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# National Immunization Strategy (NIS) development process

## A CASE STUDY FROM NEPAL

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# 1. EXECUTIVE SUMMARY - LESSONS LEARNT

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The current case study was developed to be a useful resource for other countries engaged in the NIS development process, sharing knowledge and experience in developing a NIS.

## 1.1 Main achievements and successes

- High level and extended stakeholders' involvement and engagement throughout NIS process.
- WHO CO and UNICEF CO working hands-in-hands during the whole NIS development period.
- The NIS was tentatively aligned with NHSSP, Regional Framework, IA 2030 and Gavi Strategy.
- The situation analysis was driven by recent data, assessments and program evaluations.
- Strategic priorities and objectives were defined and driven by the situation analysis outcomes.
- The NIS strategic framework, including strategic priorities, objectives and main interventions, was developed through a complete and thorough process a) individual consultations with key stakeholders, b) national-subnational workshop with government stakeholders from all levels, and development partners, and c) consolidation meeting with the NIS development team.
- The NIS strategic framework was presented to and endorsed by the ICC.
- The NIS strategic framework was broken down into a roadmap of activities for 5-year period, allowing NIS costing and to generate annual operational plans (AOPs).
- The costing of all detailed activities outlined under NIS strategic framework was achieved using the NIS.Cost App, based on detailed information received from the stakeholders.
- The NIS roadmap of activities was linked to the MoHP budget headings.

- The financing analysis was informed by detailed costing and budgeting information available for immunization program at government level and with Gavi, WHO and UNICEF.
- The NIS informed the FPP development. PATH consultants supporting the FPP participated to the NIS. In return the FPP information provided feedback to the NIS development.
- A consistent budget dialogue with the major financing stakeholders/partners took place.
- Once the NIS document was consolidated, FPP workshop and budget dialogue allowed reviewing resource requirements and funding gap. Interventions/activities were subsequently adjusted to reduce the funding gap.
- National counterparts in-country were trained on using NIS.Cost App.
- Continuous support by UNICEF and WHO remain after international experts left the country.

## 1.2 Main challenges and limitations

- Indicative timeframe for NIS development (4-6 months) was exceeded due to many delays (national elections, change and travel of officials). The process finally lasted 10 months.
- WHO and UNICEF staff somehow filled MoHP functions for NIS development, as immunization staff within FWD/MoHP is limited and busy implementing many immunization activities.
- Insufficient active engagement from WHO and UNICEF COs from the start, with both organizations often too busy. NIS is a high-level priority and time needs to be fully dedicated.
- No proper initial understanding of the legal process for endorsing/approving the NIS.
- Difficulties to keep the NIS development team focused as many immunization activities were happening. Lack of dedicated time by FWD/MoHP and development partners.

- Obtaining financing information from different stakeholders/partners remains a challenge. Engagement of a national health economist is required earlier in NIS development process.
- Issue of governance for using the NIS.Cost App not resolved. Who is in charge of NIS.Cost App at government level? Currently the NIS.Cost App remains within WHO and UNICEF COs.
- Issue raised during ICC endorsement meeting concerning the format of the NIS, considering there is a standard format for national strategies.
- FPP initial planning (prior to NIS) created confusion. Also turnover of consultants from PATH initially challenged the alignment of NIS and FPP development.
- Without technical assistance by international experts, the facilitation of the NIS development would have been a challenge, especially because of lack of time dedicated at country level.
- The subnational survey to get inputs from subnational level staff provided few responses due to late sending of the questionnaire, but also little follow-up.
- The summary reports automatically generated by the NIS.Cost App does not provide financing for each vaccine, which is important for certain donors to know the funding gap by vaccine.
- Several bugs were encountered with the NIS.Cost app although resolved by the developers.

### 1.3 Conclusions

- Overall successful development of the NIS, praised by several key stakeholders.
- High level of stakeholders' involvement and engagement, actively participating to the NIS.
- High interest by government stakeholders once the NIS was developed.
- The NIS costing and financial analysis was extremely useful for the budget dialogue and FPP.
- Without international experts, the NIS development would have faced more difficulties.

- FWD/MoHP to ensure NIS will remain a central key document for immunization interventions.
- NIS needs now a kind of “maintenance”, using it for AOP development and financial adjustment.
- WHO and UNICEF to consider NIS as a major document for their own technical support (TCA).

