Government of Nepal
Ministry of Health & Population

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Ramshahpath, Kathmandu
Nepal

Ref: ....6169....

Date: .....12 August 2009

Subject: Submission of GAVI HSS, and ISS Annual progress Report (APR)

Dr Julian Lob-Levyt
Executive Secretary
GAVI Alliance
C/O UNICEF, Palais des nations
CH-1211 Geneva 10
Switzerland

Dear Dr Julian Lob-Levyt,

As you are aware that Nepal is a a recipient of the GAVI HSS, ISS, INS and NVS support ,and as part of the regular reporting please find the Annual Progress report for the GAVI HSS, INS, NVS and ISS.

The report reflects the progress for the period of July 2007 to July 2008 for ISS, INS and NVS and the annual progress for the period of July 2008-2009 for the GAVI HSS support.

Please let us know any queries and concerns you have with the report.

Thanking you

Dr Sudha Sharma
Secretary of Health
Ministry of Health and Population, Nepal

Annual Progress Report 2008/09

Submitted by

The Government of Nepal

Reporting on year: 2008/09 (Nepal's national planning budgeting cycle (FY) begins from 15 July to 14 July next year) The data in this report reflects for period from July 2007 – July 2008 for ISS, INS & NVS support and July 2008 - July 2009 for HSS support.

Requesting for support year: 2009/2010

Date of submission: 15 August 2009

Government Signature Page for all GAVI Support
(ISS, INS, NVS, HSS, CSO)

For the Government of Nepal

Ministry of Health & Population:

Title: Secretary

Signature: .....

Date: 10 Aug. 2009

Government of Nepal
Ministry of Health & Population

Ministry of Finance:

Title: Joint Secretary

Signature: .....

Date: 10 Aug 2009

Government of Nepal
Ministry of Finance

This report has been compiled by

Full name: Dr Shyam Raj Upreti

Position: Director, Child Health Division, Department of Health Services

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ICC Signatures Page

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. G. P. Osha	DOHS, ICC chairman		12.05.009.
Dr. S. S. Tiwari	MD., DoHS		12.5.009
Dr Nastu Sharma	The World Bank		12.5.009
Badri Bahadur Khadka	NHEICC		12.05.2009
Gyanendra Shrestha	NPC		12.05.2009
PDG TEHMAL RIC MANEKSHAW	ROTARY INTERNATIONAL		12.05.2009
Dr. PANKAJ MEHTA Chief H&N,	UNICEF Nepal.		12-05-2009.
Ms. Anne M. Peniston	USAID		13 May 2009
N. M. G. Shrestha.	LMD		13th May 09.
K. B. Chand	CHD, ICC member secretary		12-05-2009
I. ANISIAPARIDZE	WHO		15.05.2009.

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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Has this report been reviewed by the GAVI core RWG: y/n

.....

HSCC Signatures Page

If the country is reporting on HSS, CSO support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Hon'ble Umakant Chaudhary	MOHP	Umakant Chaudhary	11.8.009
Dr Sudha Sharma	Secretary MoHP		10.8.009
Dr G.P. Ojha.	DG - DoHS		10.8.009
Dr Y.V. Pradhan	Director PPICD		10.8.009
J. BOYER, OIC Representative	UNICEF		10/8/09
			11.8.009
Nastu Sharma	The World Bank		11.8.009
ALEX PANDAPRIBE	WHO		11.8.009
Kapil Dev Ghimire	MOF		11.8.009
Surya P Acharya	MoHP		
Dr. P.B. Chand	MOHP		

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (*refer to cMYP)*

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	804,164	887,520	931,389	977,522				
Infants' deaths	52,903	51,476	51,226	50,831				
Surviving infants	751,261	836,044	880,163	926,691				
Pregnant women	984,251	887,520	931,389	977,522				
Target population vaccinated with BCG	657,307	860,895	903,448	948,197				
BCG coverage*	87%	97%	97%	97%				
Target population vaccinated with OPV3	614,827	816,519	866,192	928,646				
OPV3 coverage**	82%	92%	93%	95%				
Target population vaccinated with DTP (DTP3)***								
DTP3 coverage**								
Target population vaccinated with DTP (DTP1)***								
Wastage[1] rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of DPT-HepB	615,267	NA	NA	NA				
DPT-HepB Coverage**	81.9%	NA	NA	NA				
Target population vaccinated with **1st dose** of DPT-HepB	631,705	NA	NA	NA				
Wastage[1] rate in base-year and planned thereafter	15%	NA	NA	NA				
Target population vaccinated with **3rd dose** of DPT-HepB-Hib	NA	816,519	866,192	928,646				
DPT-HepB-Hib Coverage**Error! Bookmark not defined.**	NA	92%	93%	95%				
Target population vaccinated with **1st dose** of DPT-HepB-Hib	NA	843,144	894,133	957,972				
Wastage[1] rate in base-year and planned thereafter	NA	15%	15%	15%				
Target population vaccinated with **1st dose** of Measles	593,562	798,768	856,878	928,646				
Target population vaccinated with **2nd dose** of Measles								
Measles coverage**	79%	90%	92%	95%				
Pregnant women vaccinated with TT+	580,821	710,016	791,681	879,770				
TT+ coverage****	59%	80%	85%	90%				
Vit A supplement Mothers (<6 weeks from delivery)	440,530							

