Joint Appraisal Update report 2019

Country	**FEDERAL DEMOCRATIC REPUBLIC OF NEPAL**
Full JA or JA update[1]	☐full JA☑ **JA update**
Date and location of Joint Appraisal meeting	N/A – Remote report writing
Participants / affiliation[2]	Family Welfare Division, DoHS, MoHP, Nepal GAVI UNICEF, WHO-IPD, Nepal
Reporting period	Official reporting period is For FY 2017/18 (final data). Data for FY 2018/19 (unofficial) and calendar year 2019 is also reported where applicable.
Fiscal period[3]	16 JULY 2017 TO 16 JULY 2018
Comprehensive Multi Year Plan (cMYP) duration	2017 TO 2021
Gavi transition / co-financing group	Initial self-financing

1. RENEWAL AND EXTENSION REQUESTS

Renewal requestswere submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	**Yes**☐ No ☐
Does the vaccine renewal request include a switch request?	Yes ☐ **No**☐ N/A ☐
HSS renewal request	**Yes**☐ No ☐ N/A ☐
CCEOP renewal request	**Yes**☐ No ☐ N/A ☐

2. GAVI GRANT PORTFOLIO

Existing vaccine support*(pre-filled by Gavi Secretariat)*

Introduced / Campaign	Date intro	2018 Coverage (WUENIC) by dose	2019 Target		Commitment $	Comment
			Calculated (%)	No. Children		
MR follow-up campaign	2020	N/A	N/A	N/A	2.1M	
Pentavalent	2009	DTP1: 96% DTP3: 91%	92%(DTP3)	548141	41.3M	
PCV	2015	PCV3: 82%	88% (PCV3)	548141	46.1M	
IPV (fIPV)	2014	IPV1: 16% (see comment)	94%(IPV1)	548141	4.3M	IPV was not in use in RI during the reporting period for 2018 coverage given by WUENIC because of global shortage. Therefore, IPV coverage in 2018 should be 'NA'. WUENIC reported 16% based on extrapolation,

[1] Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, https://www.gavi.org/support/process/apply/report-renew/
[2] If taking too much space, the list of participants may also be provided as an annex.
[3] If the country reporting period deviates from the fiscal period, please provide a short explanation.

						but country reported coverage is 'NA'.
MR (MCV)	2015	MCV1: 91% MCV2: 69%	91% (MCV1) 95% (MCV2)	MCV1: 548141 MCV2: 538788	1.0M	**5-year support ending in 2020**(Gavi support for M component of MR2 vaccine will be until August 2020. From September 2020 onwards, GoN will have to fully procure MR2)
Comments:						
Rota vaccine support was approved but the introduction was delayed due to global supply constraints (the initial planned introduction month was December 2018). Following availability of the vaccine as informed by Gavi and selection of new presentation by National Immunization Advisory Committee (NIAC), Family Welfare Division has already communicated to Gavi on 22 November 2019 about the planned introduction of rotavirus vaccine in May/June 2020.						

Existing financial support*(pre-filled by Gavi Secretariat)*

Grant	**Channel**	**Period**	**First disburse-ment**	**Cumulative financing status (at 30 Sep 2019)**				**Compliance**	
				Comm.	**Appr.**	**Disb.**	**Utilisa-tion (%)**	**Financial reporting**	**Audit reporting**
HSS3	Pooled fund / MoHP	2015-19	Dec 2016	43.5M	36.5M	19.1M	Reporting through NHSS as per JFA	Y	Y
***HSS3 – Change 1**	WHO / UNICEF	2019-20	Aug 2019	6.96M	6.96M	6.96M	(for 2019 see below)	Starting from 2020	N/A
MR O/C	MoHP /UNICEF	2019	Aug 2019	1.9M	1.9M	371.6K	Utilization of MoHP allocated fund will start soon. Utilization of UNICEF allocated fund is ongoing. Reporting can be done in January 2020 or after MR SIA as applicable.	N/A	N/A
Comments:									
*Recent additional HSS funding, Changes 1&2: Nepal has been eligible to access additional HSS funding for a total of approx. US$ 18M, of which US$6.96 M (Change 1) was programmed to be disbursed to WHO and UNICEF. For the remaining amount under change 2, Nepal submitted an application for $9.9 M in April 2019. The proposal was recommended for approval by the IRC. The proposal scope and budget is being revisited given delays to the approval process in association with Gavi's requirement for the recent Programme Capacity Assessment.									

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[4]

[4] Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	HPV	2020/21	2021/22 (based on vaccine availability)

Grant Performance Framework – latest reporting, for period 2019*(to be pre-filled by Gavi Secretariat)*

Indicator	Indicator No.	Source	2018 Target	2018 Actual	2019 Target
Percentage of health facilities with no stock out of tracer drugs (OC1.4)	IR-T 1	LMIS	-	(see below)*	-
Percentage of health facilities meeting minimum standards of quality of care at point of delivery (OC2.1)	IR-T 3	NHFS**	-	-	-
Percentage of health facilities (hospitals, PHCCs, HPs) providing all basic health services (OP3.1.1)	IR-T 8	NHFS**	100%	-	100%
Percentage of households within 30 minutes travel time to health facility (across Mountains, hills and Terai) (OP3.1.2)	IR-T 9	NLSS^	75%	-	75%
Percentage of public health emergency events notified at least within 24 hours (OP8.2.1)	IR-T 10	EDCD	100%	(see below)^^	100%
Percentage of health facilities electronically reporting to national health reporting systems: HMIS and LMIS (OC9.1)	IR-T 11	HMIS/LMIS	-	1200/4131 = 29% (see below)++	-
Effective operational logistics and supply chain management system: EVM attributes achieving > 80% (Gavi-DLI1)	IR-T 15	EVM Assessment Report#	-	-	6/9
Improved equity access to immunization services in targeted districts: Reduced equity gap in poor performing districts (Gavi-DLI2)	IR-T 16	Progress reports (WHO/UNICEF)##	60%	-	-
(HSS Change 1 - WHO): AFP surveillance maintained at or above international standards (>=1 per 100,000 under 15 population)	IR-T 17	AFP Surveillance Database	At or above international standards	3.86	At or above international standards
(HSS Change 1 - WHO): Measles-rubella surveillance maintained at or above international standards (>=2 non-measles-non-rubella cases detected per 100,000 population)	IR-T 18	MR Surveillance Database	At or above international standards	4.06	At or above international standards

Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

Indicator	Indicator No.	Source	2018 Target	2018 Actual	2019 Target
(HSS Change 2): Full immunization declaration districts based on new definition (including MRSD; as per updated guideline)	IR-T 19	Annual Report	-	-	56/77 (baseline)
Comments					
* 1.5% in 2018/19 as per 'Preliminary findings of the survey on factors contributing to the stock out of the essential medicines in government facilities in Nepal in 2019 which captured data from 275 health facilities out of 21 districts of seven provinces.' Source: National Joint Annual Review Report – 2019. ** NHFS – Nepal Health Facility Survey: The previous NHFS was done in 2015. Currently, NHFS is being planned to be conducted in 2020. Therefore, data for 2018 is not available. ^NLSS – Nepal Living Standards Survey: The latest NLSS was conducted in 2010/11. Data for 2018 not available as the survey has not been done after 2010/11. ^^ - This data is not reported for 2018 in National Joint Annual Review Report – 2019. As per EDCD, health emergency events are notified immediately through various systems (Early Warning and Response System/EWARS, Malaria Disease Information System/MIDS, or through direct communication). However, analysis of percentage notified within 24 hours is not conducted. ++ This data is not readily available. Data provide here is taken "for public health facilities" only from Annual Report, Department of Health Services 2017/18. A total of 1200 public health facilities reported electronically in HMIS (out of 125 public hospitals, 198 PHC, and 3808 HP) for the given FY (2017/18). #DLI 1 (EVM based) for year 2 of Gavi HSS support has been achieved and DLI based funding also received. ##DLI 2 (full immunization based) for year 3 of Gavi HSS support has been achieved and DLI based funding also received. Note: Next EVM assessment is planned to be conducted in 2020 (see below for details).					

PEF Targeted Country Assistance: Core and Expanded Partners at October 2019

Amounts Net PSC

	Year	Funding (US$m)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
TOTAL CORE	2018	706K	706K	702K	5 out of 5	40/46	
	2019	785K	785K	403K	8 out of 8	12/16	
UNICEF	2018	340K	340K	340K	3 out of 3	10/14	
	2019	320K	320K	201K	3 out of 3	0/2	
WHO	2018	365K	365K	361K	2 out of 2	30/32	
	2019	429K	429K	202K	5 out of 5	12/13	
CDC	2019	35K	35K	--	--	0/1	
TOTAL EXP	2019	88.5K	--	--	--	2/3	
CEPA	2019	88.5K	--	--	--	2/3	

3. PERFORMANCE OF GAVI SUPPORT

3.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Provide a succinct analysis of the performance of Gavi's HSS support for the reporting period.

In the text box below, briefly describe:

- ***Achievements against agreed targets** as specified in the grant performance framework (GPF), and key outcomes. E.g. how does the number of additional children vaccinated and under-immunised children in districts supported by the HSS grant compare to other non-supported districts/national targets. Which indicators in the GPF were achieved / impacted by the activities conducted?*
- *How Gavi support is**contributing to address the key drivers of low immunisation** outcomes?*
- *Whether the **selection of activities is still relevant**, realistic and well prioritised in light of the situation analysis conducted, as well as financial absorption and implementation rates.*
- *Planned **budget reallocations** (please attach the revised budget, using the Gavi budget template).*
- *If applicable, briefly describe the usage and results achieved withthe **performance based funding**(PBF) the country received. What grant performance framework (GPF) metrics will be used to track progress?*

- ***Complementarity and synergies with other donor support*** *(e.g. the Global Fund, Global Financing Facility)*
- ***Private Sector and INFUSE[5] partnerships*** *and key outcomes (e.g. increasing capacity building and demand, improving service delivery and data management). Please outline the sources (e.g. Private sector contributions, Gavi matching Fund and Gavi core funding – HSS/PEF) and amount of funding.*
- ***Civil Society Organisation (CSO) participation*** *in service delivery and the funding modality (i.e. whether support provided through Gavi's HSS or other donor funding).*

HSS3 pooled fund contribution

Gavi contributes its Health System Strengthening support to Nepal through pool fund as a pooling partner of NHSS (Nepal Health Sector Strategy; NHSP-III). The details are given in the previous appraisal (Joint Appraisal 2018). The review of the achievements of NHSS is conducted annually through Joint Annual Reviews (JAR).Financial management and reporting of pool fund is conducted within the structure/arrangement under NHSS as specified in the Joint Financing Arrangement of the NHSS.

The reports of JAR are available on https://www.nhssp.org.np/JAR-Reports.html; and the quarterly reports are available on https://www.nhssp.org.np/Quarterly-Reports.html. The JAR in 2019 was conducted in the first week of December, and the report is available (only recently) in the link given above. In this report and in Gavi Portal, all available data for Gavi's Grant Performance Framework indicators have been updated/provided. For some indicators data is not available for corresponding year mainly because these specific indicators are measured through surveys. [*Reasons for non-availability of data for selected indicators are given in GPF table above. For all indicators with data available, data is given in this report as well as updated in the Gavi Portal]*

In 2019, Gavi, the Vaccine Alliance, conducted 'A Value for Money Review of Gavi's Contribution to Nepal's Health Sector Programme Pooled Fund' through Cambridge Economic Policy Associates Limited (CEPA). The report of the review was available on 3 December 2019. The review concludes that *Immunisation is a Priority One programme for the GoN, and one of its most successful programmes. Gavi's HSS commitment of US$36.5m over five years to the NHSP-III pooled fund is a much appreciated investment towards this important national programme, considered by some to the be the "backbone" of Nepal's primary health care programmes.In terms of results, the pooled fund investments are considered to have contributed significantly to immunisation outcomes and therefore to reducing childhood mortality.*

The key aspects highlighted in relation to the value for money elements considered within the review framework are:

- Immunisation is prioritised in both the design of the NHSS, and the NHSP AWPB, with these generally being of strong quality. In addition, given the high priority afforded to immunisation, these activities are prioritised from the planning to budgeting stages. As an immunisation donor, this provides reassurance to Gavi regarding their investment.
- Government capacity for financial management has strengthened, although there are still some ongoing areas of weakness, especially relating to delays with fund disbursements and authorisation. Given broader public financial management challenges post federalisation, a decision has been made not to channel pooled funds to the sub-national levels until capacity at these levels can be improved.
- The NHSS and pooled fund governance mechanisms are generally working well, although there is room for improvement to ensure the Joint Annual Review and Joint Consultative Meetings are more effective. Importantly, non-pooled fund EDPs understand the pooled fund and its mechanisms differently from pooled fund partners which may hinder the degree of support that WHO and UNICEF, in particular as Gavi's technical partners, can provide.
- Given Gavi Secretariat's limited presence, the ability to contribute to NHSP AWPB and other key discussions has not been fully maximised. This is considered to be a missed opportunity for Gavi Secretariat to have a strong voice in advocating and engaging in the policy debates during the formulation of national health programmes and at important annual reviews.
- Monitoring of the NHSP has improved with TA from partners. However, the NHSS results framework has captured limited results data to date given that much is captured in surveys planned five yearly, or at longer intervals. Furthermore, data systems weakened in the federal transition have hampered strong data capturing. However, Gavi has been able to obtain more

[5] INFUSE was launched by the Gavi Alliance to help bridge the gap between the supply and demand side for new technologies and innovations and to create a market place for these innovations.

reliable immunisation data from WHO, UNICEF and the full immunisation declaration programme.

