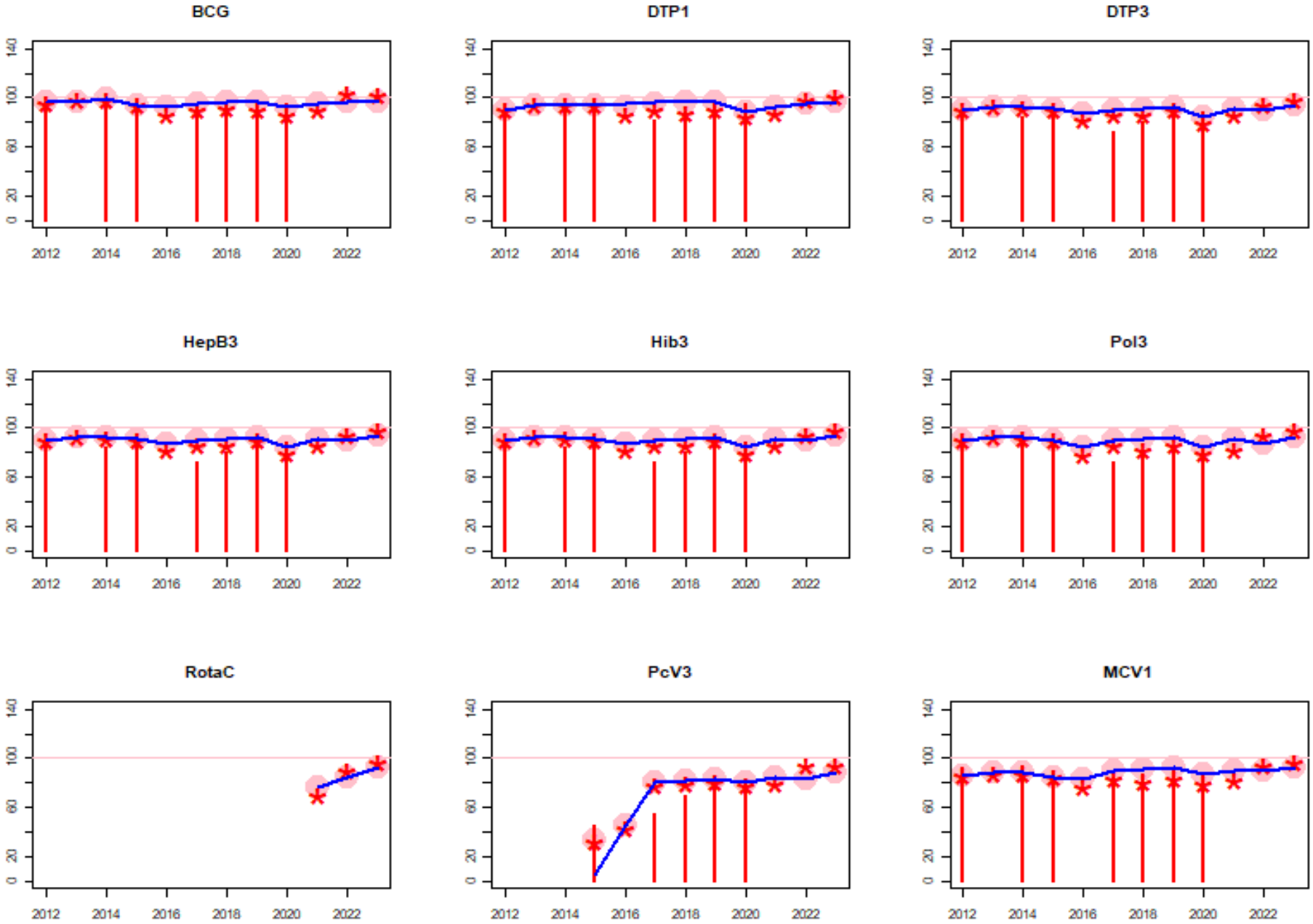

BCG
DTP1
DTP3
HepB3
Hib3
Pol3
RotaC
PcV3
MCV1
0
20
60
100
140
2012
2014
2016
2018
2020
2022

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 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 available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

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. Bull World Health Organ.
*Burton et al. 2012. PLoS One.
*Danovaro-Holliday et al. 2021. Gates Open Res.