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

	Infants (>6 months)	2,840,106							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		2.6%	5%	4%	3%				
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of 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

Table B: Updated baseline and annual targets (The denominator used in Table A for Calculation Target population with DPT-HepB was total birth. The denominator has been revised and number of surviving infants has been used as a denominator to calculate target population with DPT-HepB which resulted reducing the target population)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	804,164	887,520	931,389	977,522				
Infants' deaths	52,903	51,476	51,226	50,831				
Surviving infants	751,261	836,044	880,163	926,691				
Pregnant women	984,251	887,520	931,389	977,522				
Target population vaccinated with BCG	657,307	769,160	903,448	948,197				
BCG coverage*	87%	92%	97%	97%				
Target population vaccinated with OPV3	614,827	769,160	818,552	880,357				
OPV3 coverage**	82%	92%	93%	95%				
Target population vaccinated with DTP (DTP3)***								
DTP3 coverage**								
Target population vaccinated with DTP (DTP1)***								
Wastage[2] rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of DPT-HepB	615,267	NA	NA	NA				
DPT-HepB Coverage**	81.9%	NA	NA	NA				
Target population vaccinated with **1st dose** of DPT-HepB	631,705	NA	NA	NA				
Wastage[1] rate in base-year and planned thereafter	15%	NA	NA	NA				
Target population vaccinated with **3rd dose** of DPT-HepB-Hib	NA	769,160	818,552	880,356				
DPT-HepB-Hib Coverage**	NA	92%	93%	95%				
Target population vaccinated with **1st dose** of DPT-HepB-Hib	NA	794,242	844,957	908,157				
Wastage[1] rate in base-year and planned thereafter	NA	15%	15%	15%				

[2] 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. For new vaccines check table α after Table 7.1.

Target population vaccinated with **1st dose** of Measles		593,562	752,440	809,750	880,356				
Target population vaccinated with **2nd dose** of Measles									
Measles coverage**		79%	90%	92%	95%				
Pregnant women vaccinated with TT+		580,821	710,016	791,681	879,770				
TT+ coverage****		59%	80%	85%	90%				
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100									
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of 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. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008?

No. ISS funds were received only in 2008 but remaining funds from previous year were reflected in Ministry of Health and/or Ministry of Finance budget

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

Immunization Section under the Child Health Division in consultation with partners developed an annual plan along with estimated budget. This plan was then presented to ICC for discussion, comments, feedback and endorsement. After the endorsement by ICC the plan was submitted to MoHP for incorporation into the annual plan of the ministry of health. MoHP after agreement then submitted to National Planning Commission for approval. After approval of the activities/programs by the National Planning Commission, the plan was submitted to the Ministry of Finance (MoF) for budget agreement. After agreement on the budget by the MoF, the annual health plan, as part of the national development plan was submitted to the parliament for approval. Once the plan was approved by parliament it was reflected as the annual consolidated plan in the "Red Book". The MoF sent the approved plan with budget to MoHP for further implementation.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

District health offices had to send monthly expenditure statement to DTCO to receive reimbursement based on the monthly expenditure statements. Activity progress reports were sent every month by the district health offices through the Health Management Information System.

The health sector budget including GAVI ISS budget will undergo internal as well as external audit as per established procedures of the government of Nepal. District health offices maintain district level accounts by budget heading and sends monthly expenditure statements to the departments and respective DTCOs for internal audit. DTCOs carry out quarterly internal audits at district level. External audit is carried out by the Auditor General Office annually on the consolidated statement prepared by Ministry of Health and Ministry of Finance after internal audit.
The ICC plays important role in finalisation and endorsing the annual plan including the budget before it is submitted to MoHP.
There was a delay in release of the funds and funds were released only after the end of first quarter resulting in decreased number of activities in the first quarter.

