



Partnering with The Vaccine Fund

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY:	His Majesty's Government of Nepal
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Date of submission: 30 September, 2003

Reporting period: 2002/2003. (FY July 15, 2002 to July 14 2003)

(Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
of Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

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1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

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.

During the reporting period, Nepal received the second tranche of ISS funds amounting to US\$352,300, making a total of \$704,600 including the first tranche received in August 2002. As reported in the inception report, there were some constraints in the utilisation of these funds. This was eventually sorted out and the funds utilised. The Government decided to put these funds into a special account, which is binding by the government financial rules but at the same time is flexible in many ways and was discussed in ICC meeting.

- The Child Health Division, MOH prepared annual programme plan of action and ISS funded budget and forward to the National Planning Commission and Ministry of Finance. Once approved, the fund was released to the Department of Health Services, Child Health Division, which in turn expended as planned.*
- The special fund allows the CHD to recruit immunisation officers in a service procurement basis, which solved the problem of recruitment.*
- The approval from the NPC and the MOF was delayed due to confusion in the beginning resulting in delay in fund release. Subsequently, budget released to the districts was also late.*
- Budget release for the new fiscal year is already initiated therefore the same delay problem is not anticipated this year.*

1.1.2 Use of Immunization Services Support

In the *past year*, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year: **\$352,300**

Remaining funds (carry over) from the previous year **\$352,300**

Table 1 : Use of funds during reported calendar year 2002/2003

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	23,800	23,800			
Transportation	17,654	10,987		6,667	
Maintenance and overheads	59,334				
Training	117,707	15,013		102,694	
IEC / social mobilization	17,067	14,667		2,400	
Outreach					
Supervision	30,479	12,533	4,320	13,626	
Monitoring and evaluation	33,000		6,000	27,000	
Epidemiological surveillance					
Vehicles					
Cold chain equipment	3,999	2,666		1,333	
Other Stationary, Furniture, Machinery, Electricity. (<i>specify</i>)	42,666	42,666			
Total	345,706♣	122,332	10,320	153,720	
Remaining funds for next year:	352,300♣♣				

♣ Note: There is a discrepancy of \$6594 due to fluctuation in the currency conversion rates. This will be adjusted at the time of final audit.

♣♣ Note: The fiscal year in Nepal runs from mid July to mid July. The funds in hand have been already budgeted and awaiting approval from the NPC and MOF for release to districts.

If no information is available because of block grants, please indicate under 'other'.

The total unused amount will be determined after the completion of the audit to each districts and regions which is ongoing

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

MAJOR ACTIVITIES:

- *HepB was formally launched by Hon'ble Health Minister on 11 Nov. 2002.*
- *Mid Level Manager's training manual was developed and printed.*
- *MLM training conducted for district manager of 26 districts - 16 HepB introduction districts and 10 poor performing districts*
- *Developed and printed Hepatitis B vaccine introduction guidelines for districts*
- *1210 VHWs and 990 MCHWs (Vaccinators) from 22 HepB introduction districts were trained.*
- *National policy on Injection Safety in Immunisation Programme was developed and approved by MOH*
- *Muti-dose Vaccine Vial policy developed and approved by MOH*
- *AEFI Surveillance guidelines developed and approved by MOH. First batch training planned in November 2003.*
- *HibB disease burden study completed*
- *Microplanning training tools developed and implemented in two districts.*
- *Logo of National Immunization Programme developed.*
- *Communication plans developed: ricksaw campaign initiated, radio spots under development, street drama conducted.*

PROBLEMS/INCOUNTERED:

- *Decision on the process for ISS fund utilisation took a long time, which delayed the implementation. This has however been sorted out now.*
- *Recruitment process of the immunisation officers was delayed along with the fund utilisation process. Finally, six people were selected, however, only three signed the contract. Re-advertisement for the vacant posts is in process.*
- *Security problem in the country hampered supervision of the programme.*
- *Insurgents looted steam pressure steriliser in some districts, (which is used to make bombs), which hampered the programme. This has been solved by providing AD syringes to 12 insurgency affected districts.*

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared? If yes, please attach the plan.*

YES

NO

→ *If yes, please attach the plan and report on the degree of its implementation.*

The DQA was conducted on 1-21 September 2003. The report was not out at the time of preparing this report. Preliminary findings were presented to the ICC meeting on 29 September. The DQA preliminary report graded Nepal's performance at 83%, which is satisfactory. The recommendation for improvement will need to be discussed and an action plan should be developed

Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.

