the NHSP- III Implementation Plan (yet to be developed by MOHP).

The Immunization program will retain the "priority" status and the activities offered herein this proposal will be included in the subsequent implementation plan.

12. Description of Activities

This description will be used to assess if the proposed key activities will be sufficient to achieve the identified immunisation outcomes.

→ Please present a description of key activities organised according to the above specified objectives in the table below. Clearly explain how the proposed activity is linked to improving immunisation outcomes. Please ensure that activities described here are aligned with activities that are included in the Budget, Gap Analysis and Workplan Template.

→ Countries should demonstrate alignment between HSS grant activities and activities funded through other Gavi cash support, including vaccine introduction grants and operational support for campaigns.

There is no need to prepare a separate list of activities for the Gavi HSS grant

Please provide the relevant sub-sections of the NHP focusing on immunization (annual workplan, activities and budget).

The NHSP- III Implementation Plan is under development. The draft NHSP- III Implementation Plan (IP) is available. The following activities are incorporated in the NHSP – III – IP (Document No. 10).

- Output 1a.2 – Improve Human Resource Education and competencies
- Output 2.1.6 – Strengthen Capacity of Health workers
- Output 3.2.1 – Intensify Routine Immunization Program with focus in Urban & Hard to reach area
- Output 3.3.3 – Universal Health Coverage
- Output 3.2.5 – Maintain VPD elimination status and expand surveillance
- Output 9.1.4 – Integrated Disease surveillance system
- Output 9.1.7 – Establish Sentinel surveillance sites
- Output 1c.2.15 – Refrigerated vehicle
- Output 3.2.2 – Strengthen cold chain and vaccine logistic system
- Output 9.1.3 – Create functional linkage in health information system
- Output 9.3.5 – Collaborate for CRVS
- Output 3.2.3 – Secure sustainable financing

The following areas and activities will be the core area of immunization activities, supported through GAVI- HSS.

- Updating the knowledge and skills of health workers especially on immunization
- Strengthening appropriate place for immunization especially in outreach setting (construction of health huts)
- Empowering the community in enhancing immunization coverage
- Enhancing the capacities of training facilities
- Supporting integrated diseases surveillance along with VPD surveillance
- Strengthening the regional vaccine storage capacity for added vaccines (such as IPV and PCV) as well as for future (probably HPV and rotavirus)
- Strengthening immunization services in urban areas especially the missing children and supporting civil registration and vital statistics (CRVS)
- Support in declaration of district and VDC with full immunization as well as support in

enhancement of FCHV in urban areas will address the issue of "unreached population".

It is expected that the NHSP- III IP will be developed by end of June 2015, before the development of annual work plan as this will be guiding document for inclusion of important activities.

13. Results Chain

This description will detail to Gavi how the proposed activities will result in improved immunisation outcomes.

➔ *Please present a Results Chain using the template provided below for each objective. This diagram should demonstrate how activities contribute to achieving intermediate results and how intermediate results contribute to achieving immunisation outcomes. The intermediate results should link directly to the HSS bottlenecks identified in Section 9 and should address or contribute to addressing the selected bottlenecks for the Gavi HSS proposal.*

(Please only include the key 4-5 activities for each objective that are central to delivery of intermediate results and immunisation outcomes. It is not necessary to list all activities for each objective as these are listed in Section 12 Description of Activities and in Section 15 Detailed Budget and Workplan Narrative.)

➔ *The Results Chain should be consistent with the HSS M&E Framework. For every activity and intermediate result listed in the Results Chain there should be corresponding indicators to measure achievement detailed in the box below. Immunisation outcomes indicators do not have to be related to any specific objective, they are related to the programme as a whole so are not included in this results chain. Indicators should align to those detailed in the HSS M&E Framework.*

➔ *Please note that a Gavi HSS proposal must include an independent and systematic data quality assessment and an improvement plan described in the Supplementary HSS Guidelines Key Terms Section. Applicants must identifyspecific data quality problem areas where funds will be used.*

➔ *Using existing documentation, please summarize how Gavi HSS funds will contribute to improve immunisation outcomes in the context of the NHP*

Major Activity 1: Updating the knowledge and skills of health workers especially on immunization (Reference Draft NHSP-III-IP, Output 1.9.2, 2.1.6)

Key Activities: ▪ Skill upgrading in MNCH including immunization for 5,000 community based health workers from 75 districts ▪ Six month training of 250 AHWs as senior AHWs with essential competencies in MCH to provide higher level MNCH and other clinical services at the sub-district level ▪ Skill upgrading training on immunization for 200 vaccinators from private sectors in urban areas ▪ Establish at least one EPI training centres in each of 5 regions	**Intermediate Results:** ▪ Quality immunization services offered ▪ Good counselling and follow-up of infants ▪ Training facilities strengthened	**Immunisation Outcomes:** ▪ Very low rate of VPD reported ▪ Clients satisfied with immunization services
Related Key Activities Indicators: ▪ Number of trainees ▪ Establishment of training centres	**Related Intermediate Results Indicators:** ▪ % of Satisfied Clients ▪ % of Well-equipped training Centres	