1.1.2 Use of Immunization Services Support

*In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2008: **None**
Remaining funds (carry over) from 2007: **US $** 2,338,016.26
Balance to be carried over to 2009: **US $ 2,020,835.29**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	17,507	17,507			
Transportation					
Maintenance and overheads					
Training					
IEC / guide line development & printing	304	304			
Outreach (Micro planning)	36,780			36,780	
Supervision	17,887	6,211	6,211	5,455	
DQSA 5 districts	1,538			1,538	
Monitoring and evaluation inter country visit	7,692	7,692			
Monitoring and evaluation					
District review & planning meeting	74,715	37,458		37,257	
Orientation on immunization program	11,429	11,429			
Cold chain equipment	57,833	57,833			
Other (meeting expenses)	2,161	2,161			
Total:	**227,836**	**140,595**	**6,211**	**81,030**	
Remaining funds for next year:	**2,020,835.29**				

1.1.3 ICC meetings

How many times did the ICC meet in 2008?
The ICC meetings were held 3 times in 2008

Please attach the minutes (DOCUMENT N°1) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: [Yes]
if yes, which ones?

List CSO member organisations
Rotary International (Polio Plus Committee)

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

Several additional efforts were made to strengthen the routine immunization. These included: conducting effective supervision at all levels, conducting micro planning in low performing districts and municipalities, review of EPI data at all level followed by suitable actions for improvement, improvement in data recording and reporting through DQSA, improvement of monitoring tools, capacity building of EPI and health staff through various training, (Vaccine management training, review/refresher trainings,) regular data analysis and feedback to districts from centre, study tour for EPI staff within and outside the country. Local communities were also encouraged to hire vaccinators at the community level with their own resources.

Some problems encountered were: increasing number of vacant post of vaccinators at peripheral level, irregular vaccine supply in some places and weak supervision from district to periphery.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT N°2) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°3) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (DOCUMENT N°4) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

DQA was not implemented in 2007/08.

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared? Not Applicable

YES ☐ *NO* ☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. September 2007

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:
No studies were conducted in 2008. EPI coverage survey is planned for 2009 with support from WHO and UNICEF

List challenges in collecting and reporting administrative data:
Administrative data are collected from more than 400 health facilities throughout the country. Many of these health facilities are located far from the district HQ. The only means of communication is still the regular postal service. Many times there is delay in collection and reporting of data due to delay in postal service and frequent blockades and strikes. Validity of the reported data has been confirmed by the Health Management Information management System through its regular data verification process.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]
No new and underused vaccine were introduced in 2008

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DPT-HepB	10 dose Vials	8,00,000		7th Feb. 2008
DPT-HepB	10 dose Vials	8,00,000		19th June, 2008
DPT-HepB	10 dose Vials	8,00,000		6th, August, 2008
DPT-HepB	10 dose Vials	4,78,500		4th Dec, 2008

Please report on any problems encountered.

There were shipments of vaccine that arrived within 18 months of expiry date which is not acceptable by the country standard. It was reported that a single shipment would have vaccine of more than two lots which made the shipment difficult to manage. One batch of shipment also had suspected frozen vaccines. Further investigations were carried out and vaccines were recommended to be usable by WHO and UNICEF.

1.2.2. Major activities

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

The major activities that were undertaken were development of guidelines for JE vaccination,DQSA, NIDs, SNIDS, training and IEC materials, refresher training of health staff, cold chain and vaccine management, AEFI surveillance system in place, logistics supply and advocacy and social mobilization activities at all levels.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: ***NA***

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted?

May 2008

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

Training on Vaccine Management Assessment and Assessment of Cold Chain & Vaccine Management status in NEPAL using WHO/UNICEF Vaccine Management Assessment Tool (VMAT) was carried out in May 2008. The objective of the assessment was to:

- To review current vaccine management practices at regional level, identify gaps towards compliance with quality criteria as defined by UNICEF/WHO EVSM initiative and make recommendations to update them in view of the introduction of the new vaccines.
- To assess cold storage and dry storage space requirement with introduction of new vaccines at the regional level.
- To develop proposal for upgrading regional vaccine storage capacity.

Major recommendations were:

Core:

1. EPI is one of the priority programmes of Nepal. In tune with its importance, due attention needs to be given to it to ensure successful implementation of immunization programmes. This needs to be done hand in hand at logistics and technical level. These should include :

a. In priority, the central level and RVS level teams have to be strengthened so that all the logistics operation is well under control.
i. Appointment of adequate staff at all the vaccine stores: central, regional and district level. At RVS the EPI supervisors' posts needs be created and filled. All staff should have clear job descriptions.
ii. Appoint a dedicated Cold Chain Manager at national level and one trained RT at each RVS
iii. Defining adequate staff at PHC level
b. Providing necessary financial support for cold chain spares and maintenance and repairs
c. Dedicating adequate space for the EPI, particularly at service level
2. The specific responsibilities of each staff should be clearly defined.
3. At all levels, with immediate priority at central and RVS level, implement the practice of Standard Operating Procedures.

