GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of

Nepal

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **12.05.2011 11:51:01**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: Y*ou are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

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

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

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

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

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2011

Programme extension

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DTP-HepB-Hib, 1 dose/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until

ISS	2011
HSS	2013

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Nepal hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Nepal

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Dr Sudha Sharma	**Name**	
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Shyam Raj UPRETI	Director,Child Health Division	+977-1-4261463	epi@ntc.net.np	
Mr. Krishna Bahadur CHAND	Chief, Immunization Section/Child health division	+977-1-4262263	epi@ntc.net.np	
Dr. Rajendra BOHARA	National Coordinator WHO-IPD, Nepal	+977-1-5531831	boharar@searo.who.int	
Dr. Sudhir KHANAL	Health Specialist, UNICEF Nepal	+977-1-5523200	skhanal@unicef.org	

2.2. ICC Signatures Page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Y V PRADHAN, Chairperson (Director general)	Ministry of health and Population, Department of health Services			

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

All comments will be treated confidentially

Comments from Partners:

None

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Nepal's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	648,855	654,428	665,564	676,877	688,369	703,101
Total infants' deaths	33,292	27,486	26,623	25,721	24,092	22,500
Total surviving infants	615,563	626,942	638,941	651,156	664,277	680,601
Total pregnant women	757,686	719,871	732,121	744,565	757,206	773,411
# of infants vaccinated (to be vaccinated) with BCG	613,032	634,795	652,253	663,339	674,602	689,039
BCG coverage (%) *	94%	97%	98%	98%	98%	98%
# of infants vaccinated (to be vaccinated) with OPV3	540,276	532,901	562,269	586,040	611,135	646,571
OPV3 coverage (%) **	88%	85%	88%	90%	92%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	550,719	576,787	587,827	612,087	644,349	666,989
# of infants vaccinated (to be vaccinated) with DTP3 ***	529,310	532,901	562,269	586,040	611,135	646,571
DTP3 coverage (%) **	86%	85%	88%	90%	92%	95%
Wastage[1] rate in base-year and planned thereafter (%)	10%	25%	25%	25%	25%	20%
Wastage[1] factor in base-year and planned thereafter	1.11	1.33	1.33	1.33	1.33	1.25
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	550,719	576,787	587,827	612,087	644,349	666,989
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	529,310	532,901	562,269	586,040	611,135	646,571
3rd dose coverage (%) **	86%	85%	88%	90%	92%	95%
Wastage[1] rate in base-year and planned thereafter (%)	10%	25%	25%	25%	25%	20%
Wastage[1] factor in base-year and planned thereafter	1.11	1.33	1.33	1.33	1.33	1.25

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	560,558	564,248	575,048	618,598	631,063	646,571
Measles coverage (%) **	91%	90%	90%	95%	95%	95%
Pregnant women vaccinated with TT+	593,646	575,897	585,697	595,652	643,626	657,399
TT+ coverage (%) ****	78%	80%	80%	80%	85%	85%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	4%	8%	4%	4%	5%	3%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 Baseline and Annual Targets before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

Health management information system has revised the target population in 2010-11 based on high declining fertility rate for Nepal projected based on the 2001 census. The high declining fertility rate has been confirmed by Nepal Demographic and Health Survey 2006.

Provide justification for any changes in **surviving infants**

Health management information system has revised the target population in 2010-11 based on high declining fertility rate for Nepal projected based on the 2001 census and the current IMR has been used (from the mid-DHS survey done by USAID/GON 2009)and referred to by the National Health Sector Plan (NHSP-II) 2010-15.

Provide justification for any changes in **targets by vaccine**

The targets have been revised after broader consultation during the development of new cMYP for 2011-15, considering the previous vaccination coverage trends and national commitments for disease eradication/elimination/ control.

