



GAVI Alliance

Annual Progress Report **2013**

Submitted by
The Government of
Nepal

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **15/05/2014**

Deadline for submission: 15/05/2014

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

Note: *You 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/country/>*

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by 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: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	No	next tranche: N/A	N/A
HSFP	Yes	Next tranche of HSFP Grant No	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** is available [here](#).

2. Signatures

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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	MISHRA, Dr. Praveen, Secretary MoHP	Name	BHUSAL, Mr. Yuba Raj, Secretary MoF
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
UPRETI, Dr. Shyam Raj	Director, Child Health Division	977-1-4261463	drshyam@hotmail.com
BOHARA, Dr. Rajendra	National Coordinator, WHO-IPD	977-1-5260831	boharar@searo.who.int
RAAIJMAKERS, Dr. Hendrikus	Chief, Health & Nutrition section, UNICEF	977-1-5523200 EXt: 1107	hraaijmakers@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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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.

Name/Title	Agency/Organization	Signature	Date
SHAH, Dr. Lakhan Lal , Director General	Department of Health Services/Ministry of Health and Population		

UPRETI, Dr. Shyam Raj, Director	Child Health Division, DoHS		
ACHARYA, Dr BP, Director	Management Division, DoHS		
KHATRI, Mr TB, Under-Secretary	MoF		
PRASAI, Mr KK, Under-Secretary	MoE		
POUDEL, Mr RP, Section-Officer	MoF		
TULADHAR, Ms. S, MNCH	USAID		
BHARATI, Ms T, PO	GIZ		
SHAKYA, Mr RM, Chairperson	Polio Plus Committee, Rotary International		
KC, Dr A, Child Health Specialist	Health Section, UNICEF		
BOHARA, Dr Rajendra, National Coordinator	World Health Organization		
GYAWALI, Mr SP, PHO	Child Health Division		
GURUNG, Dr S, NVO	World Health Organization		

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

All comments will be treated confidentially

Comments from Partners:

The ICC members thanked GAVI for their continuous support to Nepal in area of immunization and health

system. They also expressed their hope for similar support in future.

Comments from the Regional Working Group:

N/A

2.3. HSCC signatures page

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.

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.

Name/Title	Agency/Organization	Signature	Date

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)

Nepal is not reporting on CSO (Type A & B) fund utilisation in 2014

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	662,446	662,446	688,369	662,285	703,101	703,101		0
Total infants' deaths	32,197	32,197	24,092	33,461	22,500	22,500		0
Total surviving infants	630249	630,249	664,277	628,824	680,601	680,601		0
Total pregnant women	736,163	736,163	757,206	761,661	773,411	773,411		0
Number of infants vaccinated (to be vaccinated) with BCG	649,197	623,661	674,602	628,824	689,039	689,039		0
BCG coverage	98 %	94 %	98 %	95 %	98 %	98 %		0 %
Number of infants vaccinated (to be vaccinated) with OPV3	567,224	584,412	611,135	597,360	646,571	646,571		0
OPV3 coverage	90 %	93 %	92 %	95 %	95 %	95 %		0 %
Number of infants vaccinated (to be vaccinated) with DTP1	592,434	590,452	644,349	609,936	666,989	666,989		0
Number of infants vaccinated (to be vaccinated) with DTP3	567,224	584,719	611,135	597,360	646,571	646,571		0
DTP3 coverage	90 %	93 %	92 %	95 %	95 %	95 %		0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	15	20	15	25	15	15		0
Wastage[1] factor in base-year and planned thereafter for DTP	1.18	1.25	1.18	1.33	1.18	1.18		1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	612,087	590,452	644,349	609,936	666,989	666,989		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	612,087	584,719	644,349	597,360	646,571	646,571		
DTP-HepB-Hib coverage	97 %	93 %	97 %	95 %	95 %	95 %		0 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	25	20	25	25	20	20		
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.25	1.33	1.33	1.25	1.25		1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)		0	644,349	0		0		0