Technical:

1. There is clearly a need to enhance the capacity of the state vaccine store further for 2-8oC.
   i. Ensure storage of at least 3 months of safety stock and 3 months of working stock of all antigens. It is however advised to enhance the capacity to store more than 3 months of safety stock at the national level.
   ii. All repairable cold chain equipment, including stabilizers, needs to be put into operation

with priority. The repairs should be follow up proactively to ensure quality of works and sustainable operation.

2. A comprehensive plan for upgrading and strengthening of CC equipment at all levels needs to be drawn, taking into account the storage needs at each level as discussed in the earlier section and condition of the current equipment.

Logistic:

1. To reduce work load and support the store manager in better management Nepal should request all suppliers to supply large quantities of vaccines in each batch instead of several lots having small quantities.
2. There should be sufficient supply of temperature recording notebooks, other logistic forms, thermometers at all levels.
3. Provide sufficient CB and VC at each level where there is shortage.
4. Procure sufficient quantities of technical spares to ensure timely repair of all cold chain equipment,
5. There is a need to ensure adequate cold chain capacity at all DVS and PHCs considering other vaccines. It would be still better to have a separate refrigerator for storing the other vaccines (e.g. ARV) and drugs which do not belong to the immunization programme.
6. There is an urgent need to define policy on how to dispose of all unusable items (right from extra packing carton to condemned equipment) and implement the same in order to optimize use of all usable space.
7. Institutionalize preventive maintenance with adequate financial provision for transport of RTs.
8. In order to ensure sustainable operation, there is an imperative need to monitoring all repair and maintenance services
9. Define safety stock and working stock based on requirement, target beneficiaries & cold chain capacity.
10. Define a comprehensive indent and distribution plan – at all levels starting from Central level down to PHC based on safety stocks requirements, working stocks and available storing space.
11. Provide and implement use of freeze indicators at all levels for use during transport of freeze sensitive vaccine.
12. Monitor some dispatches & storage of vaccine using freeze indicators.

Capacity building:

Training to related health staff needs to be imparted on the following aspects:

1. Use of Standard Operating Procedures and the new forms that have been developed for making the vaccine management task less cumbersome
2. Handling of excess stocks based on available space in the local private facilities and that at lower levels.
3. Use of stock register at all levels with all salient parameters including VVM status.
4. Proper management of Vaccine or diluents when either is broken.
5. How to note wastage at all levels with adequate documentation of proof.
6. Ice-pack conditioning & vaccine packing.
7. Handling, indenting & management and use of diluents particularly at DVS and PHC levels. This should include the practice of putting the diluents at +2 to 8C at least the night prior to immunization.

Was an action plan prepared following the EVSM/VMA? **Yes**

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

- Construction of additional cold room at central and regional has been initiated.
- Vaccine management and repair & maintenance trainings for EPI staff on going.
- Guideline on vaccine management training developed
- New forms and formats designed as per recommendation for vaccine and printed distributed.
- Capacity building of district/regional staff on VMA on going

- SoP for several important task as described in report prepared along with a detailed job description for each staff
- Procurement of enough spare parts in process
- Budget for cold chain increased

When will the next EVSM/VMA* be conducted? **Date not yet fixed**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: DPT-HepB-Hib.	
Anticipated stock on 1 January 2010	**1,036,282 dose s**
Vaccine 2:	
Anticipated stock on 1 January 2010	**.....**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? **NO**

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

The government of Nepal is procuring all required injection safety supplies through its regular resources as per the cMYPA

Please report how sharps waste is being disposed of.

Sharp waste from outreach sites are collected in safety boxes and brought back to health Facilities after the end of EPI session. These are burned and buried in standard pits dug for the purpose. Some heath facilities use incinerator to dispose the waste but these are only sporadically available. Nepal plans to explore appropriate environment friendly technology for proper sharp waste disposal.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

Some of the problems encountered for sharp waste were: disposal of sharp waste by burn and bury method during rainy season is a problem. Collection of safety boxes from outreach sites in remote places to health facility is particularly difficult. Besides, storing of the waste at health facilities have been a problem in some places

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

NA

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US $.

