Application Form for Gavi NVS support

Submitted by

The Government of

Nepal

Date of submission: **3 May 2017**

Deadline for submission:

i. **3 May 2017**
ii. 3 May 2017
iii. 1 September 2017

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year	2017	End Year	2021

Form revised in 2016

(To be used with Guidelines of December 2016)

Note: Please ensure that the application has been received by Gavi on or before the day of the deadline.

Gavi
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

The Country agrees to reimburse to the Gavi 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, within sixty (60) days after the Country receives the Gavi's request for a reimbursement and be paid to the account or accounts as directed by the Gavi.

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the Gavi, as requested. The Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE Gavi TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the Gavi 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 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 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. 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 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 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.

1. Type of Support requested

Please specify for which type of Gavi support you would like to apply to.

Type of Support	Vaccine	Start Year	End Year	Preferred second presentation[1]
Routine New Vaccines Support	RV1, 1 dose/plastic tube, liquid	2018	2021	

[1] Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine.

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Table Annex 1.1 C Summary table for vaccine RV1, 1 dose/plastic tube, liquid

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3. Executive Summary

Please provide a summary of your country's proposal, including the following the information:

- For each specific request, NVS routine support or NVS campaign :
  - The duration of support
  - The total amount of funds requested
  - Details of the vaccine(s), if applicable, including the reason for the choice of presentation
  - Projected month and year of introduction of the vaccine (including for campaigns and routine)

- Relevant baseline data, including:
  - DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Target population from Risk Assessments from Yellow Fever and Meningitis A
  - Birth cohort, targets and immunisation coverage by vaccines

- Country preparedness
  - Summary of planned activities to prepare for vaccine launch, including EVM assessments, progress on EVM improvement plans, communication plans, etc.
  - Summary of EVM assessment and progress on EVM improvement plan

- The role of the Coordination Forum (ICC/HSCC or equivalent) and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal

Nepal's current application to Gavi is for rotavirus vaccine support for national introduction. The planned nation-wide introduction date of rotavirus vaccine in the National Immunization Program is October 2018. The application outlines the support from the start year, 2018, to the end of current comprehensive Multi-year Plan for Immunization, 2021. Nepal is applying for RV1 (Rotarix) rotavirus vaccine to introduce in its routine immunization. NCIP recommended introduction of RV1 in Nepal due to its advantage on cold chain space and costs compared to RV5. Data analysis shows that both RV1 and RV5 have similar effectiveness on circulating genotypes in Nepal. The rotavirus vaccine (RV1) is to be given with pentavalent 1 and 2 within the existing routine immunization schedule and strategies.

Total amount of funds for Vaccine Introduction Grant (VIG) requested is US$ 514,078 based on the number of infant in the birth cohort in year of introduction. All activities not covered by VIG will be financed through the Government's existing structure for immunization program through AWPB. As per Gavi policy for initial self-financing country, Nepal will co-finance US$ 0.2 per dose of rotavirus vaccine. Through Gavi's VIG support, critical activities such as central level workshop for orientation and planning; development of guideline and IEC materials; printing of guideline and IEC materials; briefing meeting to high level officials, national immunization committees, stakeholders, and partners; provincial/regional orientation and planning meetings; District Immunization Coordination Committee and district level advocacy meetings; orientation and planning meeting of health facility in-charges at district level; training of health workers in each health facility on new vaccine and routine immunization; social mobilization through media interaction in each district; information dissemination through mass media; rotavirus vaccine launch program; and supervision and monitoring have been planned.

The coverage of DTP 1 in Nepal from 2012 to 2016 is 90%, 94%, 94%, 94% and 92% respectively. The coverage of DTP 3 in Nepal from 2012 to 2016 is 90%, 92%, 92%, 91%, and 87% respectively. The coverage of measles containing vaccine in Nepal from 2012 to 2016 is 86%, 88%, 88%, 85%, and 83% respectively. The rotavirus vaccine, after introduction in Nepal will be given with DTP 1 and 2. The targeted coverages of first dose of rotavirus vaccine (given with DTP1) from 2018 to 2021 are 93%, 95%, 96% and 97%. The estimated target surviving infants from 2018 to 2019 are 627414, 630928, 634461, and 638015 respectively.

Nepal has mechanisms and capacity in place for rotavirus vaccine introduction and has already proposed several activities in immunization program's AWPB 2017/2018 prior to the new vaccine introduction. Nepal

has been conducting sentinel surveillance of rotavirus disease among children under 5 years of age hospitalized with acute gastroenteritis since 2009/2010 and baseline data for burden of disease and circulating genotypes is available. Nepal further plans to continue sentinel surveillance post-vaccine introduction. AEFI surveillance system and committee was established in 2004. AEFI system is available in all 75 districts. All AEFIs are reported through HMIS. All serious AEFI are reported, investigated and causality assessments are conducted. National Immunization Safety Policy was established in 2003 and is strictly followed by all health workers and health facilities.

The current cold chain capacity at central, regional and district vaccine stores is adequate for rotavirus vaccine introduction. Only two out of 75 district vaccine stores will have cold chain space constraint for rotavirus vaccine introduction. This will be addressed before the vaccine introduction. As per Cold Chain Replacement Plan 2072/73, Nepal plans to revitalize its cold chain system. Nepal will re-submit its application to Gavi for Cold Chain Equipment Optimization Platform in September 2017. Currently, EVM 2017 is being carried out and assessment report is expected to be out in couple of months. All findings of EVM assessment that could impact rotavirus vaccine introduction will be addressed before the vaccine introduction. The achievement in EVM improvement is one of the proposed Disbursement Linked Indicators for Gavi' Health System Strengthening Support (HSS 3) to Nepal. Therefore, besides revitalization of cold chain space through application for Gavi CCE OP, the immunization program has included several activities in its AWPB to improve EVM scores in Nepal.

Immunization is a high priority (P1) program of the Government of Nepal. The application to Gavi for rotavirus vaccine support follows the previous immunization plans and current comprehensive Multi-year Plan for Immunization 2017-2021 which recognizes introduction of new and underutilized vaccines as an important objective of the immunization program. Introduction of rotavirus vaccine is a priority for the immunization program as planned in cMYP 2017-2021. Both National Committee on Immunization Practices (Nepal's NITAG) and Inter-agency Coordination Committee have reviewed and endorsed the application. The application was developed by the immunization program team with support from partners such as WHO and UNICEF.

With successful implementation of rotavirus vaccine introduction in the routine immunization program, Nepal commits to improve the health of the children and achieve its goal of reducing morbidity, mortality and disability associated with vaccine preventable diseases.

4. Signatures

4.1. Signatures of the Government and National Coordinating Bodies

4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation

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

RV1, 1 dose/plastic tube, liquid routine introduction

The Government of Nepal commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan presented with this document. The Government requests that the Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Table(s) **6.2.3, 6.2.4** in the Routine New Vaccines Support of this application shows the amount of support in either supply or cash that is required from the Gavi.Table(s) **6.2.3, 6.2.4** of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

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

The payment for the first year of co-financed support will be around **September 2018** for RV1, 1 dose/plastic tube, liquid.