- The majority of Gavi's HSS3 funds are spent on immunisation (an estimated US$5.5m out of Gavi's US$7.5m investment each year) and there have been some strategic investments made through this. In particular this relates to the activities within the full immunisation declaration programme, construction of immunisation huts, health care worker training and provision of vaccine stores.

Nepal has achieved both Year 2 and Year 3 DLI (EVM related and Full Immunization related DLI respectively).

HSS 3 Change 1

Gavi, the Vaccine Alliance, has approved a total budget of US$ 6.96 million to WHO and UNICEF as HSS 3 Change 1 support. The PSC costs of WHO and UNICEF are included within this total budget. The activities under this support broadly include – For UNICEF: health systems strengthening for improved immunization coverage (4 provinces), strengthening routine immunization service delivery and quality of services (nationwide and 4 provinces), and program management costs (staff and direct operating costs); and For WHO: surveillance and immunization activities (technical assistance, SSA and staff costs), program management (research and general operations costs).

The funds have been received by both WHO and UNICEF in September/October 2019. The majority of this fund is for implementation in 2020 and 2021.Since the approved budget was for 2.5 years, it is expected that there will be no-cost extension for 2021 (until end December 2021) for full utilization of the budget. Partial fund was budgeted in 2019. WHO has budgeted US$ 40,000 for 2019, out of which 84% are utilized (encumberance and expenditure). Similarly, UNICEF has budgeted US$ 668,378 in 2019, out of which 32% is utilized. The low utilization is due to delays in conduction of activities due to delayed deployment of health workers as a result of decentralization. However, UNICEF will speed up activities in 2020 and ensure that remaining activities and budget are timely utilized.The full reporting will be done in 2020 and 2021 as per agreed timelines.

HSS 3 Change 2

Gavi, the Vaccine Alliance, has committed US$ 9.9 million for the period 2019-2020 as HSS 3 Change 2 to the program division (Family Welfare Division). Independent Review Committee has already recommended the proposal for approval. Currently, the HSS 3 Change 2 is pending final approval from Gavi. Given the recent Program Capacity Assessment/funding modality review, the scope and budget of the HSS 3 Change 2 will need to be revised considering the period of the grant as suggested by Gavi, and may further depend on implementation of Grant Management Requirements (under discussion).Meanwhile, activities that were already included in the current FY AWPB (FY 2019/20, ending mid-July 2020) to be covered through this supportmight get affected due to the delays.

3.2. Performance of vaccine support

*Provide a succinct analysis of the performance of Gavi vaccine grants, focusing on **recently (i.e. in the last two years) introduced vaccines,**or planned to be introduced vaccines, **and campaigns**, supplementary immunisation activities (SIAs), demonstration programmes, MACs etc., as well as switches invaccine presentations.This section shouldcapture the following:*

- ***Vaccine-related issues which may have been highlighted for the vaccine renewals**, such as challenges on stock management (overstock, stock-outs, significant consumption variations etc.), wastage rates, target assumptions, annual consumption trend, quantification data triangulation, etc., and **plans to address them**.*
- ***NVS introductions and switches:** If country has recently introduced or switched the product or presentation of an existing vaccine, then the country is requested to highlight the performance (coverage) and lessons learned from the introduction/switch, key implementation challenges and the next steps to address them.*
- ***Campaigns/SIA:** Provide information on recent campaigns (since last JA) and key results of the post-campaign survey, including the coverage achieved. If achieved coverage was low, provide reasons. Provide other key lessons learned and the next steps to address them. If post-campaign survey has not been conducted, highlight reasons for the delay and the expected timelines. Are there any key observations concerning how the operational cost support was spent? Explain how the campaign contributed to strengthening routine immunisation e.g. by identifying zero-dose children and lessons learned.*

- *Update of the **situation analysis formeasles and rubella** (using the latest immunisation coverage and surveillance data for measles, rubella and congenital rubella syndrome from national and sub-national levels[6]) andupdate of the country's **measles and rubella 5 year plan**(e.g. future dates of MR intro, MCV2 intro, follow-up campaigns, etc.).*
- ***Describe key actions related to Gavi vaccine support in the coming year** (e.g. decision-making on vaccine introduction, future application, planning and implementation of introduction/ campaigns or decisions to switch vaccine product, presentation or schedule) **and associated changes in technical assistance**Error! Bookmark not defined.**.***

National Immunization Program is the priority program (P1) of the Ministry of Health and Population, Government of Nepal.Nepal is currently receiving Gavi's new and underutilized vaccine support for pentavalent (DPT-HepB-Hib), fIPV, PCV, and measles second dose (as part of measles-rubella second dose).All other vaccines – BCG, OPV, MR first dose, JE, and rubella component in MRSD – and related supplies (syringes) are financed by the Government. Through the immunization program, Td vaccination financed by the Government is also provided to pregnant women.

Nepal was able to achieve the MDG Goal 4 of reducing child mortality, and all targets under it of reducing IMR, reducing U5MR, and increasing immunization against measles.The immunization program is considered as one of the main contributors to the decline in infants and child deaths in Nepal (Source: Government of Nepal, National Planning Commission. Nepal and the Millennium Development Goals, Final Status Report 2000 – 2015, December 2016). In the Decade of Vaccines, Nepal has introduced several new and underutilized vaccines through Gavi support as well as self-procurement (PCV, rubella as MR, MR second dose, JEV, IPV/fIPV). Further, Nepal is the first country in the region to have Immunization Act ensuring the right of children to vaccination.

In 2018, Nepal became one of the first countries in the region to control rubella and congenital rubella syndrome. The Regional Verification Commission certified Nepal on 3 August 2018 of having achieved this.

This certification was achieved two years ahead of the regional target year of 2020 and one year ahead of the national target of 2019. Based on 2003 incidence, Nepal has already achieved 95% reduction in measles in 2018. To progress towards measles and rubella elimination by 2023 (regional target), Nepal is conducting nation-wide MR campaign through Gavi support scheduled from mid-February to mid-April 2020. Full preparations are ongoing and all IEC materials and guidelines have been completed. There are in-built linkages within the MR campaign to strengthen routine immunization (RI). Full fund (the 2nd or the last tranche) has been received by the GoN around two months prior (in 3rd week of December 2019) to the planned start date of the MR campaign.

In 2019, the National Immunization Program of Nepal has achieved another significant milestone. In July 2019, Nepal became one of the first four countries in the WHO South-East Asia Region to achieve hepatitis B control through immunization among children. The certification was received by the then Hon'ble Minister of Health and Population and Deputy Prime Minister in September 2019 at the 72nd Regional Committee Meeting in New Delhi. The hepatitis B vaccine (pentavalent vaccine) in Nepal's National Immunization Program is supported by Gavi, and this as well as overall Gavi support was instrumental in achieving this.