	Reporting year 2008	**Reporting year +1**	**Reporting year +2**
Expenditures by Category	Expenditures	Budgeted	Budgeted
Traditional Vaccines (BCG, OPV, Measles,TT)	$ 1,444,659.41	$ 895,333.33	$ 2,829,871.79
Country approved vaccine (JE Vaccine)	$ 1,886,529.00	$ 334,305.55	$ 1,504,000.00
New Vaccines (DPT-HepB /DPT-HepB-Hib)	$ 4,206,309.00	$ 11,773,763.90	$ 6,230,179.49
Injection supplies	$ 988,428.68	$ 589,290.30	$ 357,807.69
Cold Chain equipment	$ 88,235.29	$ 744,513.90	$ 202,564.10
Operational costs	$ 1,513,808.79	$ 3,000,543.47	$ 2,433,371.79
Other (NIDs,SNIDs,JE and measles Campaigns)	$ 5,754,411.77	$ 7,496,319.44	$ 2,256,410.26
Total EPI	$ 15,882,381.94	$ 24,834,069.89	$ 15,814,205.12
Total Government Health Expenditure	$ 2,370,290,333.82	$ 3,233,094,479.45	
Exchange rate used (1$=NRS)	@68.00	@72	@78

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

Trends in immunization expenditures are increasing due to introduction of new vaccine and SIAs. Currently GoN has been procuring the traditional antigens (OPV, BCG, TT, JE and measles) through its own resources. DPT-HepB vaccine has been fully supported by GAVI till 2008. With introduction of pentavalent vaccine (DPT-HepB-Hib) government has entered in co-financing for DPT-HepB-Hib with GAVI from 2009. The total EPI expenditure in reporting year +1 is high in compared to Reporting year 2008 (Fiscal year 2007 July-2008 July) particularly due to rise in the operations cost rise in the perdium and daily allowances, increased cost of campaigns in this fiscal year, and introduction of pentavalent vaccine The total EPI budget in Reporting year +2 looks slightly lower than the reporting year merely due to the difference in the dollar exchange rate and less budget planned for other expenditures like for campaigns and procurement of new vaccine. Since the New vaccines will be procured in the reporting year +1 and introduction of the vaccine has been delayed, the vaccine will be carried over to the next fiscal year so less amount allocated for new vaccine in reporting year +2.

The future resource requirements and financing gap analysis detailed in cMYP outlines the resource requirement and financial sustainability. From the analysis it can be concluded that Nepal can sustain the immunization program for traditional vaccines. However, external support will be extremely critical in introducing new and under-used vaccines such as Haemophilus Influenza, Measles/Rubella. The government recognizes the funding challenges and is exploring various additional funding sources for financial sustainability.

The government plan for financial sustainability includes:

1) The government is committed to increase per capita health expenditure. Immunization is one of the high priority (P1) programs. Immunization will get more share of the increased health budget

2) Ongoing support from development partners: Many developmental partners have been supporting immunization in Nepal. These are WHO, UNICEF, USAID, JICA, WB, GTZ, DFID, Rotary and other various NGOs and INGOs. The government is planning to explore possibility of support from various other EDPs such as EU, AusAID and others

3) Use of pool fund: Different partners (World Bank -$50 million and DFID-$54 million for period of 2005-2009) have joined pooled funding under a SWAP approach. The pooled funds have been a significant help to immunization activities. With the signing of IHP Compact, Government of Nepal expects to have more financial freedom in the pool fund.

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

5) Role of ICC: ICC could play crucial role in resource allocation and mobilization and ensure appropriate use of available resources.

6) Program efficiency: Efficiency hasn't been assessed but the funding requirement in the cMYP has been well maintained with good efficiency.

Future Country Co-Financing (in US$)

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine: DPT-HepB-Hib.		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		$ 0.20	$ 0.30				
Number of vaccine doses	#	137,900	279,700				
Number of AD syringes	#	144,600	295,900				
Number of re-constitution syringes	#						
Number of safety boxes	#	1,625	3,300				
Total value to be co-financed by country	**$**	458,500	873,500				

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

***2nd* NA**		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

***3rd* NA**		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

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

Are there changes between table A and B? **NO**

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births**:*

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

*Provide justification for any changes **in Targets by vaccine**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in Wastage by vaccine**:*

Initially wastage rate for pentavalent vaccine was calculated at the rate of 15% taking into consideration of 10 dose vials, Then wastage rate was reduced to 5% due to use of single dose vial.

Vaccine 1: DPT-HpB-Hib

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	818,552	880,356				
Target immunisation coverage with the third dose	*Table B*	#	93%	95%				
Number of children to be vaccinated with the first dose	*Table B*	#	844,957	908,157				
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05				
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.20	0.30				

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	2,152,900	2,630,900				
Number of AD syringes	#	2,257,500	2,783,600				
Number of re-constitution syringes	#						
Number of safety boxes	#	25,075	30,900				
Total value to be co-financed by GAVI	**$**	7,155,500	8,215,000				

Vaccine 2: NA

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

Vaccine 3: .....