Please note that this application will not be reviewed or recommended for approval by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. These signatures are attached as DOCUMENT NUMBER : 1 and 2 in Section 10. Attachments.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Senendra Raj Upreti	**Name**	Dr. Shanta Raj Subedi
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
Dr. Jagat N. Giri	Immunization Coordinator, WHO	+977 9851036948	girij@who.int
Dr. Rahul Pradhan	New Vaccines Officer, WHO	+977 9851052724	pradhanr@who.int
Mr. Krishna B. Chand	EPI Chief, Child Health Division	+977 9841443861	chandklmd@gmail.com

4.1.2. National Coordination Forum (Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs), and other equivalent bodies)

To be eligible for support, Gavi asks countries to ensure a *basic* functionality of their Coordination Forum (ICC/HSCC or equivalent body). Countries can demonstrate this by adhering to the requirements listed in section 5.2 of the General Guidelines. The information in this section and a set of documents submitted along with this application will help the Independent Review Committee (IRC) to assess adherence.

Profile of the Coordination Forum

Name of the Forum	Inter-Agency Coordinating Committee (ICC)
Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone

The Terms of Reference for the Coordination Forum is attached as DOCUMENT NUMBER : 4. The Terms of Reference should include all sections outlined in Section 5.2 of the General Guidelines..

Please describe the role of the Coordination Forum and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal:

This proposal was developed by the Government's immunization program team (Child Health Division) with wide discussion and technical support was provided by WHO and UNICEF. The proposal was reviewed and endorsed by Inter-agency Coordination Committee and National Committee on Immunization Practices.

4.1.3. Signature Table for the Coordination Forum (ICC/HSCC or equivalent body)

We the members of the ICC, HSCC, or equivalent committee *[1]* met on the **21/04/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached as Document number 5. The signatures endorsing the proposal are attached as Document number 7 (please use the list for signatures in the section below).

Function	Title / Organisation	Name	Please sign below to indicate the attendance at the meeting where the proposal was endorsed	Please sign below to indicate the endorsement of the minutes where the proposal was discussed
Chair	Director General, Department of Health Services, Ministry of Health	Dr. Rajendra P. PANT		

Secretary	Director, Child Health Division, Department of Health Services	Dr. Bikash LAMICHHANE		
Members	MO-EPI, WHO	Dr. Anindya S. BOSE		
	Health Specialist, UNICEF	Dr. Ashish KC		
	Director, Logistics Management Division, Department of Health Services	Dr. Bhim S. TINKARI		
	Director, Management Division, Department of Health Services	Dr. Bikash DEVKOTA		
	Sr. Program Officer/Economist, SABIN Institute	Dr. Devendra GYAWALI		
	Immunization Coordinator, WHO	Dr. Jagat N. GIRI		
	Senior Health Specialist, World Bank	Dr. Manav BHATTARAI		
	New Vaccines Officer, WHO	Dr. Rahul PRADHAN		
	Senior MNCH Advisor, USAID	Dr. Shilu ADHIKARI		
	Director, NHEICC, Department of Health Services	Mr. Bardri B. KHADKA		
	Chief, Policy, Planning and International Cooperation Division, Ministry of Health	Mr. Bhogendra R. DOTEL		
	Health Adviser, DFID	Mr. Deepak KARKI		
	Chief, EPI Section, Child Health Division	Mr. Krishna B. CHAND		
	Nepal National Polio Plus Commitee Chairman, Rotary International	Mr. Ratnaman SHAKYA		
	MCC, Lions Club International	Mr. Sunil B. SHRESTHA		
	Under-secretary, Ministry of Finance	Mr. Tek Bahadur KHATRI		
	Planning Officer, NPCS	Ms. Sita D. THAPA		
	Senior Program Officer, GIZ	Ms. Tulasa BHARATI		

By submitting the proposal we confirm that the quorum has been met. **Yes**

The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached are attached as DOCUMENT NUMBER : 6.

4.2. National Immunization Technical Advisory Group (NITAG)

Has a NITAG been established in the country ? **Yes**

We the members of the NITAG met on the **21/04/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation describing the decision-making process through which the recommendations were reached, attached as Document number 31.

4.2.1. The NITAG

Profile of the NITAG

Name of the NITAG	National Committee on Immunization Practices
Year of constitution of the current NITAG	2008
Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone
Frequency of meetings	two or more per year depending upon requirement

Function	Title / Organisation	Name
Chair	Professor, Senior Consultant Pediatrician	Prof. Ramesh K. ADHIKARI

Secretary	Director, Child Health Division, DoHS	Dr. Dr. Bikash LAMICHHANE
Members	MO-EPI, WHO	Dr. Anindya S. BOSE
	Health Specialist, UNICEF	Dr. Ashish KC
	Public Health Specialist; Chair, NCCPE	Dr. Badri Raj PANDE
	Director, Epidemiology and Disease Control Division, DoHS	Dr. Bhim ACHARYA
	Director, Logistics Management Division, DoHS	Dr. Bhim S. TINAKRI
	Director, Family Health Division, DoHS	Dr. Naresh Pratap KC
	Director, National Public Health Laboratory, DoHS	Dr. Raj Kumar MAHTO
	Senior MNCH Adviser, USAID	Dr. Shilu ADHIKARI
	President, Nepal Pediatric Society	Dr.Binod L. BAJRACHARYA
	EPI Chief, Child Health Division	Mr. Krishna B. CHAND
	Chief, HMIS, Management Division, DoHS	Mr. Mukti KHANAL
	Director General, Department of Drug Administration	Mr. Narayan P. DHAKAL
	HOD, Pediatric Dept., BP Koirala Institute of Health Sciences	Prof. Rupa SINGH

Major functions and responsibilities of the NITAG

The NCIP serves to advise the Ministry of Health on the following:

1. Optimal immunization policy and strategies for public and private settings including:
    i. Routine and supplemental immunization;
    ii. Introduction of new vaccines;
    iii. Vaccine quality, safety, and adverse events following immunization (AEFIs) risk communication;
    iv. Program capacity (infrastructure and human resources);
    v. Vaccine supply and logistics;
2. Impact of the immunization program;
3. The need for further data and research and development in new vaccines for policy making;
4. Special policy and strategy directions in emergency situations to control an imminent or identified epidemic of vaccine-preventable diseases.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as **(Document Number: 8)**

5. Immunisation Programme Data

5.1 Background information

Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached:

- Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9.
- New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.
- New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12.
- Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20.
- Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
- Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25.

Please use the most recent data available and specify the source and date.

	Figure	Year	Source
Total population	28,621,706	2017	HMIS, DoHS, Nepal
Birth cohort	641,899	2017	HMIS, DoHS, Nepal
Infant mortality rate (per 1000)	32	2013	World Health Statistics 2015
Surviving infants*[1]*	623,919	2017	HMIS, DoHS, Nepal
GNI per capita (US$)	730	2015	The World Bank (http://data.worldbank.org/indicator/NY.GNP.PCAP.CD)
Total Health Expenditure (THE) as a percentage of GDP	5.8	2014	Global Health Observatory data repository, WHO
General government expenditure on health (GGHE) as % of General government expenditure	11.18	2014	Global Health Observatory data repository, WHO

[1] Surviving infants = Infants surviving the first 12 months of life

5.1.1 Lessons learned

Routine New Vaccines Support

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from previous introduction(s) specifically for: storage capacity, protection from accidental freezing, staff training, cold chain, logistics, coverage and drop-out rates, wastage rate, etc., and suggest action points or actions taken to address them. Please refer to previous Post Introduction Evaluations (PIE), if applicable. If they are included in the Introduction Plan, please cite the section only. If this information is already included in NVIP/POA, please reference the document and in which section/page this information can be found.