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 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 data collection period.

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. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, 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.

IPV2: percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

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. Co verage 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.

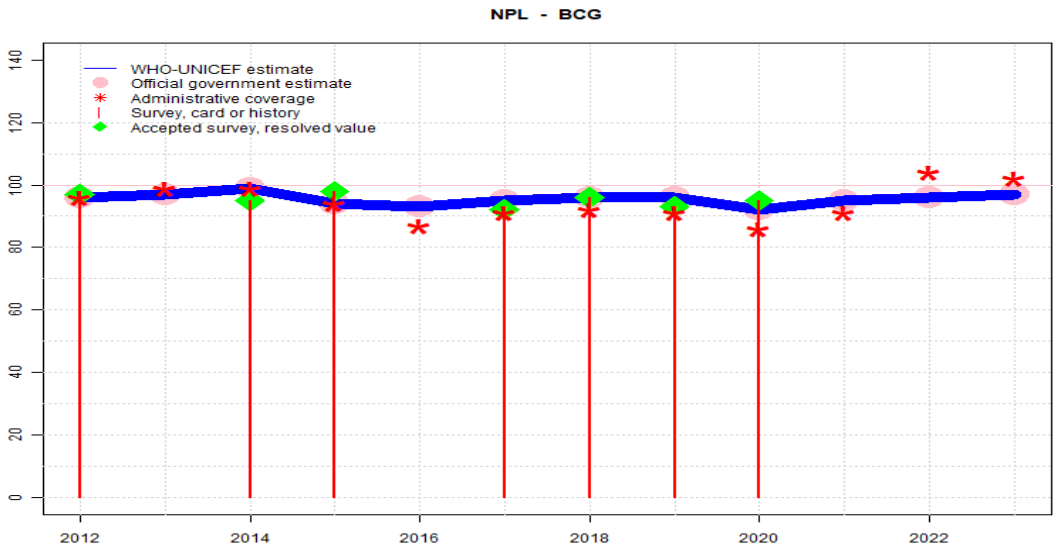
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

MengA: percentage of children who received one dose of meningococcal A conjugate vaccine. MengA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

Nepal - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	96	97	99	94	93	95	96	96	92	95	96	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●
Official	96	97	99	94	93	95	96	96	92	95	96	97
Administrative	96	99	99	94	87	91	92	91	86	91	104	102
Survey	97	NA	95	98	NA	92	96	93	95	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: 2022 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:

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2018: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Programme notes that administrative reporting completeness is 83 percent which may be partly explained by ongoing changes in the Health Management Information System (HMIS) of the country. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data. 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 of 8.5 percent between 2015 and 2016. GoC=R+ S+ D+

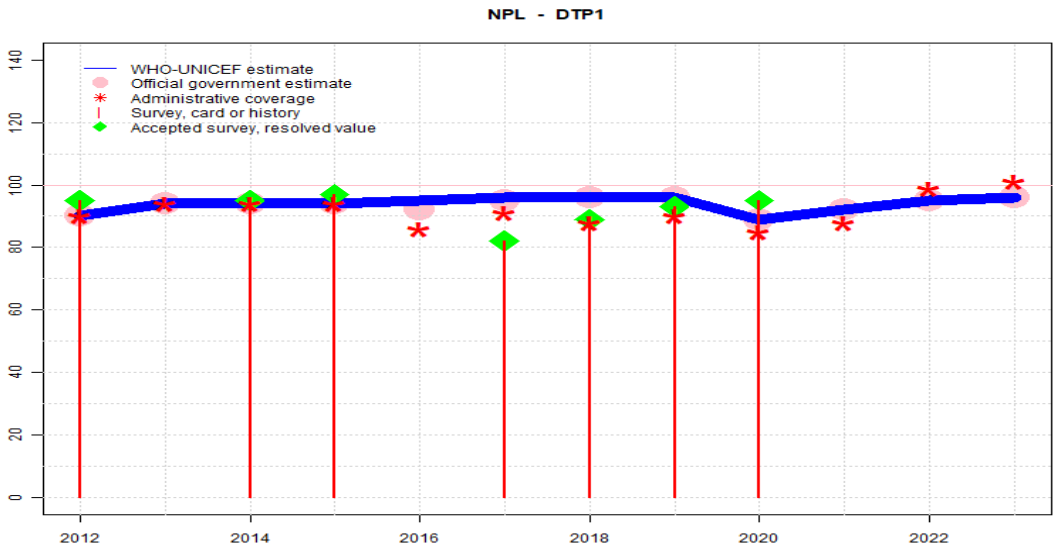
2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Programme reports three months national level stockout. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Programme reports two months stockout at national level. GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