Even though Nepal is still undergoing transition to federalization including structural changes in the health system and organogram, the high immunization coverage(WUENIC)of basic vaccines have been sustained, and coverage(WUENIC)of newly introduced vaccines are increasing (Fig. 1). The target population used by HMIS, Nepal, is higher by 13.7% than the UNPD estimates (623,000 vs. 548,000, 2018 estimates) denoting that the percentage achievement is actually higher than reported. Surveys conducted in the past have shown high vaccination coverage than administratively reported (refer to previous Joint Appraisals). Therefore, it is assumed that the vaccination coverages achieved by Nepal is higher than administratively reported.

Despite these successes, challenge still exist in increasing MR 2 vaccination coverage scheduled at the second year of life. Vaccine acceptance is very high in Nepal – 99% strongly or somewhat agree that vaccines are important for children, and 92% strongly or somewhat agree that vaccines are safe (Source: Welcome Global Monitor 2018). Nepal is listed in the Welcome Global Monitor 2018 report as one of the

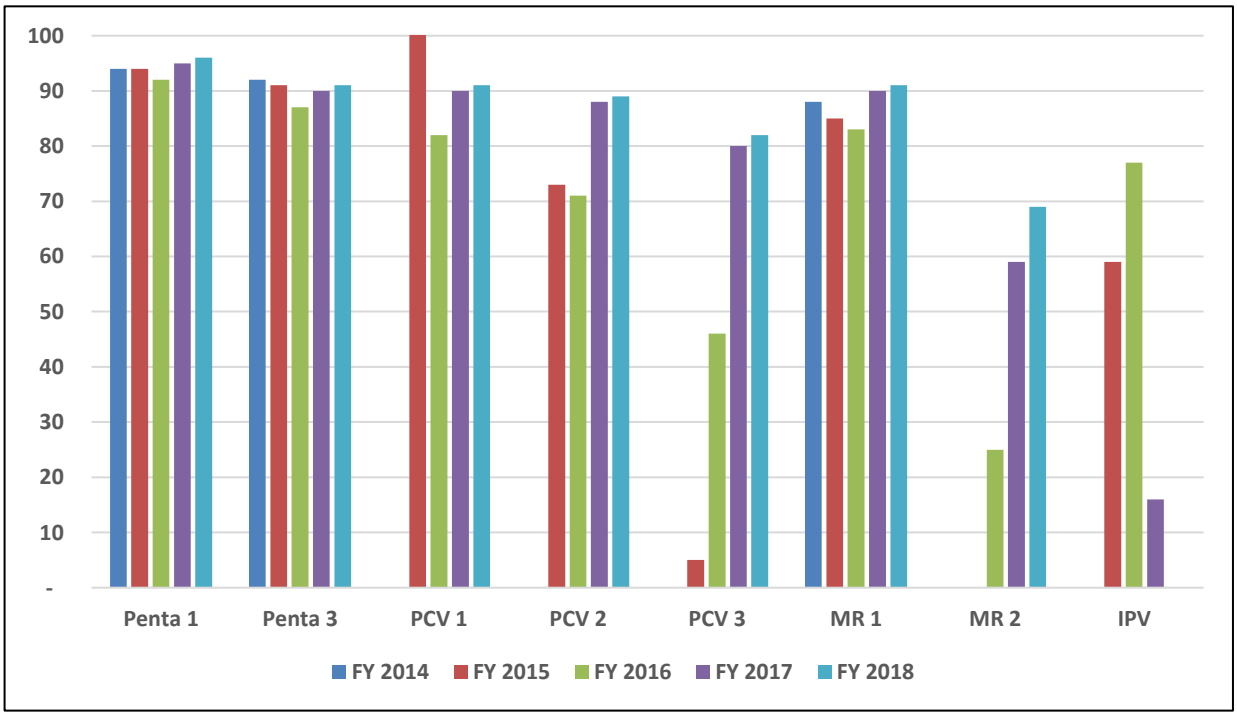
[6]Please refer to the JA analysis guidance document for additional information on the expected analyses for measles and rubella.

countries where people are most likely to agree that vaccines are safe, effective and important for children to have. However, in Nepal, traditionally RI has been thought of for children under 1 year of age. This probably contributes to the relatively lower coverage of MR 2 which is given in 2nd year of life in contrast to MR 1 which is given at 9 months of age and has very high coverage (~91%).

To address this, upcoming Gavi-supported MR campaign is linked with RI strengthening. Invitation card, which includes information on the campaign (invitation, front side) as well as on RI (pictorial, back side), will be given to all targeted children's families. Through this approach and micro-planning, all children, including those missed by RI, will be approached and invited for vaccination. At the immunization sessions during the campaign, all eligible children who have missed one or two doses of MR vaccine will be identified and recorded (in the MR SIA card, along with SIA doses) and followed up after the campaign to complete their missed routine doses. The SIA card for children under 24 months of age will have two parts – one part for the children/families as a proof of SIA vaccination (the back side of which contains RI information), and the other part for the health facility (to retain at the health facility and usefor follow-up in RI). Further, partnerships have been formed with Civil Society Organizations (Rotary and Lions Club) as well as with Nepal's largest private mobile network operator which has approximately 16.3 million subscribers (more than half the population of the country). Information about the MR Campaign will be given through mass media including radio, TV and mobile network messages. Simultaneously, routine immunization communication strategy through consultative approach and communication packages are being developed which will be utilized for RI communication. Further, independent RI monitoring at all levels (district, health facility, immunization session and community) was started in 2018 and is continued for real-time data for real-time action. In 2018 and 2019, more than 14,000 children in more than 1200 communities have been monitored. This is the largest structured immunization monitoring ever conducted in Nepal. Further, Nepal's NITAG, the National Immunization Advisory Committee (NIAC), has already recommended to lift the policy barrier for immunization (23 months ceiling for childhood vaccination to five years); and currently schedule on delayed and missed opportunity for vaccination is being developed by the working group under NIAC.

WUENIC and administrative coverage of Gavi supported vaccines (except MR1 which is fully procured by GoN), and wastage rates are given in the figures below.