Lessons Learned	Action Points
1) It may be difficult to increase coverage of newly introduced vaccine within a short time period, for example within one fiscal year.	- Strict monitoring of introduction in each district - Continuous monitoring from all levels of stock management, distribution system, and routine immunization monitoring up to the point of service delivery to ensure availability and quality, and increase coverage of vaccine. - Ensure importance of high vaccination coverage in all related training on immunization.
2) Quality training to health workers is important. Periodic refresher training as well as appropriately spaced training before new vaccine introduction is important.	- Training on immunization in every AWPB including upcoming AWPB included. - Training on rotavirus vaccine planned before introduction.
3) Not only IEC materials, but information dissemination through mass media is important to create awareness of newly introduced vaccine. Further, advocacy meetings with stakeholders are important.	- Use of mass media planned during rotavirus vaccine introduction to create awareness. - Advocacy meetings planned before rotavirus vaccine introduction.

5.1.2 Health planning and budgeting

Please provide information on the planning and budgeting cycle in your country

Each year all divisions and centers, Department of Health Services (DoHS), Ministry of Health (MoH), prepare annual work plan after intensive consultation including external partners. Then the annual plan is submitted to MoH for further review. The MoH prepares an Annual Plan with budget of Government of Nepal, which is then submitted to Ministry of Finance (MoF) for review and budget allocations. After review and budget allocations from MoF, the Annual Plan is submitted to National Planning Commission (NPC) for approval of the programs.After approval of the budget by the NPC, the annual health plan together with the national plan is submitted to parliament for approval. Once the plan is approved by parliament it is reflected as the annual consolidated plan in the “Red Book”. Then MoF sends the approved plan with budget to MoH. The MoH gives authority to DoHS for implementation of the plan. The DoHS sends authority to all district (public) health

offices for expenditure of the fund as per approved activities in the annual plan/Red Book. District Treasury Controller Office (DTCOs), which holds the financial account for all activities including health sector in the district, releases budget to the district (public) health office upon completion of activities or, in special cases such as mass immunization campagins, DTCO gives advance before completion of activities. The health sector budget will undergo internal as well as external audit as per established procedures of the government of Nepal. DTCOs carry out quarterly internal audits at district level. Financial Comptroller General Office conducts yearly external audit at district level. Finally, the audits are inspected by the Auditor General Office annually.

Fiscal year cycle in Nepal is from mid-July to mid-July. Planning for upcoming fiscal year is started from January and completed by March/April. All review and approval processes are completed from April to June, and the final "Red Book" is available by first week of July.

Please indicate the name and date of the relevant planning document for health

1. Nepal Health Sector Strategy 2015 - 2020

2. Comprehensive Multi-Year Plan on Immunization (cMYP) 2017 - 2021, National Immunization Program, Nepal

Is the cMYP (or updated Multi-Year Plan) aligned with the proposal document (timing, content, etc.)

One of the strategic objectives of Nepal's cMYP 2017-2021 is to "reach every child for full immunization". This strategic objective has several strategic approaches, one of which is introduction of new vaccines. Introduction of rotavirus vaccine in routine immunization is a priority for new vaccine introduction in cMYP 2017-2021.

Please indicate the national planning budgeting cycle for health

Fiscal year cycle in Nepal is from mid-July to mid-July. Planning for upcoming fiscal year is started from January and completed by March/April. All review and approval processes are completed from April to June, and the final "Red Book" is available by first week of July. National planning budgeting cycle for health follows this cycle, which is also the cycle for Nepal's overall national planning budgeting cycle.

Please indicate the national planning cycle for immunisation

The national planning cycle for immunization follows the national budgeting cycles.

5.1.3 Coverage and equity

Please describe any health systems bottlenecks or barriers to access, utilisation and delivery of immunisation services at district level (or equivalent), for example geographic, socio-economic and/or gender-related barriers. Please indicated if there are specific populations of concern. If available, please provide subnational coverage and equity data highlighting geographic, socio-economic, gender-related, or other barriers and any other relevant categories of vulnerable or high-risk populations.

Nepal Multiple Indicator Cluster Survey 2014 shows coverage and equity by background characteristics as below for full immunization:

Sex: male 86.3%, female 82.4%

Area: urban 92.7%, rural 83.4%

Mother's education: none 80.6%, primary 87.4%, secondary 85.2%, higher 89%

Wealth index quintile: poorest 83.1%, second 80.3%, middle 83.9%, fourth 85.1%, richest 92.7%

Please explain how the proposed NVS support (activities and budget) will be used to improve coverage and equity of routine immunisation with reference to specifically identified health systems bottlenecks and/or specific populations of concern. For countries that will be receiving Gavi HSS and/or CCEOP funding concurrently with NVS funds, please also highlight how NVS funds will support/complement/leverage specific

activities or investments included in those other grants.

Nepal's Immunization Act ensures the right to vaccination, provision of quality vaccine and logistics, provider and recipient responsibilities, as well as punishment, compensation and appeal relating to immunization. Furthermore, National Immunization Fund has been created to ensure immunization financing and sustainability in the long run and has public-private partnership model. The Immunization Act will further strengthen the immunization program in the country.

Nepal has had initiated and implemented a unique initiative known as ‘full immunization program’. This program addresses issues of social inequity in immunization as every child regardless of social or geographical aspect are meant to be fully immunized under this program. Mobilization of local resources, ownership, and leadership are the key aspects of the full immunization program. To declare any district or sub-district as a fully immunized region, it should assure that 100% of the eligible children in that area have received complete vaccination following guidelines endorsed by Ministry of Health and Population and Ministry of Federal Affairs and Local Development, Nepal. The full immunization program aims to reach every child through immunization services and reduce child morbidity and mortality associated with vaccine preventable diseases. As of first week of April 2017, 1768 VDCs, 93 municipalities, and 25 (out of 75) districts have been declared fully immunized under the 'full immunization program'.

Nepal's cMYP 2071-2021 has been developed on the basis of vaccination as a right to every child as per the Immunization Act and, therefore, plans to introduce new vaccines such as rotavirus vaccine, and reach high coverage of all vaccines in the routine immunization.

Rotavirus vaccines support will be used to improve coverage and equity of routine immunization as per Immunziation Act, full immunization program, and cMYP 2071-2021 plans. Gavi's Health System Strengthening Support (HSS 3) aligns the EVM indicators and full immunization achievement as Disbursement Linked Indicators. Thirteen low-performance districts have been prioritized to achieve 100% fully immunized VDCs before year 5 of HSS 3 support. Immunization AWPB is being focussed to achieve the indicators in these districts as well as overall in Nepal by involving multi-stake holders (both health and non-health actors at all levels) in planning, training of health workers, improving processes for full immunization, and validation of full immunization so that all children are fully immunized.

Please describe what national surveys take place routinely in country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers.

'Nepal Demographic and Health Survey' and 'Nepal Multiple Indicator Cluster Survey' routinely assess gender and equity related surveys. This application does not include activity to assess gender and equity related barriers. However, Nepal's aim is to cover all gender and equity related issues in immunization by reaching every child for immunization. In AWPB for immunization, validation of full immunization in low-performing districts have been planned.

Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems.

Sex disaggregated data is not routinely collected and used in HMIS. HMIS is piloting collection of sex disaggregated data for 'full immunization'. Currently, sex and other disaggregated data for immunization is used from Demographic Health Surveys and Mutliple Indicator Cluster Surveys.

Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine vaccines or campaigns and financing of these activities.

Not applicable

5.1.4 Data quality

To support country efforts to strengthen the availability, quality and use of vaccination coverage data for strengthened programme management, Gavi requires that countries applying for all types of Gavi support to undertake routine monitoring of vaccination coverage data through an annual desk review; conduct periodic (once every five years or more frequently where appropriate) in-depth assessments of routine administrative vaccination coverage data; conduct periodic (at least once every five years) nationally representative

vaccination coverage surveys; and develop and monitor plans for improving vaccination coverage data quality as a part of their own core work plans.

5.2. Baseline and Annual Targets for Routine Vaccines

Please refer to cMYP pages to assist in filling-in this section. For HPV, please also refer to Annex 3 of the HPV Guidelines.
The Base year information should be completed for the year in which the application is being completed.

Table 5.2: Baseline NVS routine figures

Number	Base Year	Baseline and Targets			
	2016	2018	2019	2020	2021
Total births	637,263	642,598	639,935	638,582	637,854
Total infants' deaths	20,903	15,184	9,007	4,121	- 161
Total surviving infants	616,360	627,414	630,928	634,461	638,015
Total pregnant women	751,490	757,780	754,641	753,044	752,186
Target population (routine cohort) vaccinated with OPV3*[1]*	524,522	564,673	580,454	590,049	606,114
OPV3 coverage*[2]*	85 %	90 %	92 %	93 %	95 %
Target population (routine cohort) vaccinated with DTP1*[1]*	567,787	583,495	599,382	609,083	618,875
Target population (routine cohort) vaccinated with DTP3*[1]*	538,466	564,673	580,454	590,049	606,114
DTP3 coverage*[2]*	87 %	90 %	92 %	93 %	95 %
Wastage*[3]* rate in base-year and planned thereafter (%) for DTP	21	20	20	20	20
Wastage*[3]* factor in base-year and planned thereafter for DTP	1.27	1.25	1.25	1.25	1.25
Target population (routine cohort) vaccinated with 1st dose of RV1	0	583,495	599,382	609,083	618,875
Target population (routine cohort) vaccinated with 2nd dose of Rotavirus	0	577,221	586,763	596,393	612,494
RV1 coverage*[2]*	0 %	92 %	93 %	94 %	96 %
First Presentation: RV1, 1 dose/plastic tube, liquid					
Wastage*[3]* rate in base-year and planned thereafter (%)	0	5	5	5	5
Wastage*[3]* factor in base-year and planned thereafter (%)	1.00	1.05	1.05	1.05	1.05
Maximum wastage rate value for RV1, 1 dose/plastic tube, liquid	5 %	5 %	5 %	5 %	5 %
Target population (routine cohort) vaccinated with 1st dose of MCV	509,531	558,398	574,144	583,704	606,114
MCV coverage*[2]*	83 %	89 %	91 %	92 %	95 %
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	3 %	3 %	3 %	2 %

[1] Indicate total number of children vaccinated with either DTP alone or combined

[2] Number of infants vaccinated out of total surviving infants

[3] The formula to calculate a vaccine wastage rate (in percentage): [(A - B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5.3. Targets for Preventive Campaign(s)

No NVS Prevention Campaign Support this year

5.4. Targets for One time mini-catchup campaign(s)

No One time mini-catchup campaign this year

6. New and Under-Used Vaccines (NVS Routine vaccines)

6.1. Assessment of burden of relevant diseases (if available)

If already included in detail in the Introduction Plan or Plan of Action, please cite the section only.

Disease	Title of the assessment	Date	Results
Rotavirus	Rotavirus sentinel surveillance in Nepal	2010 - 2016	Nepal has been conducting rotavirus sentinel surveillance since 2010 at Nepal's largest children's referral hospital (Kanti Children's Hospital, Kathmandu) through WHO support. The Rotavirus infection in children under 5 years of age hospitalized with acute gastroenteritis for each year is as follows: 1) 2010 - 31.8% 2) 2011 - 25.7% 3) 2012 - 37.8% 4) 2013 - 24.6% 5) 2014 - 23.6% 6) 2015 - 21.4% 7) 2016 - 25.3%

6.2. Requested vaccine (RV1, 1 dose/plastic tube, liquid)

As reported in the cMYP, the country plans to introduce RV1, using RV1, 1 dose/plastic tube, liquid.

When is the country planning to introduce this vaccine? **October 2018**

Please note that, due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistical requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. The Independent Review Committee requires assurance that the cold chain is ready or will be ready for the routine introduction of the new vaccine, and evidence/plans need to be provided. All proposals that include Gavi- financing for cold chain equipment intended for vaccine storage shall need to procure equipment pre-qualified by WHO under their Performance Quality and Safety (PQS) program. The purchase of non-PQS equipment will only be considered on an exceptional basis, with justification and advance agreement from Gavi.

In Nepal, vaccines store are divided into central vaccine store (CVS), regional vaccine store (RVS) and district vaccine store (DVS).

Vaccine stores maximum stock and minimum stock level as per country policy is: for CVS 11 months and 6 months respectively; for RVS 4.5 months and 3 months respectively; and for DVS 2.25 months and 1.25 months respectively.

For CVS, total space required for existing routine immunization vaccines and rotavirus vaccine (RV1) per

month is 4968 L and for 11 months as per policy is 54,648 L. The existing total capacity of CVS is 72,107 L. Therefore, adequate cold chain space is available in CVS for rotavirus vaccine introduction.

For RVS, total space required for existing routine immunization vaccines and rotavirus vaccine (RV1) per month is 4208 L and for 4.5 months as per policy is 18,936 L. The existing total capacity of RVS is 105,934 L. All 6 RVS respectively also have enough surpulus cold chain capacity for rotavirus vaccine introduction.

For DVS, there are 75 districts in Nepal and 75 DVS are taken into account for cold chain space calculation and need. The total cold chain space available at combined DVS is 27,762 L and is enough to store complete doses of all existing routine immunization vaccines and rotavirus vaccine (RV1) which requires total cold chain space of 11,178 L. On analysis of each district's cold chain space 73 districts out of 75 have enough cold chain space. However, two districts will not have enough cold chain space after introduction of rotavirus vaccine. Jhapa District will have -112 L and Kathmandu will have -348 L to store all vaccines for 2.25 months as per policy after introduction of rotavirus vaccine.

Nepal plans to increase its overall cold chain capacity to accomodate all future anticipated vaccine introductions as per cMYP 2017-2021 by applying to Gavi for Cold Chain Equipment Optimization Platform. Nepal applied for CCE OP in January 2017; however, as per IRC evaluation and recommendation, the application was returned for "re-submission". Nepal plans to resubmit the application addressing all action points identified by IRC within the time-frame for resubmission (that is within the application windows in 2017). As per the provision of CCE OP, 20% financing of the CCE will be by the country preferably through Gavi's Health System Strengthening Support (HSS 3) to the country. All equipment purchased will be WHO pre-qualified. The cold chain expansion, if CCE OP application re-submission is approved, is anticipated to begin by early 2019. Districts that do not have enough cold chain space (for example, two districts mentioned above) will be prioritized for cold chain expansion.