## 2. INTRODUCTION

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The last strategic plan on immunization in Nepal (cMYP) ended in 2021. The Ministry of Health and Population (MoHP) initiated the development of a National Immunization Strategy (NIS) in 2022 to define the strategic directions for the immunization program based on the WHO-UNICEF new NIS guidance [1]. The Nepal NIS was developed for the period up to 2030 to match the Immunization Agenda 2030 (IA2030) goals [2]. However, the financial analysis was limited to a 5-year period (2024–2028). Nepal is expected to transition out of Gavi funds during this period and hence required a framework to guide its priorities as well as planning for increasing vaccination coverage and introduce new vaccines. The NIS was developed in alignment with national, regional, and global strategic documents, including the Nepal Health Sector Strategic Plan 2023–2030 [3], the Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 [4], the Immunization Agenda 2030 [2] and the Gavi 5.0 Strategy [5].

This case study describes the NIS development process in Nepal, including challenges and lessons learnt.

## 3. METHODS

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The case study follows the standard seven steps used for developing a NIS: (i) preparation, (ii) situation analysis, (iii) strategy development, (iv) resource estimates, (v) budget dialogue, (vi) monitoring and evaluation (M&E), and (vii) approval and endorsement. For each of these phases, process, stakeholder engagement, timelines, with highlights on challenges faced and lessons learnt are described. The WHO-UNICEF monitoring and learning assessment framework was used. The case study was prepared using documents collected and developed, meeting outputs, and experiences of in-country staff and international experts.



## 4. RESULTS

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### 4.1 NIS preparation

- 1. Process:** The government expressed its interest to WHO and UNICEF in developing a NIS in September 2022. A presentation was made by international experts to the Child Health and Immunization Services (CHIS), Family Welfare Division (FWD), MoHP as well as WHO and UNICEF country offices. The session explained the new strategic planning approach that shifts from cMYP to NIS, the availability of new global guidelines and tools and the timeframe for each step. Terms of reference for NIS Steering Committee and NIS development Team, outlining stakeholders' identification and engagement, and activating the different committees and planning teams was subsequently prepared. A protocol and a workplan were drafted for NIS development activities, including international experts' involvement. Background documents for the desk review were collected and analyzed.
- 2. Stakeholders' engagement:** Several online meetings were held with CHIS/FWD/MoHP, WHO, UNICEF. Two international experts, one from WHO (supporting costing and financing) and one from UNICEF (supporting programmatically) were engaged to support the NIS development.
- 3. Timelines:** While the initial planning started in September 2022, national elections and change of key government officials led to delays at different points of time. NIS preparation effectively started in December 2022.
- 4. Challenges faced and lessons learnt:** The key challenge faced in the preparation phase was the due elections, which led to reengagement with newly appointed officials and need to restart the whole process in December 2022. The political situation needs to be considered ahead of time when deciding a timeframe for the NIS. Another challenge was lack of active engagement from country staff from the start because everyone was constantly too busy. NIS is a high-level priority and time needs to be dedicated.



## 4.2 Situation analysis

### 1. Process:

- a. **Desk review:** A comprehensive desk review was completed by reviewing around 150 documents from Nepal on immunization and health system, including legislative documents, strategies, operational plans, budget reports, assessments, surveys, and meeting minutes. Documents were collected mainly through WHO and UNICEF, but also through web search. The documents were reviewed to inform the desk review under the seven standard EPI components. The first draft report was shared with stakeholders in January 2023 for their review and inputs.
- b. **Subnational survey:** A survey questionnaire was developed to understand programmatic, financial, human resources, service delivery practices and challenges with the immunization program at sub-national level. This was sent to government officials at province, district, and municipality levels. The survey response was, however, poor and did not arrive in time for the strategy workshop.
- c. **Stakeholder individual consultation:** The situation analysis was discussed with key stakeholders during individual consultative meetings (see below).
- d. **Strategy workshop:** The situation analysis was consolidated during the first part of the strategy workshop to develop priorities, objectives, and interventions (see below).