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from 15 July – 14 July next year

b) This HSS report covers the period from 15 July 2008 – 14 July 2009

c) Duration of current National Health Plan **(3YP)** is from July 2007 to July 2010

d) Duration of the immunisation cMYP: 2007-2011

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

This report was prepared by the Policy, Planning and International Cooperation Division of the Ministry of Health & Population. It was then shared with EDPs for necessary verification of sources and review. Once their feedback had been acted upon the report was submitted to the National Health Sector Coordination Committee (NHSCC) for final review and approval. Approval was obtained at the meeting of the NHSCC on 10th August 2009. Minutes of the said meeting have been included as HSS-annex 01 to this report.'

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Dr YV Pradhan, Chief PPICD	MoH&P	Preparation, Coordination and finalization of report	pradhan_yv@yahoo.com 077-01-4262865
Dr SR Upreti, Director-CHD	DoHS	Preparation and finalization of report	epi@ntc.net.np 977-01-4261660
Other partners and contacts who took part in putting this report together			
Dr William Schluter	WHO	Preparation and finalization of report	schluterw@searo.who.int 977-01-5531831
Dr Rajendra Bohara	WHO	Preparation and finalization of report	boharar@searo.who.int 977-01-5531831
Dr KB Gharti	WHO	Preparation and finalization of report	ghartik@searo.who.int 977-01-4242412
Dr Sudhir Khanal	UNICEF	Preparation and finalization of report	skhanal@unicef.org 977-01-5523200

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

The main sources of information used have been the different implementation divisions, Department of Health Services and finance section, DoHS. WHO focal person met with focal person and directors of each division regularly and enquired about the implementation status of the planned activities.
The implementations of planned activities are tracked both by technical side as well as by finance section. All districts activities are reviewed during regional review meetings organized by DoHS.
The other source of information was from" GAVI HSS tracking study". Nepal was one of the six HSS- recipient countries for tracking study
There were no any issues of substance raised in terms of accuracy or validity of information.

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

There was no major difficulty experienced during preparation of this report. Alignment of reporting with country FY was easy, but the full report of internal as well as external audit by District Treasury Comptroller (DTCO) office and Auditor General Office on consolidated statement prepared by the Ministry of Health & Population and Ministry of Finance will be available only in December 2009 – January 2010.
The expenditure amount shown in table 4.3 are tentative figures provided by program divisions. The final actual expenditure amount will be available only after audit reports.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008/09 (US $)	2009/10 (US $)	2010	2011	2012	2013	2014	2015
Amount of funds approved		6,166,500	2,500,015						
Date the funds arrived		02-05-2008							
Amount spent		4,511,933							
Balance		1,654,567							
Amount requested		6,166,214	2,500,015						

Amount spent in 2008/09: US $ 4,511,933

Remaining balance from total: US $ 1,654,567

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to rise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (15 July 2008 - 14 July 2009)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[4] (% achievement)**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1:	**Community-based health workers are certified as having their skills formally updated to ensure the delivery of MCH and immunization services to achieve coverage targets by 2010**					
Activity 1.1:	Upgrading VHWs	967 (74%)	600,000	370,941	229,059	967 VHWs have been upgraded. Remaining VHWs will be upgraded in coming year. The delay in meeting the target was due to late start of training.
Activity 1.2:	Upgrading AHWs	170 (85%)	246,154	217,063	29,118	The training will be completed next year. The delay in meeting the target was due to late start of training in 2 regions.
Objective 2:	**Rapidly expand CB-IMCI to the remaining 11 districts to achieve 100% national coverage by 2010.**					
Activity 2.1.1	Introducing CB-IMCI	11 districts (100%)	1,729,557	1,729,557	0	CB-IMCI has been introduced in remaining 11 districts. The piloting will be completed in coming year.
Activity 2.1.2	Piloting of CBNCP	2 districts	331,981	0	331,981	Planned for coming year