6.2.1. Vaccine Prices

Vaccine	Presentation	2017	2018	2019	2020	2021
RV1, 1 dose/plastic tube, liquid	1	2.012	2.012	2.012	2.012	2.012

6.2.2. Co-financing information

If you would like to co-finance an amount higher than the minimum, please provide information in Your co-financing row.

Country group	Initial self-financing phase

	2018	2019	2020
minimum co-financing per dose	0.20	0.20	0.20
your co-financing per dose (please change if higher)	0.20	0.20	0.20

	2021
minimum co-financing per dose	0.20
your co-financing per dose (please change if higher)	0.20

6.2.2.1.Specifications of vaccinations with new vaccine for routine cohort

	Source		2018	2019	2020	2021
Number of girls in routine cohort to be vaccinated with the first dose	Table 5.2	#	583,495	599,382	609,083	618,875
Number of girls in routine cohort to be vaccinated with the second dose	Table 5.2	#	577,221	586,763	596,393	612,494
Immunisation coverage with the second dose	Table 5.2	%	92%	93%	94%	96%
Country co-financing per dose	Table 6.2.2	$	0.2	0.2	0.2	0.2

6.2.3 Portion of supply for routine cohort to be procured by the country (and cost estimate, US$)

		2018	2019	2020
Number of vaccine doses	#			
Number of AD syringes	#			
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#			
Total value to be co-financed by the Country ***[1]***	**$**	306,601	253,501	257,101

[1] The co-financing amount for initial self-financing countries indicates costs for the vaccines and any freight charges. The total co-financing amount does not contain the costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees. Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the Country.

		2021
Number of vaccine doses	#	
Number of AD syringes	#	
Number of re-constitution syringes	#	0
Number of safety boxes	#	
Total value to be co-financed by the Country ***[1]***	**$**	261,001

[1] The co-financing amount for initial self-financing countries indicates costs for the vaccines and any freight charges. The total co-financing amount does not contain the costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees. Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the Country.

6.2.4 New and Under-Used Vaccine Introduction Grant

Calculation of Vaccine Introduction Grant for the RV1, 1 dose/plastic tube, liquid

Year of New Vaccine Introduction	Births (from Table 5.2)	Share per Birth in US$	Total in US$
2018	642,598	0.80	514,078

This is a one-time cash grant of US$0.80/child in a single birth cohort or a lump sum of $100,000 (whichever is higher). It should be noted that for introduction applications submitted from January 2017 onwards and for all Gavi vaccine introductions planned for implementation in 2018 onwards, this grant will be adjusted according to transition stage of the country. Countries in preparatory transition phase (Phase 1) will be provided with $0.70 per targeted person in a single birth cohort, and countries which have entered accelerated transition phase (Phase 2) $0.60 per targeted person in a single birth cohort. For low income countries, the amount will remain at $0.80 per targeted person.

Please describe how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine (refer to the cMYP and the Vaccine Introduction Plan).

Gavi Vaccine Introduction Grant will be used to facilitate timely and effective implementation of critical activities for rotavirus vaccine introduction in Nepal. Forseeing new vaccine introduction, several activities such as guideline development and training of health workers have already been planned in upcoming AWPB 2017/2018.

Gavi Vaccine Introduction Grant will be used to conduct activities as follows:

1) Central level workshop for orientation and planning

Central level workshop will be conducted for orientation and planning for rotavirus vaccine introduction as well as for finalization of guideline for rotavirus vaccine introduction. The workshop will include government staff from Child Health Division, Logistics Management Divions, National Health Education Information and Communication Center, and from other relevant sections from Department of Health Services and Ministry of Health. Stakeholders and partners such as WHO and UNICEF will also participate and provide technical

support for the workshop.

2) Development of guideline and IEC materials

Design and development of guideline and IEC materials will be done by multi-stakeholder participation and use of consultant, if required, for design of the materials.

3) Printing of guideline and IEC materials

Printing of guideline and IEC materials is budgeted in VIG. Guidelines and IEC materials will be printed and distributed widely to all health facilities in the country.

4) Briefing meeting to high level officials, MoH, national immunization committees, stakeholders, and partners.

Advocacy meeting with high level officials, national immunization committees such as ICC, NCIP, and AEFI committee, and all stakeholders and partners such as Nepal Pediatric Society and civil society organizations will be conducted to create awareness, seek guidance and garner support for rotavirus vaccine introduction.

5) Provincial/regional orientation and planning meetings

Provincial/regional level orientation and planning meetings will be conducted in each province/region. The meeting will include trainers from central level and participants from regional level and district level.

6) District Immunization Coordination Committee (DICC) and district level advocacy meetings

DICC meetings and district level advocacy meetings will be conducted in each district to create awareness, seek guidance and garner support for rotavirus vaccine introduction.

7) Orientation and planning meeting of health facility in-charges at district level

Following provincial/regional orientation and planning meetings, district level orientation/training and planning meetings will be conducted in each district involving in-charges from each health facility. The meeting will used to train the in-charges on new vaccine introduction and for micro-planning of district and health facility level.

8) Training of health workers in each health facility on new vaccine and routine immunization

Following district level meetings, health workers in each health facility will be trained on new vaccine introduction as well as on overall routine immunization. The purpose of the meeting is to build capacity of the health workers on new vaccine introduction and routine immunization.

9) Social mobilization through media interaction in each district

Social mobilization in each district will be conducted by involving media interaction at district level. All media persons in each district will be oriented on rotavirus vaccine introduction.

10) Information dissemination through media

Information on new vaccine introduction and routine immunization will be disseminated through mass media such as FM/radio, TV and newspaper.

11) Rotavirus vaccine launch program

Rotavirus vaccine will be formally launched by Ministry of Health with invitation to high level government officials, partners, civil society organizations, political representatives, community representatives, health workers, other stakeholders, and beneficiary representatives.

12) Supervision and monitoring

Supervision and monitoring will be strengthened for rotavirus vaccine introduction and is budgeted in the VIG for every district during vaccine introduction. Following introduction, supervision and monitoring will be conducted in integrated way to include overall immunization and other programs monitoring.

Please complete the ‘Detailed budget for VIG / Operational costs’ template provided by Gavi and attach as a mandatory document in the Attachment section.

Detailed budget attached as Document No. 22.

Where Gavi support is not enough to cover the full needs, please describe other sources of funding and the expected amounts to be contributed, if available, to cover your full needs.

Activities have been budgeted for vaccine introduction grant (VIG) for rotavirus vaccine introduction. The expected ceiling of VIG support is US$ 514,078. All other activities not covered by VIG will be conducted through the Child Health Division's immunization program AWPB. Immunization program's AWPB is supported by both Government's funds and by Gavi's support for Health System Strengthening (HSS 3).

6.2.5.Integrated disease control

a) Please describe **any** existing interventions for **the** prevention and treatment of pneumonia and diarrhoea and the status of implementation.

Nepal uses community-based integrated management of neonatal and childhood illness (CB IMNCI) for prevention, identification and management of childhood illnesses including pneumonia and diarrhoea. The protocol outlines counseling, identification and treatment of pneumonia and diarrhea at community level/health facility level and includes active involvement of female community health volunteers (FCHVs), as well as guides for referral to higher center if required. All the interventions are implemented through all the FCHVs and health facilities of all 75 districts of Nepal.