Fig. 1. National Routine Immunization Coverage (WUENIC), Fiscal Year 2014 – 2018



Note:

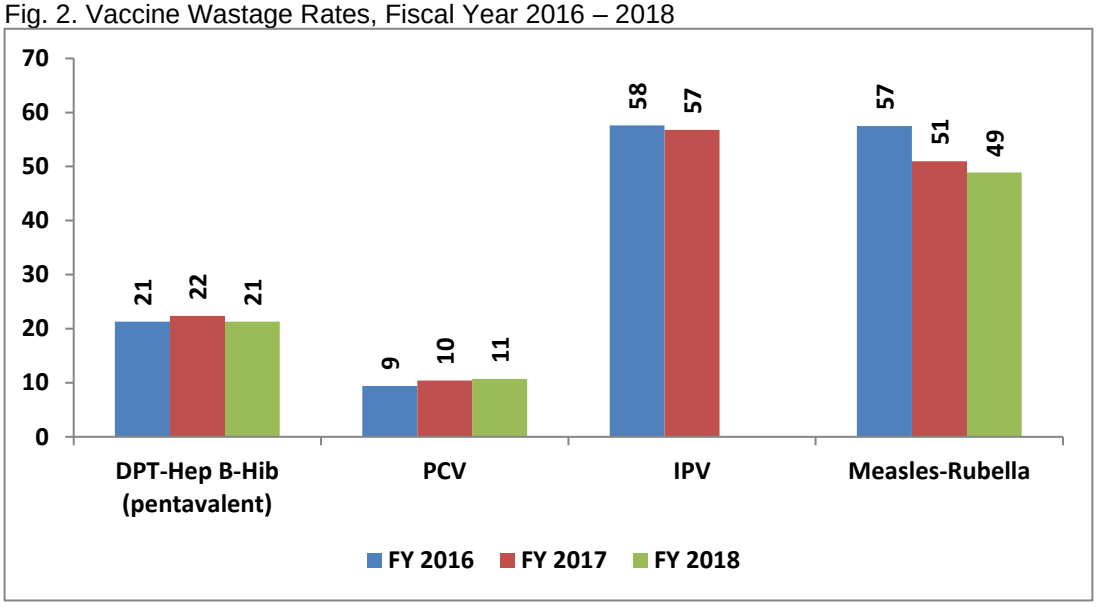
- For PCV 1 & 2, official estimates are taken as WUENIC for these antigens are not available.
- Only two doses of PCV are given for children presenting late after 7 months of age, which may contribute to relatively low coverage of PCV 3.
- In FY 2017, IPV supply was available only towards the beginning of the FY due to global shortage; following this there was total stock out. Therefore, coverage was only 16% based on available vaccines given. IPV was re-introduced as fIPV in October 2018, the coverage for which will be reported in FY 2019.

Even though transition to federalization and changes in the health system are ongoing, the administrative data (pre-final) for FY 2019 shows that generally immunization coverages have improved in FY 2019 compared to FY 2018 including for MR 2. Data for selected antigens is given below.

- Pentavalent 3: 82% to 86%
- Pentavalent 3 (including delayed dose give after 1 year of age): 87% to 90%
- PCV 3: 80% to 81%
- MR 1: 81% to 84%
- MR 2: 66% to 73%

Final administrative data for FY 2019 will be officially reported through JRF in 2020, and the corresponding WUENIC data will be used in the Joint Appraisal 2020.

Fig. 2. Vaccine Wastage Rates, Fiscal Year 2016 – 2018



Among the Gavi supported vaccines, the wastage rate (Fig. 2) of pentavalent vaccine has been maintained around the Gavi provided wastage rate of 20%, and PCV wastage rate has also been maintained around the given wastage rate of 10%. Similarly, MR vaccine (total - both Government and Gavi supported) has been further reduced in FY 2018. This wastage rate of MR vaccine in FY 2018 (49%) is below the indicative wastage rate of 50%, but above Gavi provided wastage rate of 40%. MR vaccine does not fall under MDVP and must be discarded after 6 hours of re-constitution or end of immunization session whichever comes first. In Nepal, at least 'one vial per session' policy is used for re-constituted vaccines (BCG and MR) and small session sizes because of sparse population in hilly terrain have to be allowed higher wastage rate. IPV wastage rates are higher for FY 2016 and 2017 as the IPV presentation used during this period was non-MDVP (with start of presentation with MDVP in FY 2017 just before global stock out).

Rotavirus vaccine introduction

The initial plan to introduce rotavirus vaccine was in December 2018, and Gavi had already approved rotavirus vaccine support for Nepal. However, due to global shortage of the preferred rotavirus vaccine, vaccine introduction was delayed. Following this, several new rotavirus vaccines and new presentations were available through Gavi support. The National Immunization Advisory Committee in 2019 has already recommended new presentation of the selected rotavirus vaccine (Rotarix multi-monodose presentation) for introduction in Nepal. Family Welfare Division has communicated to Gavi on 4 November 2019 with planned introduction of rotavirus vaccine in May/June 2020 following the MR campaign. HMIS and rotavirus sentinel surveillance data shows that there is huge burden of diarrhoeal diseses and rotavirus in Nepal. With introduction of rotavirus vaccine in Nepal through Gavi support, morbidity and mortality among children can further be prevented. There are plans to integrate hygiene promotion (with technical support from Water Aid) through immunization along with rotavirus vaccine introduction and preparations are ongoing.

3.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

If your country is receiving CCEOP support from Gavi, provide a brief update on the following:

- ***Performance****on five mandatoryCCEOP indicators and other related intermediate results – achievement against agreed targets as specified in the grant performance framework (GPF) with discussion on successes, challenges and solutions for reaching targets;*
- ***Implementation status****(number of equipment installed/ waiting installation, user feedback on preventive maintenance training, refrigerator performance, etc.), including any challenges / lessons learned;*
- ***Contribution*** *of CCEOP to immunisation performance (i.e. how CCEOP is contributing to improving coverage and equity);*
- ***Changes in technical assistance*** *in implementing CCEOP support.****Error! Bookmark not defined.***

Note: an updated CCE inventory must be submitted together with the CCEOP renewal request.

As part of Gavi's support to the immunization supply and cold chain system strengthening, 1200 cold chain equipment will be deployed to Nepal between 2019 and 2022 in four phases. In 2019, 290 cold chain equipment(ILR on-grid 157; SDD off-grid 26; and Freezer on-grid 107) have been deployed to 185 remote sites at the subnational level. A follow-up readiness assessment in collaboration with Family Welfare and Management Divisions was conducted in all 185 deployment sites before deployment. Installation of the equipment is ongoing and is expected to be completed by February 2020. All processes for deployment and installation were agreed and approved by the CCEOP Programme Management team led by the Management Division. An initial orientation on the equipment was provided to the central team in Management Division, onsite trainings are being conducted as installations take place at the subnational level. With the installation of new CCEs, additional net 10552 litres cold chain capacity will be available. The new CCE is expected to improve vaccine availability, quality and efficiency. In spite of all efforts, substantial delays were noted during the CCE deployment and installation due to administrative delays as well as geographical remoteness. Additionally, 22 sites were deviated from the original plan due to either nonexistence of sub-stores or poor/ inadequate infrastructures of the sub-stores to accommodate the CCE. The EVM assessment in 2020 will identify the improvement in effective vaccine management based on the EVM criteria and provide recommendations for further actions.