Major Activity 2: ***Strengthening appropriate place for immunization especially in outreach setting (construction of health huts) (Reference Draft NHSP-III-IP, Output 2.12, 3.1.3, 3.2.1)***

Key Activities: ▪ Updating and strengthening of implementation of reaching every community (REC) micro plan in coordination with health facility management committee ▪ Provide integrated child health care package in 25 districts ▪ Developing and implementing an urban MNCH health plan in 50 major municipalities ▪ Establishing 4000 "Health Huts" in twenty selected districts ▪ Please only include the key 4-5 activities for each objective	**Intermediate Results:** ▪ HFMC strengthened ▪ Immunization outreach sites are "all weather and client- friendly"	**Immunisation Outcomes:** ▪ Declaration of VDC with full immunization ▪ Increase in immunization coverage in urban area
Related Key Activities Indicators: ▪ Ratio of REC plan developed ▪ % of functional urban health clinics	**Related Intermediate Results Indicators:** ▪ HFMC having a certificate of "Fully Immunization" ▪ Increase in immunization coverage in urban area	

Major Activity 3: ***Strengthening the regional vaccine storage capacity for added vaccines (such as IPV and PCV) as well as for future (probably HPV and rotavirus) (Reference Draft NHSP-III-IP, Output 1c.2.15, 3.2.2)***

Key Activities: ▪ Construction of new building with office, repair & maintenance workshop and warehouse appropriate for the storage of vaccine and accessories in central store and six regional stores ▪ Replace and add new sets of WIC and WIF to accommodate future demand for central and regional vaccine store ▪ Establish solar backup system in 60 districts ▪ Please only include the key 4-5 activities for each objective	**Intermediate Results:** ▪ Sufficient space for traditional and new vaccines ▪ Uninterrupted power supply for WIC and WIF	**Immunisation Outcomes:** ▪ Uninterrupted supply of vaccines

Related Key Activities Indicators: ▪ Number of constructed sites ▪ Ratio of replaced WIC and WIF	→	**Related Intermediate Results Indicators:** ▪ % of Vaccine storage capacity (free space/ available area)

IMPACT: ***Please provide an impact statement and indicator(s)***

- High vaccination coverage with almost no report of outbreak of VPD
- No cases of measles reported
- Very low incidence of VPD (measles as an proxy indicator)

ASSUMPTIONS:

- The fund flow is smooth
- Local government is functional
- Vaccine logistics is good
- Adequate health workers are in place

14. Monitoring and Evaluation

This description will enable Gavi to assess how programme performance will be monitored, and to ensure alignment with National M&E arrangements. The proposed M&E framework for the HSS grant should link to the proposed Results Chain. While the Results Chain provides the rationale for how the proposed activities will result in improved immunisation outcomes, this section provides details of how the monitoring and evaluation will be undertaken.

Please note that the detail on activities, intermediate results and immunisation outcomes and their related indicators represents only a portion of what Monitoring and Evaluation consists of. As highlighted by the IHP+ Common M&E Framework diagram (Figure 2 in the Supplementary HSS Guidelines), the additional elements of data collection, analysis and synthesis, and communication and use are equally important. This section should therefore focus on providing a detailed description of how this proposal intends to tackle these elements.

**Where possible, Gavi asks for both country administrative data as well as data from 'other' sources. 'Other' recommended data sources are DHS/ Multiple Indicator Cluster Survey (MICS) or recent coverage estimates from WHO/UNICEF..*

- *Please provide an HSS grant Monitoring & Evaluation Framework as Attachment 3 (please complete the Gavi template).*
- *Please provide a description of how the monitoring and evaluation will be carried out for the grant, indicating how M&E is aligned with the national health plan results framework.*
- *Which sources of data will be used? Please provide an explanation of any disparities between administrative statistics and 'other' statistics and details of any plans to improve data quality to address these disparities. Please detail whether these plans are being implemented or if their resourcing and implementation are to be covered in the current HSS application.*
- *How much budget will be allocated to monitoring andevaluation, which will include M&E for this grant as well as for national M&E systems strengthening?*
- *Please describe the M&E system strengthening activities to be funded through this proposal.*
- *Please identify one or more immunisation outcomes for each objective.*
- *Please identify a number of intermediate results indicators related to each objective of the grant that shall be used for tracking the overall progress of the grant implementation (these will be used for PBF –please refer to the Introduction in the Supplementary HSS Guidelines). These are the same intermediate results indicators that are included in the Monitoring & Evaluation Framework, and will be used to measure the outputs / intermediate results that are included in the results chain in Section D.13.*
- *If this Gavi HSS grant (either a portion or all of it) is proposed to be aligned with the World Bank's RBF programme or any other existing PBF programme in the country, then please also attach the results framework for that programme. Please describe in this section how that results framework is relevant for Gavi's programme objectives. Please note that more than one immunisation-related indicator is expected to be part of any such PBF/RBF programme, if the Gavi HSS grant is proposed to be aligned with it.*
- *Gavi requires an end-of-grant evaluation by an independent third party to be planned and budgeted for as part of the grant design and funding request.If countries propose to use an existing evaluation for this purpose, they should provide appropriate justification.Gavi also strongly recommends a mid-term evaluation to help inform possible improvements to the implementation of the grant. Please provide details about the planned evaluation of the HSS grant.*

Given pooled funding, a separate M&E framework for the Gavi HSS grant will NOT need to be prepared.

