**Clarifications required from the country**

* Please describe more in detail how the country will do an independent post campaign coverage survey.

**ANSWER :**

The country will carry out an independent post campaign coverage survey using standard WHO methodologies guidance on surveys. The country would provide with a post campaign coverage survey report as soon as it becomes available:

* + *Rapid Coverage Assessments (RCA):* in the past campaigns , RCA was used as the most reliable forms of monitoring progress, during National Immunization days (NID), MR Campaigns and JE Campaign in the country.  During the NID; RCA was conducted at 3-5 VDCs in each ward to confirm the quality of implementation, using random samples of 20 households in the target age ranges. RCA was primarily conducted by local level supervisors or health facility in charge, and will provide a rapid assessment of the area. Areas that fail the RCA require further mop up activities and additional RCA to confirm that no children have been missed.
	+ *JE post campaign survey:* Following the JE campaign in Nepal in 2016, the coverage survey will be carried out to evaluate JE campaign:

o   A local partner will be selected through a competitive bidding process to carry out the coverage survey. This is planned to be funded by the WHO and will be conducted under the supervision of the Ministry of Health and Population (MoHP) of Nepal and WCO Nepal.

o   A community-based cross-sectional survey in the selected 47 campaign districts

o   Less than 1 month after end of immunization campaign

§  Used modified cluster survey method recommended by World Health Organization

§  Modified cluster survey in two-stage sampling method where VDCs selected randomly first, then households in each village selected randomly.

* + In the past measles-Rubella Serosurvey, was carried out to evaluate the 2013 measles-rubella (MR) campaign in Nepal by conducting a community-based cross-sectional survey combined with a serosurvey to evaluate population immunity against measles and rubella among children eligible for the campaign. The survey was funded by the World Health Organization (WHO) and implemented by the Center for Molecular Dynamics Nepal, under the supervision of the Ministry of Health and Population (MoHP) of Nepal and the WHO Country Office for Nepal.

o   Multi-stage, cluster survey design 34 wards (clusters) was randomly selected from each of rural and urban zones covered in each of the three phases of the campaign (six domains) with probability proportional to size.

* Please provide more details on how the country will manage waste management during the campaigns.

**ANSWER:**

* + In the JE campaign in Nepal; a waste management plan which requires vaccinators filling safety boxes with used needles and syringes (uncapped) until 100 syringe capacity, closing the box, and storing it in a safe location.  The primarily disposal is through open-pit burning and burying, however some sites will dispose the waste through incinerators. The safety boxes are incinerated where incinerators are available. Safety boxes from municipalities are collected at districts and incinerated where as in rural area safety boxes are burned and buried at the end of each vaccination day by the health facility in charge or responsible health staff.

The training prior to the JE campaign will take place for the health staffs emphasizing on injection safety and waste management. The training will encompass  both injection safety and appropriate procedures for waste disposal. Training of health workers on injection safety, waste disposal will be integrated with training on JE campaign implementation.

Vaccination teams must have sufficient safety boxes for the number of AD syringes (1 safety box for every 100 AD syringes).  Used AD syringes and syringe caps should be placed in safety boxes immediately after the vaccine has been given, and when a safety box is approximately full it should be closed off and a new one used.  All used vials will be stored in separate bags.

* What is the source for the target population estimate- eg (census and projections)?

**ANSWER :**

These are target population estimates on **projections** given by the HMIS based on 2011 census.

* Intro plan states target population for routine to be 98338. However, the budget for VIG requests for a target population of 196,676. The figures should be reviewed – Birth cohort, Cohort covered in 31 districts, Target for this application – both campaign and routine introduction, requested VIG

**ANSWER:**

* + **98,338-** This is been outlined in the intro plan for calculating the vaccine required doses for routine  for 44 districts from July – December 2016.
	+ **196,676-** This is the birth cohort is of 44 districts for one year and is calculated for the VIG.

 *Please find the attached birth cohort xls for your perusal (xls Attched).*

* VIG does not provide enough detail even as preliminary estimate.

**ANSWER :**

VIG grant ($157,341.00) will mainly be used to support communication ( advocacy, social mobilization and IEC) supervision and monitoring, logistics and cold chain.