Further, Nepal has piloted in 4 districts new intiative called "hygiene promotion through routine immunization program" (Program implementation by Child Health Division with technical assistance by WaterAid. Technical support also provided by WHO and UNICEF). The expected result of this intervention is to reduce the childhood morbidity and mortality among children due to diarrhoea and strengthen the health system by achieving synergetic benefits to routine immunization and positive family hygiene behaviour change. The intervention also targets to enhance the capacity of FCHVs and Health Workers using a Hygiene Promotion package. Through this project, five key Hygienic Behaviours (Exclusive Breastfeeding; Food Hygiene; Handwashing with soap (HWWS) at critical times; Water and Milk treatment and Hygienic use of toilets, and child faeces disposal) are focused. In upcoming AWPB, the project is planned for continuation.

Nepal already gives several important vaccines - Hib, PCV, measles rubella first and second dose, pertussis - through its routine immunization for prevention of pneumonia. Among these, pentavalent vaccine, PCV and measles second dose in the routine immunization program are through Gavi support.

b) Please provide any considerations for how vaccination could strengthen delivery and communication of additional health interventions. Please highlight any barriers that you may foresee with integrating vaccination with other health interventions.

Immunization program is a high priority (P1) program of the Government of Nepal. Community acceptance of immunization is very high in Nepal, and therefore, vaccination provides platfrom to strengthen delivery and communication of additional health interventions. Vaccination coverage is high and vaccination services includes facility-based, outreach sessions, and mobile-based in hard-to-reach areas. Vaccination provides point of contact to higher number of population and in diverse geographic areas. Therefore, vaccination services provide strong platform for integration of other health interventions (for example "hygiene promotion through immunization") in Nepal.

6.2.6.Technical assistance

Please describe any particular area(s) the Ministry would require technical assistance to support the introduction of RV1. Please consider the support in the context of developing and implementing an integrated approach to disease prevention and control.

Technical assistance will be required from WHO and UNICEF for support of introduction of rotavirus. The support required is mainly in technical areas such as preparedness, training, IEC development, AEFI surveillance strengthening, and cold chain capacity strengthening.

7. NVS Preventive Campaigns

No NVS Prevention Campaign Support this year

8. NVS Follow-up Campaigns

No NVS Follow-up Campaign Support this year

9. Procurement and Management

9.1 Procurement and Management of New and Under-Used Vaccines Routine

Note: The PCV vaccine must be procured through UNICEF to be able to access the price awarded by the Advance Market Commitment (AMC).

a) Please show how the support will operate and be managed including procurement of vaccines (Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund):

For Gavi financed part of the vaccines, Nepal requests Gavi for the procurement through UNICEF.

For country co-financed part of the vaccines, Logistics Management Division, Department of Health Services, Ministry of Health, will directly procure the vaccines from the manufacturer.

b) If an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or the Gavi) is requested, please document

- A description of the mechanism and the vaccines or commodities to be procured by the country
- Assurance that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. For the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, assurance should also be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

For country co-financed part of the vaccines, Logistics Management Division, Department of Health Services, Ministry of Health, will directly procure the vaccines from the manufacturer. RV1 rotavirus vaccine is already WHO prequalified, and already licensed in the country.

c) If receiving direct financial support from Gavi (such as operational support for campaigns or VIG activities), please indicate how the funds should be transferred by Gavi.

The funds for VIG should be bank transferred by Gavi to the dedicated account for Gavi's VIG support.

The detail of the account is as follows:

Name & Address of beneficiary: FINANCIAL COMPTROLLER GENERAL OFFICE, ANAMNAGAR, KATHMANDU, NEPAL

Name & address of the beneficiary's bank: NEPAL RASTRA BANK, BANKING OFFICE KATHMANDU, THAPATHALI, KATHMANDU, NEPAL

Account head of the beneficlary at the beneficiary's bank: KA-7-13

Account no. of the beneficiary at the beneficiary's bank: 1200201/002.713.524

SWIFT code of the beneficiary's bank: SCBLUS33XXX

Name & address of intermediary bank: STANDARD GHARTERED BANK NEW YORK, NY, US

Account no. of the beneficiary's bank at the intermediary bank: 3582021802001

d) Please indicate how the co-financing amounts will be paid (and who is responsible for this)

The Ministry of Health, Government of Nepal, will procure the co-financing part of the vaccines from the manufacturer and pay the co-financing amounts to the manufacturer.

e) Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including procurement.

VIG will be managed as per existing Government financial rules.

f) Please outline how coverage of the introduced vaccine will be monitored, reported and evaluated (refer to cMYP and Introduction Plan)

The Ministry of Health has established information management system (HMIS) for recording, reporting and monitoring of vaccination coverage. Immunization coverage, drop-out and wastage rates for all antigens are collected from peripheral level health facilities (Village Development Committees and municipalities) on monthly basis. The data after compilation at health facility level are sent to districts by all health facilities by 7th of every month using given HMIS format. The districts compile and analyze the data and send the data to HMIS section, DoHS and Regional Health Directorate by 15th of every month using online HMIS system. HMIS section verifies and enters the data into the data base system. HMIS provides feedback to all divisions and districts every three months. The divisions at DoHS have direct access to HMIS raw data. Each divisions also provide feedback to districts on their programs. Each district organizes quarterly performance review meeting of all health facilities and analyze data below district level. The Management Division organizes annual regional and national performance review meetings and provides feedback to MoH for annual planning. HMIS also carries out data verification exercise at all levels. The Department of Health Services (DoHS) produces annual report every year. The coverage of the introduced vaccine will be monitored, reported and evaluated through the existing system as outlined above.

g) If applying for measles second dose, does the country wish to have the support in cash or in-kind? **N/A**

9.2 Procurement and Management for NVS Preventive Campaign(s)

No NVS Prevention Campaign Support this year

9.3 Product Licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO prequalification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines.

Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Plan of Action.

In addition to requirement of WHO prequalification, application need to be made to Department of Drug Administration (DDA), Ministry of Health, Nepal, for "vaccine product registration" and "import recommendation letter".

The following documents (as prescribed in the drug registration rule 2038 and directives issued by the DDA from time to time) need to be submitted for application for vaccine product registration and import recommendation letter: 1) Application form for product registration as per Drug Registration Regulation of Drug Act 1978, 2) Application Form for product recommendation letter as per Drug Registration Regulation of Drug Act, 1978, 3) Up-to-date manufacturing license issued by the concerned Drug Regulatory Authority, 4) Attested copy of valid Certificate of Pharmaceutical Product (CPP) as recommended by WHO, 5) Detail vaccine of biological batch formulation including excipients, colour, flavour, etc., 6) Bio-similarity report, 7) Summary product characteristics on the ICH/EMA format, 8) Vaccine or biological Product specification, 9) Method of Analysis, 10) Samples of label and carton, 11) Sample of the product (equivalent quantity as defined by NML for 2 complete tests), 12) Analytical report from company's own laboratory and from any of the following Laboratories for the same batch: a) Government Laboratory of the exporting country or, b) National Medicine Laboratory, Nepal; or c) from other national or foreign laboratories approved by DDA, 13) Real Time Stability Testing Report for the period of claimed shelf-life, 14) A letter of attorney in favour of the authorised importer form, 15) Undertaking that the proposed products is not supplied in higher prices than in the exporting country, 16) Submission of prices of at least 5 competitor brands, this may not be mandatory in case of fewer brands that 5 available in the market.