**2. Stakeholder Engagement:** Only limited inputs were received on the initial desk review draft document. Online consultations were consecutively held with WHO and UNICEF COs to strengthen the process. The in-country mission of international experts planned for early February 2023 was postponed until end of March 2023 due to non-availability of some key government stakeholders. During the first week of the experts' mission, individual consultations were held with key immunization stakeholders. A total of 26 meetings were conducted with senior officials from ministries of health, finance and planning, chiefs of different divisions within MoHP, international organizations like WHO, UNICEF, Gavi, World Bank, USAID and ADB. Based on these activities, the situation analysis was refined, and a summary prepared for the strategy workshop. The situation analysis was discussed at the national-subnational strategy workshop with stakeholders from all provinces and selected districts and municipalities. The situation analysis was subsequently consolidated.

**3. Timelines:** The desk review was completed during December 2022 and January 2023. Active stakeholders' consultations could not take place until end of March 2023. The final consolidation of the situation analysis was completed after the strategy workshop held on 2<sup>nd</sup>-3<sup>rd</sup> April 2023.

**4. Challenges faced and lessons learnt:** Ensuring stakeholder engagement is critical for successful completion of the situation analysis. Government and development partners did not dedicate sufficient time either to prepare or review the situation analysis at the different stages. International experts in-country mission was needed to consolidate the situation analysis. The desk review was critical for the situation analysis, which in turn was critical for the NIS strategic framework development.

### 4.3 NIS strategic framework development

**1. Process:** There were three main groups involved at different stages in the NIS development; (a) the Immunization Coordinating Committee (ICC) headed by the Director General, FWD/MoHP, (b) the NIS development team comprising of staff from CHIS and other divisions of FWD/MoHP as well as WHO and UNICEF, and (c) national and subnational stakeholders during the workshop. Once there was agreement on the summary of the situation analysis, the national/subnational strategy workshop was held with stakeholders from national, provincial and municipal governments, and development partners, to consolidate the situation analysis and define priorities, objectives and main interventions for the NIS strategic framework. Inputs from the strategy workshop was used for development of a first draft of the NIS framework with strategic priorities, objectives, and main interventions. The National Health Sector Strategic Plan 2023-2030, the Framework for the South-East Asia Regional Vaccine Action Plan 2022-2030, the Immunization Agenda 2030 and the Gavi 5.0 Strategy were referred to for alignment. The draft was extensively discussed and agreed by the development team before being presented to the ICC.

**2. Stakeholder engagement:** The active involvement during the 2-day workshop of more than 100 stakeholders from federal, provincial and municipal governments, as well as development partners, informed the first draft of the NIS strategic framework. During a 3-day working session with the NIS development team, the consolidated version of the NIS strategic framework was produced. This version was presented to ICC where it was endorsed with minor comments.

**3. Timelines:** The national/subnational strategy workshop was held on 2<sup>nd</sup>–3<sup>rd</sup> April 2023 and the NIS strategic framework was consolidated on 4<sup>th</sup>–6<sup>th</sup> April 2023. The NIS strategic framework was presented to the ICC on 7<sup>th</sup> April 2023.

**4. Challenges faced and lessons learnt:** The major challenge was the short period of one week during which the NIS strategic framework was drafted, consolidated and presented to the ICC. It required extensive efforts from everyone. The presence of international experts in the country for that period helped to successfully expedite this part of the process.

## 4.4 Resource estimates

### 4.4.1 NIS roadmap and costing

**1. Process:** The NIS strategic framework was used to develop the roadmap of activities. The main interventions were broken down into activities for a 5-year period, and the NIS.Cost application (App) was used to cost the roadmap of activities [6]. The country team received a virtual orientation and in-country training on the application. The set-up modules of the NIS.Cost App were completed in close collaboration with the country staff. Financial data on vaccines and cold chain were obtained from UNICEF country office. The WHO county office provided the remaining data, including demographics, unit cost data for meetings, trainings, and other activities. The activities (around 500 activities for the 5-year period) were assigned specific tasks with volumes and timelines. Priorities were given to the activities. For each activity, resource requirements were estimated for a given volume, rate and time period for conducting the activity. The costing exercise was mainly carried out by the international expert in close collaboration with the immunization financing staff assigned by WHO and staff from FWD/MoHP.