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)		0	644,349	0		0		0
Pneumococcal (PCV10) coverage		0 %	97 %	0 %		0 %		0 %
Wastage ^[1] rate in base-year and planned thereafter (%)		0	5	0		0		0
Wastage ^[1] factor in base-year and planned thereafter (%)		1	1.05	1		1		1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	5 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	579,829	553,734	631,063	584,784	646,571	646,571		0
Measles coverage	92 %	88 %	95 %	93 %	95 %	95 %		0 %
Pregnant women vaccinated with TT+	603,654	573,221	643,626	647,412	657,399	657,399		0
TT+ coverage	82 %	78 %	85 %	85 %	85 %	85 %		0 %
Vit A supplement to mothers within 6 weeks from delivery	0	2,333,920	0	0	0	0		0
Vit A supplement to infants after 6 months	0	2,695,873	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	1 %	5 %	2 %	3 %	3 %		0 %

** 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): $[(A - B) / A] \times 100$. 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.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

The total births, number of surviving infants and PW for 2014 are based on HMIS projection. The total births for 2015 are based on previous APR 2010 as there is no HMIS projected figure available for 2016.

- Justification for any changes in **surviving infants**

The proportion of surviving infants is calculated based on IMR figures as reflected in cMYP (2011-2016) using HMIS as baseline population.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

The target population for vaccination is changed based on expected coverage for each antigen.

- Justification for any changes in **wastage by vaccine**

Expected wastage rate for pentavalent vaccine is estimated as 15%.

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

The target population for vaccination is changed based on expected coverage for each antigen. The national coverage for BCG was 99%, DPT3 was 93 %, OPV3 was 93%, and measles was 88% .

The following major activities were conducted to increase vaccination coverage :

- Temporary vaccinators were recruited to fill vacant post
- RED micro planning completed in 75 districts
- Capacity building trainings (MLM, MToT on EPI)
- Immunization Performance Review (conducted at all level)
- Mobilization of local community, resources and building ownership to vaccinate every child using appreciative inquiry approach
- Initiation of declaration of fully immunization VDC/Municipality through mobilization of local participation and resources and ownership
- Celebration of immunization month
- DQSA and LQSA conducted
- Micro planning and review of immunization status in municipalities

Challenges

- Contracting out vaccinators for each year created difficulty in retaining same vaccinators and in same numbers
- Problem with denominator
- Inadequate monitoring
- Weak monitoring of vaccine wastage and no system of transportation of vaccine back to district from periphery Problem with target population

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

Although national coverage for major antigens looks good. But coverage at district and below level are not uniform and pockets of non immunized children still exists. There has been problem with denominator. Due to problem with contract type and release of funds on time the temporary vaccinators are not able work full 12 months. Monitoring is still not adequate.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

| Data Source | Reference Year for Estimate | DTP3 Coverage Estimate | |
|-------------|-----------------------------|------------------------|-------|
| | | Boys | Girls |
| NDHS | NDHS survey 2011 | 91.4 | 91.3 |

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There is no significant variation in reaching by sex. The government has plan to collect aggregated data by sex.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

There is no variation in immunization coverage among boys and girls with DPT3 coverage. At presents, disaggregated data by sex, caste, ethnicity is available only thorough survey and Department of Health is piloting collection of data in 19 districts. Full immunization varies by mother's education, ranging from 78% among children of mothers who have no education to at least 92% among children whose mothers are educated.

5.4. Data assessments

5.4.1. 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)

The routine administrative coverage data is consistent with National Demographic Health Survey (NDHS) 2011.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

In an attempt to assess administrative coverage data, DQSA was conducted in 25 districts followed by feedback to districts, regions and center.

- Majority of the districts have reported lower than their actual achievement, however 10 districts found over reporting,
- Recording of immunization data found satisfactory (>80% accuracy in 18 districts)
- Management of Records (report received, feedback given in time) was not satisfactory (10 districts record management was satisfactory)
- Use of immunization data was poor (11 districts utilized the immunization data)
- More than 80% card retention in 16 districts- Satisfactory
- More than 80% children had BCG scar

Overall impression: Some districts needs frequent monitoring and support from center/region.

