



Partnering with The Vaccine Fund

# Progress Report

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund  
by the Government of

COUNTRY: **Nepal**

Date of submission: 26 May, 2004

Reporting period: 2003/2004 (FY July 15 2003 to July 14 2004 (Information

*provided in this report MUST*

*refer to the previous calendar year )*

- ( Tick only one ) :
- Inception report
  - First annual progress report
  - Second annual progress report**
  - Third annual progress report
  - Fourth annual progress report
  - Fifth annual progress report

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.  
\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*



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### 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

#### 1.1 Immunization Services Support (ISS)

##### 1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).*

*Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

*As reported in the first annual report, the funds have been put into a government special account. The funds were released in time during the reporting period to all districts. However, funds are governed by the financial rules and regulations, therefore, it is rigid and no room for adjustment once it is reflected in the govt. annual budget. The other factor is that the per diem rate in the govt. is too low, therefore the supervisors are reluctant to make supervision visits.*

##### 1.1.2 Use of Immunization Services Support

*In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.*

**Funds received during the reporting year**                      **Nil**

**There is also unspent funds (carry over) from the previous year amounting to US\$ 183,630** This amount was re-phased from the first fiscal year, which was released late therefore the districts could not spend. This will be released to districts in the next fiscal year.

**Table 1 : Use of funds during reported Nepal financial year 2003/2004**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central USD	Region/State/Province	District USD	
Vaccines					
Injection supplies					
Personnel	26,232.95	26,232.95			
Transportation					
Maintenance and overheads	13,116.49	13,116.49			
Training	79,012.33			79,012.33	
IEC / social mobilization	71,214.06			71,214.06	
Outreach					
Supervision	53,777.56	13,116.49		40,661.07	
Monitoring and evaluation	104,218.26			104,218.26	
Epidemiological surveillance					
Vehicles	5,246.59	5,246.59			
Cold chain equipment					
Other					
1) Computers and Printers	39,349.43	39,349.43			
2) Printing Guidelines and Training manuals	32,791.18	32,791.18			
3) Furniture	1,311.64	1,311.64			
4) TA/DA for Vaccine movement (specify)	26,029.51			26,029.51	
<b>Total:</b>	<b>452,300.00</b>	<b>131,164.77</b>		<b>321,135.23</b>	
<b>Remaining funds for next year:</b>					
a) unspent amount from last FY	183,630.00				
b) Third tranche due	705,000.00				

*\*If no information is available because of block grants, please indicate under 'other'.*

**Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed. (Attached)**

*Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

**Major Activities:**

- *Micro planning guidelines finalized and ready for printing;*
- *Adverse Events Following Immunization (AEFI) guideline for reporting and investigation and introduction sheets finalized and ready for printing;*
- *Orientation on AEFI, at 17 districts covering 31 sentinel sites completed with technical support from WHO;*
- *Central level AEFI committee already formed and Regional and district level formation in process;*
- *National Policy on Injection Safety with in Immunization program approved and sent for printing;*
- *MDVP policy adopted by MOH and sent for printing;*
- *3260 VHW/MCHW (Vaccinators) from 27 districts have been trained on HepB introduction.*
- *Micro planning conducted in 23 districts;*
- *14211 Female community volunteers from 26 districts oriented in EPI program focusing on hepatitis B vaccination;*
- *In-charges of 1579 Health Units and paramedics from 1579 Village development committees were oriented on strengthening regular immunization and focusing on HepB vaccination and safe injection practices.*
- *Massive communication activity through radio and poster message placed in 30,000 rickshaws (traditional public transportation) completed successfully with support from UNICEF.*
- *Two rounds of polio campaign (NID) 3-4 January and 21-22 February 2004 conducted, with coverage of 99.23% in first round and 99.06% in second round;*
- *No Polio case since 2000 November; Nepal is in the process for certification "Polio Free country";*
- *Measles and NT surveillance integrated with AFP surveillance in 2003, being strengthened further;*
- *3-round MNT campaign completed in 27 districts with >80% coverage and extended to 23 new districts with UNICEF support.*
- *Measles campaign targeting 10 million children of 9 month to 14 year age in planned to start phase-wise from September 2004.*
- *National Public Health laboratory strengthened for measles control activities;*
- *Data Quality Self-Assessment (DQS) training with the support from WHO SEARO successfully conducted;*
- *A 3 days training on FSP conducted in Kathmandu with support by WHO SEARO and WHO HQ;*
- *LQAS training and survey conducted in five districts with the technical support of CORE;*

**Problems encountered:**

- The funds are governed by the govt financial rules, which are too rigid, and sometimes not very effective in the implementation of programme.
- Though there was provision for 5 Immunization Officer, only 2 were recruited, out of which one has resigned last month.
- Security problem in the country is worsening therefore training, monitoring and supervision have been adversely affected.

**1.1.3 Immunization Data Quality Audit (DQA)** (If it has been implemented in your country)

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?  
If yes, please attach the plan.

YES

NO

*If yes, please attach the plan and report on the degree of its implementation.*

**AEFI**

- AEFI guideline for reporting and investigation and introduction sheets finalized and ready for printing;
- Orientation on AEFI, at 17 districts covering 31 sentinel sites completed;
- Central level AEFI committee already formed and Regional and district level formation in process;
- AEFI reporting from sentinel sites are expected in every month;

**Vaccine Management:**

- In Regional and Central store co inventory register with all columns for Batch No, Exp. Date and lot No is finalized and ready to be used in all levels;
- National vaccine procurement plan for short and long term has been developed;

**Supervision:**

- For the vaccine management strong supervision program is developed.

**Wastage of the vaccine:**

- In all training of the vaccinators, methods for lowering the wastage rate such as implementation of MDVP policy highlighted and emphasized;

**Data Recovery Procedure:**

- LMD is in the process of purchasing computers for districts level from ISS fund in order to maintain electronic back- up system in district.

**Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.**

Since most of the recommendations under Data Quality Audit were already noted and appropriate action was being taken by DoHS, therefore ~~this~~ there is no special plan of action was prepared.

*Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).*

*No specific study or coverage survey was conducted, however training on "Data Quality Self Assessment" supported by WHO SEARO and HQ was conducted in field visits to 4 districts. "Lot Quality Assurance Survey" LQAS training and survey was also conducted in five districts with supported from CORE group.*

## **1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support**

### **1.2.1 Receipt of new and under-used vaccines during the previous calendar year**

**Start of vaccinations with the new and under-used vaccine:      MONTH: 11th. November YEAR: 2003**

*Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

#### **Hepatitis B vaccine received in 2003/2004 FY**

- 060/6/12                      82,532 vials
- 060/12/3                      82,530 vials

*Due to late release of training budget in the previous fiscal yea as well as in this year for districts training programs, resulted in the belated distribution of hepB vaccine and AD syringes from the central and the regional stores to the districts.*



## 1.2.2 Major activities

*Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.*

### **Training and HepB introduction:**

- *Hep B introduction will be expanded to all 35 remaining district; This will cover the entire country.*
- *MLM training in 3 batches will be conducted in the remaining 35 districts in coming FY using ISS fund;*
- *All the 35 districts will conduct Micro Planning and Vaccinators training before the introduction of HepB;*
- *Provision of training for all the Health Institutions staff on safe handling of Cold Chain equipment;*
- *Review of the program in HepB implemented districts.*

### **AEFI**

- *AEFI guidelines for reporting and investigation and introduction sheets will be printed and distributed to all districts.*
- *Orientation on AEFI to health workers-will be conducted in all 75 districts*
- *Formation of district level AEFI committees will be completed in coming FY.*

### **Vaccine Management:**

- *In Regional and Central store co-inventory register with all columns for Batch No, Exp. Date and lot No is ready to be used at all levels.*