Provide justification for any changes in **wastage by vaccine**

The targets have been revised based on EVSM and VMAT studies after which steps have been taken to strengthen vaccine management.The following were considered while changing the wastage rate:
1) previous trends in wastage rates
2) change in presentation of DPT-HepB-Hib vaccine
3) policy of "one-session-one-vial" for lyophilized vaccines (BCG and measles)

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

The target set in previous APR for 2010 was to cover 614,099 surviving infants with DPT-HepB-Hib-3 and the achievement as per the JRF is 529,310. It is important to note that the administrative coverage data shows low coverage for all antigen against the set target in 2009-10 when compared with the EPI coverage survey done in 2009.
The key activities conducted were
1)revision and implementation of micro-planning as per RED strategy conducted in selected low performing districts;
2)MLM trainings,
3)capacity building of EPI staff through peer-exchange and inter-country visits;
4)celebration of immunization months

5)micro-planning in municipalities as per RED-strategies in collaboration and coordination with local government
6)data quality self-assessment and utilization of findings for action
7)training of health-workers on AEFI

5.2.2.

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

The reasons for not reaching the targets were multiple but the key reasons were
1)Revision of the target population, the target population has been revised and the revised population is less than the targeted population
2)Suspension of all DPT-HepB-Hib vaccines as per WHO recommendation resulting in disruption of immunization sessions all over the country for 3 months due to recall of Shanta Biotech pantavalent vaccine
3)Vacant post of vaccinators causing less immunization session conducted than planned

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

Male and female have equal geographical access to immunization services however utilization is not same for male and female in certain communities and areas. The EPI coverage survey done in 2009 shows around 2% less coverage for femal than male for all antigens.
Since 2010, HMIS has however started to report disaggregated data by sex and ethnicity for key MNCH indicators in 10 pilot districts out of 75 districts. The results are expected to be available by early June 2011. The government has also revised the HMIS to record data disaggregated by sex and ethnicity all over the country.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? Yes

If Yes, please give a brief description on how you have achieved the equal access.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

No regular data are available, however, the EPI coverage survey done in 2009 has shown that around 89% of male children are fully vaccinated and 86.5% of female children are fully vaccinated. Assuming that the same ratio applies, fewer children are vaccinated in rural areas, in the hills especially the indigenous caste of hills, in those whose caretakers have no education and in the lowest wealth quintiles.
Some common reasons for not receiving all vaccines were
1)Unaware of need for immunization
2)Fear of side effects
3)Place of immunization too far
4)No faith in immunization
5)Wrong ideas about contra indications

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*****.

In 2010, DQSA completed in several districts did not show any major discrepancies in the reported data as verified

from the field. There were also no other data source for immunization other than HMIS and DQSA done in few districts.
However, the EPI survey from 2009, whose results were available in late 2010 show coverage 6-8% higher for all antigens than reported administrative data.
Similarly, mid-DHS survey also done in 40 districts in 2009, have shown high coverage for all antigen when compared to the routine HMIS reported data.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

Yes,
1)DQSA was done in more than ten districts in 2009-10 as per the WHO guidelines,
2)Mid-DHS survey done in 40 districts in 2009 using the same methodology as in DHS surveys;
3)EPI coverage survey done in 2009 helped to assess the administrative data. A 30-cluster using systematic random sampling method was used to estimate the coverage. A total of 13 strata with 390 clusters were identified and data gathered, analysed information obtained from 9775 respondents.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

1) DQSA regularly done every year to improve administrative data and help districts to necessary ations for improvement at local level.
2) Based on feedback form the district's local census and change in the Total Fertility Rate (TFR) trend, the HMIS target population was revised considering the new scenarios.
3) HMIS verifies data at grassroot level every year

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

1) The current problem of “denominator” on the target problem is expected to be solved after the availability of census data. The census is planned for April-May 2011.
2) DQSA will be continued in selected districts along with DQA as a routine process.
3)Micro-planning will be revised and updated in all the districts by next 2-3 years with focus on improvement on administrative data systems.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 71.3	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name**	**Donor name**	**Donor name**	
Traditional Vaccines*	967,231	967,231							
New Vaccines	8,634,200	442,820	8,191,380						
Injection supplies with AD syringes	262,425	262,425							
Injection supply with syringes other than ADs	4,014	4,014							
Cold Chain equipment	4,300	4,300							
Personnel	1,521,339	1,496,339		10,000	15,000				
Other operational costs	2,309,100	2,273,020							
Supplemental Immunisation Activities									
Polio NID, SNID, mop-ups	6,822,703	2,959,543		3,763,160	100,000				
School TT	211,611	211,611							
JE campaign	2,876,210	2,876,210							
Total Expenditures for Immunisation	*23,613,133*								

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Total Government Health		11,497,513	8,191,380	3,773,160	115,000				

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	1,147,416	902,783	
New Vaccines	4,236,364	13,308,465	
Injection supplies with AD syringes	406,805	565,561	
Injection supply with syringes other than ADs			
Cold Chain equipment	15,000		
Personnel	1,619,177	1,651,560	
Other operational costs	2,712,137	2,832,038	
Supplemental Immunisation Activities			
Polio NIDs and mop-ups	5,593,777	3,219,425	
TT Campaigns	371,038	374,207	
School Td	377,999	483,505	
JE Campaigns	2,037,715	2,099,780	
MR campaign	11,653,567		
Total Expenditures for Immunisation	30,170,995	25,437,324	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Trends in immunization expenditures are increasing due to introduction of new vaccines and mass campaigns against VPDs. Currently GoN has been procuring the traditional antigens (OPV, BCG, TT, JE and measles) through its own resources. DPT-HepB vaccine was fully supported by GAVI through 2008. The Government entered into a co-financing agreement with GAVI for pentavalent DPT-HepB-Hib beginning in 2009. The total EPI expenditure varies in different years due to new vaccine introduction, campaigns (polio, measles and JE) and US $ exchange rate as well as differences in operational costs. The measles campaign conducted in 2008-2009 was a major additional expenditure for the government. One of the main reasons for the differing expenditure amounts is addition of the new line item on "personnel" which was not there in the previous APR otherwise the actual vs projected expenditures are very close.

The future resource requirements and financing gap analysis detailed in the cMYP outlines the resource requirements and financial sustainability. From the analysis it can be concluded that Nepal can sustain the immunization program for traditional vaccines. However, external support will be critical in introducing new and under-used vaccines such as PCV-13, MR, rotavirus, and other new and under used vaccines.

The government recognizes the funding challenges and is exploring various additional funding sources for financial sustainability.

The government plan for financial sustainability includes:

1) The government is committed to increase per capita health expenditure. Immunization is one of the high priority (priority 1) programs. Immunization will get a larger share of the increased health budget and the government will procure all traditional vaccines.

2) Ongoing support from development partners: WHO, and UNICEF. NIP is also regularly receiving local level support from Rotary, other various NGOs and INGOs which are not reflected in the national budget.

3) Use of pool funds: Different partners have joined pooled funding under a sector wideapproach (SWAp). The pooled funds have been of significant help to strengthen immunization financing.

With the signing of IHP+ National Compact, the Government of Nepal expects to have more partners with greater financial flexibility in the pooled fund.

4) The Government plans to mobilize local and community level resources under the decentralization strategy.

5) ICC will play a crucial role in resource allocation and mobilization and ensure appropriate use of available

resources.
6) The parliament has now given directives to the ministry of health to initiate process to establish Immunization Trust Fund as well as Immunization Act to ensure sustainability to the program.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 2) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

Key concerns were
1) High cost of new vaccine PCV-13 and plans for financial sustainability after the GAVI support ends.
2) Quality of Pentavalent vaccine form Shantha Biotech and disruption of the routine EPI sessions resulting in less coverage for DPT-HepB-Hib
3) Fulfilling of vacant post of vaccinators

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
Rotary International -Nepal District 3292	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The key priority actions which are also linked with cMYPA are
1) Revise, update and ensure implementaiton of micro-plans in all the districts as per the RED strategy
2) Ensure effective vaccine management and implementaiton of SOPs for vaccine management at all levels
3) Strengthening various Behaviour Change Communication related to Immunization
4) Ensure vaccinators are available to conduct EPI sessions
5) Develop capacity of health care service providers through various trainings (viz. MLM, refresher) and workshops.

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD	Government	
Measles	AD	Government	
TT	AD	Government	
DTP-containing vaccine	AD	GAVI and Govt. Co-financing	

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
JE	AD	Government	

Does the country have an injection safety policy/plan? Yes

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

Yes, the country has Injection Safety Policy developed in 2003.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Currently waste disposal is by “burn and bury” method . Sharps are collected in the safety box from the EPI sessions and brought to the health-facility where it is burnt and buried openly in a pit dug by the health institution for the purpose. Waste disposal in municipality area is done using incinerators where available. The MOHP plans to explore alternative way of sharp disposal in coming year

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 0
Remaining funds (carry over) from 2009	US$ 1,183,211
Balance carried over to 2011	US$ 1,161,518

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

Mostly activities funded through HSS were carried out in 2009/10 for strengthening immunization program and only limited activitie were completed using ISS funds.The key activities funded by ISS were
1)ICC and concern partners orientation and meeting
2)Hiring of 6 immunization consultant and computer operator 1, driver 1, office assistant-1

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.
If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

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

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

GAVI ISS fund was managed by the same mechanism as used for all programs of the MoHP. After receiving the approved programs from the MoF, the MoHP provided letter of authority for expenditure of the funds to the Director General (DG) of the Department of Health Services. MoF in the mean while released the budget to District Treasury Comptroller's Office (DTCO) as per approved plan. The DG then authorized District (Public) Health Offices to make expenses as per approved annual plan.After receiving the authority letter from the DG, which outlined the activities and budget, districts health offices requested for the release fo budget from the DTCO. The district would receive either one-sixth of the approved annual budget or the total amount of funds required to carry out activities in the first quarter of the year or whichever is higher from DTCO,
District health offices had to send monthly expenditure statement to DTCO to receive reimbursement based on the monthly expenditure statements. Activity progress reports were sent every month by the district health offices through the Health Management Information System.

The health sector budget including GAVI ISS budget will undergo internal as well as external audit as per

established procedures of the government of Nepal. District health offices maintain district level accounts by budget heading and sends monthly expenditure statements to the departments and respective DTCOs for internal audit. DTCOs carry out quarterly internal audits at district level. External audit is carried out by the Auditor General Office annually on the consolidated statement prepared by Ministry of Health and Ministry of Finance after internal audit.
The ICC plays important role in finalisation and endorsing the annual plan including the budget before it is submitted to MoHP.

Is GAVI's ISS support reported on the national health sector budget? Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 4) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number 5).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			613,167	529,310
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-83,857
3	Calculating	$20	per additional child vaccinated with DTP3		-1,677,140
4	**Rounded-up estimate of expected reward**				**-1,677,000**

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.
** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	2,142,100	506,292	1,635,808	

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

If numbers [A] and [B] above are different

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

The main problem was the suspension of the vaccine and recall of vaccines from all districts all over the country which has not yet been replaced. Similarly there were remaiing stock of the vaccine from previous years that were used for 2010 resulting in less number of doses shipments in 2010.

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

Based on requirement in 2011, vaccine shipments will be agjusted according. All EPI staff have been trained on vaccine management. SOPs has been developed for all levels. We have to ensure implementation of SOPs on vaccine management.
EVM is planned for 2011

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 3 months

Please describe the reason and impact of stock-out

Stock out was due to suspension of Shantha Biotech pentavalent vaccine and delay in arrival of new shipment of replacement vaccine. This resulted in disruption on the conduction of EPI sessions all over the country.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced		
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned? 2012

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? Yes

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

Three cases of severe AEFI reported in 2010 following DPT-HepB-Hib vaccine of which two died. All cases were investigated by the AEFI commitee and found to have no causal association with the vaccine.

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	20.08.2008

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

USD 266,500.00 was received in August 2008 for the introduction of DPT-HepB-Hib. Refresher trainings, review meetings and other routine immunization strengthening activities inclduing cold chain are planned for 2010-2011 using introduction grant.

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

No problems encountered.

Is there a balance of the introduction grant that will be carried forward? Yes

If Yes, how much? US$ 151,972

Please describe the activities that will be undertaken with the balance of funds

1)Micro-planning using red-strategy
2)BCC/IEC and social mobilization activities at local level with focus in low-performing areas
No any major activity was carried out in 2009-2010 using new vaccine introductiuon grant.

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No 4). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	454,972	120,000
2nd Awarded Vaccine		
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	Government of Nepal
Other	

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. Delay in the endorsement of the National Budget by the parliament resulted in the subsequent delay in the payment of co-financing amount.
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine	12

DTP-HepB-Hib, 1 dose/vial, Liquid	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 01.09.2007

When was the last Vaccine Management Assessment (VMA) conducted? 01.05.2008

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N°)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

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

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

Main activities carried out to address EVSM/VMA recommendations were:
. Repair & maintenance training to EPI and support staff ongoing
. Guideline on vaccine management developed, printed and distributed
. Capacity bulding of EPI staff at different level ongoing
. Ensure implementation of SOPs at all level

When is the next Effective Vaccine Management (EVM) Assessment planned? 01.09.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 3) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for DPT-HepB-Hib, 10 dose vial , liquid vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DPT-HepB-Hib, 10 dose vial , liquid vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of DPT-HepB-Hib, 10 dose vial , liquid vaccine support is in line with the new cMYP for the years 2012 to 2016 which is attached to this APR (Document No 6).

The country ICC has endorsed this request for extended support of DPT-HepB-Hib, 10 dose vial , liquid vaccine at the ICC meeting whose minutes are attached to this APR (Document No 3).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	626,942	638,941	651,156	664,277	680,601		3,261,917
Number of children to be vaccinated with the third dose	Table 1	#	532,901	562,269	586,040	611,135	646,571		2,938,916
Immunisation coverage with the third dose	Table 1	#	85%	88%	90%	92%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	576,787	587,827	612,087	644,349	666,989		3,088,039
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.33	1.33	1.33	1.33	1.25		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		833,836					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		1,405,600	2,265,700	2,361,800	2,247,800	8,280,900
Number of AD syringes	#		963,900	1,897,000	1,979,100	1,996,000	6,836,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		10,700	21,075	21,975	22,175	75,925

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		3,657,000	5,566,000	5,093,000	4,436,000	18,752,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		117,100	200,900	241,500	253,500	813,000
Number of AD syringes	#		80,300	168,200	202,400	225,100	676,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		900	1,875	2,250	2,500	7,525
Total value to be co-financed by the country	*$*		305,000	493,500	521,000	500,500	1,820,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.69%			8.14%			9.27%			10.13%		
B	**Number of children to be vaccinated with the first dose**	Table 1	576,787	587,827	45,187	542,640	612,087	49,833	562,254	644,349	59,761	584,588	666,989	67,596	599,393
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	1,730,361	1,763,481	135,560	1,627,921	1,836,261	149,499	1,686,762	1,933,047	179,281	1,753,766	2,000,967	202,788	1,798,179
E	**Estimated vaccine wastage factor**	Wastage factor table	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.25	1.25	1.25
F	**Number of doses needed including wastage**	D x E	2,301,381	2,345,430	180,294	2,165,136	2,442,228	198,834	2,243,394	2,570,953	238,443	2,332,510	2,501,209	253,485	2,247,724
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		11,013	847	10,166	24,200	1,971	22,229	32,182	2,985	29,197	0	0	0
H	**Stock on 1 January 2011**			833,836	64,098	769,738									
I	**Total vaccine doses needed**	F + G - H		1,522,607	117,044	1,405,563	2,466,428	200,804	2,265,624	2,603,135	241,428	2,361,707	2,501,209	253,485	2,247,724
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		1,044,131	80,263	963,868	2,065,112	168,131	1,896,981	2,181,405	202,315	1,979,090	2,221,074	225,095	1,995,979
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		11,590	891	10,699	22,923	1,867	21,056	24,214	2,246	21,968	24,654	2,499	22,155
N	**Cost of vaccines**	I x g		3,760,8	289,097	3,47	5,722,1	465,865	5,25	5,284,3	490,098	4,79	4,627,2	468,947	4,158,