Nepal - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	94	94	94	95	96	96	96	89	92	95	96
Estimate GoC	●●●	●●●	●●●	●	●	●	●	●●	●●●	●●●	●●●	●●
Official	90	94	94	94	92	95	96	96	89	92	95	96
Administrative	90	94	94	94	86	91	88	90	85	88	99	101
Survey	95	NA	95	97	NA	82	89	93	95	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: 2022 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.

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:

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=Assigned by working group. GoC assigned for consistency with other vaccine doses and years.

2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Programme notes that administrative reporting completeness is 83 percent which may be partly explained by ongoing changes in the Health Management Information System (HMIS) of the country. The official coverage takes into account the upward trend observed within the available data. Estimate challenged by: S-

2017: DTP1 coverage estimated based on DTP3 coverage of 90. Estimate challenged by: R-S-

2016: DTP1 coverage estimated based on DTP3 coverage of 87. 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 of 8.5 percent between 2015 and 2016. Estimate challenged by: R-S-

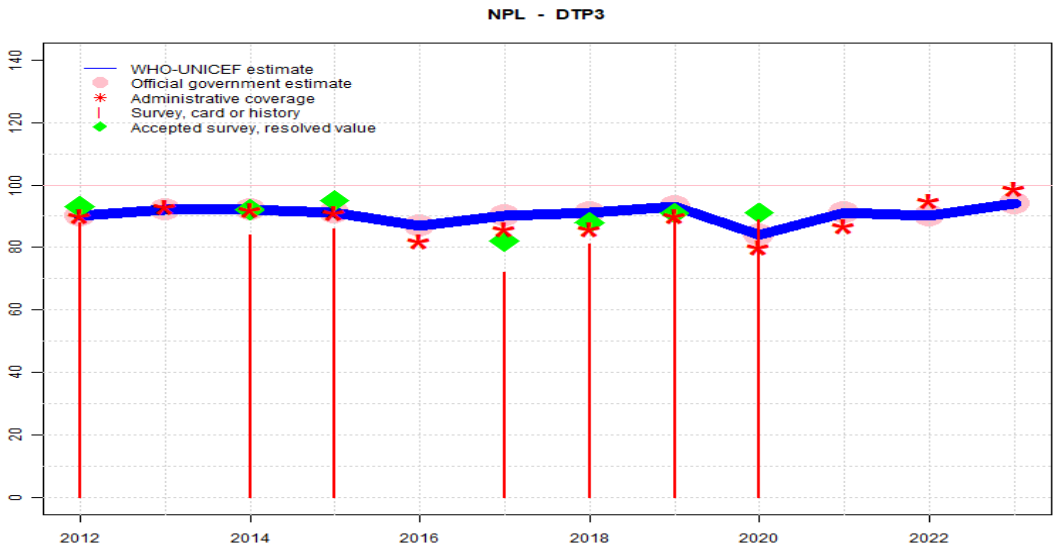
2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: S-

2014: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+

Nepal - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	92	92	91	87	90	91	93	84	91	90	94
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●●	●●●	●●●	●●
Official	90	92	92	91	87	90	91	93	84	91	90	94
Administrative	90	93	92	91	82	86	86	90	80	87	95	99
Survey	88	NA	84	86	NA	72	81	89	89	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.

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2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 89 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 75 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 89 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 60 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Programme notes that administrative data suggest around four percent of children receive the third dose of DTP-HepB-Hib after their first birthday are included in the reported coverage. GoC=Assigned by working group. GoC assigned for consistency with other vaccine doses and years.