→ *Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

- Coverage survey of two districts – Saptari and Panchthar by UNICEF. The survey was a baseline survey for a programme and immunisation was a component.*
- Vaccine management assessment in September 2003 by WHO-SEARO.*
- Hib disease burden study by WHO.*
- Cold chain assessment conducted by independent consultancy (IT Power)*
- JICA cold chain mission conducted assessment of the equipment requirement and developed a plan for upgrading/re-equipping the national cold chain system.*

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

<i>Received Date.</i>	<i>Quantity (10-dose vials)</i>	<i>Batch No</i>	<i>Exp Date</i>
<i>13 Sept 2002</i>	<i>57,620</i>	<i>WVA 2005/WVA 2006</i>	<i>APR 11, 2005</i>
<i>28 Oct 2002</i>	<i>57,620</i>	<i>WVA 2007/WVA 2008</i>	<i>APR 16, 2005</i>
<i>17 March 2003</i>	<i>57,600</i>	<i>WVA 2011</i>	<i>NOV 4, 2005</i>
<i>12 may 2003</i>	<i>82,539</i>	<i>WVA 2012/WVA 2015</i>	<i>NOV 6, 2005</i>

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.

- *HepB has been introduced in 22 districts, and is under rapid expansion. Plan is to introduce to a total of 45 by the end of current fiscal year (mid July 2004).*
- *ML M training for district managers of the new 19 HepB districts is being planned. Dialogue with the Institute of Medicine is underway.*
- *Training of vaccinators (VHW and MCHW) will be conducted in 17 districts. Manual has been revised and printed. TOT planned for November 2003.*
- *Microplanning was conducted in two districts, where the tools were pre-tested and refined. Now the plan is to conduct it in 20 hepB and poor performing districts. The next planning exercise is planned for Sunsari district in November.*
- *AEFI surveillance is being planned for introduction beginning December.*
- *Measles surveillance has been integrated into the AFP surveillance. This will be further strengthened during this FY by conducting training to health workers and regular monitoring and feedback.*
- *Discussion to open a vaccine management training unit at the National Training Centre is underway.*
- *Cold chain system will be upgraded with JICA support in early 2004. The second mission is planned to visit Nepal in October.*
- *Measles control strategy was developed and approved by the MOH and the ICC. Now the plan is to implement a massive second dose measles immunisation campaign in September 2004. Preliminary work for this campaign has been already started.*
- *NIDs will be conducted on 3-4 January and 21-22 February 2004. Groundwork has been already started.*
- *The process of strengthening the National Public Health Laboratory to support measles control activity has been initiated. This will be further strengthened during the FY.*
- *District planning and review meeting in all 75 districts has been planned and budgeted from the ISS fund.*
- *Orientation to 28,000 Female Community Health Volunteer (FCHV) and TBA mobilisation has been planned for this FY.*
- *Massive communication activity through radio and rickshaw campaign is underway.*

PROBLEMS:

- *The security situation in the country is a threat to the smooth implementation of the programme.*
- *Due to delay in the hepB introduction, the cold store is overstocked with hepB vaccine. Vaccine arrival schedule for 2004 needs to be rescheduled and UNICEF-SD informed immediately.*

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ *Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

Nepal has not received the vaccine fund financial support of \$100,000. Nepal has requested GAVI to transmit the fund as soon as possible. With the anticipation that the fund will be made available soon, Nepal has budgeted this amount in the annual budget plan for FY 2003/04.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ *Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered*