The country accepts Expedited Procedure for national registration of WHO-prequalified vaccines. The duration that may take for registration through expedited procedure is maximum of 90 days.

For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required.

RV1 rotavirus vaccine (Rotarix) is already licensed with Department of Drug Administration, Nepal.

Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these.

Vaccines are received in Nepal by Logistics Management Division, Department of Health Services, Ministry of Health. Important documents for each shipment required as per customs regulations are: 1) pre-notice letter, 2) airway bill, 3) invoice, 4) packing list, 5) release certificate, 6) country of origin document, and 7) quality assurance document. Vaccine shipments are regularly received by Logistics Managment Division with complete documentations as mentioned above for each shipment. Therefore, no potential delays are anticipated.

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

National Regulatory Authority of Nepal is the Department of Drug Administration.

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

Contact:

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

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

9.4 Waste management

Countries must have a detailed waste management and monitoring plan as appropriate for their immunisation activities. This should include details on sufficient availability of waste management supplies (including safety boxes), the safe handling, storage, transportation and disposal of immunisation waste, as part of a healthcare waste management strategy. Please describe the country’s waste management plan for immunisation activities (including campaigns).

As per Nepal’s National Immunization Injection Safety Policy 2003, all injectable vaccines should be given with AD syringes in both routine and non-routine immunization programs. All used AD and disposable syringes should be deposited in safety boxes provided to the health workers. Health workers should not re-cap the needle after injection. Health workers should burn the safety boxes filled with used syringes in an incinerator if available at the health facility. If incinerator is not available, health workers should burn safety boxes in a deep pit dug in a safe place and the remains of the burnt box should be buried in the pit.

Therefore, AD syringes are used for all vaccinations and needles are not recapped after opening. All used syringes are deposited in safety boxes, whereas used vials are collected in separate bags. Health facilities follow 'pit burn and bury' method or use incinerators if available at the facility.

9.5 Procurement and Management for Follow up Campaign(s)

No NVS Follow-up Campaign Support this year

10. List of documents attached to this proposal

Table 1: Checklist of mandatory attachments

Document Number	Document	Section	File
Endorsements			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	MoH signature.pdf **File desc:** Signature from MoH in the proposal **Date/time :** 02/05/2017 06:10:18 **Size:** 126 KB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	MoH and MoF signatures.pdf **File desc:** Signatures from MoH and MoF in the proposal **Date/time :** 03/05/2017 08:26:01 **Size:** 177 KB
4	Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference)	4.1.2	ICC Functions and Members.pdf **File desc:** **Date/time :** 02/05/2017 06:23:52 **Size:** 163 KB
5	Minutes of Coordination Forum meeting endorsing Proposal	4.1.3	NCIP & ICC meeting minute 21042017.pdf **File desc:** NCIP meeting minute for selection of rotavirus vaccine. ICC and NCIP meeting minute endorsing the proposal. **Date/time :** 02/05/2017 06:32:37 **Size:** 1 MB
6	Signatures of Coordination Forum members in Proposal	4.1.3	ICC members signatures in proposal.pdf **File desc:** Signatures of ICC members in the proposal **Date/time :** 02/05/2017 06:29:05 **Size:** 245 KB
7	Minutes of the Coordination Forum meetings from the past 12 months before the proposal	4.1.3	ICC mtg mins 03052016 onwards.pdf **File desc:** Meeting minutes of 3 ICC meetings (3 May 2016, 13 May 2016, and 27 December 2016) **Date/time :** 11/04/2017 02:12:52 **Size:** 14 MB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	NCIP charter May 2013.pdf **File desc:** Nepal's National Committee on Immunization Practices (NCIP) is the country's NITAG **Date/time :** 11/04/2017 01:25:33 **Size:** 3 MB
31	Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign	4.2	NCIP minute 9 March 2017 scan.pdf **File desc:** NCIP meeting minutes with recommendation for rotavirus vaccine introduction **Date/time :** 11/04/2017 04:06:10 **Size:** 912 KB
Planning, financing and vaccine management			

9	Comprehensive Multi Year Plan - cMYP	5.1	cMYP 2017-21 Nepal.pdf **File desc:** Nepal's comprehensive Multi-year Plan for Immunization 2017 - 2021 **Date/time :** 02/05/2017 06:38:27 **Size:** 2 MB
10	cMYP Costing tool for financial analysis	5.1	Action plan & budgeting for 2017 (Ref cMYP).xls **File desc:** Costing for activities as per cMYP for 2017 **Date/time :** 15/04/2017 03:07:27 **Size:** 89 KB
11	M&E and surveillance plan within the country's existing monitoring plan	5.1.4	M&E_plan_within_country's_existing_monitoring_plan.pdf **File desc:** **Date/time :** 02/05/2017 10:45:16 **Size:** 186 KB
12	New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines	5.1,7.2.3	Rotavirus vaccine introduction plan Nepal.pdf **File desc:** Nepal's rotavirus vaccine introduction plan **Date/time :** 02/05/2017 06:47:52 **Size:** 474 KB
19	EVM report	9.3	EVM Assessment and Improvement plan.pdf **File desc:** Nepal's EVM assessment 2014 and improvement plan **Date/time :** 11/04/2017 01:32:02 **Size:** 2 MB
20	Improvement plan based on EVM	9.3	Rotavirus_introduction_checklist,_activity_and_timeline_Nepal.xls **File desc:** Attached document is Nepal's rotavirus introduction checklist, activity list and timeline. (NOT EVM improvement plan which is already attached with EVM report) **Date/time :** 02/05/2017 06:52:18 **Size:** 125 KB
21	EVM improvement plan progress report	9.3	EVM Improvement Plan Status Report 2016.pdf **File desc:** **Date/time :** 11/04/2017 01:35:39 **Size:** 988 KB
22	Detailed budget template for VIG / Operational Costs	6.x,7.x.2,6.x.2,8.2.3	Budgeting and Planning for Rotavirus VIG, Nepal.xlsm **File desc:** Budgeting and planning for rotavirus vaccine introduction grant **Date/time :** 02/05/2017 06:57:16 **Size:** 1 MB
32	Data quality assessment (DQA) report	5.1.4	DQA_notdone_blank_not_applicable.pdf **File desc:** **Date/time :** 03/05/2017 09:17:53 **Size:** 79 KB

Table 2: Checklist of optional attachments

Document Number	Document	Section	File
3	MoE signature (or delegated authority) of HPV Proposal	4.1.1	No file loaded

14	Annual EPI Plan with 4 year forward view for measles and rubella		No file loaded
15	HPV Region/ Province profile	6.1.1	No file loaded
16	HPV Key Stakeholder Roles and Responsibilities	6.1.1,6.1.2	No file loaded
17	Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / for use in the routine system	5.1.6, 6.1.7	No file loaded
18	Campaign target population documentation	8.x.1, 6.x.1	No file loaded
24	Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process	5.1	No file loaded
25	Risk assessment and consensus meeting report for Yellow Fever, including information required in the NVS guidelines on YF Risk Assessment process	5.1	No file loaded
26	List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns		No file loaded
27	National Measles (& Rubella) elimination plan if available		No file loaded
28	A description of partner participation in preparing the application	4.1.3	No file loaded
30	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, ICC minutes committing to finance from 2018 onwards.		No file loaded
33	DQA improvement plan	5.1.4	No file loaded