### 4.4.2 Budgeting and financing

**1. Process:** Nepal has very detailed information on immunization budgets (around 100 budget lines), which were obtained from CHIS/FWD/MoHP [7]. Activities in the budgets were mapped into 19 categories. Using the NIS.Cost App, the NIS resource requirements were mapped to each activity within the same budget classification. This helped to compare the estimated resource requirements with the budgets for the last two years under the 19 broad categories. It also helped in developing the government financing, with a maximum of 10% increase in the budget for a given activity year on year, unless a donor committed funds for vaccines or a given activity. For the financial analysis, budgets of past years were analyzed to understand

traditional contributions from national and subnational governments, WHO and UNICEF. Gavi provided additional information on resources available to finance certain new vaccines, activities for specific populations (zero dose, under immunized) and health system strengthening. These resources were allocated across the activities.

**2. Stakeholders' engagement:** All work related to NIS.Cost (set-up, costing, budgeting, financing) was facilitated by the international expert with the support of WHO immunization financing staff and in active consultation with UNICEF and CHIS/FWD/MoHP.

**3. Timelines:** The NIS.Cost set-up modules were largely completed during the in-country mission from 23<sup>rd</sup> March to 8<sup>th</sup> April 2023. The budgets were analyzed during this period and after the country mission in April 2023. The activity costing under the main interventions were completed by 23<sup>rd</sup> May 2023. The NIS.Cost roadmap costing was completed during May and early June 2023. The NIS document with initial resource requirements was submitted for review on 10<sup>th</sup> June 2023.

**4. Challenges faced and lessons learnt:** Defining activities with volumes and timelines under the interventions is a laborious task and required active consultation with CHIS/FWD/MoHP, WHO and UNICEF. Continuous changes meant changing the resource requirement calculations. There were some bugs in the NIS.Cost App, which had to be resolved by the program developers. Another important lesson learnt was to dig information for the immunization budget and not just look in the health sector overall budget which had only a few headings for immunization and the budget for vaccine procurement was part of the drugs budget [8].

## 4.5 Financial analysis and budget dialogue

### 4.5.1 Financial analysis

**1. Process:** The preliminary financial analysis for the NIS was based on immunization annual workplan budgets of 2022 and 2023 [7] of different divisions and centers of Department of Health Services, including Family Welfare Division, National Health Education, Information and Communication Center, Management Division, and on the committed funds from Gavi. This information was used for possible financing from the national and subnational governments, Gavi, WHO and UNICEF for the NIS 5-year period. The financing was distributed for each year by intervention/activity. Funding gap for each intervention/activity and total funding gap were estimated using the financing module of the NIS.Cost App. The NIS document was updated with the financial analysis and funding gap, and revisions suggested were incorporated.

## 4.5.2 Budget dialogue

- 1. Process:** The budget dialogue took place on 16<sup>th</sup>–18<sup>th</sup> August 2023. The aim was to understand to get clear expectation of resources from government and development partners and revise interventions/activities based on available resources. NIS documents (strategic framework, roadmap and financial analysis) were sent to the 16 organizations invited by the FWD/MoHP for the budget dialogue. The discussions focused on available funding for the next two years for routine immunization activities, vaccines and services and on funding gap for specific interventions/activities. It also identified areas where the NIS was over-ambitious in order to discuss reprioritization of activities. Each organization provided inputs in terms of available and committed funding. The financial analysis developed was considered fair and it sensitized the government to advocate for non-traditional funding sources and the Ministry of Finance for additional funds to close the funding gap in future.
- 2. Stakeholders' engagement:** Inputs from FWD/MoHP, Gavi, WHO and UNICEF guided the initial financial analysis. The FPP workshops with key stakeholders also contributed to the financial analysis ahead of the budget dialogue. The FWD/MoHP managed to organize a budget dialogue meeting with 16 organizations and also held bilateral talks with several of them.
- 3. Timelines:** The NIS.Cost App version 1.05 aligned to the NIS was finalized on 20<sup>th</sup> July 2023. The budget dialogue meeting took place on 16<sup>th</sup>–18<sup>th</sup> August 2023. The final adjustments to the NIS.Cost App were made in September 2023.
- 4. Challenges faced and lessons learnt:** Preparing financial analysis was challenging for each intervention/activity for each year, especially when funding sources were not confirmed. The availability of detailed immunization annual workplan budgets for the last two years by financing source was critical information to develop the financial analysis and estimate the funding gap. Commitment from Gavi, WHO and UNICEF helped in developing the financing module of NIS.Cost App. The budget dialogue was critical to understand the financing landscape and modify some of the interventions/activities that could not be pursued in the next years. The FWD/MoHP recognized the NIS as an important advocacy document to raise financing in future years.