<i>Received Date:</i>	<i>Quantity</i>	<i>Size</i>
<i>15 Sept 2002</i>	<i>459 Boxes of 2400 Pieces</i>	<i>0.5ml</i>
	<i>470 Boxes of 2400 Pieces</i>	<i>0.5ml</i>
	<i>426 Boxes of 2400 Pieces</i>	<i>0.5ml</i>
	<i>14 Boxes of 3000 Pieces</i>	<i>2 ml for BCG reconstitution</i>
	<i>32 Boxes of 1800 Pieces</i>	<i>5 ml for Measles reconstitution</i>
	<i>521, 600 Pieces</i>	<i>0.05 ml for BCG vaccination</i>

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<ul style="list-style-type: none"> • <i>Safe Injection Policy</i> • <i>Transit from reusable syringes by ADs</i> • <i>Use of safety box: proper disposal of used boxes.</i> • <i>AEFI surveillance</i> 	<ul style="list-style-type: none"> • <i>Develop and implement</i> • <i>45 districts by July 2004</i> • <i>45 districts by July 2004</i> • <i>Introduce AEFI surveillance in 45 districts</i> 	<ul style="list-style-type: none"> • <i>Developed,</i> • <i>22 districts</i> • <i>22 districts</i> • <i>Policy and district guideline approved.</i> • <i>Training being planned.</i> 	<p><i>Field supervision not satisfactorily done due to insurgency problem.</i></p>	

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

Not received

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability <u>Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.</u>
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviff.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

Nepal will submit FSP in 2004 according to given schedule

3. Request for new and under-used vaccines for year 2004/2005. (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the *forthcoming year*.

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
DENOMINATORS								
Births	777,692	795,345	813,400	831,864	850,747	870,057	889,810	910,008
Infants' deaths	49,928	51,061	52,220	53,406	54,618	55,858	57,129	58,423
Surviving infants	727,764	744,284	761,179	778,458	796,129	814,201	832,684	851,586
Infants vaccinated with DTP3 of	573,887*	591,934*	652640*					
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	573,887	591,934						
NEW VACCINES								
Infants vaccinated with HepB 3rd dose of (use one row per new vaccine)			15,800					

Wastage rate of (new vaccine) *			**					
INJECTION SAFETY								
Pregnant women vaccinated with TT	637,981 ★	562,953 ★						
Infants vaccinated with BCG	678,565 ★	693,007 ★						
Infants vaccinated with Measles	606,823 ★	614,994 ★						

* HMIS reported data

** Wastage report not received from districts yet. National DPT wastage in 2002/2003 FY was 26%. HepB is expected to be lower than this because multi-dose vial policy is gradually introduced along with the hepB introduction.

★ These are the figures from WHO/UNICEF joint Reporting form

Indicate actual number of children vaccinated in past years and updated targets

Indicate actual wastage rate obtained in past years

→ Please provide justification on 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.

Yes

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2004** (indicate forthcoming year)

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

By the end of this December, Child Health Division/DoHS will assess vaccines and AD syringes stock up to district level and if any changes will submit the revised request.

Table 3: Estimated number of doses of HepB vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004/05
A	Number of children to receive new vaccine		7,22,220
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	21,66,660
E	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	2,881,658
G	Vaccines buffer stock	$F \times 0.25$	720,411
H	Anticipated vaccines in stock at start of year		1,989,463
I	Total vaccine doses requested	$F + G - H$	1,612,606
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	996,345
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	178,999
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	13,046

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] of 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Note: As per plan it was estimated to receive DPT-HepB vaccine Tetra Valent for FY 2004/05, but it was noticed in TCG meeting held in Kathmandu, that the tetravalent vaccine will be made available from 2006 onwards.

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

Please report the same figure as in table 1.