### **Others:**

- *By next FY all district Health Offices will be equipped with computer for data processing;*
- *"Data Quality Self Assessment" will be conducted in 10 districts;*
- *Nepal is preparing for a phase-wise measles campaign in September 2004*
- *JICA support for cold chain upgrade is approved and the equipment will start arriving Nepal from September 2004 on ward;*
- *For 100 cold chain assistants 3 days training for safe handling of cold chain equipment is planned from JICA with travel allowance from ISS fund in September 2004.*

### **Problems:**

- *The security situation of the country is worsening affecting smooth implementation of the program, particularly supply transportation and staff movement for supervision and monitoring.*
- *Due to delay in HepB introduction from the initial phase, the medical stores are over stocked with HepB vaccine.*

### 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

*USD 100,000 is allocated for human resource recruitment for 5 immunization officers and one cold chain officer. Only two immunization Officers, one Cold Chain Officer, one computer assistant, one driver for CHD director and one peon were recruited from this from fund. This amount is also reflected in the budget shown in table no 1. The unspent amount will be allocated in the next Year's budget.*

## 1.3 Injection Safety

### 1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

**Nepal received the following lots of AD syringes, reconstitution syringes and safety boxes:**

- |              |   |                  |
|--------------|---|------------------|
| • Nov, 2003  | 0.05 ml ADS                             | 214400 Pieces    |
| • Feb. 2004  | 0.5 ml ADS                              | 213,600 Pieces   |
| • March 2004 | 0.5 ml ADS                              | 5,006,400 Pieces |
| • May 2004   | 0.5 ml ADS                              | 252,000 Pieces   |
| • Feb. 2004  | 5 ml Disposable reconstitution syringes | 2400 Pieces      |
| • Feb. 2004  | 2 ml Disposable reconstitution syringes | 2100 Pieces      |
| • April 2004 | Safety boxes                            | 6925 Pieces      |

### 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
1. Replacement of reusable syringes by AD syringes for all injectable antigens.	In all HepB introduced districts (40 districts)	100%		
2. Safe disposal of soiled syringes (use of Safety Boxes)	In all HepB introduced districts (40 districts)	100%	In Municipalities, burning and burying of filled boxes was found difficult. So some of the clinics are using localyl made incinerators wherever available.	

### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/the Vaccine Fund injection safety support in the past year:

*Not applicable*

## 2. Financial sustainability

Inception Report: Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report: Submit completed financial sustainability plan by given deadline and describe assistance that will be needed For financial sustainability planning.

Second Annual Progress Report: Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.  
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

*Nepal is scheduled for submitting FSP on November 2004. 3 days training on preparation of FSP for Nepal, Bhutan, India and Sri Lanka was conducted in Kathmandu on April 5 to 7, 2004 where 12 participants from MOH, DoHS, Child Health Division, National Health Training Centre, Nepal Health Economic Institute, Unicef and WHO/GAVI were involved. During the 20th ICC, meeting the information was shared and the same team was approved for developing the FSP.*

### **3. Request for new and under-used vaccines for year 2005/2006. (Indicate forthcoming year)**

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

#### **3.1. Up-dated immunization targets**

*Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.*

**Table 3 : Update of immunization achievements and annual targets**

Number of	Achievements and targets								
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
<b>DENOMINATORS</b>									
Births	777,692	795,345	813,400	831,864	850,747	870,057	889,810	910,008	
Infants' deaths	49,928	51,061	52,220	53,406	54,618	55,858	57,129	58,423	
Surviving infants	727,764	744,284	761,179	778,458	796,129	814,201	832,684	581586	
Infants vaccinated / to be vaccinated with <b>1<sup>st</sup></b> dose of DTP (DTP1)*	573,887	591,934	688,763						
Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup></b> dose of DTP (DTP3)*	573,887	591,934	652,640						
<b>NEW VACCINES **</b>									
Infants vaccinated / to be vaccinated with <b>1<sup>st</sup></b> dose of ...HepB..... ( <i>new vaccine</i> )				174,872					
Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup></b> dose of HepB..... ( <i>new vaccine</i> )			15,800	125,275 ****					
Wastage rate of *** ..... ( <i>new vaccine</i> )				***					
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated / to be vaccinated with TT	637,981	562,953	685,924						
Infants vaccinated / to be vaccinated with BCG	678,565	693,007	734,365						
Infants vaccinated / to be vaccinated with Measles	606,823	614,994	606,834						

\* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

\*\* Use 3 rows for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert any row as necessary

\*\*\* As the reporting FY is still running, wastage will therefore be calculated at the end of the FY

\*\*\*\* Complete report from all districts is not available therefore the big difference in the first and third doses.

At the end of FY, more districts will introduce HepB vaccination in regular immunization.

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

*Target population does not match with Joint reporting form and baseline data because HMIS recalculates the target population every year.*

**3.2 Confirmed/Revised request for new vaccine** (to be shared with UNICEF Supply Division) **for the year 2004/2005** (indicate forthcoming year)

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

*Yes, the supply schedule has been received for 2004.*

**Table 4: Estimated number of doses of ..... vaccine (specify for one presentation only) :** (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		<b>Formula</b>	<b>For year 2005/06 .....</b>
<b>A</b>	Infants vaccinated / to be vaccinated with 1 <sup>st</sup> dose of <b>HepB</b> ( new vaccine)		*

**Remarks**

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3

<b>B</b>	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	
<b>C</b>	Number of doses per child		
<b>D</b>	Number of doses	$A \times B/100 \times C$	
<b>E</b>	Estimated wastage factor	(see list in table 3)	
<b>F</b>	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	
<b>G</b>	Vaccines buffer stock	$F \times 0.25$	
<b>H</b>	Anticipated vaccines in stock at start of year 2003/04 FY	167,866 vials	
<b>I</b>	Total vaccine doses requested	$F + G - H$	
<b>J</b>	Number of doses per vial	10	
<b>K</b>	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	
<b>L</b>	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	
<b>M</b>	Total of safety boxes (+ 10% of extra need)	$(K + L)/100 \times 1.11$	

Note: From second quarter 2005 (April), Nepal expects DPT-HepB combine vaccine ,which will be introduce in routine immunization, so for the FY 2005/2006 calculation is done for DPT-HepB vaccine AD syringes and safety boxes in the table NO 6.3 given below.

**Table 5: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

\*Please report the same figure as in table 3.

### 3.3 Confirmed/ revised request for injection safety support for the year **2005** (*indicate forthcoming year*)

**Table 6: Estimated supplies for safety of vaccination for the next two years with TT** (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

		Formula	For year 2005/06	For year 2006/07
A	Target of children for TT vaccination (for TT : target of pregnant women) <sup>1</sup>	#	872656	892,466
B	Number of doses per child (for TT woman)	#	2	2
C	Number of TT doses	A x B	1745312	1784932
D	AD syringes (+10% wastage)	C x 1.11	1937296	1981275
E	AD syringes buffer stock <sup>2</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	1937296	1981275
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	1.18	1.18
I	Number of reconstitution <sup>3</sup> syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	( F + I ) x 1.11 / 100	21504	21992

*If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

**Table 6.1: Estimated supplies for safety of vaccination for the next two years with BCG**

		Formula	For year 2005/06	For year 2006/07
A	Target of children for BCG vaccination	#	814201	832684
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	814201	832684
D	AD syringes (+10% wastage)	C x 1.11	903763	924279

<sup>1</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>2</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.