## 4.6 M&E framework

- 1. Process:** An optimal list of indicators was considered for the M&E framework under four sections: a) impact indicators, b) outcome indicators, c) output indicators,

and d) IA 2030 impact goal indicators. Health impact indicators considered were under 5 mortality rates, Measles incidence and Hepatitis B incidence. Outcome indicators were divided under immunization coverage, demand and utilization (drop out and timeliness), and equity (geographical and zero dose). Immunization output indicators were classified under program management and financing, human resource management, vaccine supply quality and logistics, service delivery, immunization coverage and AEFI monitoring, VPD surveillance and control, advocacy, communication and demand generation. These indicators were developed and shared for comments/inputs by FWD/MoHP.

**2. Stakeholders' engagement:** The M&E framework was shared widely as a part of the NIS document with the MoHP and development partners.

**3. Timelines:** The M&E framework was developed after NIS strategic framework, i.e. April 2023.

**4. Challenges faced and lessons learnt:** There was not much feedback on the M&E framework proposed. Follow up with HMIS and monitoring and evaluation staff would be required for soliciting feedback and finalizing the M&E framework.

## 4.7 Approval and endorsement

There was initial endorsement of the NIS strategic framework by the ICC on 7<sup>th</sup> April 2023.

Following the financial analysis and the budget dialogue, the stakeholders who attended the budget dialogue meeting reviewed and confirmed their financial commitments. The feedback received on financing, and simultaneous preparation of FPP led to adjustments of NIS.Cost roadmap (volume, timeline, targets), re-estimating resource requirements and funding gap. The NIS and NIS.Cost App were revised and accepted at the ICC meeting on 1<sup>st</sup> October 2023 with minor adjustments.

The NIS will be translated into Nepali language in October 2023 for final approval by MoHP and/or government.

## 5. NIS AND FPP ALIGNMENT

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The Full Portfolio Planning (FPP) application to Gavi was developed simultaneously to the NIS development. Both processes were speaking to each other, optimizing both exercises and avoiding losing time and energy. However, at first, the FPP initial planning

(prior to NIS) created confusion. Fortunately, the Gavi SCM supported the delay of the FPP to align it with the NIS development. PATH consultants supporting the FPP participated to the NIS development process. Two workshops were organized for the FPP development; in April and at end of July 2023.

The NIS informed the FPP and in return FPP information were useful for the NIS development. The FPP financial exercise benefited a lot from the NIS.Cost roadmap with all its financial data, but also from the NIS budget dialogue.

Continued engagement between the FWD/MoHP, WHO, UNICEF and PATH helped develop the FPP. This engagement continued till October 2023 when the FPP application was sent to Gavi.



## 6. ANNEXES

### 6.1 Summary timeline

Below is a summary of the timeline of all activities undertaken for the development of Nepal NIS.

Early September 2022	NIS process presentation and initial discussion (FWD/MoHP, WHO, UNICEF)
Early October	Drafting protocol for NIS development
Early October	Drafting TORs for Steering Committee and NIS Development Team
October - November	National elections and other disruption, delaying NIS preparation
December	Gathering documents for situation analysis (desk review)
January 2023	Drafting the initial situation analysis
End January	Sending initial situation analysis to stakeholders for review and inputs
February - March	FWD/MoHP Director unavailable, delaying NIS for a couple of months
23 March - 8 April	In-country mission for the programmatic (UNICEF) and financial (WHO) international experts
23 March - 30 March	Stakeholder individual consultations (26 meetings) Collecting financial data for NIS. Cost setup, costing, budgeting and financing
31 March - 2 April	Consolidation of situation analysis Preparation of national-subnational workshop
2-3 April	National-subnational stakeholders' workshop (more than 100 participants)
4-6 April	Consolidation of NIS strategic framework

7 April	Presentation of NIS strategic framework to ICC and finalization
April - August	Virtual technical assistance by international experts
11 April - 20 May	Development of roadmap of activities and insertion in NIS.Cost App
20 May - 10 June	Completing costing and budgeting in NIS.Cost App Preparing first draft of the NIS document
11-26 June	Request for review of NIS document by stakeholders/partners
26-30 June	Discussion of NIS outcomes and its financial analysis in FPP workshop
1-19 July	Consolidating inputs received for NIS document Updating costing and completing financing information in NIS.Cost App
20 July	Sharing finalized NIS document with stakeholders/partners
16-18 August	Budget dialogue organized by FWD/MoHP with stakeholders/partners (16)
August - September	With budget dialogue inputs, revision of NIS costing-budgeting-financing
3 October	FPP application submission

## 6.2 NIS monitoring and learning assessment framework

Using the NIS monitoring and learning assessment framework developed by WHO-UNICEF to track the quality of the NIS development process, below is a summary of the indicators for Nepal NIS.

Assess quality and use of guidance		
Use of guidance (ease of following process steps)		
1	Did you follow the 7 development steps outlined in the NIS guidance?	Yes
2	How would you assess NIS guidelines?	Easy to use
3	Did you use the NIS.Cost application for costing the NIS?	Yes
4	How would you assess NIS.Cost application?	Easy to use
Stakeholder engagement, development team and committee		
5	Did you set up a NIS Development Team?	Yes
6	Did you set up a Steering Committee?	Yes
7	The following stakeholders contributed to the NIS development process:	<ul style="list-style-type: none"> <li>Immunization program managers (national and subnational)</li> <li>ICC and NITAG Members</li> <li>Health Sector Planning Department</li> <li>MoF, MoHP Budget Department</li> <li>Development Partners</li> <li>Civil society, associations and communities – Not involved</li> <li>Other organizations, religious, private sector – Not involved</li> </ul>
Assess the completeness of the NIS		
Completeness of the NIS		
8	The NIS included the following:	<ul style="list-style-type: none"> <li>Situational Analysis</li> <li>NIS vision &amp; objectives with strategies &amp; interventions</li> <li>M&amp;E Framework</li> <li>Resource requirements (using NIS.Cost)</li> <li>Outcomes of a dialogue on NIS resource requirements</li> </ul>

		NIS revision after August budget dialogue
		Approval and endorsement by relevant authorities – Not done as of October 2023
<b>Inclusion of all seven immunization system components</b>		
9	The NIS cover the following immunization system components:	Program Management and Financing Human Resources Management Vaccine Supply, Quality and Logistics Service Delivery Immunization Coverage & AEFI Monitoring Disease Surveillance Demand Generation
<b>Alignment to IA2030 and Regional Strategic Framework</b>		
10	Do the NIS objectives and targets align with regional/global immunization strategies?	Yes
<b>Integration with HSSP, RMNCH, PHC, including financing aspects</b>		
11	Are the key immunization targets in the NIS also targets in the current and/or future national health strategy?	More or less
12	Is the NIS supported by the necessary health system changes outlined in the NHS?	More or less
13	Funding for NIS was discussed with the following stakeholders:	Health Planning Team EPI Budgeting Team MoHP Finance Department Ministry of Finance – Under discussion Treasury – Not involved Parliament – Not involved Development Partners
<b>Links to the Annual Operational Plan</b>		
14	Has an Annual Operational Plan been developed for the first year of the strategy?	Under development
15	Do the AOP objectives and main interventions align with the NIS?	Not applicable
<b>Assess the robustness and internal coherence of the NIS</b>		
<b>Data-driven situation analysis</b>		

16	Is the situation analysis driven by recent and relevant data?	Yes
<b>Selected objectives in line with analysis (and with realistic targets/timing)</b>		
17	Are objectives selected for the strategy in line with the situation analysis?	Yes
18	Are the targets and timelines realistic in the country context?	Yes
<b>Well-defined objectives, strategies, prioritized interventions</b>		
19	Are the objectives of the NIS well defined e.g SMART?	Yes
20	Are the interventions clearly aligned with the objectives?	Yes
<b>Focus on improvements to the program</b>		
21	Does the NIS focus on actions needed to improve immunization program outcomes substantially?	Yes
<b>Alignment of budget to the strategies presented</b>		
22	Does the NIS costing align with the strategies presented?	Yes
23	If there is a budget gap after dialogue is there a clear explanation on how the gap will be filled?	Yes No clear explanation on how remaining gap be filled
<b>Realistic in terms of timing and resources available</b>		
24	Is the NIS budget realistic in terms of timing of interventions and the resources available?	Yes
25	Is the NIS budget aligned with the overall health budget?	Yes

## 6.3 References

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