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			40		1,743	13		6,248	65		4,267	37		290
O	Cost of AD syringes needed	K x ca		55,339	4,254	51,085	109,451	8,911	100,540	115,615	10,723	104,892	117,717	11,931	105,786
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		7,418	571	6,847	14,671	1,195	13,476	15,497	1,438	14,059	15,779	1,600	14,179
R	Freight cost for vaccines needed	N x fv		131,630	10,119	121,511	200,274	16,306	183,968	184,953	17,154	167,799	161,954	16,414	145,540
S	Freight cost for devices needed	(O+P+Q) x fd		6,276	483	5,793	12,413	1,011	11,402	13,112	1,217	11,895	13,350	1,353	11,997
T	Total fund needed	(N+O+P+Q+R+S)		3,961,503	304,522	3,656,981	6,058,922	493,286	5,565,636	5,613,542	520,627	5,092,915	4,936,037	500,242	4,435,795
U	Total country co-financing	I 3 cc		304,522			493,286			520,627			500,242		
V	Country co-financing % of GAVI supported proportion	U / T		7.69%			8.14%			9.27%			10.13%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

SAMPLE

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		7	Yes
Signature of Minister of Finance (or delegated authority)		9	Yes
Signatures of members of ICC		1	Yes
Signatures of members of HSCC		10	Yes
Minutes of ICC meetings in 2010		2	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		3	Yes
Minutes of HSCC meetings in 2010		11	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		12	Yes
Financial Statement for ISS grant in 2010		4	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		13	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant		5	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		6	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type / Description	File name / Date and Time / Size	New file	Actions
1	**File Type:** Signatures of members of ICC * **File Desc:** Signatures of members of ICC endorsing APR 2009-2010	**File name:** Signature ICC members.pdf **Date/Time:** 06.05.2011 08:08:09 **Size:** 233 KB		
2	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of ICC meetings in 2009-2010	**File name:** ICC_Minutes_2009-2010.pdf **Date/Time:** 06.05.2011 08:10:52 **Size:** 3 MB		
3	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Minutes of ICC meeting in 2011 endorsing APR 2009-2010	ICC_Minutes_2011.pdf **Date/Time:** 06.05.2011 08:12:30 **Size:** 1017 KB		
4	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** Financial Statement for ISS grant in 2009-2010	**File name:** Financial Statement of ISS Grant.pdf **Date/Time:** 06.05.2011 08:14:38 **Size:** 661 KB		
5	**File Type:** External Audit Report (Fiscal Year 2010) for ISS grant **File Desc:** External Audit Report 2009-2010	**File name:** External_Audit_Report.pdf **Date/Time:** 08.05.2011 23:50:16 **Size:** 2 MB		
6	**File Type:** new cMYP starting 2012 **File Desc:** Nepal CMYP 2011-2016 (Draft)	**File name:** Nepal cMYP 2011-2016.pdf **Date/Time:** 09.05.2011 06:29:00 **Size:** 3 MB		
7	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Signature of MOHP and MOF Secretaries	**File name:** Signatures_Secretaries.pdf **Date/Time:** 09.05.2011 07:43:44 **Size:** 390 KB		
8	**File Type:** other **File Desc:** Covering Letter	**File name:** Covering Letter.pdf **Date/Time:** 09.05.2011 07:45:08 **Size:** 406 KB		
9	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature of Minister of Finance	**File name:** Signatures_Secretaries_Finance.pdf **Date/Time:** 12.05.2011 07:10:32 **Size:** 390 KB		
10	**File Type:** Signatures of members of HSCC * **File Desc:** Signatures of member of HSCC	**File name:** Signature_HSCC.pdf **Date/Time:** 12.05.2011 07:12:50 **Size:** 5 KB		
11	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Minutes of HSCC meetings	**File name:** Minutes_HSCC.pdf **Date/Time:** 12.05.2011 07:13:45 **Size:** 5 KB		
12	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Minutes of HSCC meeting endorsing APR	**File name:** Minutes_HSCC_Endorsing APR.pdf **Date/Time:** 12.05.2011 07:14:38 **Size:** 5 KB		
13	**File Type:** Financial Statement for HSS grant in 2010 *	**File name:** Financial_HSS Grant.pdf		

ID	File type Description	File name Date and Time Size	New file	Actions
	File Desc: Financial statement for HSS grant	**Date/Time:** 12.05.2011 07:15:22 **Size:** 5 KB		
14	**File Type:** other **File Desc:** HSS documents - September submission	**File name:** Nepal.zip **Date/Time:** 05.09.2011 07:59:40 **Size:** 1 MB		

~ End ~