2018: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2019 card or history results of 81 percent modifed for recall bias to 88 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Programme notes that administrative reporting completeness is 83 percent which may be partly explained by ongoing changes in the Health Management Information System (HMIS) of the country. The official coverage takes into account the upward trend observed within the available data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 82 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2019 card or history results of 72 percent modifed for recall bias to 82 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 44 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data. 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 of 8.5 percent between 2015 and 2016. GoC=R+ S+ D+

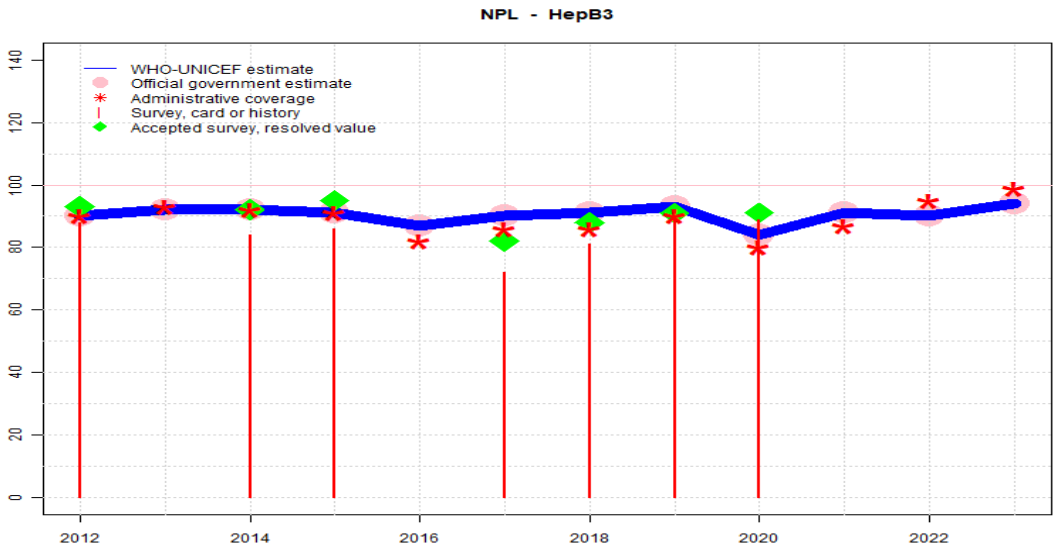
2015: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Nepal Demographic and Health Survey 2016 card or history results of 86 percent modifed for recall bias to 95 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 52 percent and 3rd dose card only coverage of 51 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Nepal Demographic and Health Survey 2016 card or history results of 84 percent modifed for recall bias to 92 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 31 percent and 3rd dose card only coverage of 30 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data 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 modifed 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 3rd dose card only coverage of 38 percent. GoC=R+ S+ D+

Nepal - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	92	92	91	87	90	91	93	84	91	90	94
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●●	●●●	●●●	●●
Official	90	92	92	91	87	90	91	93	84	91	90	94
Administrative	90	93	92	91	82	86	86	90	80	87	95	99
Survey	88	NA	84	86	NA	72	81	89	89	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.

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2016: Estimate informed by reported data. 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

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2013: Estimate informed by reported data. GoC=R+ S+ D+

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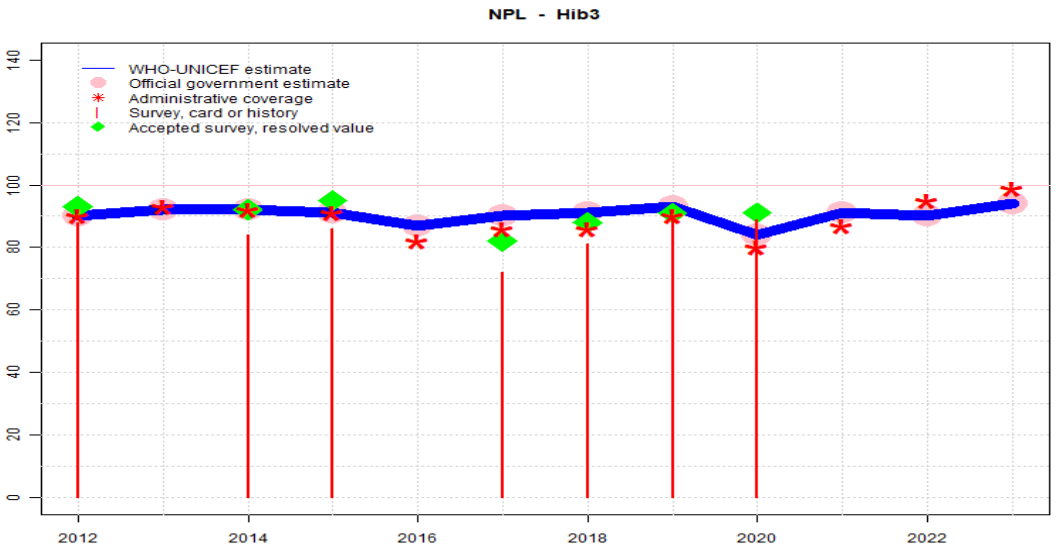
Nepal - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	92	92	91	87	90	91	93	84	91	90	94
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●●	●●●	●●●	●●
Official	90	92	92	91	87	90	91	93	84	91	90	94
Administrative	90	93	92	91	82	86	86	90	80	87	95	99
Survey	88	NA	84	86	NA	72	81	89	89	NA	NA	NA