34	Plan of Action for campaigns	8.1, 8.x.4	No file loaded
35	Other		Bank details for Gavi support to Nepal.pdf **File desc:** Bank detail for VIG and HSS support from Gavi to Nepal **Date/time :** 20/04/2017 08:50:25 **Size:** 750 KB
36	Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control		No file loaded
37	Evidence of self-financing MCV1	5.1.5	No file loaded
38	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, a signed letter from the Minister of Health and the Minister of Finance committing to finance from 2018 onwards.		No file loaded
39	Epidemiological analysis/evidence	8.3.1	No file loaded
40	Post Campaign Coverage Survey report for MR catch-up applications	5.1.x	No file loaded
41	cMYP addendum on measles and rubella		No file loaded

11. Annexes

Annex 1 - NVS Routine Support

Annex 1.1 RV1, 1 dose/plastic tube, liquid

Table Annex 1.1 A: Rounded up portion of supply that is procured by the country and estimate of relative costs in US$

		2018	2019	2020	2021
Number of vaccine doses	#				
Number of AD syringes	#				
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#				
Total value to be co-financed by the Country *[1]*	$	306,601	253,501	257,101	261,001

Table Annex 1.1 B: Rounded up portion of supply that is procured by Gavi and estimate of relative costs in US$

Portion of supply for routine cohort to be procured by Gavi (and cost estimate, US$)

		2018	2019	2020	2021
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by Gavi	$	2,981,366	2,465,023	2,500,030	2,537,953

Table Annex 1.1 D: Estimated numbers for RV1, 1 dose/plastic tube, liquid, associated injection safety material and related co-financing budget (page 1)

		Formula	2018		
			Total	Government	Gavi
A	Country co-finance	*V*	9.32 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	583,495	54,411	529,084
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	1,166,990	108,821	1,058,169
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D x E*	1,225,340	114,262	1,111,078
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	306,335	28,566	277,769
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1,533,000	142,951	1,390,049
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	3,084,396	287,618	2,796,778
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	203,571	18,983	184,588
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	3,287,967	306,601	2,981,366
U	Total country co-financing	*I x country co-financing per dose (cc)*	306,600		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	9.32 %		

Table Annex 1.1 D: Estimated numbers for RV1, 1 dose/plastic tube, liquid, associated injection safety material and related co-financing budget (page 2)

		Formula	2019		
			Total	Government	Gavi
A	Country co-finance	*V*	9.32 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	599,382	55,892	543,490
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	1,198,764	111,784	1,086,980
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D x E*	1,258,703	117,373	1,141,330
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	8,341	778	7,563
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1,267,500	118,194	1,149,306
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,550,210	237,805	2,312,405
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	168,314	15,696	152,618
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,718,524	253,501	2,465,023
U	Total country co-financing	*I x country co-financing per dose (cc)*	253,500		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	9.32 %		

Table Annex 1.1 D: Estimated numbers for RV1, 1 dose/plastic tube, liquid, associated injection safety material and related co-financing budget (page 3)

		Formula	2020		
			Total	Government	Gavi
A	Country co-finance	*V*	9.32 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	609,083	56,797	552,286
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	1,218,166	113,593	1,104,573
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D x E*	1,279,075	119,273	1,159,802
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	5,093	475	4,618
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1,285,500	119,872	1,165,628
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,586,426	241,182	2,345,244
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	170,705	15,919	154,786
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,757,131	257,101	2,500,030
U	Total country co-financing	*I x country co-financing per dose (cc)*	257,100		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	9.32 %		

Table Annex 1.1 D: Estimated numbers for RV1, 1 dose/plastic tube, liquid, associated injection safety material and related co-financing budget (page 4)

		Formula	2021		
			Total	Government	Gavi
A	Country co-finance	*V*	9.32 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	618,875	57,710	561,165
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	1,237,750	115,420	1,122,330
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D x E*	1,299,638	121,191	1,178,447
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	5,141	480	4,661
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1,305,000	121,691	1,183,309
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,625,660	244,841	2,380,819
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	173,294	16,160	157,134
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,798,954	261,001	2,537,953
U	Total country co-financing	*I x country co-financing per dose (cc)*	261,000		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	9.32 %		

Annex 2 - NVS Routine – Preferred Second Presentation

No NVS Routine – Preferred Second Presentation requested this year

Annex 3 - NVS Preventive campaign(s)

No NVS Prevention Campaign Support this year

Annex 4

Table Annex 4A:Commodities costs

Estimated prices of supply are not disclosed

Vaccine	Presentation	2017	2018	2019	2020
RV1, 1 dose/plastic tube, liquid	1	2.012	2.012	2.012	2.012

Supply	Form

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

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Vaccine Type	2018	2019	2020
RV1, 1 dose/plastic tube, liquid	ROTA	6.60 %	6.60 %	6.60 %

Vaccine Antigen	Vaccine Type	2021
RV1, 1 dose/plastic tube, liquid	ROTA	6.60 %

Table Annex 4C: Initial self-financing phase - Minimum country co-payment per dose of co-financed vaccine

Vaccine	2018	2019	2020
RV1, 1 dose/plastic tube, liquid	0.2	0.2	0.2

Vaccine	2021
RV1, 1 dose/plastic tube, liquid	0.2

12. Banking Form

In accordance with the decision on financial support made by the Gavi, the Government of Nepal hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):	Financial Comptroller General Office
Address:	Government of Nepal, Financial Comptroller General Office
City Country:	Anamnagar, Kathmandu, Nepal
Telephone no.:	+977 1 4414325 **Fax no.:** +977 1 4414651
	Currency of the bank account: NPR
For credit to:	
Bank account's title:	KA - 7 - 13
Bank account no.:	1200201/002.713.524
Bank's name:	Nepal Rastra Bank, Banking Office Kathmandu, Thapathali, Kathmandu, Nepal

Is the bank account exclusively to be used by this program? Yes

By who is the account audited? Auditor General Office

Signature of Government's authorizing official

		Seal
Name:	Dr. Senendra Raj Upreti	
Title:	Secretary, Ministry of Health	
Signature:		
Date:		

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (In the United States)**
Bank Name:	Nepal Rastra Bank	Standard Chartered Bank
Branch Name:	Banking Office Kathmandu	Standard Chartered Bank, New York, NY, US
Address:	Thapathali	New York, NY, US
City Country:	Kathmandu, Nepal	New York, US
Swift Code:	NRBLNPKA	SCBLUS33XXX (Account no. of the beneficiary's bank at the intermediary bank: 3582021802001
Sort Code:		
ABA No.:		
Telephone No.:	+977 1 4226832, 4241557	
FAX No.:	+977 1 4227378	

I certify that the account No 1200201/002.713.524 (KA - 7 - 13) is held by Financial Comptroller General Office at this banking institution

The account is to be signed jointly by at least (number of signatories) of the following authorized signatories:

1		
	Name:	
	Title:	
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorizing official
Signature:
Date:
Seal: