

BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 months or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on the period of data collection.

ABBREVIATIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

HepBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

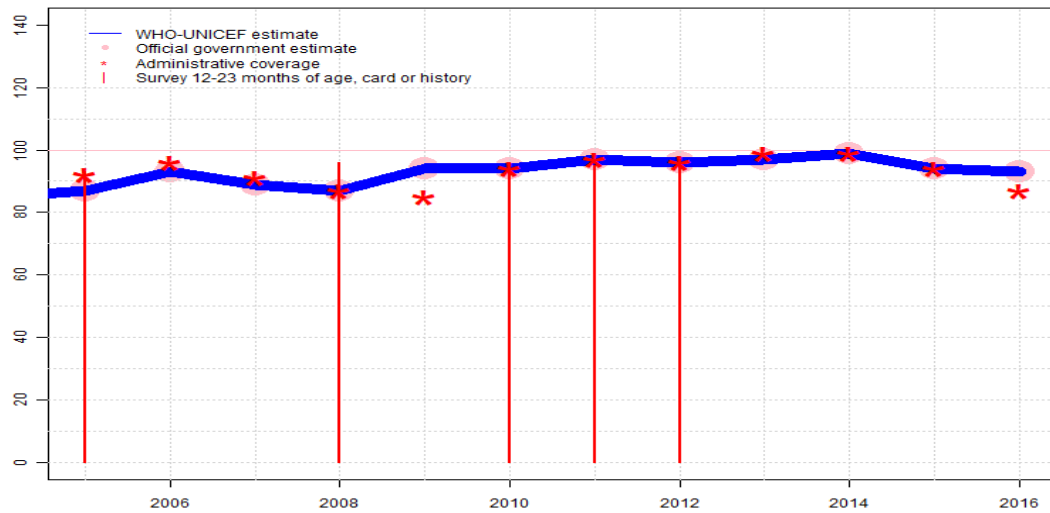
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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Nepal - BCG

NPL - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	87	93	89	87	94	94	97	96	97	99	94	93
Estimate GoC	•	•	•	•	•••	•••	•••	•	•••	•••	••	••
Official	87	93	89	87	94	94	97	96	97	99	94	93
Administrative	92	96	91	87	85	94	97	96	99	99	94	87
Survey	93	NA	NA	96	NA	96	95	97	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

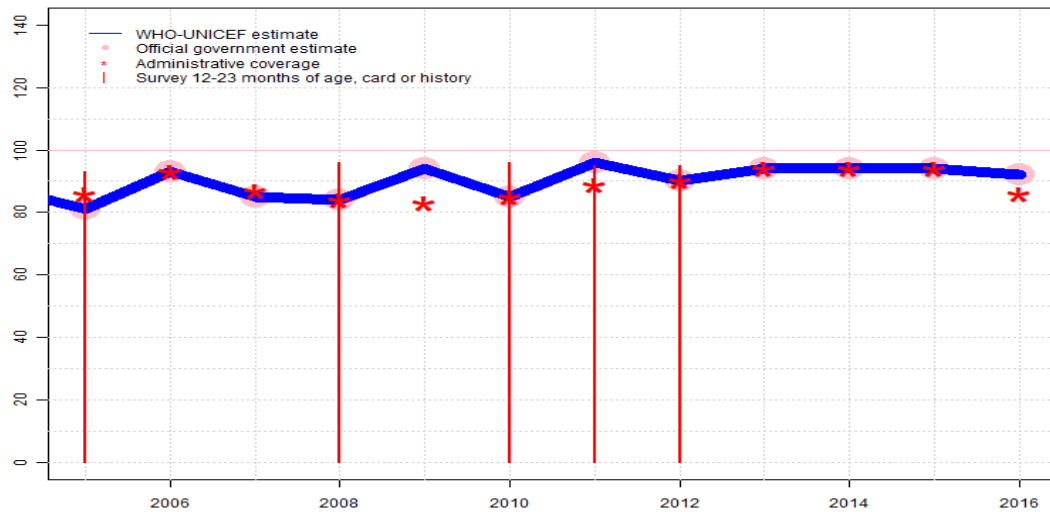
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest BCG coverage at 97.5 percent. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Programme reports three month national level stock-out. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports two month stock-out at national level. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Coverage reported by the government is based on the Nepal DHS 2011. GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). DQSA conducted in 7 priority districts during May-June 2010 identified some data recording problems at health facility level including inconsistencies between tally sheets, registers and HMIS. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Nationally reported data based on the results of a 2009 survey. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-

Nepal - DTP1

NPL - DTP1



Description:

- 2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest DTP1 coverage at 97 percent. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Coverage reported by the government is based on the Nepal DHS 2011. Estimate is based on reported data. GoC=R+ S+ D+
- 2010: Estimate is based on reported data. DQSA conducted in 7 priority districts during May-June 2010 identified some data recording problems at health facility level including inconsistencies between tally sheets, registers and HMIS. Decline in coverage attributed to 2 months vaccine stock out. Estimate challenged by: S-
- 2009: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2008: Estimate is based on reported data. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2005: Estimate is based on reported data. Estimate challenged by: D-S-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	81	93	85	84	94	85	96	90	94	94	94	92
Estimate GoC	•	•	•	•	•••	•	•••	•	•	•••	••	••
Official	81	93	85	84	94	85	96	90	94	94	94	92
Administrative	86	93	87	84	83	85	89	90	94	94	94	86
Survey	93	NA	NA	96	NA	96	95	95	NA	NA	NA	NA