Please provide the results framework (or monitoring and evaluation section) of the NHP. Gavi encourages countries to include six immunization indicators. The JRF annually tracks four indicators (DPT3 coverage rate, MCV1 coverage rate, geographic equity in DPT3 coverage, and dropout rate from DPT1 and DPT3). DPT3 coverage and fully immunised child information are also usually collected through periodic household surveys (e.g. DHS, MICS).

A draft of the NHSP- III Results Framework (RF) is available (Document 2). It includes the following indicators to gauze the progress in immunization program:

- OP1c2.3: Percentage of health facilities that have good storage practices for medicines
- OC3.2: Percentage of one year old children fully immunized by wealth quintile and by districts (takes into consideration DPT3 and measles)

As these indicators are taken as the monitoring indicators by pool partners, the progress will be monitored regularly. Coverage of DPT3 will give the indication of program effort and the coverage of Measles vaccination will show the continuity of service linked with quality of care. Besides, the data will also show the coverage by district and subsequently geographic coverage can also be seen. These indicators will help in showing the core indicators as mentioned by GAVI. Besides, the JRF will also be the basis for gauzing the progress.

Data qualities for immunization are carried out through two mechanisms: one with assessment of data quality by the immunization program itself in selected districts and another by health management information system annually throughout the country for all programs before the annual review. As a regular process this will be continued in future also.

The periodic surveys, usually done every five years (DHS and MICS) are expected to incorporate the required indicators for the outcomes and equity issues. Though the fund from GAVI will not be used for this purpose, but involvement of pool-partners will be there.

Routine health management information system (HMIS) is a well-established mechanism in Nepal and will report on dropout rate from DPT1 and DPT3.It also shows vaccine wastage rate. This system also gives information on regularity of services as well as associated issues (availability of human resources and vaccine logistics). These information will help in making decision timely and appropriately.

It is expected that the monitoring issue will be minimum with the given functioning structure of the government and pool-partners. However, regular feedback and appropriate action on the monitoring issues will be undertaken seriously by CHD.

It is planned that End of Grant Assessment will be done at the end of the support from GAVI.

PART E – BUDGET, GAP ANALYSIS AND WORKPLAN

15.Detailed Budget and Workplan Narrative

This description will be used to assess if the proposed budget shows sufficient justification for the proposed activities and activity costs within the HSS grant.

- ➔ *Please provide a detailed budget and workplanas Attachment 6 to this proposal. Please refer to the Supplementary HSS Guidelines for the list of items required from the budget and workplan. It is highly recommended that applicants use the Gavi HSS Budget, Gap Analysis and Workplan template as Attachment 6. However, countries can also provide this information in the format of an existing national Annual Operational Plan or equivalent document.*
- ➔ *Please provide a summary of the amount budgeted by year in the table below.*
- ➔ *Please include additional information on the assumptions within the budget and justification of unit costs to demonstrate that they are reasonable and supported by in-country planning. These assumptions and unit cost justifications may be inserted here or attached as separate documentation.*
- ➔ *Please provide a detailed Procurement Plan (PP) for the acquisition of goods, works and consultant's services covering the first 18 months of programme implementation. This should be submitted as Attachment 7 together with the workplan and budget (Attachment 6). This PP shall be reviewed and approved together with the workplan and budget by the HSCC/ ICC of the country.*
- ➔ *If this Gavi HSS grant (either a portion or all of it) is proposed to be aligned with the World Bank's RBF programme or any other existing PBF programme in the country, then please also attach the budget for that programme. Please describe in this section what portion of the Gavi HSS grant budget is proposed to be aligned with that programme and how. Also describe what budget portion is supported by the World Bank and any other funding sources for the RBF/PBF programme. Please complete the Gavi HSS Excel budget and workplan template accordingly to reflect the budget and workplan related to the RBF/PBF programme.*
- ➔ *Country does not need to use Gavi's budget, gap analysis and workplan template.*
- ➔ *Please provide the sector wide annual workplan and budget, and the immunisation-specific workplan if available. Additionally, please include documentation that outlines the SWAp process for budget and*

workplan development.

Year	*Total Amount Budgeted ($)*
2015	**8,700,000**
2016	**6,960,000**
2017	**6,960,000**
2018	**6,960,000**
2019	**6,960,000**

The table above summarizes the total budget requested for Gavi support. The amount reflects matched with the total allocation for HSS to Nepal.

These funds will also be supplemented by additional funds from other partners. Besides, fund received from national treasury will be the backbone of the national immunization programme. The HSS fund from GAVI will be put under the pool-fund mechanism. Annual work plans of Child Health Division will reflect all the major activities proposed under GAVI - HSS as pre-determined amount of money is expected. However, Performance Based Funding will also be reflected in the Annual work plan, but the amount of money will be determined in an annual basis. An indicative list of activities and budget is attached as the Annex - 1 along with this proposal

16. Gap Analysis andComplementarity

This description will ensure Gavi is aware of support provided by other donors, thereby avoiding overlap or duplication, and highlighting the value-added of the requested Gavi support.