[4] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Objective 3:	**Implement pilot programs on district micro planning in 10 districts and urban maternal and child health in 5 municipalities by 2010.**					
Activity 3.1:	Developing Urban Health		83,600	21,529	62,071	Urban health policy and strategy has been developed in coordination with Ministry of Local Development and Municipal Association. Based on this policy micro planning will be carried out in municipalities for increased availability of MCH services in coming years.
Activity 3.2:	Training HFMCs	5 districts (100%)	20,769	20,769	0	The HFMC members have been trained in 5 districts. The total cost of the activity was 26,336. The extra funds of 5,567 was funded by MoH&P
Activity 3.3:	Micro planning MCH services	3 districts (100%)	76,923	76,923	0	Micro planning was planned in 5 districts in HSS proposal (first year), but due increased per diem rate of government staff, the budget was only enough to cover 3 districts.
Activity 3.4:	Constructing Health Posts	42 (100%)	1,292,308	1,292,308	0	The total budget required for construction of 42 health posts was much higher than planned in HSS proposal. The MoH&P funded extra US $ 1,292,308 to complete the construction of 42 health posts. The construction work is carried out by Department of Housing under Ministry of Housing and Physical Planning. The construction is currently taking place and will be completed coming year.
Objective 4:	**Health information management and logistics improved in 75 districts by filling identified infrastructure, logistics and communication gaps by 2010.**					
Activity 4.1:	Providing transportation	37 pickups (74%) 100 motorcycles (105%)	1,400,000	450,425	949,575	The budget allocated for pickups was not enough to procure 50 pickups as planned, so only 37 pickups were ordered, Budget allocated for motorcycles was enough to procure 105 motorcycles, and the budget allocated for maintenance support for districts was not used due to late procurement of vehicles and motorcycles. The government has not made full payments for pickups and motorcycles (LC opened) which will be done once pickups and motorcycles are delivered in coming year. So the actual carried forward balance in 2009 will be known only after the full payment of transportation.
Activity 4.2:	Providing Telephone Lines	149 (92%)	24,923	23,401	1,522	Some of the districts were unable to get telephone line connection due to congestion of available telephone lines despite of availability of funds. The plan is get lines next year
Activity 4.3:	Providing Email/internet	44 (95%)	295,384	288,545	6,839	The government has purchased 225 computers (100%) for districts. Few districts were unable to get internet/Email services due to limited telephone lines. The plan

						is to expand coming year
Activity 4.4:	Decentralizing HMIS	15 districts (60%)	64,615	20,499	44, 116	The system analysis and design has been done and technical and financial proposals are under evaluation. Remaining districts will have decentralized HMIS system by coming year

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Not Applicable

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					

Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support Costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (15 July 2009 – 14 July 2010) This information will help GAVI's financial planning commitments					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1:	**Community-based health workers are certified as having their skills formally updated to ensure the delivery of MCH and immunization services to achieve coverage targets by 2010**				
Activity 1.1:	Upgrading VHWs	829,059	229,059	600,000	The training is continuing and will be completed in coming year.
Activity 1.2:	Upgrading AHWs	275,272	29,118	246,154	The training is continuing and will be completed in coming year.
Objective 2:	**Rapidly expand CB-IMCI to the remaining 11 districts to achieve 100% national coverage by 2010.**				
Activity 2.1:	Introducing CB-IMCI	331,981	331,981	0	Introduction of CB-IMCI in 11 districts (as planned) has been completed. The government is planning to pilot CBNCP in 2 districts in coming year.
Objective 3:	**Implement pilot programs on district micro planning in 10 districts and urban maternal and child health in 5 municipalities by 2010.**				
Activity 3.1:	Developing Urban Health	187,471	62,071	125,400	
Activity 3.2:	Training HFMCs	20,769	0	20,769	
Activity 3.3:	Micro planning MCH services	76,923	0	76,923	
Activity 3.4:	Constructing Health Posts	1,292,308	0	1,292,308	The cost of construction for 42 health posts was doubled than originally planned. But the government funded the remaining shortfall.

Objective 4:	**Health information management and logistics improved in 75 districts by filling identified infrastructure, logistics and communication gaps by 2010.**				
Activity 4.1:	Providing transportation	1,026,498	949,575	76,923	Less number of pickups was procured due to high cost of pickups than planned in proposal. Full payment will be made only when pickups are delivered
Activity 4.2:	Providing Telephone Lines	1,522	1,522	0	
Activity 4.3:	Providing Email/internet	25,301	6,839	18,462	
Activity 4.4:	Decentralizing HMIS	87,193	44,116	43,077	
TOTAL COSTS		4,154,296	1,654,281	2,500,015	

4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

   This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

After the receipt of HSS funds, funds were channeled to districts utilizing the mechanism used for all programs of the MoH&P. After receiving the funds as per approved annual plan, the divisions, training centers and district health offices made expenses and implemented the activities. The management and financial arrangement of HSS funds are fully aligned with the national system of financial management, disbursement and reporting. Most of the planned activities were completed. Few activities like procurement and trainings are to be continued in coming years. But the process of procurement (as per the government's regulations for procurement and financial reporting) or trainings has been already started in last FY. Few targets were changed due to rise in per diem rate or construction type and materials. The government has made the shortfall where necessary to achieve the targets. The outcome results of major accomplishments are yet to be analyzed. Although the FY starts from July, actual release of funds to districts takes place only after September (delay is due to time taken for approval of budget from parliament). This is one of the main reasons why some of the activities planned for first year were not completed and are continuing in second year. After approval of budget from the parliament, there was no problem encountered in releasing of funds to districts or implementation of activities at all level