LQSA in 7 districts: Most of the districts the immunization session status is not satisfactory but indicators varies by districts. Among the service indicators injection safety, cold chain knowledge, demographic information, counseling and use of data is inadequate.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

Following major activities were undertaken to improve administrative data:

- Performance review including data quality at below district, district , regional and central level
- Data verification exercise by HMIS
- DQSA
- Feedback from center to districts and regions on coverage data on quarterly basis
- Line listing of children at local level
- Use of other data collected from different source to verify HMIS denominator

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

- DQSA and LQSA are planned for 15 districts in 2014.
- Verification and assessment of data quality will continue.
- Capacity building training on data management is planned.
- Introduce SMS reporting system for vaccination reporting.
- Data analysis and feedback to district and below level
- Line listing of every eligible child by FCHVs

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

| | | |
|--------------------|-------------|--|
| Exchange rate used | 1 US\$ = 90 | Enter the rate only; Please do not enter local currency name |
|--------------------|-------------|--|

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

| Expenditure by category | Expenditure Year | Source of funding |
|-------------------------|------------------|-------------------|
|-------------------------|------------------|-------------------|

| | 2013 | | | | | | | |
|---|------------|-----------|-----------|-----------|-----------|------|------|------|
| | | Country | GAVI | UNICEF | WHO | None | None | None |
| Traditional Vaccines* | 1,742,100 | 1,742,100 | 0 | 0 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 2,745,500 | 496,500 | 2,249,000 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 2,180,536 | 75,811 | 2,104,725 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 1,712,066 | 1,428,733 | 0 | 283,333 | 0 | 0 | 0 | 0 |
| Personnel | 546,667 | 546,667 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 1,894,878 | 857,333 | 563,078 | 273,778 | 200,689 | 0 | 0 | 0 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 3,317,033 | 222,633 | 0 | 663,589 | 2,430,811 | 0 | 0 | 0 |
| None | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunisation | 14,138,780 | | | | | | | |
| Total Government Health | | 5,369,777 | 4,916,803 | 1,220,700 | 2,631,500 | 0 | 0 | 0 |

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

The government of Nepal procures all traditional vaccines (BCG, OPV, measles, TT) from its own budget and co-finance pentavalent vaccine with GAVI

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

| Action plan from Aide Mémoire | Implemented? |
|-------------------------------|--------------|
| | |

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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 [5.5 Overall Expenditures and Financing for Immunisation](#)

Key concerns made by the ICC were:

- Problem with denominator
- Immunization target as per cMYP not meet
- Vacant posts of vaccinators

Recommendations made by ICC were:

- Use 2011 census data to forecast accurate denominator
- Fulfill vacant post of vaccinators and strengthen monitoring for strengthening RI
- Use of GAVI HSS fund to strengthen cold chain system to accommodate increased cold chain capacity required for introduction of new vaccines

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

| List CSO member organisations: |
|--------------------------------|
| Rotary International |

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

The main objectives for 2014 to 2015 are: Achieve at least 90% coverage for all antigens at national and district level; Maintain polio free status; move toward measles elimination and rubella/CRS control by 2018; maintain MNT elimination status; control of VPDs including JE; introduction of new and underused vaccines based on disease burden and financial sustainability; strengthen monitoring part

Priority actions: strengthen monitoring system; mobilization of community, local resources and building ownership to vaccinate every child; use of innovation and new technology to strengthen RI; carry out operational researches; implement activities as per strategic action plan to maintain polio free status, measles elimination and rubella/CRS control and control of other VPDs; introduction of new and underused vaccines

5.9. 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 2013

| Vaccine | Types of syringe used in 2013 routine EPI | Funding sources of 2013 |
|------------------------|---|----------------------------|
| BCG | AD Syr for vaccination & Dispos Syr for reconst | Government |
| Measles | AD Syr for vaccination & Dispos Syr for reconst | Government |
| TT | AD Syringes | Government |
| DTP-containing vaccine | AD Syringes | GAVI and GAVI Co-financing |

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

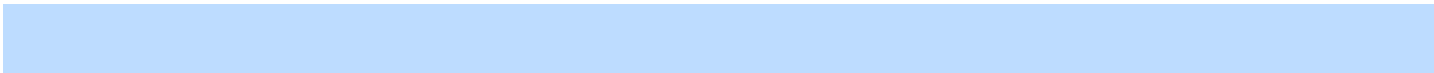
If **Yes**: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

Injection safety policy is in place. There is no any major obstacles encountered during the implementation except disposal of vaccination waste using only burn and bury methods.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

AD syringes are used for vaccination through government sites but few private institutions have been still using disposable syringes. Disposal of immunization wastes through burn and bury methods has been a challenge in Terai district during dry season. Nepal is working with partners to develop alternative methods of waste management.



6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Nepal is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Nepal is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Nepal is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

| | [A] | [B] | | |
|----------------------|---|--|---|--|
| Vaccine type | Total doses for 2013 in Decision Letter | Total doses received by 31 December 2013 | Total doses of postponed deliveries in 2013 | Did the country experience any stockouts at any level in 2013? |
| DTP-HepB-Hib | 2,481,500 | 2,481,500 | 0 | No |
| Pneumococcal (PCV10) | | 0 | 0 | No |

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

If values in [A] and [B] are different, specify:

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

N/A

- 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)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

Vaccines were shipped as per need and cold chain capacity. Has been providing a training on cold chain and vaccine management to the staff responsible for vaccine management working at district vaccine store level and sub-store level throughout the country. The wastage rate limited to accepted level (15 %) by using 10-dose vial presentation and recommended to continue it.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

N/A

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | | |
|---|----|----------------------------|
| Phased introduction | No | |
| Nationwide introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | Already introduced in 2009 |

| Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | | |
|---|----|-------------------------------|
| Phased introduction | No | |
| Nationwide introduction | No | 01/12/2014 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | Planned to introduce in 2014. |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **January 2015**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

NCIP organizes meeting of international and national expert to review various diseases, disease burden, types, schedule of vaccination, cost effectiveness and AEFI. Based on consultation NCIP makes its recommendation to the government.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2013 (A) | 554,500 | 49,139,790 |
| Remaining funds (carry over) from 2012 (B) | 0 | 0 |
| Total funds available in 2013 (C=A+B) | 554,500 | 49,139,790 |
| Total Expenditures in 2013 (D) | 0 | 0 |
| Balance carried over to 2014 (E=C-D) | 554,500 | 49,139,790 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

N/A

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

| | Q.1: What were the actual co-financed amounts and doses in 2013? | |
|--|---|-----------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 4,916,000 | 2,249,000 |
| Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 0 | 0 |
| | | |
| | Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources? | |
| Government | GAVI Co-financing | |
| Donor | N/A | |
| Other | N/A | |
| | | |
| | Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | |

| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
|---|--------------------------------|-----------------------|
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 496,500 | 232,500 |
| Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 0 | 0 |
| Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2015 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | September | Government of Nepal |
| Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | October | Government of Nepal |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | | |
| Nepal is in process developing "immunization trust fund" to support introduction of new vaccine and financial sustainability, | | |

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/about/governance/programme-policies/co-financing/>

N/A

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (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/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **December 2011**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Nepal does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Nepal does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Nepal is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

| Vaccine Antigens | VaccineTypes | No Threshold | 200,000\$ | | 250,000\$ | |
|----------------------|-----------------|--------------|-----------|---|-----------|---|
| | | | <= | > | <= | > |
| DTP-HepB | HEPBHIB | 2.00 % | | | | |
| HPV bivalent | HPV | 3.50 % | | | | |
| HPV quadrivalent | HPV | 3.50 % | | | | |
| Measles second dose | MEASLES | 14.00 % | | | | |
| Meningococcal type A | MENINACONJUGATE | 10.20 % | | | | |
| MR | MR | 13.20 % | | | | |
| Pneumococcal (PCV10) | PNEUMO | 3.00 % | | | | |
| Pneumococcal (PCV13) | PNEUMO | 6.00 % | | | | |
| Rotavirus | ROTA | 5.00 % | | | | |
| Yellow Fever | YF | 7.80 % | | | | |

| Vaccine Antigens | VaccineTypes | 500,000\$ | | 2,000,000\$ | |
|----------------------|-----------------|-----------|--------|-------------|---|
| | | <= | > | <= | > |
| DTP-HepB | HEPBHIB | | | | |
| DTP-HepB-Hib | HEPBHIB | 25.50 % | 6.40 % | | |
| HPV bivalent | HPV | | | | |
| HPV quadrivalent | HPV | | | | |
| Measles second dose | MEASLES | | | | |
| Meningococcal type A | MENINACONJUGATE | | | | |
| MR | MR | | | | |
| Pneumococcal (PCV10) | PNEUMO | | | | |
| Pneumococcal (PCV13) | PNEUMO | | | | |
| Rotavirus | ROTA | | | | |
| Yellow Fever | YF | | | | |

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

| ID | Source | | 2013 | 2014 | 2015 | TOTAL |
|--|---------|---|---------|---------|---------|-----------|
| | Table 4 | # | 630,249 | 664,277 | 680,601 | 1,975,127 |
| Number of surviving infants | Table 4 | # | 612,087 | 644,349 | 666,989 | 1,923,425 |
| Number of children to be vaccinated with the first dose | Table 4 | # | 612,087 | 644,349 | 646,571 | 1,903,007 |
| Number of children to be vaccinated with the third dose | Table 4 | % | 97.12 % | 97.00 % | 95.00 % | |
| Immunisation coverage with | Table 4 | % | | | | |

| | | | | | | |
|----|--|--------------------|----|-----------|--------|--------|
| | the third dose | | | | | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 |
| | Estimated vaccine wastage factor | Table 4 | # | 1.33 | 1.33 | 1.25 |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 1,400,000 | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 1,400,000 | | |
| | Number of doses per vial | Parameter | # | | 10 | 10 |
| | AD syringes required | Parameter | # | | Yes | Yes |
| | Reconstitution syringes required | Parameter | # | | No | No |
| | Safety boxes required | Parameter | # | | Yes | Yes |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.40 % | 6.40 % |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

| | |
|--------------------|-----|
| Co-financing group | Low |
|--------------------|-----|

| | 2013 | 2014 | 2015 |
|--|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2012 | | | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 |

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

| | | 2014 | 2015 |
|-------------------------|---|-----------|-----------|
| Number of vaccine doses | # | 2,363,800 | 1,812,600 |
| Number of AD syringes | # | 2,179,500 | 1,664,100 |

| | | | |
|--|----|-----------|-----------|
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 23,975 | 18,325 |
| Total value to be co-financed by GAVI | \$ | 4,940,000 | 3,834,000 |

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

| | | 2014 | 2015 |
|---|----|-------------|-------------|
| Number of vaccine doses | # | 255,800 | 193,500 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 524,000 | 401,500 |

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

| | Formula | 2013 | 2014 | | | |
|----|---|---|-----------|------------|---------|-----------|
| | | | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 9.76 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 612,087 | 644,349 | 62,919 | 581,430 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 612,087 | 644,349 | 62,919 | 581,430 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 1,836,261 | 1,933,047 | 188,756 | 1,744,291 |
| E | Estimated vaccine wastage factor | Table 4 | 1.33 | 1.33 | | |
| F | Number of doses needed including wastage | $D \times E$ | | 2,570,953 | 251,046 | 2,319,907 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ | | 48,273 | 4,714 | 43,559 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | | | | |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | 1,400,000 | | |
| H3 | Shipment plan | UNICEF shipment report | | 2,387,900 | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 2,619,500 | 255,786 | 2,363,714 |
| J | Number of doses per vial | Vaccine Parameter | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 2,179,452 | 0 | 2,179,452 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | | 23,974 | 0 | 23,974 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 5,042,538 | 492,388 | 4,550,150 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 98,076 | 0 | 98,076 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 120 | 0 | 120 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 322,723 | 31,513 | 291,210 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 5,463,457 | 523,900 | 4,939,557 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 523,900 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 9.76 % | | |

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

| | Formula | 2015 | | | |
|----|---|---|------------|---------|-----------|
| | | Total | Government | GAVI | |
| A | Country co-finance | V | 9.64 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 666,989 | 64,328 | 602,661 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 646,571 | 62,359 | 584,212 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 1,972,178 | 190,206 | 1,781,972 |
| E | Estimated vaccine wastage factor | Table 4 | 1.25 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,465,223 | 237,757 | 2,227,466 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ | 14,675 | 1,416 | 13,259 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | 474,066 | 45,721 | 428,345 |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | 1,377,839 | 132,885 | 1,244,954 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | |
| H3 | Shipment plan | UNICEF shipment report | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 2,006,000 | 193,468 | 1,812,532 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 1,664,065 | 0 | 1,664,065 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 18,305 | 0 | 18,305 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 3,909,694 | 377,068 | 3,532,626 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 74,883 | 0 | 74,883 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 92 | 0 | 92 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 250,221 | 24,133 | 226,088 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 4,234,890 | 401,200 | 3,833,690 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 401,200 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 9.64 % | | |

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

| ID | Source | | 2013 | 2014 | 2015 | 2016 | TOTAL | |
|----|--|--------------------|------|---------|---------|---------|--------|-----------|
| | Number of surviving infants | Table 4 | # | 630,249 | 664,277 | 680,601 | 0 | 1,975,127 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 644,349 | 0 | 0 | 644,349 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | | 644,349 | 0 | 0 | 644,349 |
| | Immunisation coverage with the third dose | Table 4 | % | 0.00 % | 97.00 % | 0.00 % | 0.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.05 | 1.00 | 1.00 | |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 0 | | | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 0 | | | | |
| | Number of doses per vial | Parameter | # | | 2 | 2 | 2 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 | 0.0450 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 | 0.0050 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 3.00 % | 3.00 % | 3.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

| | |
|--------------------|-----|
| Co-financing group | Low |
|--------------------|-----|

| | 2013 | 2014 | 2015 | 2016 |
|----------------------|------|------|------|------|
| Minimum co-financing | 0.00 | 0.20 | 0.20 | 0.20 |
| Your co-financing | | 0.20 | 0.20 | 0.20 |

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

| | | 2014 | 2015 | 2016 |
|---------------------------------------|----|-----------|-------------|------|
| Number of vaccine doses | # | 2,392,000 | - 455,300 | 0 |
| Number of AD syringes | # | 2,684,600 | - 531,500 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 29,550 | - 5,825 | 0 |
| Total value to be co-financed by GAVI | \$ | 8,475,500 | - 1,701,000 | 0 |

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

| | | 2014 | 2015 | 2016 |
|--|----|---------|----------|------|
| Number of vaccine doses | # | 145,300 | - 27,800 | 0 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 507,500 | 0 | 0 |

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

| | Formula | 2013 | 2014 | | | |
|----|---|---|--------|------------|---------|-----------|
| | | | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 5.73 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 0 | 644,349 | 36,897 | 607,452 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | $B \times C$ | 0 | 1,933,047 | 110,690 | 1,822,357 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | | 2,029,700 | 116,225 | 1,913,475 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | 507,425 | 29,057 | 478,368 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 2,537,200 | 145,285 | 2,391,915 |
| J | Number of doses per vial | Vaccine Parameter | | 2 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 2,684,520 | 0 | 2,684,520 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | | 29,530 | 0 | 29,530 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 8,603,646 | 492,661 | 8,110,985 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 120,804 | 0 | 120,804 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 148 | 0 | 148 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 258,110 | 14,780 | 243,330 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 8,982,708 | 507,440 | 8,475,268 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 507,440 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 5.73 % | | |

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

| | Formula | 2015 | | | 2016 | | | |
|-----------|--|---|-------------|----------|-------------|------------|------|---|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 5.76 % | | | 0.00 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 0 | 0 | 0 | 0 | 0 | 0 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | | | 1.00 | | |
| F | Number of doses needed including wastage | $D \times E$ | 0 | 0 | 0 | 0 | 0 | 0 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | - 483,261 | - 27,844 | - 455,417 | 0 | 0 | 0 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | - 483,200 | - 27,841 | - 455,359 | 0 | 0 | 0 |
| J | Number of doses per vial | Vaccine Parameter | 2 | | | 2 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | - 531,587 | 0 | - 531,587 | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | - 5,847 | 0 | - 5,847 | 0 | 0 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | - 1,628,384 | - 93,825 | - 1,534,559 | 0 | 0 | 0 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | - 23,921 | 0 | - 23,921 | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | - 29 | 0 | - 29 | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | - 48,851 | - 2,814 | - 46,037 | 0 | 0 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | - 1,701,185 | 0 | - 1,701,185 | 0 | 0 | 0 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | - 96,640 | | | 0 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 5.76 % | | | 0.00 % | | |

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

The government is waiting for last tranche of HSS funds

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

N/A

Please see <http://www.gavi.org/support/cso/> for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 9.1.3.a](#) and [9.1.3.b](#).

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US\$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | | | | | | |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| Remaining funds (carry over) from previous year (<i>B</i>) | | | | | | |
| Total Funds available during the calendar year ($C=A+B$) | | | | | | |
| Total expenditure during the calendar year (<i>D</i>) | | | | | | |
| Balance carried forward to next calendar year ($E=C-D$) | | | | | | |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | | | | | | |

| | 2014 | 2015 | 2016 | 2017 |
|---|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | | | | |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | |
| Remaining funds (carry over) from previous year (B) | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | |
| Total expenditure during the calendar year (D) | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | | | | |

Table 9.1.3b (Local currency)

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | | | | | | |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |
| Remaining funds (carry over) from previous year (B) | | | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | | | |
| Total expenditure during the calendar year (D) | | | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | | | |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | | | | | | |

| | 2014 | 2015 | 2016 | 2017 |
|---|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | | | | |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | |
| Remaining funds (carry over) from previous year (B) | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | |
| Total expenditure during the calendar year (D) | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | | | | |

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

| Exchange Rate | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|------------------------|------|------|------|------|------|------|
| Opening on 1 January | | | | | | |
| Closing on 31 December | | | | | | |

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS 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 HSCC in this process.

Has an external audit been conducted? **Not selected**

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

| Major Activities (insert as many rows as necessary) | Planned Activity for 2013 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|---------------------------|--|--|
|---|---------------------------|--|--|

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

| Major Activities (insert as many rows as necessary) | Explain progress achieved and relevant constraints |
|---|--|
|---|--|

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2013 Target | Data Source | Explanation if any targets were not achieved |
|---|----------------|----------------------|---|-------------|-------------|--|
| | Baseline value | Baseline source/date | | | | |

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2014 | Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2014 actual expenditure (as at April 2014) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2014 (if relevant) |
|--|---------------------------|---|--|--------------------------------|--|---------------------------------------|
| | | 0 | 0 | | | 0 |

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2015

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2015 | Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2015 (if relevant) |
|--|---------------------------|---|--------------------------------|--|---------------------------------------|
| | | 0 | | | |

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US\$ | Duration of support | Type of activities funded |
|-------|----------------|---------------------|---------------------------|
| | | | |

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|----------------------------------|-------------------------------|------------------------------|
| | | |

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Nepal **has NOT** received GAVI TYPE A CSO support

Nepal is not reporting on GAVI TYPE A CSO support for 2013

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Nepal **has NOT received GAVI TYPE B CSO support**

Nepal is not reporting on GAVI TYPE B CSO support for 2013

11. 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

The ICC members thanked the government for making immunization as high priority program. They also appreciated process of developing "immunization law" and "immunization trust fund". They thanked GAVI for their continuous support in immunization and introduction of new vaccines.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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.
- Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - Income received from GAVI during 2013
 - Other income received during 2013 (interest, fees, etc)
 - Total expenditure during the calendar year
 - Closing balance as of 31 December 2013
 - A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| 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 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| 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 | | | | | | |
| Wages & 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 2013 | 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.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

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 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| 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 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| 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 | | | | | | |
| Wages & 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 2013 | 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.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| 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 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |










* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| 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 | | | | | | |
| Wages & 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 2013 | 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