- *Please complete the gap analysis tab in the Gavi HSS Budget, Gap Analysis and Workplan Template. This gap analysis should be related to each of the proposal objectives to show the total resource requirements for health system strengthening related to that objective, and the different resources for HSS financing already in place, as available in National Health Sector Strategy/Plan, cMYP, or other gap analysis conducted.*
- *For each of the objectives, applicants should list different resources for HSS financing already in place that contribute to the proposal objective, including government and external donor contributions, the project name if applicable (or indicate budget support), duration of support, funding amount provided (in US$), and geographic location covered by the support. The Supplementary HSS Guidelines provide more detail on the key required elements of the gap analysis.*
- *In the box below, please provide a narrative description of other efforts by the Government or development partners that focus on the bottlenecks that are addressed by the proposal objectives, including the timeframe and the geographic location of this support, thereby highlighting the value-added of Gavi support and how the current proposal complements those efforts.*

Gavi encourages the use of data from existing gap analyses, rather than undertaking a new gap analysis.

Country does not need to use Gavi's budget, gap analysis and workplan template.

Please provide the budget associated with the sectoral and immunisation workplans, which should identify sources of funding, and gaps, including: 1. Government funding 2. Sector wide/pooled funding 3. Other donor contributions (off plan/off budget- i.e. project funding)

- As mentioned in the guideline for pooled funding, there is no necessity for gap analysis and workplan template.

Sectorial Budget Trend (in 1000 NRs.)

Fiscal Year	Total MOH&P Budget	GoN	EDP*	% of EDP
2011/2012	24,934,883	15,213,354	9,721,531	38.99
2012/2013	20,240,361	11,717,230	8,523,131	42.12
2013/2014	30,432,196	20,135,748	10,296,448	33.83

* Of the said amounts it is stated that 89.3% of the budget is pool fund for fiscal year 2013/2014

Analysis of the budget of MoH&P for fiscal year 2013/2014 shows that the share of immunization program in the total budget is 3.4% (Draft MoH&P report)

17. Sustainability

This description will enable Gavi to assess whether issues of sustainability have been adequately addressed.

- ➔ *Please describe how the government is going to ensure sustainability of the results achieved by the Gavi grant after its completion.This should encompass sustainability of financing for immunisation services and health system strengthening, as well as programmatic sustainability of results.*
- ➔ *If there are other recurrent costs included in this proposal please describe how the country will cover these costs after the funding finishes.*
- ➔ *Please include existing documentation that addresses sustainability.*

The DraftNHSP- III (2015- 2020) stresses improved sustainability of health care financing as its outcome 6. It states: (page 43-44)

Health financing emphasizes the importance of ensuring adequate financing for the health sector in a sustainable manner through different sources, while reducing financial hardship to households. Furthermore strengthening of social health protection measures including the implementation of health insurance scheme and integration of the existing health financing schemes will be priority to enhance people's access to quality services.

During NHSP I and II period, the government introduced various programmes including demand side financing schemes to improve people's access to health care services. Despite free provision of certain health services mostly offered through public facilities, people increasingly seek health care services more often from private facilities than public facilities (NLSS). As a result, out of pocket payment (OOP) payment remains as a dominant source for financing health sector, accounting for more than half of total health spending in the country.

The following indicators are used for monitoring financial sustainability:

Indicators OC6.1 Total health expenditure as percentage of GDP

OC6.2 Incidence of catastrophic health expenditure

OC6.3 Per capita government expenditure for health

OC6.4 Public funds as % of total health expenditure

The high level of OOP spending is a major concern in the Nepalese health financing system as it is a most regressive method of health financing which may lead to catastrophic expenditure and impoverishment. This demands for a mechanism that generates financial resources in a prepaid

manner, pools financial risk across the population and incentives the delivery of quality health care services. Financial protection against the ill health will be strengthened to ensure people's access to health services irrespective of people's ability to pay.

NHSP III also defines package of cost-effective and evidence-based package of 'Basic' health services – a subset of Essential Health Care Service (EHCS)– that will be universally provided free of charge to the people. 'Basic' health package will require gradual increase in per capita government's investment of the sector, which, in the long run, will minimize incidence of financial catastrophic expenditure for the people.

Besides increasing the level of financial resources for the health sector, efficient and equitable spending of the available resources also remains a priority in NHSP III. This is very much in line with this proposal. As immunization program is a component of "Basic Health Service Package" (page 54) it is expected that it will have fair share of increment in the annual budget to accomplish the major task related with immunizations.

The MOHP has also tabled "Immunization Fund Act" before the Constituent Assembly for sustained immunization financing. It is still a draft in Nepali version and the Constituent Assembly members are still discussing it. However, It is hoped that it will give a solid ground for sustainability of immunization program.

