



## **Application Form for Gavi NVS support**

Submitted by

**The Government of Nepal**

**for**

Measles-rubella follow-up campaign

## **Gavi terms and conditions**

### **1.2.1 Gavi terms and conditions**

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

#### **GAVI GRANT APPLICATION TERMS AND CONDITIONS**

##### **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

##### **AMENDMENT TO THE APPLICATION**

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

##### **RETURN OF FUNDS**

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

##### **SUSPENSION/ TERMINATION**

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

##### **NO LIABILITY**

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

## **INSURANCE**

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

## **ANTI-CORRUPTION**

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

## **ANTI-TERRORISM AND MONEY LAUNDERING**

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

## **AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country. The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

## **CONFIRMATION OF LEGAL VALIDITY**

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

## **COMPLIANCE WITH GAVI POLICIES**

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

## **USE OF COMMERCIAL BANK ACCOUNTS**

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

## **ARBITRATION**

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

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

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

## **Gavi Guidelines and other helpful downloads**

### **1.3.1 Guidelines and documents for download**

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

## **Review and update country information**

### **Country profile**

#### **2.1.1 Country profile**

Eligibility for Gavi support

Eligible
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Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

11 June 2014

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

November 2016

## 2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

What was the total Government expenditure (US\$) in 2016?

7.96 billion

What was the total health expenditure (US\$) in 2016?

0.40 billion

What was the total Immunisation expenditure (US\$) in 2016?

37.6 million

Please indicate your immunisation budget (US\$) for 2016.

37.6 million

Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).

23.8 million for 2017

### 2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

16 July

The current National Health Sector Plan (NHSP) is

From

2016

To

2021

Your current Comprehensive Multi-Year Plan (cMYP) period is

2017-2021

Is the cMYP we have in our record still current?

Yes

No

If you selected "No", please specify the new cMYP period, and upload the new cMYP in country documents section.

From

To

If any of the above information is not correct, please provide additional/corrected information or other comments here:

Figures given above are allocated budgets.

### 2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

Vaccines are received in Nepal by Logistics Management Division, Department of Health Services, Ministry of Health. Important documents for each shipment required as per customs regulations are: 1) pre-notice letter, 2) airway bill, 3) invoice, 4) packing list, 5) release

certificate, 6) country of origin document, and 7) quality assurance document. Vaccine shipments are regularly received by Logistics Management Division with complete documentations as mentioned above for each shipment. Therefore, no potential delays are anticipated.

### 2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

National Regulatory Authority of Nepal is the Department of Drug Administration. Department of Drug Administration (DDA), Ministry of Health, Government of Nepal is Nepal's health technology product regulatory authority mainly responsible for enforcing pharmaceutical sector related objectives and strategies of National Health Policy, 2071. In accordance with the objectives of the National Health Policy 1991, to improve and manage by establishing co-ordination among governmental, non-governmental and private organizations involved in the activities related to drug production, import, export, storage, supply, sales, distribution, quality assessment, regulatory control, rational use and information flow, the National Drug Policy 1995 has been implemented in Nepal. Achieving the aim and objectives of National Drug Policy is another important area for DDA.

Contact:

Mr. Santosh KC, Information Officer, Tel : +977 1 4780227 EXT: 231

Mr. Narayan Prasad Dhakal, Director-General, DDA, email: narayandhakalji@gmail.com; narayandhakalji@yahoo.com

## National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	1,778,000	1,526,907	1,421,111	1,448,767	1,446,637

Measles SD Routine - Strat 1

	2018	2019	2020	2021	2022
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Country Co-financing (US\$)	4,106	9,500	318,639		
Gavi support (US\$)	4,000	-9,500	296,308		

#### PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	360,759	399,765	405,202	416,812	411,132
Gavi support (US\$)	5,660,000	6,527,500	6,856,000	7,052,500	5,896,471

#### Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	429,272	471,073	477,499	488,178	479,700
Gavi support (US\$)	1,259,000	1,219,500	1,236,000	1,263,500	1,215,691

#### <b>Summary of active Vaccine Programmes</b>

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	794,137	880,338	1,201,340	904,990	890,832
Total Gavi support (US\$)	8,701,000	9,264,407	9,809,419	9,764,767	8,558,799
Total value (US\$) (Gavi + Country co-financing)	9,495,137	10,144,745	11,010,759	10,669,757	9,449,631

## Coverage and Equity



### 2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Please refer to Joint Appraisal Report, 2017

## Country documents


### 2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.



Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

## Country and planning documents

✓	<b>Country strategic multi-year plan</b> Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	<a href="#">cMYP20172021_19-04-18_12.49.52.pdf</a>
✓	<b>Country strategic multi-year plan / cMYP costing tool</b>	<a href="#">Information cMYP Costing_29-05-18_14.16.17.pdf</a>
✓	<b>Effective Vaccine Management (EVM) assessment</b>	<a href="#">EVM Assessment and Improvement plan2014_19-04-18_13.03.41.pdf</a>
✓	<b>Effective Vaccine Management (EVM): most recent improvement plan progress report</b>	<a href="#">Progress noteEVM IP 201517102017_19-04-18_13.05.44.pdf</a>  <a href="#">EVM Improvement Plan Status Report 2016_19-04-18_13.05.12.pdf</a>  <a href="#">EVM Improvement Plan 2015 2017_19-04-18_13.04.48.pdf</a>
✓	<b>Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators</b>	<a href="#">NDHS 2016_19-04-18_13.18.45.pdf</a>

<p><b>Data quality and survey documents: Immunisation data quality improvement plan</b></p>	<p>No file uploaded</p>
<p><b>Data quality and survey documents: Report from most recent desk review of immunisation data quality</b></p>	<p>No file uploaded</p>
<p><b>Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation</b></p>	<p>No file uploaded</p>
<p> <b>Human Resources pay scale</b></p> <p>If support to the payment of salaries, salary top ups, incentives and other allowances is requested</p>	<p><a href="#">Rates explanation_29-05-18_14.23.03.pdf</a></p> <p><a href="#">GoN new salary scale BS 2073_29-05-18_14.22.26.pdf</a></p> <p><a href="#">GoN DSA rates_29-05-18_14.21.55.pdf</a></p>

## Coordination and advisory groups documents

<p> <b>National Coordination Forum Terms of Reference</b></p> <p>ICC, HSCC or equivalent</p>	<p><a href="#">ICC Functions and Members_19-04-18_13.28.11.pdf</a></p>
<p> <b>National Coordination Forum meeting minutes of the past 12 months</b></p>	<p><a href="#">NCIP ICC minute 21 April 2017 FINAL_19-04-18_13.31.35.pdf</a></p> <p><a href="#">ICC mtg min 24 Aug 2017 FINAL_19-04-18_13.31.01.pdf</a></p> <p><a href="#">ICC meeting minute FINAL 9 Aug 2017_19-04-18_13.30.23.pdf</a></p>

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[ICC meeting mins 15 Dec 2017 Nepal\\_19-04-18\\_13.29.25.pdf](#)

[ICC meeting min 27 April 2017\\_19-04-18\\_13.28.47.pdf](#)

## Other documents

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### Other documents (optional)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

[JA Nepal 2017 FINAL\\_30-05-18\\_11.30.58.pdf](#)

[Measles elimination and rubellaCRS controlNational Strategic Plan\\_19-04-18\\_13.35.01.pdf](#)

## Measles-rubella follow-up campaign

### Vaccine and programmatic data

#### 3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations. Measles-rubella follow-up campaign

Preferred presentation MR, 10 doses/vial, Iyo

Is the presentation licensed or registered? Yes  No

2nd preferred presentation MR, 10 doses/vial, Iyo

Is the presentation licensed or registered? Yes  No

Required date for vaccine and supplies to arrive

1 August 2019

Planned launch date

2 November 2019

Support requested until

2019

### 3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

MR, 10 doses/vial, lyophilized (Serum Institute) is a registered product in Nepal.

### 3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes

No

If you have answered yes, please attach the following in the document upload section:\* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.\* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

## Target Information

### 3.2.1 Targets for campaign vaccination

Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.

Please describe the target age cohort for the Measles-rubella follow-up campaign:

From

9

weeks

months

years

To 59 weeks  months  years

	2019
Population in target age cohort (#)	2,982,204
Target population to be vaccinated (first dose) (#)	2,982,204
Estimated wastage rates for preferred presentation (%)	10

### 3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2019
Population in the target age cohort (#)	630,928
Target population (first dose) (#)	630,928
Number of doses procured	3,054,982

## Co-financing information

### 3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella follow-up campaign

	2019
10 doses/vial,lyo	0.64

Commodities Price (US\$) - Measles-rubella follow-up campaign (applies only to preferred presentation)

	2019
AD syringes	0.04

Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.01

### 3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

2019	
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.01
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.01

### 3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles-rubella follow-up campaign

2019	
Vaccine doses financed by Gavi (#)	3,260,300
Vaccine doses financed by Country (#)	50,000
AD syringes financed by Gavi (#)	3,280,500
AD syringes financed by Country (#)	

Reconstitution syringes financed by Gavi (#)	364,200
Reconstitution syringes financed by Country (#)	
Safety boxes financed by Gavi (#)	40,100
Safety boxes financed by Country (#)	
Freight charges financed by Gavi (\$)	90,544
Freight charges co-financed by Country (\$)	1,387

	2019
Total value to be financed (US\$) Country	33,500
Total value to be financed (US\$) Gavi	2,330,000
Total value to be financed (US\$)	2,363,500

### 3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

	2019
Minimum number of doses financed from domestic resources	
Country domestic funding (minimum)	1,955,188.48



### 3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

After receiving decision letter for MR follow up campaign support, the program division will put the co-financing fund amount in the immunization program AWPB 2019/2020 and will pay the co-financed amounts.

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

September

The payment for the first year of co-financed support will be made in the month of:

Month

September

Year

2019

### Financial support from Gavi

#### 3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign  
Population in the target age cohort (#)

2,982,204

Gavi contribution per person in the target age cohort (US\$)

0.65

Total in (US\$)

1,938,432.6

Funding needed in country by

1 April 2019

### 3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template.

Total amount - Gov. Funding / Country Co-financing (US\$)

864303

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

1938433

Amount per target person - Gov. Funding / Country Co-financing (US\$)

0.29

Amount per target person - Other donors (US\$)

0

Amount per target person - Gavi support (US\$)

0.65

### 3.4.3 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

This grant will be managed as per existing Government financial rules.

### 3.4.4 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

All operational costs should be transferred to the government account except one line item which should be transferred to the WHO as below:

1. Marker pens for immunization booths (USD 32520).

### 3.4.5 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Additional technical assistance needs are:

1. Independent monitoring support including the RCS to the campaign through WHO
  2. Technical assistance for conducting post MR campaign coverage survey through WHO
  3. Funds for conducting post MR campaign coverage survey through WHO (USD 42,800)
  4. Technical assistance for IEC materials development through UNICEF
  5. Use of nation-wide mass media network for SIA through UNICEF
- These activities will be requested through TCA 2019 if agreed by Gavi

## Strategic considerations

### 3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

Please refer to the PoA, Section 2.

### **3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)**

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The cMYP (2017-2021) has already included a nation-wide MR campaign in 2019 and hence this request is aligned. Further, Nepal has the strategic plan for measles elimination (document attached).

### **3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)**

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request. If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines. In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The ICC reviewed and endorsed this application to Gavi for MR SIA support. The plan to conduct MR SIA in 2019 is already included in 'National Strategic Plan 2015-2019 for Measles Elimination and Rubella/CRS Control' and in 'cMYP 2017-2021'. Both these documents and the activities are endorsed by Ministry of Health. Since, this MR campaign activity is already endorsed by Ministry of Health, program division does not require NITAG endorsement of the application. In the past also, for mass immunization campaigns, NITAG endorsement was not required. NITAG endorsement is required only for new introductions.

### **3.5.4 Financial sustainability**

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

Immunization Program is the priority program (P1) of the Government of Nepal. The government will fund the additional co-financing amount through its own fund. The country has taken into account future transition from Gavi support by establishing Immunization Fund through Nepal's Immunization Act.

### **3.5.5 Programmatic challenges**

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and

include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Nepal has successfully completed several OPV, MR, TT, JEV campaigns achieving very high coverage. The first measles catch-up campaign was conducted in 2004. Following which, measles follow-up campaign in 2008, MR in 2012, and following earthquake MR campaign in 2015/2016. However, Nepal has now entered federal system of governance. In coming FY 2018/2019 (July 2018 - July 2019), the program division and partners will carefully observe any new challenges that may come up with federalization and be prepared for successful MR campaign in November 2019.

### 3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

Please refer to Section 2.2 of MR Situational Analysis

### 3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Nepal plans to introduce fIPV in July 2018 and rotavirus vaccine in December 2018. There are no plans to introduce any new vaccine in 2019. The gap between introduction of rotavirus vaccine and MR SIA is around 10 months. NIP plans to deliver one dose of bOPV to all 0-59 months old children in the country during proposed MR SIA to sustain population immunity to polio.

### 3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major Measles-rubella and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. Measles-rubella second dose introduction, Measles-rubella or Measles-rubella-rubella follow up campaign, etc.).

Nepal introduced MR second dose in 2015 and has conducted several measles or measles-rubella campaigns starting from 2004 achieving high coverage. For detail on 5 year plan, please refer to Section 2.1 of MR Situational Analysis and 5 year plan.

## Report on Grant Performance Framework

### 3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

### Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

### Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to [countryportal@gavi.org](mailto:countryportal@gavi.org).

## Upload new application documents

### 3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

### Application documents



**New vaccine introduction plan (NVIP) and/or campaign plan**

[NepalMR SIA activities and timeline20180430\\_31-05-18\\_15.36.19.xls](#)

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**of action (PoA), including checklist & activity list and timeline**

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.

MR Application ChecklistEdited20180529\_31-05-18\_15.30.59.docx

MR campaign plan of actionv420180531Without comments\_31-05-18\_15.26.26.docx

MR campaign plan of actionv420180531With comments\_31-05-18\_15.25.44.docx



**Gavi budgeting and planning template**

Budgeting and Planning Template Nepal27 May 18\_29-05-18\_15.44.38.xlsm

NOTE\_29-05-18\_15.41.52.txt

Total MR Camp 2019 Budget 15April\_29-05-18\_15.41.26.xlsx

77 District level budget for MR Camp 2019 15 April\_29-05-18\_15.41.02.xlsx



**Most recent assessment of burden of relevant disease**

If not already included in detail in the Introduction Plan or Plan of Action.

Nepal to Gavi MSPToolVersion27May2018\_31-05-18\_15.46.50.zip

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**Campaign target population (if applicable)**

No file uploaded

**Endorsement by coordination and advisory groups**




**National coordination forum meeting minutes, with**

ICC mtg mins 17 April 2018 Nepal FINAL\_25-04-18\_12.21.19.pdf

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<b>endorsement of application, and including signatures</b>	The minutes of the national coordination forum meeting should mention the domestic funding of MCV1
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	<b>NITAG meeting minutes</b> with specific recommendations on the NVS introduction or campaign	<a href="#">Explanatory note for NCIP endorsement_24-04-18_14.30.04.pdf</a>
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### Vaccine specific