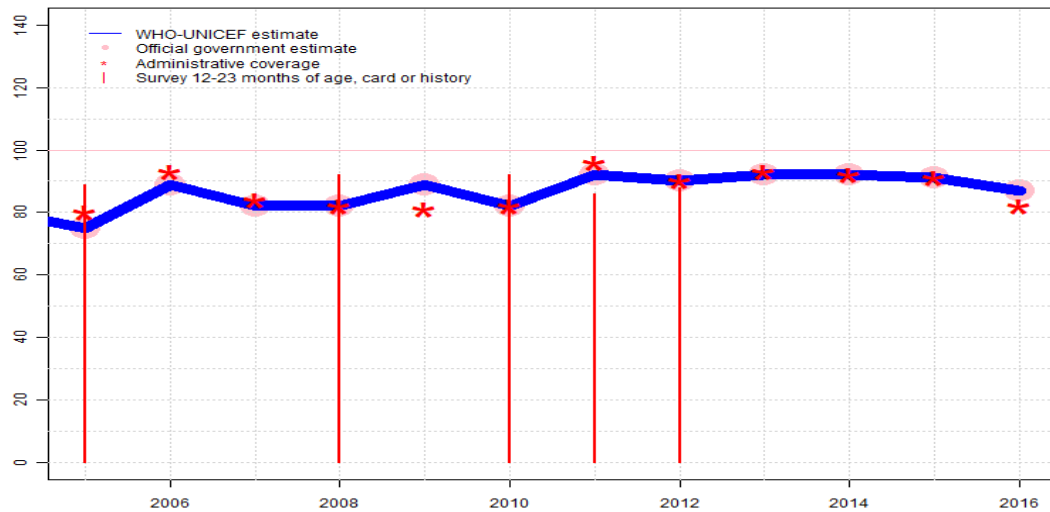
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Nepal - DTP3

NPL - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	75	89	82	82	89	82	92	90	92	92	91	87
Estimate GoC	•	•	•	•	•	•	•	•	•	•	••	••
Official	75	89	82	82	89	82	92	90	92	92	91	87
Administrative	80	93	84	82	81	82	96	90	93	92	91	82
Survey	89	NA	NA	92	NA	92	86	88	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest DTP3 coverage at 86 percent. GoC=R+ D+

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Estimate challenged by: D-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 88 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 39 percent and 3d dose card only coverage of 38 percent. Estimate challenged by: D-

2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 86 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 17 percent and 3d dose card only coverage of 17 percent. Coverage reported by the government is based on the Nepal DHS 2011. Estimate challenged by: D-

2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Nepal Demographic and Health Survey 2011 card or history results of 92 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 34 percent and 3d dose card only coverage of 32 percent. DQSA conducted in 7 priority districts during May-June 2010 identified some data recording problems at health facility level including inconsistencies between tally sheets, registers and HMIS. Decline in coverage attributed to 2 months vaccine stock out. Estimate challenged by: S-

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

2008: Estimate is based on reported data. Immunization Coverage Survey Nepal, 2009 card or history results of 92 percent modified for recall bias to 96 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 32 percent and 3d dose card only coverage of 32 percent. Estimate challenged by: D-S-

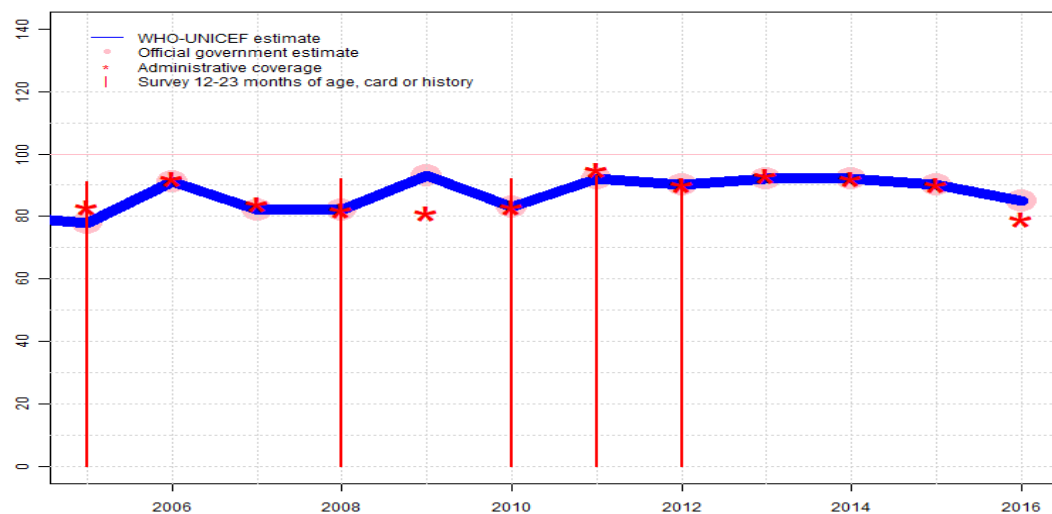
2007: Estimate based on coverage reported by national government. Estimate challenged by: D-S-

2006: Estimate based on coverage reported by national government. Estimate challenged by: D-

2005: Estimate is based on reported data. Nepal Demographic and Health Survey 2006 card or history results of 89 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 32 percent and 3d dose card only coverage of 31 percent. Estimate challenged by: D-S-

Nepal - Pol3

NPL - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	78	91	82	82	93	83	92	90	92	92	90	85
Estimate GoC	•	•	•	•	•••	•	•	•	•	•	••	••
Official	78	91	82	82	93	83	92	90	92	92	90	85
Administrative	83	92	84	82	81	83	95	90	93	92	90	79
Survey	91	NA	NA	92	NA	92	93	92	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

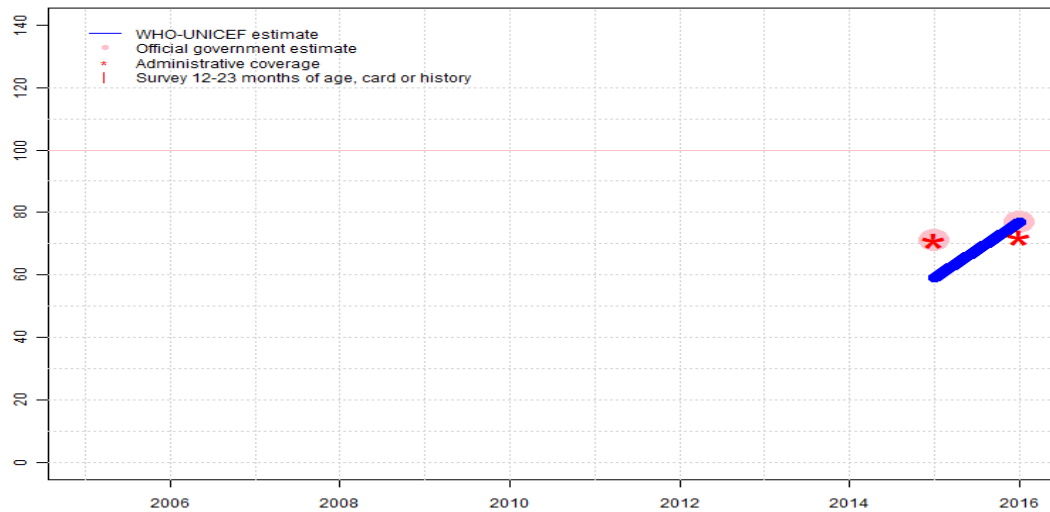
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest Polio3 coverage at 88 percent. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 91 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 92 percent modified for recall bias to 91 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 39 percent and 3d dose card only coverage of 37 percent. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 93 percent modified for recall bias to 96 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 17 percent and 3d dose card only coverage of 17 percent. Coverage reported by the government is based on the Nepal DHS 2011. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 91 percent based on 1 survey(s). Nepal Demographic and Health Survey 2011 card or history results of 92 percent modified for recall bias to 91 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 34 percent and 3d dose card only coverage of 32 percent. DQSA conducted in 7 priority districts during May-June 2010 identified some data recording problems at health facility level including inconsistencies between tally sheets, registers and HMIS. Estimate challenged by: S-
- 2009: Estimate based on coverage reported by national government. Estimate is based on reported data. GoC=R+ S+ D+
- 2008: Estimate is based on reported data. Immunization Coverage Survey Nepal, 2009 card or history results of 92 percent modified for recall bias to 96 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 32 percent and 3d dose card only coverage of 32 percent. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2005: Estimate is based on reported data. Nepal Demographic and Health Survey 2006 card or history results of 91 percent modified for recall bias to 94 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 32 percent and 3d dose card only coverage of 31 percent. Estimate challenged by: D-S-

Nepal - IPV1

NPL - IPV1



Description:

2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest IPV1 coverage at 70 percent. 2016 IPV used in the entire country. GoC=R+ D+

2015: IPV introduced in September 2014. Programme reports 71 percent coverage in 83 percent of the target population. Estimate reflects coverage achieved in the total annual national target population. Estimate challenged by: R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	59	77
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	71	77
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	71	72
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

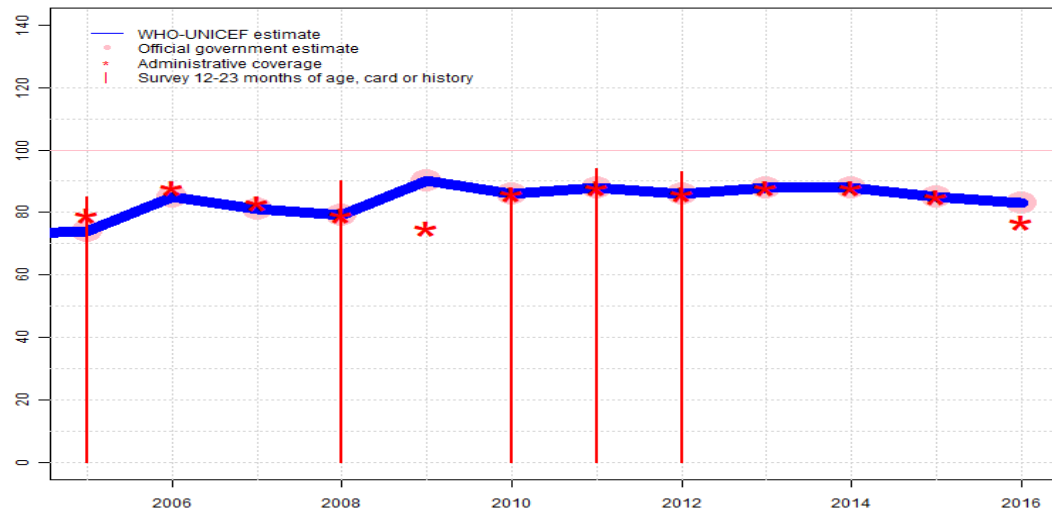
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Nepal - MCV1

NPL - MCV1



Description:

- 2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest MCV1 coverage at 90 percent. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 94 percent based on 1 survey(s). Coverage reported by the government is based on the Nepal DHS 2011. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). DQSA conducted in 7 priority districts during May-June 2010 identified some data recording problems at health facility level including inconsistencies between tally sheets, registers and HMIS. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate is based on reported data. GoC=R+ S+ D+
- 2008: Estimate is based on reported data. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2005: Estimate is based on reported data. Estimate challenged by: D-S-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	74	85	81	79	90	86	88	86	88	88	85	83
Estimate GoC	•	•	•	•	•••	•••	•	•	•••	•	••	••
Official	74	85	81	79	90	86	88	86	88	88	85	83
Administrative	79	88	83	79	75	86	88	86	88	88	85	77
Survey	85	NA	NA	90	NA	88	94	93	NA	NA	NA	NA

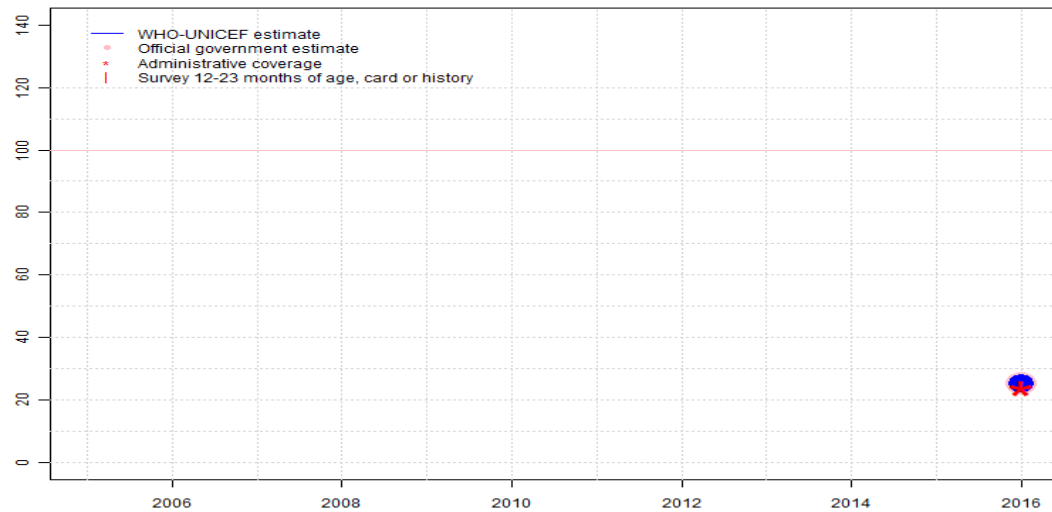
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Nepal - MCV2

NPL - MCV2



Description:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Second dose of measles containing vaccine introduced as measles-rubella vaccine in 2015. Reporting started in 2016. GoC=R+ D+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	25
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	25
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	24
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

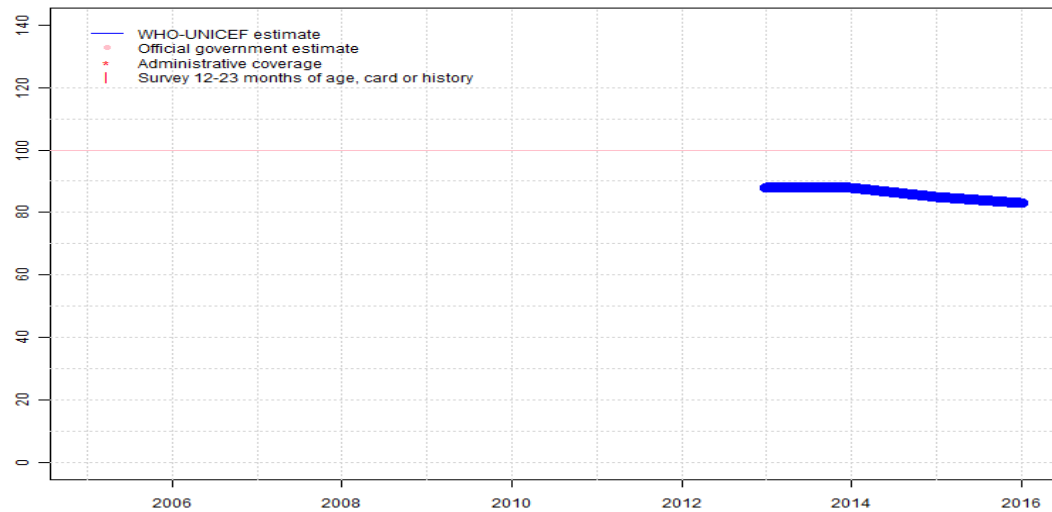
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Nepal - RCV1

NPL - RCV1



Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2016: Estimate based on estimated MCV1. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. GoC=R+ D+

2015: Estimate based on estimated MCV1. GoC=R+ D+

2014: Estimate based on estimated MCV1. Estimate challenged by: D-

2013: Estimate based on estimated MCV1. GoC=R+ S+ D+

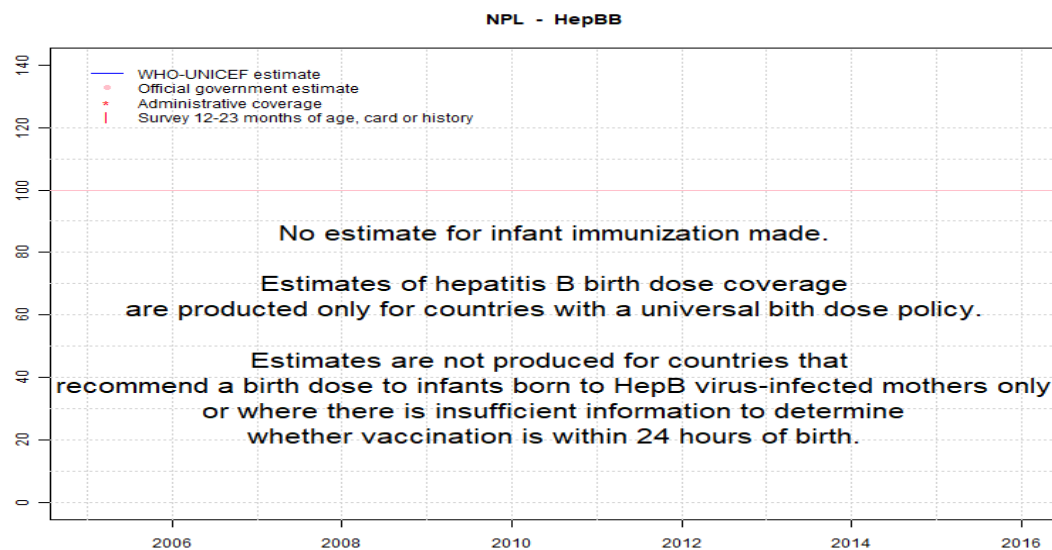
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	88	88	85	83
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●●●	●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Nepal - HepBB



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

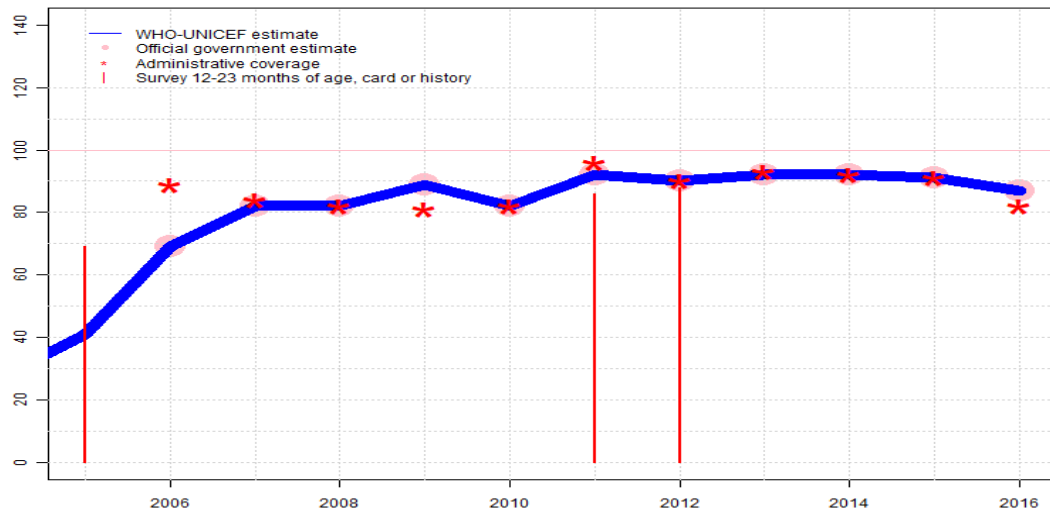
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Nepal - HepB3

NPL - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	41	69	82	82	89	82	92	90	92	92	91	87
Estimate GoC	•	•	•	•	•	•	•	•	•	•	••	••
Official	NA	69	82	82	89	82	92	90	92	92	91	87
Administrative	NA	89	84	82	81	82	96	90	93	92	91	82
Survey	69	NA	NA	NA	NA	NA	86	88	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest HepB3 coverage at 86 percent. GoC=R+ D+

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Estimate challenged by: D-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 88 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 39 percent and 3d dose card only coverage of 38 percent. Estimate challenged by: D-

2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 86 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 17 percent and 3d dose card only coverage of 17 percent. Coverage reported by the government is based on the Nepal DHS 2011. Estimate challenged by: D-

2010: Estimate based on coverage reported by national government. DQSA conducted in 7 priority districts during May-June 2010 identified some data recording problems at health facility level including inconsistencies between tally sheets, registers and HMIS. Decline in coverage attributed to 2 months vaccine stock out. Estimate challenged by: S-

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-

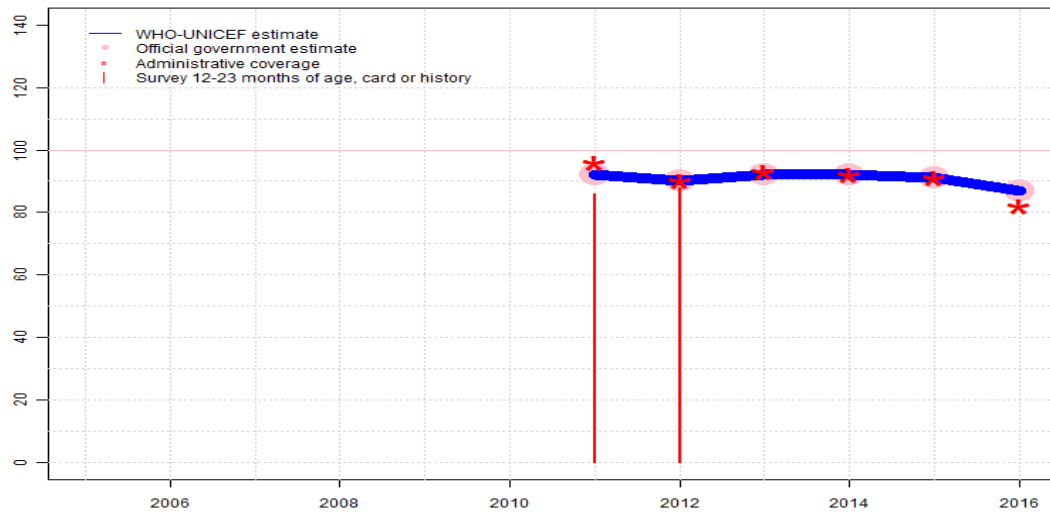
2007: Estimate based on coverage reported by national government. Estimate challenged by: D-S-