The implementation of activities are monitored both by technical and financial perspective. The concerned program division along with finance section periodically reported the implementation status to the Director General of Department of Health Services. The NHSCC also reviewed the status of implementation of the activities. Each year implementation status of the activities will be reviewed by MoH&P. The MoH&P has developed certain indicators to evaluate performance of each district. Based on these indicators, each district is categorized at certain level. The best districts are rewarded. The MoH&P conducts regional review meeting in each region where all district present the implementation status of all activities for last FY together with concerned divisions and centres.

The GAVI HSS including the health sector budget will undergo internal as well as external audit as per established procedures of the government of Nepal. DTCOs will carry out quarterly internal audits at the district level. External audit is carried out by the Auditor General Office annually on the consolidated statement prepared by the MoH&P and MoF after internal audit.

The GAVI HSS tracking country case study proves the progress made by MoH&P regarding the implementation of HSS activities. There is a very high degree of ownership of HSS from the policy level officials to the implementation level staff up to the district level. The HSS activities have been implemented as planned in the proposal.

The MoH&P has prepared an annual activities plan with budget for coming FY (July 2009- July 2010) including the remaining balances of HSS budget form past FY (July 2008- July 2009) and upcoming HSS budget for second year implementation from GAVI. The funds will start flowing to divisions, centres and districts as early as September 09. The government is determined to finish the implementation of all GAVI HSS activities by the end of current FY (2009/10). Release of funds from GAVI HSS for second year should be done as quickly as possible. As the government has already reflected upcoming 2nd instalment of HSS funds in their annual plan, it is crucial to receive the 2nd instalment on time to complete the planned activities within coming FY.

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

None

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

Yes. The funds are reflected in the MoH&P and MoF budget.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

The GAVI HSS including the health sector budget will undergo internal as well as external audit as per established procedures of the government of Nepal. DTCOs will carry out quarterly internal audits at the district level. External audit is carried out by the Auditor General Office annually on the consolidated statement prepared by the MoH&P and MoF after internal audit. The final audit report will be available only in December 09-January 2010.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	**Objective**	**Indicator**	**Numerator**	**Denominator**	**Data Source**	**Baseline Value**	**Source**	**Date of Baseline**	**Target**	**Date for Target**	**Current status**	**Explanation of any reasons for non achievement of targets**
Objective 1: Community-based health workers are certified as having their skills formally updated to ensure the delivery of MCH and immunization services to achieve coverage targets by 2010												
		# CBHWs certified			NHTCs				1300	July 2009	170 AHW and 967 VHW certified	The target reduced due to shortfall of budget and time.
Objective 2: Rapidly expand CB-IMCI to the remaining 11 districts to achieve 100% national coverage by 2010.												
		% districts implementing CB-IMCI	Number of districts implementing CB-IMCI	Total number of districts	Administrative	85%*	MoHP	2007	100%	14 July 2010	100% achieved	
Objective 3: Implement pilot programs on district micro planning in 10 districts and urban maternal and child health in 5 municipalities by 2010.												
		# districts with integrated MCH microplans according to new guidelines/criteria	Number of districts with microplans	N/A	Administrative	0	MoHP	2007	10	14 July 2010	3 completed	Completed in 3 districts (planned for 5 this year) due to shortage of fund
Objective 4: Health information management and logistics improved in 75 districts by filling identified infrastructure, logistics and communication gaps by 2010.												
		# districts having	Number of	N/A	Administrative	18	MoHP	2007	68	14 July 2010	37 Pickups	Initial plan

		at least 1 vehicle for supervision and logistics management	districts with at least 1 vehicle								and 105 motorcycles procured	was to procure 50 pickups, but due to insufficient fund 37 pickups were procured
		# districts reporting HMIS data electronically	Number of districts reporting electronically	N/A	Administrative	0	MoHP	2007	75	14 July 2010	40 districts	The remaining district will have by coming year

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form HSS Annex 1
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to HSS Annex 2
d. Financial statement of funds spent during the reporting year (2008) HSS Annex 3
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

HSS tracking Report : HSS Annex 4.

Financial Comptroller Ministry of Health:

Name: Yogendra Gaichan

Title / Post: Financial Comptroller; MOHP

Signature:

Date: 12/ Aug, 2009

Government of Nepal
Ministry of Health & Population

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[5]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

[5] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[6] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Completed	
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

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.

~ End ~