| Document Number | Document | Section | Mandatory | File |
|-----------------|--|---------|-----------|--|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Doc 1 Signature of the Secretary MoHP.pdf
File desc:
Date/time : 12/05/2014 06:48:02
Size: 176 KB |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Doc 2. Signature of Secretary of MoF.pdf
File desc:
Date/time : 12/05/2014 06:48:57
Size: 176 KB |
| 3 | Signatures of members of ICC | 2.2 | ✓ | Doc 3 ICC Signature Page.pdf
File desc:
Date/time : 11/05/2014 01:03:18
Size: 452 KB |
| 4 | Minutes of ICC meeting in 2014 endorsing the APR 2013 | 5.7 | ✓ | Doc 4 minutes of ICC meeting endorsing APR 2013.pdf
File desc:
Date/time : 11/05/2014 01:04:41
Size: 787 KB |
| 5 | Signatures of members of HSCC | 2.3 | ✓ | Doc 5 Signature of members of HSCC.pdf
File desc:
Date/time : 11/05/2014 01:05:49
Size: 3 KB |
| 6 | Minutes of HSCC meeting in 2014 endorsing the APR 2013 | 9.9.3 | ✓ | Doc 6 Minutes of HSCC meeting in 2014 endorsing the APR 2013 .pdf
File desc:
Date/time : 11/05/2014 01:06:52
Size: 3 KB |
| 7 | Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | Doc 7 Financial statement for ISS grant (Fiscal year 2013).pdf
File desc: Fund spent from ISS carry over grant from fiscal year 2012.
Date/time : 13/05/2014 02:38:47
Size: 819 KB |
| 8 | External audit report for ISS grant (Fiscal Year 2013) | 6.2.3 | ✗ | No file loaded |

| | | | | |
|----|---|-------|---|---|
| 9 | Post Introduction Evaluation Report | 7.2.2 |  | Doc 9 Post Introduction Evaluation Report .pdf
File desc:
Date/time : 11/05/2014 01:08:00
Size: 5 KB |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 |  | Doc 10 Financial statement for NVS introduction grant (Fiscal year 2013).pdf
File desc:
Date/time : 11/05/2014 01:09:12
Size: 315 KB |
| 11 | External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000 | 7.3.1 |  | Doc 11 External audit report for NVS introduction grant (Fiscal year 2013) .pdf
File desc:
Date/time : 11/05/2014 01:10:15
Size: 3 KB |
| 12 | Latest EVSM/VMA/EVM report | 7.5 |  | Doc 12 Latest EVSMVMAEVM report (1).pdf
File desc:
Date/time : 11/05/2014 01:12:04
Size: 4 MB |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 |  | Doc 13 Latest EVSMVMAEVM improvement plan .pdf
File desc:
Date/time : 11/05/2014 01:13:16
Size: 320 KB |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 |  | Doc 14 EVSMVMAEVM improvement plan implementation status.pdf
File desc:
Date/time : 11/05/2014 01:14:24
Size: 135 KB |
| 16 | Valid cMYP if requesting extension of support | 7.8 |  | No file loaded |
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 |  | No file loaded |
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 |  | No file loaded |

| | | | | |
|----|---|--------|---|--|
| 19 | Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | Doc 19 Financial statement for HSS grant (Fiscal year 2013).pdf
File desc:
Date/time : 11/05/2014 01:15:20
Size: 3 KB |
| 20 | Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | Doc 20 Financial statement for HSS grant for January-April 2014 .pdf
File desc:
Date/time : 11/05/2014 01:16:50
Size: 5 KB |
| 21 | External audit report for HSS grant (Fiscal Year 2013) | 9.1.3 | ✓ | Doc 21 External audit report for HSS grant (Fiscal Year 2013) .pdf
File desc:
Date/time : 11/05/2014 01:18:15
Size: 12 KB |
| 22 | HSS Health Sector review report | 9.9.3 | ✓ | Doc 22 HSS Health Sector review report .pdf
File desc:
Date/time : 11/05/2014 01:19:23
Size: 9 KB |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | ✗ | No file loaded |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2013) | 10.2.4 | ✗ | No file loaded |
| 25 | External audit report for CSO Type B (Fiscal Year 2013) | 10.2.4 | ✗ | No file loaded |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013 | 0 | ✓ | Doc 26 Bank statements .pdf
File desc:
Date/time : 11/05/2014 01:20:25
Size: 6 KB |
| 27 | Minutes ICC meeting endorsing change of vaccine presentation | 7.7 | ✗ | No file loaded |

| | | | | |
|--|-------|--|---|--|
| | | | | |
| | Other | | X | Other FCHV Cost breakdown HSS & ISS FY2011-12.pdf
File desc: AS requested by GAVI
Date/time : 11/05/2014 01:21:43
Size: 437 KB |