PART F – IMPLEMENTATION ARRANGEMENTS AND RISK MITIGATION

18. Implementation Arrangements

This section will be used to determine if the necessary arrangements and responsibilities for management, coordination, and technical assistance inputs of the implementing parties have been put in place to ensure that programme activities will be implemented. Please describe:

- ➔ *How the grant implementation will be managed. Identify key implementing entities and their responsibilities.*
- ➔ *Please describe governance and oversight arrangements.*
- ➔ *Mechanisms which will ensure coordination among the implementing entities.*
- ➔ *Financial resources from the grant proceeds that will be allocated to grant management and implementation.*
- ➔ *The role of development partners in supporting the country in grant implementation.*
- ➔ *Please attach the implementation arrangements of the sector wide mechanism, if appropriate. This may be addressed in section 22.*

Nepal has implemented pooled mechanism in the health sector for about one decade. The government feels that the overall responsibilities of health care lies with the government. The annual report presented to the pool-partners and joint development of annual work plan and budget will address most of the implementation issues. Besides joint monitoring and review will help in amendment/revision of any activity that needs attention.

As immunization program is categorized as a priority 1 program by national planning commission, the fund flow from the MOF will be on priority basis as in the past. Based on the progress report, the funds will be available to the program at the beginning of fiscal year which will be disbursed to the district as soon as possible for effective implementation of the approved activities.

In Nepal, annual planning cycle for next fiscal year starts in March every year and is discussed with partners/ stakeholders. Joint planning as well as joint monitoring is a preferred modality. Every year review of the program is carried out at three levels: district, region and the centre. During the review all the aspects of program will be discussed and recommendations made for next year's program.

Annual regional and national review as well as the Joint Annual Review is attended by the pool partners. So necessary feedback is obtained and issues are addressed as necessary.

19. Involvement of CSOs

This description will be used to assess the involvement of CSOs in implementation of the proposed activities. CSOs can receive Gavi funding through Gavi HSS grants going to the MoH and then transferred to the CSO[2].

- ➔ *Please describe how CSOs will be involved in the implementation of the grant activities, indicating the approximate budget allocated to CSOs.*
- ➔ *If CSOs will not be involved in implementation please provide an explanation of why they are not involved and what steps will be taken to facilitate future involvement of CSOs in Gavi HSS activities.*
- ➔ *Please detail the role of CSOs in reaching equity groups, e.g. uneducated mothers, remote areas, poorest quintiles, conflict affected populations.*
- ➔ *Please ensure that any CSO implementation details are reflected within the detailed budget and workplan.*

Please summarise role of CSOs in implementation of the sector wide program

Civil Society Organizations (CSO) are minimally involved in routine immunization programme. As most of the services are offered through the governmental network of health facilities. However, contribution of CSO is very good during the campaigns (Polio, measles, JE etc).

However, involvement of the municipal and VDC level organization will be insured through the mechanism of public private partnership as mentioned in the NHSP-III. This is be important in the micro-planning and declaring the VDC and districts as "fully immunized"

20. Technical Assistance

This description will outline to Gavi how technical assistance and National Institutions will support implementation of the proposed activities.

- ➔ *Please describe technical assistance (consultancy services) included in the grant activities. Please describe how this technical assistance will improve the way health systems and theimmunisation programme function.*
- ➔ *Please outline how technical assistance will improve institutional capacities of government agencies and CSOs and contribute to sustainability.*
- ➔ *Please explain the role that any National Institutions will be given. This could be for a research or training institution with expertise in data quality assessments and monitoring.*
- ➔ *If no technical assistance is planned to support implementation of this HSS grant please provide an explanation of why it is not planned.*
- ➔ *Please summarise technical assistance under the sector wide program, specifically related to immunisation.*

Apart from GAVI, major partners in immunization are UNICEF and WHO. They provide technical assistance for implementation of HSS activities. The government may get the services of local consultancy to carry out certain appropriate activities based on government rule and regulation.

The MOHP will coordinate with other ministries at local level for implementation of grass-root level activities. CBOs like association of DDC, VDC, Municipalities, Nepal Red Cross, NGOs, professional organizations and other will be used for planning, implementation and evaluation of activities at local level. Capacity building of institutions will help in sustaining the program.

Besides, other pool partners also help in off-budget activities whenever need arises, for example to conduct campaigns, training or logistics.

[2] In special circumstances grant funds can go directly from Gavi to a CSO, please refer to the Supplementary HSS Guidelines for further information.

21. Risks and Mitigation Measures

This information reflects the risk of a country not being able to implement the proposed activities within this grant proposal and/or spend the funds as approved by Gavi. It is expected that the Lead Implementer will be responsible for assessing and ensuring that risk mitigation measures are actually implemented.