2006: Estimate based on coverage reported by national government. Estimate challenged by: D-

2005: Fifty-two percent coverage achieved in 41 percent of the national target population. Nepal Demographic and Health Survey 2006 card or history results of 69 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 30 percent and 3d dose card only coverage of 27 percent. Estimate challenged by: D-S-

Nepal - Hib3

NPL - Hib3



Description:

2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest Hib3 coverage at 86 percent. GoC=R+ D+

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Estimate challenged by: D-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 88 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 39 percent and 3d dose card only coverage of 38 percent. Estimate challenged by: D-

2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey, 2014 card or history results of 86 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 17 percent and 3d dose card only coverage of 17 percent. Estimate challenged by: D-

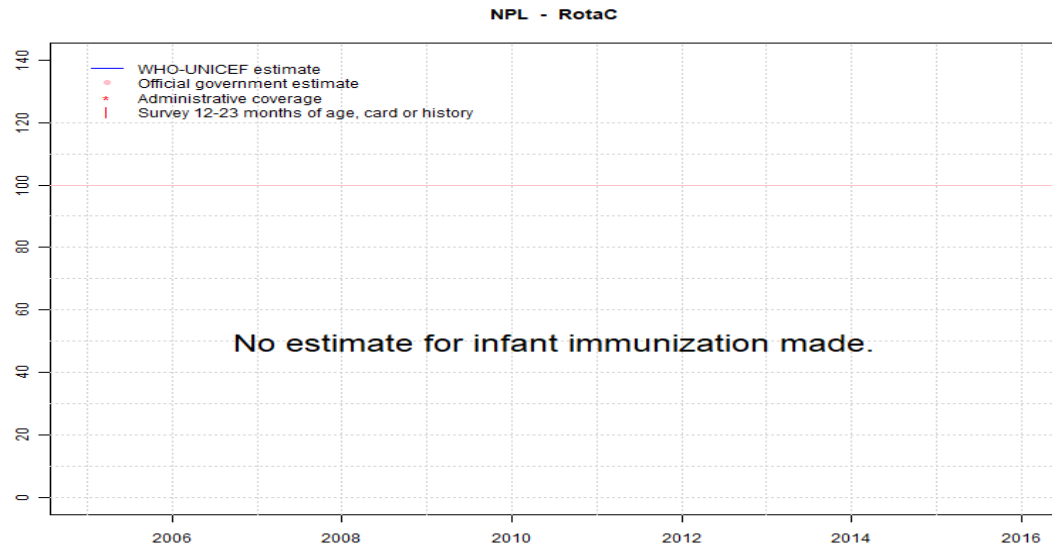
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	92	90	92	92	91	87
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	••	••
Official	NA	NA	NA	NA	NA	NA	92	90	92	92	91	87
Administrative	NA	NA	NA	NA	NA	NA	96	90	93	92	91	82
Survey	NA	NA	NA	NA	NA	NA	86	88	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Nepal - RotaC



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

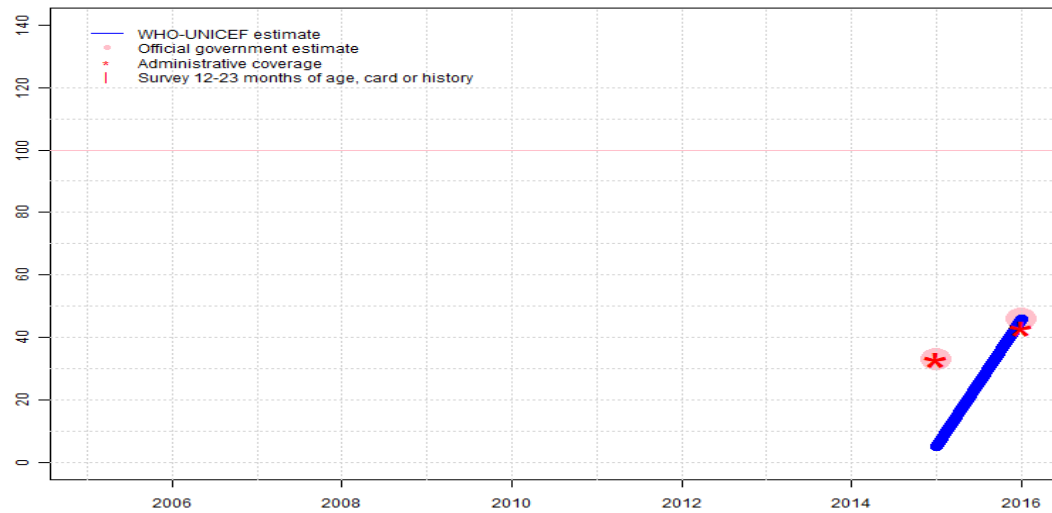
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Nepal - PcV3

NPL - PcV3



Description:

- 2016: Estimate based on coverage reported by national government. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population for admin data was of 8.5 percent compared to 2015. Preliminary results from 2016 Demographic and Health Survey (DHS) suggest PCV3 coverage at 45 percent. GoC=R+ D+
- 2015: Pneumococcal conjugate vaccine introduced in 2015. Coverage of 33 percent reported for 14 of the national target population. Estimate based on annualized coverage achieved. Estimate of 5 percent changed from previous revision value of 33 percent. Estimate challenged by: R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5	46
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	33	46
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	33	43
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Nepal - survey details

2012 Nepal Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	88	12-23 m	1008	40
BCG	Card	39	12-23 m	1008	40
BCG	Card or History	97	12-23 m	1008	40
BCG	History	56	12-23 m	1008	40
DTP1	C or H <12 months	89	12-23 m	1008	40
DTP1	Card	39	12-23 m	1008	40
DTP1	Card or History	95	12-23 m	1008	40
DTP1	History	56	12-23 m	1008	40
DTP3	C or H <12 months	83	12-23 m	1008	40
DTP3	Card	38	12-23 m	1008	40
DTP3	Card or History	88	12-23 m	1008	40
DTP3	History	51	12-23 m	1008	40
HepB1	C or H <12 months	89	12-23 m	1008	40
HepB1	Card	39	12-23 m	1008	40
HepB1	Card or History	95	12-23 m	1008	40
HepB1	History	56	12-23 m	1008	40
HepB3	C or H <12 months	83	12-23 m	1008	40
HepB3	Card	38	12-23 m	1008	40
HepB3	Card or History	88	12-23 m	1008	40
HepB3	History	51	12-23 m	1008	40
Hib1	C or H <12 months	89	12-23 m	1008	40
Hib1	Card	39	12-23 m	1008	40
Hib1	Card or History	95	12-23 m	1008	40
Hib1	History	56	12-23 m	1008	40
Hib3	C or H <12 months	83	12-23 m	1008	40
Hib3	Card	38	12-23 m	1008	40
Hib3	Card or History	88	12-23 m	1008	40
Hib3	History	51	12-23 m	1008	40
MCV1	C or H <12 months	84	12-23 m	1008	40
MCV1	Card	38	12-23 m	1008	40
MCV1	Card or History	93	12-23 m	1008	40
MCV1	History	55	12-23 m	1008	40
Pol1	C or H <12 months	89	12-23 m	1008	40
Pol1	Card	39	12-23 m	1008	40
Pol1	Card or History	96	12-23 m	1008	40
Pol1	History	57	12-23 m	1008	40
Pol3	C or H <12 months	85	12-23 m	1008	40

Pol3	Card	37	12-23 m	1008	40
Pol3	Card or History	92	12-23 m	1008	40
Pol3	History	54	12-23 m	1008	40

2011 Nepal Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	86	24-35 m	1079	40
BCG	Card	17	24-35 m	1079	40
BCG	Card or History	95	24-35 m	1079	40
BCG	History	78	24-35 m	1079	40
DTP1	C or H <12 months	86	24-35 m	1079	40
DTP1	Card	17	24-35 m	1079	40
DTP1	Card or History	95	24-35 m	1079	40
DTP1	History	78	24-35 m	1079	40
DTP3	C or H <12 months	77	24-35 m	1079	40
DTP3	Card	17	24-35 m	1079	40
DTP3	Card or History	86	24-35 m	1079	40
DTP3	History	70	24-35 m	1079	40
HepB1	C or H <12 months	86	24-35 m	1079	40
HepB1	Card	17	24-35 m	1079	40
HepB1	Card or History	95	24-35 m	1079	40
HepB1	History	78	24-35 m	1079	40
HepB3	C or H <12 months	77	24-35 m	1079	40
HepB3	Card	17	24-35 m	1079	40
HepB3	Card or History	86	24-35 m	1079	40
HepB3	History	70	24-35 m	1079	40
Hib1	C or H <12 months	86	24-35 m	1079	40
Hib1	Card	17	24-35 m	1079	40
Hib1	Card or History	95	24-35 m	1079	40
Hib1	History	78	24-35 m	1079	40
Hib3	C or H <12 months	77	24-35 m	1079	40
Hib3	Card	17	24-35 m	1079	40
Hib3	Card or History	86	24-35 m	1079	40
Hib3	History	70	24-35 m	1079	40
MCV1	C or H <12 months	82	24-35 m	1079	40
MCV1	Card	16	24-35 m	1079	40
MCV1	Card or History	94	24-35 m	1079	40
MCV1	History	78	24-35 m	1079	40

Nepal - survey details

Pol1	C or H <12 months	87	24-35 m	1079	40
Pol1	Card	17	24-35 m	1079	40
Pol1	Card or History	96	24-35 m	1079	40
Pol1	History	78	24-35 m	1079	40
Pol3	C or H <12 months	82	24-35 m	1079	40
Pol3	Card	17	24-35 m	1079	40
Pol3	Card or History	93	24-35 m	1079	40
Pol3	History	77	24-35 m	1079	40

2010 Nepal Demographic and Health Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96	12-23 m	1000	34
BCG	Card	34	12-23 m	1000	34
BCG	Card or History	96	12-23 m	1000	34
BCG	History	63	12-23 m	1000	34
DTP1	C or H <12 months	96	12-23 m	1000	34
DTP1	Card	34	12-23 m	1000	34
DTP1	Card or History	96	12-23 m	1000	34
DTP1	History	63	12-23 m	1000	34
DTP3	C or H <12 months	91	12-23 m	1000	34
DTP3	Card	32	12-23 m	1000	34
DTP3	Card or History	92	12-23 m	1000	34
DTP3	History	59	12-23 m	1000	34
MCV1	C or H <12 months	82	12-23 m	1000	34
MCV1	Card	31	12-23 m	1000	34
MCV1	Card or History	88	12-23 m	1000	34
MCV1	History	57	12-23 m	1000	34
Pol1	C or H <12 months	97	12-23 m	1000	34
Pol1	Card	34	12-23 m	1000	34
Pol1	Card or History	97	12-23 m	1000	34
Pol1	History	63	12-23 m	1000	34
Pol3	C or H <12 months	92	12-23 m	1000	34
Pol3	Card	32	12-23 m	1000	34
Pol3	Card or History	92	12-23 m	1000	34
Pol3	History	60	12-23 m	1000	34