3.3 Confirmed/revised request for injection safety support for the year 2004/05 and 2005/06 (indicate forthcoming year)

Table 4: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2004/05	For year 2005/06
A	Target of children for BCG vaccination	#	796,129	814,201
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	796,129	814,201
D	AD syringes (+10% wastage)	C x 1.11	8,83,703	903,763
E	AD syringes buffer stock ¹	D x 0.25	220,926	225,941
F	Total AD syringes	D + E	1,104,629	1,129,904
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ² syringes (+10% wastage)	C x H x 1.11 / G	88,370	90,376
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	13,242	13,543

Table 4.1: Estimated supplies for safety of vaccination for the next two years with DPT

		Formula	For year 2004/05	For year 2005/06
A	Target of children for DPT vaccination	#	796,129	814,201
B	Number of doses per child	#	3	3
C	Number of DPT doses	A x B	2,388,387	2,442,603
D	AD syringes (+10% wastage)	C x 1.11	2,651,110	2,711,289

¹ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

² Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

E	AD syringes buffer stock ³	$D \times 0.25$	662,777	677,822
F	Total AD syringes	$D + E$	3,313,887	3,389,112
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	36,784	37,619

Table 4.2: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2004/05	For year 2005/06
A	Target of children for TT vaccination	#	853,287	872,656
B	Number of doses per child	#	2	2
C	Number of TT doses	$A \times B$	1,706,574	1,745,312
D	AD syringes (+10% wastage)	$C \times 1.11$	1,894,297	1,937,296
E	AD syringes buffer stock ⁵	$D \times 0.25$	473,574	484,324
F	Total AD syringes	$D + E$	2,367,871	2,421,620
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	26,283	26,880

Table 4.3: Estimated supplies for safety of vaccination for the next two years with Measels

		Formula	For year 2004/05	For year 2005/06
A	Target of children for Measels vaccination	#	796,129	814,201
B	Number of doses per child	#	1	1
C	Number of Measels doses	$A \times B$	796,129	814,201
D	AD syringes (+10% wastage)	$C \times 1.11$	8,83,703	903,763

³ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁴ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁵ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁶ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

E	AD syringes buffer stock ⁷	$D \times 0.25$	220,926	225,941
F	Total AD syringes	$D + E$	1,104,629	1,129,904
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$	176,741	180,753
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	14,223	14,546

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For year 2004/05	For year 2005/06	Justification of changes from originally approved supply:
Total AD syringes	for BCG	1,104,629	1,129,704	
	for other vaccines	7,789,732	10,329,748	
Total of reconstitution syringes 2ml		88,370	90,376	
Total of reconstitution syringes 5ml		176,741	180,756	
Total of safety boxes		90,336	11,6664	

→ If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
This is the First Progress report				

⁷ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁸ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Sep 30,2003	
Reporting Period (consistent with previous calendar year)	2002/03	
Table 1 filled-in	Yes	
DQA reported on	Yes	DQA team presented the preliminary report on 18th ICC meeting held on September 29, 2003
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	No	
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

→ *ICC comments:*

The 18th ICC meeting held on 29 September 2003 discussed the draft GAVI progress report. There was no major comment except that they felt that the work that Nepal has done should be properly reflected in the report.
The DQA preliminary report graded Nepal's performance at 83%, which is satisfactory. The recommendation for improvement will need to be discussed and an action plan should be developed.

7. Signatures

For the Government of His Majesty's Government of Nepal, Dr. Mahendra Bahadur Bista

Signature:

Title: Director General (Acting) , Department of Health Services, MOH

Date: September 30th 2003.

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/The Vaccine Fund 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 have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Department of Health Services	Dr. M.B.Bista, Director General (Acting)			WHO, Nepal	Dr. Klaus Wagner, WR		
Child Health Division, DoHS	Dr. Govinda Prasad Ojha, Director			UNICEF, Nepal	Dr. Suomi Sakai, CR		
Logistic Management Division, DoHS	Ms G.L. Sharma, Director (Acting)			USAID, Nepal	Ms. Sheila M. Lutjens, Chief Health & Family Planning		
Management Division, DoHS	Dr. P.K. Rajendra, Director			GTZ, Nepal	Dr. Angelika Schrettenbrunnar, Program Manager		
National Health Education, Information & Communication Center	Mr. R.R. Nepal, Director (Acting)			Rotary International, Nepal	Mr. Tehmas Maneksaw, Chairperson Polio Plus Committee		
Ministry of Finance	Mr. Dilli Raj, Section Officer						
Child Health Division, Imunization Section	Dr.S.S. Mishra, Chief						

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