- ➔ *If the country has existing health sector risk analysis, please attach these assessments and provide a brief reference to the relevant sections.*
- ➔ *If the country does not have existing health sector risk analysis, please complete the table below for each of the proposed objectives. Please refer to the Supplementary Guidelines for HSS Applications for a description of the various types of risk. If the risk is categorised as 'high', please provide an explanation as to why it is 'high'.*
- ➔ *Please provide any risk mitigation plan under the sector wide/pooled funding mechanism.*

The Draft NHSP- III mentions about the risk mitigating measures in its output 5.3 and 5.5 under the outcome 5: Improved

sector management and governance as follows (page 42):

The following is the excerpt from draft NHSP- III:

Output 5.3: Development cooperation and aid effectiveness in the health sector improved- (through joint effort of government and development partners) : GON has endorsed a new Development Cooperation Policy in 2015. MOHP will be responsible, with the support of the EDPs, to implement this policy within the health sector. Both parties will work together to: reduce the aid related transaction cost for the government; further improve the public financial management of the government to reduce the fiduciary risk for the EDPs; improve aid predictability; further strengthen the SWAp arrangements; foster regional cooperation (south-south) in health; and better align Technical Assistance to the NHSP III priorities. (page 42)

Output 5.5 Improved public financial management within MOHP: There has been improvement on financial reporting, auditing and timely authorisation of budget over the years. Nevertheless, Ministry of Health and Population still remains relatively poor for spending allocated budget in comparison to overall national budget absorption rate. This output will emphasise for timely authorisation for budget, better tracking of spending including improved reporting of on-budget direct spending by external partners. Priority will also be given to enhance predictability in budget execution and equitable spending across different trimesters.

As stated earlier, the immunization program is a priority program of the government, the risks for the program are minimal. However, external factors might have impact over its success.

22. Financial Management and Procurement Arrangements

In this section applicants are requested to describe:

- ➔ *a) The proposed financial management mechanism for this proposal*
- ➔ *b) Financial Management Arrangements Data Sheet: The proposed processes and systems for ensuring effective financial management of this proposal, including the organisation and capacity of the finance department and the proposed arrangements for oversight, planning and budgeting, budget execution (incl. treasury management and funds flow), procurement, accounting and financial reporting (incl. fixed asset management), internal control and internal audit, and external audit. CSOs can receive Gavi funding through two channels: (i) funding from Gavi to MOH and then transferred to CSO, or (ii) direct from Gavi to CSO. Please refer to Annex 4 of the Supplementary HSS Guidelines for further details*
- ➔ *c) The main constraints in the (health sector's) financial management system. Does the country plan to address these constraints/ issues? If so, please describe the Technical Assistance needs in order to fulfil the above functions.*

4 pages (more pages necessary if more than one lead implementer)

Please provide relevant documents for financial management and procurement under the sector wide/pooled

funding arrangement.

This would include a complete description of the governance mechanism of the pool fund/SWAp: how it is budgeted/planned annually, reviewed (all reporting mechanisms), the key founding documents (macroeconomic planning, code of conduct, compact, etc.), audits, and procurement systems used, etc.

The NHSP- III mentions the following regarding the financial sustainability: (page 18)

The Sector Wide Approach (SWAp) that came into effect in 2004 continues to hold and is largely seen as a 'mature' SWAp which the GON aims to replicate in other sectors. The assessment of the implementation of the Paris Principles on Aid Effectiveness shows good progress made in the health sector. Improved aid effectiveness has helped strengthen health systems and "facilitated the rapid scaleup of proven, successful service delivery interventions. However, the momentum gained on establishing good partnership need to continue to address some persistent challenges that remain on aid effectiveness. One of them is the effective and efficient management of Technical Assistance (TA) in the sector; the effective use of TA for long-term institutional capacity development is another associated challenge. The large, and growing, volume of health aid channelled through the INGOs largely remain outside the purview of MOHP it more vulnerable to weak alignment and poor harmonization. Although the predictability of aid in the health sector has somewhat improved over the years – with some development partners making multiyear commitments – many partners are still unable to do so. On the other hand, "the government's financial system remains weak which may increase fiduciary risk for partners.

Question (a): applicants should indicate whether an existing financial management mechanism or modality will be employed (pooled funding, joint financing arrangements or other), or if a new approach is proposed. If an agency-specific financial arrangement will be used, specify which one. A rationale for this choice should be provided.	Under the terms of Joint Financing Arrangement (JFA), GAVI, DFID, WB, AusAID and other donors have committed to channelling funding for Nepal's National Health Sector Plan through a common pool and align financial support with national budget planning cycle. The pooling mechanism allows the government to decide how it spends that money. The alignment of funding to national budget cycle will make funds more predictable and reduce the administrative burden helping being more effective. The Health Systems Funding Platform (HSFP) initiated in 2004 aims to channel funds from GAVI and other major donors into national priorities through integrated health plans. GAVI is assessing pool fund mechanism and based on findings changes could be done for financial management.

Question (b):Financial Management Arrangements Data Sheet

Any recipient organisation/country proposed to receive direct funding from Gavi must complete this Data Sheet (for example, MOH and/or CSO receiving direct funding).

1. Name and contact information of Focal Point at the Finance Department of the recipient organisation.	
2. Does the recipient organisation have experience with Gavi, World Bank, WHO, UNICEF, GFATM or other Development Partners (e.g. receipt of previous grants)?	YES. All the partners are working with MoH&P, Government of Nepal
3. **If YES** • Please state the name of the grant, years and grant amount.	Nepal has received different types of GAVI support in past. These are HSS 1 (2008-2009), HSS 2 (2010-2014), ISS (2002-2007), INS (2002-2005), HePB

• **For completed or closed Grants of Gavi and other Development Partners:** Please provide a brief description of the main conclusions with regard to use of funds in terms of financial management performance. • **For on-going Grants of Gavi and other Development Partners:** Please provide a brief description of any financial management (FM) and procurement implementation issues (e.g. ineligible expenditures, mis-procurement, misuses of funds, overdue / delayed audit reports, and qualified audit opinion).	mono (2002-2004), Tetra (2005-2008), Penta (2009), IPV (2014), PCV (2014) MRSD (2014) and HPV (2014) and VIGs (2002,2007,2012, 2014). As of 30 June 2014 GAVI has approved $ 77,626,637 in these categories for Nepal. These funds will follow government rules and regulation on financial management like for other government funds
Oversight, Planning and Budgeting	
4. Which body will be responsible for the in-country oversight of the programme? Please briefly describe membership, meeting frequency as well as decision making process.	MOHP, MOF and NPC
5. Who will be responsible for the annual planning and budgeting in relation to Gavi HSS?	The relevant Directors of the Department of Health Services are responsible for the implementation of the programme. The Director General is the head of the DoHS and is responsible for the programme management and M&E of the GAVI HSS activities.
6. What is the planning & budgeting process and who has the responsibility to approve Gavi HSS annual work plan and budget?	MoHP prepares an annual plan with the government budget and submits it to National Planning Commission (NPC) for approval. After approval from NPC, the plan is submitted to the MoF for budget allocation and approval. The annual health plan together with the national plan is then submitted to the parliament for approval. Once approved by the parliament, the plan is reflected as the annual consolidated plan in the "Red Book". MoF sends this approved plan and budget to MoHP. After receiving the approval from MoF, MoHP prepares an authority of expenditure to the Director General (DG) of DoHS, who then authorizes DHOs to make expenses following the approved annual plan. MoF then releases the approved budget to District Treasury Controller's Office (DTCO). The DG of DoHS sends an authority letter outlining the activities and budget to DHOs. DHOs then receive 1/3rd 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 greater.
7. Will the Gavi HSS programme be reflected in the budget of the Ministry of Health submitted every year to the Parliament for approval?	YES

Budget Execution (incl. treasury management and funds flow)	
8. What is the suggested banking arrangement? (i.e. account currency, funds flow to programme) Please list the titles of authorised signatories for payment release and funds replenishment request.	The funds are deposited in the name of Financial Comptroller General Office at Nepal Rastra Bank in USD currency. The government authorizing official will be the Secretary of Health & Population and Bank's authorizing official will be executive director. The account is signed jointly by at least two authorized signatories (Deputy Financial Comptroller and Account Officer)
9. Will Gavi HSS funds be transferred to a bank account opened at the Central Bank or at a commercial bank in the name of the Ministry of Health or the Implementing Entity?	No
10. Would this bank account hold only Gavi funds or also funds from other sources (government and/or donors- "pooled account")?	This is a source account and so, will be different from others. However, other bank accounts will be responsible for "pooled account"
11. Within the HSS programme, are funds planned to be transferred from central to decentralised levels (provinces, districts etc.)? **If YES**, please describe how fund transfers will be executed and controlled.	YES Channelling of GAVI HSS funds will utilize the same mechanism used for all programs of the MoHP. After receiving the approval of programs with budget from the MoF, the MoHP provides authority of expenditure to the Director General (DG), Department of Health Services. The DG then authorizes district health offices to make expenses as per approved annual plan. MoF then releases the budget to District Treasury Comptroller's Office (DTCO) as per approved plan. After receiving the authority letter from the DG, which outlines the activities and budget, districts health offices receive from DTCO 1/3 of the approved annual budget or the total amount of funds required to carry out activities in the first quarter of the year, whichever is higher. However, the priority 1 program get special consideration and immunization program is one of them.
Procurement	
12. What procurement system will be used for the Gavi HSS Programme? (e.g. National Procurement Code/Act or WB/UNICEF/WHO and other Development Partners' procurement procedures)	Procurement of goods and services by the MoHP are governed by the procurement law (procurement Act 2006 and Financial Rules and Regulation 1999). The fundamental principles on which procurement procedures were established are transparency, protection against corruption, and efficiency. Procurement of goods and services occurs at all levels as per allocated budget in the annual plan (Red Book). Procurement of items that cost less than NRs 100,000 (US$ 1500) is done locally by designated person without bidding. A separate mechanism is used for procurement of items that cost greater than US$1500:

	1. Local Competition Bidding (LCB)—up to US$ 15,500 2. National Competition Bidding (NCB)—US$ 15,000 to 500,000 3. International Competition Bidding (ICB)—greater than US$ 500,000 The process of procurement in the above mentioned includes: 1. Detailed requisition of goods or services needed as per the approved annual plan is prepared by the initiating division, regional health directorate or district health offices with generic specifications fully describing the goods and services needed. A procurement plan that includes bidding notice, processes method, and evaluation is made. 2. Publication of tender: an invitation to bid on the goods or services to be procured is published in the national newspaper. 3. Bidding documents that provide detailed specification of the goods or services being procured are provided to all bidders who respond to the invitation for bids. 4. Only signed bids submitted in sealed envelopes by the bidder or their authorized representatives are accepted. The deadline for submission, which is from one month to 3 months after distribution of bid documents, is included in the bidding instructions. 5. Bids are opened at a specified time and place in the presence of the bid selection committee and bidders or legal representatives. 6. Selection of the bid is done by committee based on the best value for money considering primarily: price, quality of offer, and reputation of the vendor. 7. All bidders are notified of decisions made by the committee within 7 days. 8. If any bidding parties are not happy with the decision made by the bid-awarding committee, they can appeal their concern to the concerned authority within 7 days. 9. The committee must give final decision within 5 days. 10. Evaluation or selection committee does two kinds of evaluation: a) Technical evaluation, as per specification as specified in the bids, and b) a financial evaluation. 11. The bidding party should deliver goods or services within the given timeframe mentioned in the approved bidding document. 12. Payment of the bidder is made through direct payment for national bidders or through letter of credit (LC) for payments for international bidders involving foreign currency.

13. Are all or certain items planned to be procured through the systems of Gavi's in-country partners (UNICEF, WHO)?	Only Pentavalent vaccine is procured through UNICEF. All other vaccines and related logistics are procured as per government's rules
14. What is the staffing arrangement of the organisation in procurement?	Staffing arrangement is made as per other government procurement system.
15. Are there procedures in place for physical inspection and quality control of goods, works, or services delivered?	YES The Rules and procedures are all spelt out.
16. Is there a functioning complaint mechanism? Please provide a brief description.	YES Complaint mechanisms are in place as per the government's rules and regulations.
17. Are efficient contractual dispute resolution procedures in place? Please provide a brief description.	YES As per government rule and regulation that applies to procurement of all ietms for other programs.
Accounting and financial reporting (incl. fixed asset management)	
18. What is the staffing arrangement of the organisation in accounting, and reporting?	There is no separate staffing arrangement for accounting and reporting of HSS funds. Existing staff will arrange accounting and reporting as for all health programs.
19. What accounting system is used or will be used for the Gavi HSS Programme? (i.e. Is it a specific accounting software or a manual accounting system?)	It will be the same system that is being used for other funds will apply to GAVI-HSS funds. As Nepal is using "pooled mechanism" in the health sector, a principle of "one work plan, one monitoring mechanism and one report" is used. So, there is as such no specific accounting system to trace and track the fund. However, the new system (TABUCS) can help in getting real time informations.
20. How often does the implementing entity produce interim financial reports and to whom are those submitted?	Monthly expenditure statements are sent to DTCOs by the 7th of each month for reimbursement based on monthly expenditure, and from there to FCGO which compiles reports from all over the country and submits it to the Office of the Auditor General (OAG) for verification and audit. DHOs also send monthly expenditures to departments, which compile yearly statements from all districts and send the report to FCGO. A new mechanism has been put in place which is called Single Treasury Account System by the FCGO, which can get updated (real time) information through the network and the department of health services can monitor the progress.
Internal control and internal audit	
21. Does the recipient organisation have a Financial Management or Operating Manual that describes the internal control system and Financial	YES The link to financial rules and regulations of Nepal

Management operational procedures?	Government and the guidelines for the audit of the public sector enterprises is: http://www.oagnep.gov.np/ Besides, the MOHP has developed a guidelines for the internal control system as per the guidance of FCGO
22. Does an internal audit department exist within recipient organisation? If yes, please describe how the internal audit will be involved in relation to Gavi HSS.	YES Internal audits are carried out by the DTCOs quarterly at the district level. As per the established procedures of the government, DHOs maintain district level accounts and send monthly expenditure statements to the departments and respective DTCOs for internal audit.
23. Is there a functioning Audit Committee to follow up on the implementation of internal audit recommendations?	YES External audit is carried out by the Auditor General Office annually on the consolidated statement prepared by MOHP and MoF and it is functional.
External audit	
24. Are the annual financial statements planned to be audited by a private external audit firm or a Government audit institution (e.g. Auditor General)?[3]	YES External audit is carried out by the Office of the Auditor General annually on the consolidated statement prepared by the MoHP and MoF. It is carried out annually after the internal audit.
25. Who is responsible for the implementation of audit recommendations?	MoHP and its departments, divisions and centers are responsible for implementation of audit report

[3] If the annual external audit is planned to be performed by a private external auditor, please include an appropriate audit fee within the detailed budget.

Question (c): Please indicate the main constraints in the (health sector's) financial management system. Does the country plan to address these constraints/ issues? If so, please describe the Technical Assistance needs in order to fulfil the above functions

Some of the observed constraints in the financial management system are as follows:

- Delay in approval of annual budget by the parliament and subsequently release of budget to the implementation units
- Various forms and formats required for release of funds and submission of reports, not closely linked with program outputs/performance
- Unnecessary harassment of program people by vigilant groups and monitoring authorities
- Challenges to track the specific fund at the implementation level as the budget released is "integrated"

MOHP/ Nepal is developing and implementing a financial monitoring system called "TABUCS" (Transaction, Accounting and Budget Control system", which will get all relevant information from the cost centres). It is a web-based electronic system, where every activity will be recorded and it can show allocation (real time) as well as utilization.

However, Some support would be needed in future once the program is launched