3.4. Financial managementperformance

Provide a succinctreview of the performance in terms of financial management of Gavi's cash grants(for all cash grants, such as HSS, PBF funding, vaccine introduction grants, campaign operational cost grants, switch grants, transition grants, etc.). This should take the following aspects into account:

- *Financial* ***absorption****and utilisation rates on all Gavi cash support listed separately*[7]*;*
- ***Compliance*** *with financial reporting and audit requirementsnoting each grant (listing the compliance with each cash support grant separately, as above);*
- *Status of high-priority "show stopper" actions from the Grant Management Requirements (GMRs) and other issues (such as misuse of funds and reimbursement status) arising from review engagements (e.g. Gavi cash programme audits, annual external audits, internal audits, etc.);*
- *Financial management* ***systems***[8]*.*

Financial reporting (for non-pool fund Gavi support) for FY 2016/17 was submitted to Gavi in November 2018 prior to the Joint Appraisal 2018. The financial reporting included grant wise financial report (in the format provided by Gavi) for *past grants* with incomplete reporting (MR VIG, polio VIG, pneumococcal VIG), and *recent grants* with incomplete reporting (HPV demo, MSD VIG, JE VIG, JE Op cost). Further, summary financial statement by Financial Comptroller General Office, Ministry of Finance, and financial statement/utilization by activity and grant by Finance Section, Department of Health Services, Ministry of Health and Population, was submitted to Gavi. [Details in Joint Appraisal 2018 Report]

In February 2019, translated audit reports (in English) for past four fiscal years (FY 2013/14 – 2016/17) was submitted to Gavi.These audit reports were deemed non-compliant by Gavi as per Gavi requirements

[7] If in your country Gavi funds are managed by partners (i.e. UNICEF and WHO), fund utilisation by these agencies should also be reviewed.

[8] In case any modifications have been made or are planned to the financial management arrangements please indicate them in this section.

(which requires external audit report by Gavi grant).

Following this, in July 2019, financial reporting (for non-pool fund Gavi support; all documents as mentioned above for FY 2016/17) for FY 2017/18 was submitted to Gavi. However, since audit report was not as per Gavi requirement (external audit report by Gavi grant), the available audit report in Nepali was not asked for translation and, therefore, was not submitted to Gavi.

In July 2019, Gavi officially informed the Ministry of Health and Population:

1) For *past grants* (MR VIG, polio VIG, pneumococcal VIG)
    a. Financial reports are compliant
    b. Audit reports are accepted
    c. Each of these grants are fully utilized (remaining balance US$ 0)
2) For *recent grants* (HPV demo, MSD VIG, JE VIG, JE Op cost)
    a. Financial reports are compliant
    b. Audit reports are non-compliant and, therefore, outstanding

In July 2019, the utilization reported (as of 15 July 2018) were as follows:

1) For *recent grants*
    a) HPV demonstration program: 0% remaining
    b) MSD VIG: 0%
    c) JE VIG: 0%
    d) JE Op cost: 30% remaining
2) For *new grants*(since fIPV and PCV presentation switch grant were received during the fiscal year, reporting for these grants were also done)
    a) fIPV VIG – 0% remaining
    b) PCV presentation switch (90% remaining of total budget received by GoN. Activities are included in the FY 2018/19 for fIPV introduction (full reporting for this grant to be done in the next cycle)

Financial reporting for FY 2018/19 is remaining. The FY ended in July 2019, and currently the Government's processes for auditing is ongoing. The financial reporting for FY 2018/19 will be done in 2020.

As per instruction received from Gavi, the program division submitted in October 2019 the financial information for FY 2018/19 as follows:

a) Opening balance: NPR 85,702,137.14
b) Total expenditure in the FY: NPR 2,519,730 (detail reporting pending as mentioned above)
c) Closing balance (as of 17 July 2019):NPR 83,182,407.14

Further, the program division requested Gavi for approval to use the remaining balance ofNPR 83,182,407.14 (USD 733,207.64 @ 113.45) for MR Campaign preparations (as there were delays in receiving the funds for MR Campaign due to ongoing PCA/funding modality review). In October 2019, Gavi approved the use of this remaining fund of US$ 733,207 against the MR Campaign activities as soon as the monitoring agent is in place. Gavi informed that this amount will be offset from the total MR Campaign operational cost amount. Therefore, with this approval, there is no balance remaining from any *recent* and *new grants*, and the budget can be considered fully utilized (with remaining balance used for MR Campaign offsetting the amount from total MR Campaign operational costs). Financial reporting for FY 2018/19 will be conducted as mentioned above.

The newer approved grants and pending grants now are: 1) MR Campaign operational costs, and 2) Rotavirus VIG respectively.

In 22 December 2019, GoN has received the final tranche for MR Campaign. Regarding the Rotavirus VIG, the program division has re-requested Gavi on 24 December 2019 for release of the rotavirus VIG so that the vaccine can be introduced timely in May/June 2020.

PCA/funding modality review and draft Grant Management Requirements

The program division received the final report of the Programme Capacity Assessment (PCA) and the draft Grant Management Requirements on 11 December 2019. Further, Monitoring Agent (CSC & Co.) for MR Campaign are on-board since late November 2019. Currently, program division is discussing on the draft Grant Management Requirements (GMR) and will get back to Gavi for mutual agreement and finalization of the GMR. Since GMR puts major focus on fiduciary risk management which requires inputs from the broader financial system, it will require broader discussion with higher level at MoHP as well as MoF. Program division also understands the pending audit reporting as per Gavi requirements (external

audit report by Gavi grant). The constraint faced by the program division is that the external auditing is not included in the current AWPB and would be a new activity, and there are cost implications which are not reflected in the AWPB. Program division is having discussion with MoHP now, following this consultation will be done soon with MoF and OAG, to solve this outstanding issue.

3.5. Technical Assistance (TA) (progress on ongoing TCA plan)

- *Describe the strategic approach to Technical Assistance (TA) delivery to improving coverage and equity in reaching the under-immunised and unimmunised children. (i.e. embedded support, subnational support, support from expanded partners etc.)*
- *On the basis of the reporting against milestones, summarise the progress of partners in delivering technical assistance.*
- *Highlight progress and challenges in implementing the TCA plan.*
- *Specify any amendments/ changes to the TA currently planned for the remainder of the year.*

Technical assistance is provided by core partners (WHO and UNICEF) at national and sub-national levels in overall National Immunization Program including new vaccine introduction and implementation; SIA/campaigns; policy technical support to immunization, VPD, and program committees; immunization supervision and monitoring including concurrent/independent immunization monitoring; VPD (polio, measles and rubella, NNT, JE) surveillance; sentinel surveillance of rotavirus and IBD; Gavi reporting requirements, new applications, and renewals; CCE OP planning and implementation; EVM strengthening and improvement; support achievement of Gavi HSS support related DLIs (EVM and full immunization); immunization data, HMIS and LMIS strengthening; use of information technology for immunization; AEFI investigation, etc. The overall aim is to improve immunization coverage and equity with focus in quality processes and services. Update on current status of prioritized actions from previous Joint Appraisal is given in Section 4.