2008 Immunization Coverage Survey Nepal, 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	32	12-23 m	9775	32
BCG	Card or History	96	12-23 m	9775	32
BCG	History	64	12-23 m	9775	32
DTP1	Card	32	12-23 m	9775	32
DTP1	Card or History	96	12-23 m	9775	32
DTP1	History	63	12-23 m	9775	32
DTP3	Card	32	12-23 m	9775	32
DTP3	Card or History	92	12-23 m	9775	32
DTP3	History	60	12-23 m	9775	32
MCV1	Card	31	12-23 m	9775	32
MCV1	Card or History	90	12-23 m	9775	32
MCV1	History	59	12-23 m	9775	32
Pol1	Card	32	12-23 m	9775	32
Pol1	Card or History	96	12-23 m	9775	32
Pol1	History	64	12-23 m	9775	32
Pol3	Card	32	12-23 m	9775	32
Pol3	Card or History	92	12-23 m	9775	32
Pol3	History	60	12-23 m	9775	32

2005 Nepal Demographic and Health Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93	12-23 m	984	32
BCG	Card	32	12-23 m	984	32
BCG	Card or History	93	12-23 m	984	32
BCG	History	62	12-23 m	984	32
DTP1	C or H <12 months	92	12-23 m	984	32
DTP1	Card	32	12-23 m	984	32
DTP1	Card or History	93	12-23 m	984	32
DTP1	History	61	12-23 m	984	32
DTP3	C or H <12 months	88	12-23 m	984	32
DTP3	Card	31	12-23 m	984	32
DTP3	Card or History	89	12-23 m	984	32
DTP3	History	57	12-23 m	984	32
HepB1	C or H <12 months	76	12-23 m	984	32
HepB1	Card	30	12-23 m	984	32
HepB1	Card or History	76	12-23 m	984	32

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HepB1	History	47	12-23 m	984	32
HepB3	C or H <12 months	68	12-23 m	984	32
HepB3	Card	27	12-23 m	984	32
HepB3	Card or History	69	12-23 m	984	32
HepB3	History	42	12-23 m	984	32
MCV1	C or H <12 months	80	12-23 m	984	32
MCV1	Card	28	12-23 m	984	32
MCV1	Card or History	85	12-23 m	984	32
MCV1	History	56	12-23 m	984	32
Pol1	C or H <12 months	97	12-23 m	984	32
Pol1	Card	32	12-23 m	984	32
Pol1	Card or History	97	12-23 m	984	32
Pol1	History	65	12-23 m	984	32
Pol3	C or H <12 months	90	12-23 m	984	32
Pol3	Card	31	12-23 m	984	32
Pol3	Card or History	91	12-23 m	984	32
Pol3	History	60	12-23 m	984	32

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83	12-23 m	1313	16
BCG	Card	16	12-23 m	1313	16
BCG	Card or History	84	12-23 m	1313	16
BCG	History	68	12-23 m	1313	16
DTP1	C or H <12 months	82	12-23 m	1313	16
DTP1	Card	16	12-23 m	1313	16
DTP1	Card or History	84	12-23 m	1313	16
DTP1	History	68	12-23 m	1313	16
DTP3	C or H <12 months	71	12-23 m	1313	16
DTP3	Card	14	12-23 m	1313	16
DTP3	Card or History	72	12-23 m	1313	16
DTP3	History	58	12-23 m	1313	16
MCV1	C or H <12 months	64	12-23 m	1313	16
MCV1	Card	13	12-23 m	1313	16

MCV1	Card or History	71	12-23 m	1313	16
MCV1	History	58	12-23 m	1313	16
Pol1	C or H <12 months	97	12-23 m	1313	16
Pol1	Card	16	12-23 m	1313	16
Pol1	Card or History	99	12-23 m	1313	16
Pol1	History	83	12-23 m	1313	16
Pol3	C or H <12 months	90	12-23 m	1313	16
Pol3	Card	16	12-23 m	1313	16
Pol3	Card or History	92	12-23 m	1313	16
Pol3	History	76	12-23 m	1313	16

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	87	12-23 m	1068	79
DTP1	Card or History	87	12-23 m	1068	79
DTP3	Card or History	65	12-23 m	1068	79
MCV1	Card or History	82	12-23 m	1068	79
Pol1	Card or History	93	12-23 m	1068	79
Pol3	Card or History	74	12-23 m	1068	79

1997 Nepal, Routine Immunization and NID Coverage Survey Report 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	86	12-23 m	-	17
DTP1	C or H <12 months	87	12-23 m	-	17
DTP3	C or H <12 months	76	12-23 m	-	17
MCV1	C or H <12 months	73	12-23 m	-	17
Pol1	C or H <12 months	86	12-23 m	-	17
Pol3	C or H <12 months	70	12-23 m	-	17

Further information and estimates for previous years are available at:
<http://www.data.unicef.org/child-health/immunization>

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http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html