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	<b>cMYP addendum</b> Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP	<a href="#">MR situation analysis and SIA planv420180531_31-05-18_15.41.51.docx</a>
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	<b>Annual EPI plan</b> Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget	<a href="#">Center and District AWPB including immunization 201718_29-05-18_15.19.59.pdf</a>  <a href="#">Annual EPI PlanDistrictCHD_24-04-18_14.13.53.pdf</a>  <a href="#">Annual EPI Plan CHD_24-04-18_14.12.55.pdf</a>
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<b>MCV1 self-financing commitment letter</b>	If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.	<b>No file uploaded</b>
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	<b>Measles (and rubella) strategic plan for elimination</b>	<a href="#">Measles elimination and rubellaCRS controlNational Strategic Plan_24-04-18_14.15.06.pdf</a>
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If available

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**Other documents (optional)**

Gavi queries May 2018 and country response 31052018\_31-05-18\_16.33.07.docx

SIA Summary Technical Report Final 201516 Nepal\_01-05-18\_10.04.00.docx

## Review and submit application

### Submission Details

#### Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

##### Active Vaccine Programmes

###### IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	1,778,000	1,526,907	1,421,111	1,448,767	1,446,637

###### Measles SD Routine - Strat 1

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	4,106	9,500	318,639		
Gavi support (US\$)	4,000	-9,500	296,308		

###### PCV Routine

	2018	2019	2020	2021	2022
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Country Co-financing (US\$)	360,759	399,765	405,202	416,812	411,132
Gavi support (US\$)	5,660,000	6,527,500	6,856,000	7,052,500	5,896,471

#### Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	429,272	471,073	477,499	488,178	479,700
Gavi support (US\$)	1,259,000	1,219,500	1,236,000	1,263,500	1,215,691

**<b><span style="color: rgb(31, 73, 125); font-family: calibri,sans-serif; font-size: 11pt;">Total </span><span style="color: rgb(31, 73, 125); font-family: calibri,sans-serif; font-size: 11pt;">Active Vaccine Programmes</span></b>**

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	794,137	880,338	1,201,340	904,990	890,832
Total Gavi support (US\$)	8,701,000	9,264,407	9,809,419	9,764,767	8,558,799
Total value (US\$) (Gavi + Country co-financing)	9,495,137	10,144,745	11,010,759	10,669,757	9,449,631

#### **New vaccine support requested**

Measles-rubella follow-up campaign

	2019	2020
Country Co-financing (US\$)	33,500	
Gavi support (US\$)	2,330,000	

	2019	2020
Total country co-financing (US\$)	33,500	
Total Gavi support (US\$)	2,330,000	
Total value (US\$) (Gavi + Country co-financing)	2,363,500	

#### Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	794,137	913,838	1,201,340	904,990	890,832
Total Gavi support (US\$)	8,701,000	11,594,407	9,809,419	9,764,767	8,558,799
Total value (US\$) (Gavi + Country co-financing)	9,495,137	12,508,245	11,010,759	10,669,757	9,449,631

## Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Rahul Pradhan	New Vaccines Officer	+977 9851052724	pradhanr@who.int	
Anindya S. Bose	MO-EPI/Team Lead-IPD	+977 9801010007	bosea@who.int	
Binod Sah	NPO-EPI	+977 98012 46681	sahb@who.int	

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Bikash  
Lamichhane

Director

+977  
9851136766

bikash\_moon1@yahoo.com

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Please let us know if you have any comments about this application

n/a

## Government signature form

The Government of Nepal would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles-rubella follow-up campaign

The Government of Nepal commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.*

*We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).*

*We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.<sup>1</sup>*

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<sup>1</sup> In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

**Minister of Health (or delegated authority)**

Name

Date

Signature

**Minister of Finance (or delegated authority)**

Name

Date

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

**Minister of Education (or delegated authority)**

Name

Date

Signature