As per TCA plan, overall technical assistance activities are completed except few activities that are ongoing or planned for 2020. EVM improvement plan and use of information technology to improve MR 2 coverage are progressing for implementation. Rotavirus vaccine introuction has been delayed and is now planned in May/June 2020. Preparation for post MR Campaign coverage survey could not be completed as MR Campaign is delayed and now is scheduled from mid-February to mid-April 2020.

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal[9] and any additional significant Independent Review Committee (IRC) or High Level Review Panel (HLRP) recommendations (if applicable).

Prioritised actions from previous Joint Appraisal	Current status
1. Strengthen new vaccine introductions planning and implementation.	In FY 2018/19, fIPV was successfully introduced in the NIP. PCV presentation switch was also completed in the FY. Currently, preparations for rotavirus vaccine introduction in ongoing (including hygiene intergration), and the vaccine introduction is planned in May/June 2020.
2. Effective MR campaign planning and implementation to achieve high coverages and strong linkages to routine immunization strengthening.	MR Campaign is scheduled from mid-February to mid-April 2020 (the campaign could not be conducted in December 2019 as initially planned as the operational grant was on hold pending PCV/funding modality review). All initial preparations including product development (guideline and IEC materials, forms/formats) are completed. There are strong in-built linkages to strengthen RI (*Refer to section 3.2. Performance of Vaccine Support*). Planning for training activities are completed and the trainings will start soon.
3. Improve national MR2 coverage and sub-national	Even though transition to federalization is ongoing,

[9] Refer to the section "Prioritised Country Needs" in last year's Joint Appraisal report

vaccination coverages	high coverage of basic vaccinations were maintained and the coverage of newly introduced vaccines including MR 2 is increasing. Targeted approaches including data analysis and monitoring, advocacy and communication, concurrent and independent immunization monitoring, and policy re-visits were conducted. (*Refer to section 3.2. Performance of Vaccine Support*) Further, strengthening of routine immunization is linked with the MR Campaign which aims to identify children with missed dose(s) of MR vaccine and RI and immunized them following MR Campaign.
4. Cold Chain Equipment Optimization Platform roll-out	In spite of several challenges faced, Management Division, MoHP, with technical support from UNICEF successfully led the deployment of 292 cold chain equipment in 185 sites. Installation of the equipment are currently on going, completion is expected by February 2020. All processes and approval for the deployment and installation were done by the CCEOP Programme Management Team. Simultaneously, onsite trainings on the functionality and maintenance of the equipment are being conducted during installation. The CCEOP is expected to improve effective vaccine management and sustain vaccine quality and ensure timely distribution of vaccines to reach all children.
5. EVM improvement and EVM assessment	Review of the EVM Improvement Plan was conducted in coordination with Family Welfare and Management Divisions, WHO. Both divisions agreed to adjust the plan based on the current decentralized context at the subnational levels. 157 cold chain assistants and EPI supervisors from three provinces were trained on vaccine supply and cold chain management through three training events, additional 60 will be trained in January 2020. Management Division with technical support from UNICEF and WHO conducted Provincial immunization supply and cold chain reviews in three provinces, additional one is due in January 2020. Further, Management Division jointly with Family Welfare Division conducted pre-EVM assessments in 4 provincial vaccine stores and 41 district vaccine stores followed by the development of improvement plans for each store at each level. Additionally, Management Division with technical support from UNICEF Nepal and UNICEF ROSA conducted cold room mapping of 7 vaccine stores at the central and provincial levels. To strengthen immunization supply and cold chain management, Management Division with technical support from UNICEF (Country Office, ROSA, HQ) and WHO are developing a National Immunization Supply Chain Action Plan. A national level consultation for the development of this plan is scheduled in January 2020. The key objective of the action plan is to ensure that country has an efficient and sustainable immunization supply chain system.
Additional significant IRC / HLRP recommendations (if applicable)	**Current status**

Iffindings have not been addressed and/orrelated actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).

The EVM assessment planned in 2019 could not be conducted due to the ongoing restructuring of the health system including deployment of health workers to the province, districts and local levels, as well as the National Measles Rubella Campaign in the first quarter of 2020. Based on the current situation, it was discussed and jointly agreed with Family Welfare Division and Management Division that the ongoing decentralization could affect the assessment and influence the findings. Thus, it was agreed to postpone the assessment to the first half of 2020. UNICEF has initiated discussions with both divisions on the planning for the EVM assessment.

5. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORTNEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

*Briefly summarise the **key activities to be implemented next year** with Gavi grant support, including if relevant any **introductions** for vaccine applications already approved; preparation of **new applications**, preparation of **investment cases** for additional vaccines, and/ or plans related to HSS/ CCEOP grants, etc.*

*In the context of these planned activities and based on the analyses provided in the above sections, describe the five **highest priority findings and actions to be undertakento enhance the impact of Gavi support or to mitigate potential future risks to programme and grant performance**.*

*Please indicate if any **modifications**to Gavi support are being requested (indicating the rationale and main changes), such as:*

- *Changes to country targets as established earlier, either from the agreed Grant Performance Framework (GPF) or as part of the NVS renewal request submitted by 15 May;*
- *Plans to change any vaccine presentation or type;*
- *Plans to use available flexibilities to reallocate budgeted funds to focus on identified priority areas.*

Overview of key activities planned for the next year and requested modifications to Gavi support:

This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance[10].

Key finding / Action1	**Strengthen new vaccine introductions planning and implementation.**
Current response	fIPV introduction and PCV presentation switch completed in FY 2018/19. Currently, preparations for rotavirus vaccine introduction is ongoing. Nepal's NITAG (National Immunization Advisory Committee – as mandated by the Immunization Act) re-established in December 2018 and functional; capacity building workshop of the committee including international experts conducted. Independent immunization monitoring conducted in 2018 and 2019, and will be continued in 2020. Immunization (NITAG) and VPD committees (polio and measles) involved in sub-national level RI monitoring.
Agreed country actions	Introduce rotavirus vaccine in the National Immunization Program of Nepal in May/June 2020 as planned. Continue independent immunization monitoring at sub-national level and community to strengthen routine immunization.
Expected outputs / results	Rotavirus vaccine will be introduced in the National Immunizaton Program and rotavairus related morbidity/mortality will be controlled.
Associated timeline	Introduce rotavirus vaccine within this fiscal year (FY 2019/20) as planned in

[10]The needs indicated in the JAwill inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extend known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as reference guide.