E	AD syringes buffer stock <sup>4</sup>	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	903763	924279
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution <sup>5</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	90876	92428
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	11035	11285

**Table 6.2: Estimated supplies for safety of vaccination for the next two years with *Measles***

		Formula	For year 2005/06	For year 2006/07
A	Target of children for <b>Measles</b> vaccination women) <sup>6</sup>	#	814201	832684
B	Number of doses per child	#	1	1
C	Number of <b>Measles</b> doses	$A \times B$	814201	832684
D	AD syringes (+10% wastage)	$C \times 1.11$	903763	924279
E	AD syringes buffer stock <sup>7</sup>	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	903763	924279
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution <sup>8</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	144602	147885
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	11637	11901

*Note: CHD's policy is to supply at least one vial per session focusing to immunize every child, but in mountain and hilly districts, children attending the session are small in numbers so the wastage rate especially in BCG and Measles is high.*

**Table 6.3: Estimated supplies for safety of vaccination for the next two years with *DPT-HepB\**,**

		Formula	For year 2005/06	For year 2006/07
A	Target of children for <b>DPT-HepB</b> vaccination	#	814201	832684

<sup>4</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>5</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

<sup>6</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>7</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>8</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

<b>B</b>	<b>Number of doses per child</b>	#	3	3
<b>C</b>	<b>Number of DPT-HepB doses</b>	A x B	2442603	2498052
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	2711289	2772838
<b>E</b>	<b>AD syringes buffer stock <sup>9</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	2711289	2772838
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.18	1.18
<b>I</b>	<b>Number of reconstitution <sup>10</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	30095	30779

\*Nepal is schedule to received DPT-HepB vaccine from second quarter of 2005

<sup>9</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>10</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support**

*According to Multi Year Plan of Action Nepal had set the following indicators and targets:*

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
<i>Routine coverage (since full coverage is not reported, DPT3 is taken as proxy indicator)</i>	<i>50 districts will have 80% DPT3 coverage in FY 2003/04</i>	<i>*HMIS reported 40 districts with &gt;80% DPT3 coverage in 2002/03.</i>	<i>It is realised that the Multi Year Plan was over ambitious.</i>	<i>It is being reviewed now.</i>
<i>Polio Eradication:</i>	<i>Stop wild virus transmission.</i>	<i>No wild polio case reported since November 2000.</i>		
<i>MNT elimination:</i>	<i>80% coverage among WCBA in 35 districts</i>	<i>52 districts achieved more than 80% via MNT campaign supported by UNICEF.</i>		
<i>Measles mortality &amp; morbidity:</i>	<i>90% measles coverage &amp; case management training for HWs in 15 high-risk districts.</i>	<i>*80.2% national coverage in FY 2002/03. Disease surveillance is started. Vit A is distributed every six month with &gt;90% coverage.</i>		
<i>DPT HepB introduction</i>	<i>Introduce in 25 districts making a total of 40 districts</i>	<i>Until reporting date 35 districts already introduced HepB monovalent vaccination in routine immunization and other districts are in the end phase of the training for introduction of HepB so by the end of this FY we will reach 40 districts.</i>	<i>Due to late release of the budget, training for HepB introduction was delayed so the considerable amount of HepB vaccine is in central and regional stores. This was discussed in 20th ICC meeting MOF assured to release the budget in time in coming FY.</i>	

*\*Note: Coverage calculation will be conducted at the end of FY 2003/2004 (Nepal fiscal year runs from 15 July to 14 July)*

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with previous calendar year)	Completed	
Table 1 filled-in	Completed	
DQA reported on	Completed	
Reported on use of 100,000 US\$	Completed	
Injection Safety Reported on	Completed	
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in	Completed	
New Vaccine Request completed	Completed	
Revised request for injection safety completed (where applicable)	Completed	
ICC minutes attached to the report	Completed	Minute of 18 <sup>th</sup> ICC meeting attached.
Government signatures	Completed	
ICC endorsed	Completed	

## 6. Comments

→ *ICC/RWG comments:*

## 7. Signatures

For His Majesty's Government of Nepal,

Signature: .....  
 Dr. B. D. Chataut

Title: Director General, Dept. of Health Services, Ministry of Health

Date: 27 May 2004

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~