	May/June 2020.
Required resources / support and TA	Request submitted to Gavi in November and December 2019 for release of rotavirus VIG for introduction of the vaccine. Technical support required for new vaccine introduction. Technical support to continue rotavirus sentinel surveillance, assess impact and effectiveness of vaccine introduction and intussusception surveillance.
Key finding / Action 2	**Effective MR Campaign implementation to achieve high coverages and strengthen routine immunization.**
Current response	MR Campaign preparations ongoing. Guideline, forms, and IEC materials developed and finalized; printing near-completed. High level national advocacy workshop including provincial staff and partners conducted for MR Campaign and RI strengthening to achieve MR elimination (with Hon'ble Minister of Health and Population as chief guest). Training materials for the campaign developed. Provincial level trainings starting soon. RI strengthening components are inbuilt in the MR Campaign.
Agreed country actions	Implement MR Campaign including strengthening of RI. Conduct independent post-campaign coverage survey following completion of MR Campaign.
Expected outputs / results	High coverages will be achieved in the MR Campaign, and routine immunization will be strengthened to progress towards achieving MR elimination by 2023 (regional target)
Associated timeline	Mid-February to mid-April 2020, with follow up of identified children with missed RI MR dose(s) within 3-6 months of campaign completion.
Required resources / support and TA	Technical support to implement, monitor, and review MR Campaign as well as RI strengthening components. Technical support to conduct independent post-campaign evaluation survey.
Key finding / Action 3	**Advocacy, communication and social mobilization to strengthen routine immunization.**
Current response	Family Welfare Division is gearing up to improve advocacy, communication and social mobilization for the improvement of immunization coverage. It is acknowledged that current approaches are insufficient to establish increased demand and sustained behaviour to ensure children are fully immunized.
Agreed country actions	Based on findings from NDHS 2016, MR review 2019 and qualitative findings from field visits, it has been agreed in the IPCG meeting that UNICEF will provide technical assistance in the development of the National Communication Strategy to strengthen RI with a costed workplan. Update RI branding and mass media materials, produce interactive IEC materials. Develop a real-time monitoring framework clearly outlining input, output and outcome indicators. Strengthen capacity on evidence-based communication, social mobilization and advocacy components of RI planning, implementation and monitoring.
Expected outputs / results	Federal, provincial and local governments will plan, budget, implement and monitor communication and social mobilization activities. Implementation of these activities will contribute to community engagement and accountability for demand promotion and increased immunization coverage. Further, real time monitoring of communication and social mobilization through local youth networks, media and communities will contribute to improve demand and further immunization coverage
Associated timeline	Finalization of the strategy by April 2020 and incorporate the identified communication and social mobilization activities in the annual budget and work plan in the next fiscal year.
Required resources / support and TA	Technical support to plan, budget and implement the activities outlined in the National Communication Strategy for Routine Immunization, develop training packages to strengthen IPC skills of service providers, develop real-time monitoring framework to track indicators.
Key finding/ Action 4	**Cold Chain Equipment Optimization Platform roll-out**
Current response	In the first phase of the CCEOP, 292 cold chain equipment were deployed in 185 sites sub-nationally. The installation of the equipment is ongoing and is planned to be completed by January 2020.
Agreed country actions	Joint monitoring and supervision by Management Division and UNICEF to monitor installation and functionality of the equipment on regular basis.
Expected outputs / results	Additional CCE will help in ensuring availability, quality and efficiency of the vaccines.

Associated timeline	The CCEOP programme will continue till 2022 and will install 1200 new equipment in four phases
Requiredresources / support and TA	Technical assistance during installation and functionality monitoring of the equipment
Key finding/ Action 5	**EVM/national supply and cold chain improvement and EVM assessment**
Current response	One review of the EVM improvement plan (2017-2019) was conducted jointly with Family Welfare Division, Management Division, WHO and UNICEF. The review identified progress and challenges in the implementation of the plan and agreed to take joint actions. Pre EVM-assessments were conducted in the Central/provincial vaccine stores and in 40 district vaccine stores. The assessment has served as a baseline to work on for further improvement on Effective Vaccine Management.
Agreed country actions	Effective Vaccine Management Assessment is planned in 2020 Development of a National Immunization Supply Chain Action Plan (discussions progressing)
Expected outputs / results	Effective Vaccine management assessment will help to review the progress in effective vaccine management and identify challenges which can be worked upon collectively through technical and financial assistance. The National Immunization Supply and Cold Chain Action Plan will establish a guiding framework to strengthen effective vaccine management and positively impact the National Immunization Programme.
Associated timeline	Finalization of the strategy by April 2020 and incorporate the identified vaccine supply and cold chain interventions in the annual budget and work plan in the next fiscal year.
Requiredresources / support and TA	Technical assistance to lead the EVM assessment, develop National immunization supply and cold chain action plan.

Based on the above action plan, please outlineany specific technology or innovation demandthat can be fulfilled by private sector entities or new innovative entrepreneurs.

6. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT)AND ADDITIONAL COMMENTS

- *Does the national Coordination Forum (ICC, HSCC or equivalent) meet the Gavi requirements (please refer to http://www.gavi.org/support/coordination/ for the requirements)?*
- *Briefly describe how the Joint Appraisal was reviewed, discussed and endorsed by the relevant national Coordination Forum (ICC, HSCC or equivalent), including key discussion points, attendees, key recommendations and decisions, and whether the quorum was met. Alternatively, share the meeting minutes outlining these points.*
- *If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners, or other stakeholders.*

This Joint Appraisal Update Report 2019 (final) has been prepared by Family Welfare Division, UNICEF and WHO-IPD Nepal, including feedback from Gavi.

Since preparations for Gavi-supported MR SIA is going on urgently with all relevant staff engaged at sub-national level, ICC meeting could not be held on time, and is planned to be conducted in early February 2020. We request Gavi to accept this, and we will follow up with the ICC meeting minutes soon.

7. ANNEX: Compliance with Gavi reporting requirements

*Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal.**It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.***

	Yes	No	Not applicable
End of year stock level report (due 31 March) *****	X		
Grant Performance Framework (GPF)* reporting against all due indicators	X		
Financial Reports*			
Periodic financial reports	X (yearly)		
Annual financial statement	X		
Annual financial audit report		Audit as per Gavi format/requirement not yet done(under discussion). Audit in GoN format available.	
Campaign reports*			
SupplementaryImmunisation Activity technical report			X
Campaign coverage survey report			X
Immunisation financing and expenditure information	X		
Data quality and survey reporting			
Annual data quality desk review			X
Data improvement plan (DIP)			X
Progress report on data improvement plan implementation			X
In-depth data assessment (conducted in the last five years)			X
Nationally representative coverage survey (conducted in the last five years)	X (NDHS 2016)		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	X		
CCEOP: updated CCE inventory		X (planned in 2020)	
Post Introduction Evaluation (PIE) (specify vaccines):			X
Measles&rubella situation analysis and 5 yearplan			X
Operational plan for the immunisation programme	X (AWPB)		
HSS end of grant evaluation report			X
HPV demonstration programme evaluations			
Coverage Survey			X
Costing analysis			X
Adolescent Health Assessment report			X
Reporting by partners on TCA	X		

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.