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2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 89 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 75 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 89 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 60 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Programme notes that administrative data suggest around four percent of children receive the third dose of DTP-HepB-Hib after their first birthday are included in the reported coverage. GoC=Assigned by working group. GoC assigned for consistency with other vaccine doses and years.

2018: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2019 card or history results of 81 percent modifed for recall bias to 88 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Programme notes that administrative reporting completeness is 83 percent which may be partly explained by ongoing changes in the Health Management Information System (HMIS) of the country. The official coverage takes into account the upward trend observed within the available data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 82 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2019 card or history results of 72 percent modifed for recall bias to 82 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 44 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data. 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 of 8.5 percent between 2015 and 2016. GoC=R+ S+ D+

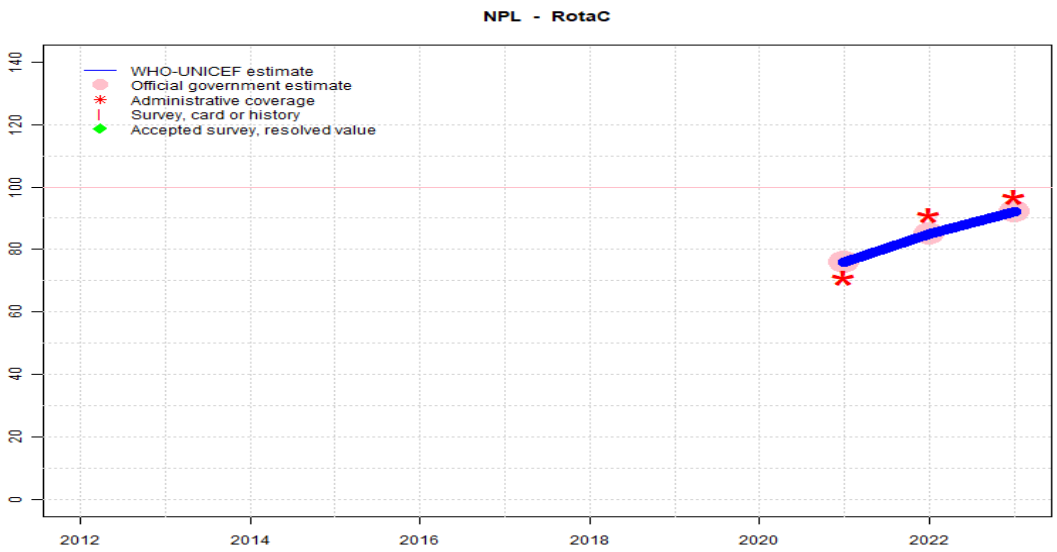
2015: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Nepal Demographic and Health Survey 2016 card or history results of 86 percent modifed for recall bias to 95 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 52 percent and 3rd dose card only coverage of 51 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Nepal Demographic and Health Survey 2016 card or history results of 84 percent modifed for recall bias to 92 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 31 percent and 3rd dose card only coverage of 30 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data 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 modifed 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 3rd dose card only coverage of 38 percent. GoC=R+ S+ D+

Nepal - RotaC



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	76	85	92
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	76	85	92
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	71	91	97
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: 2022 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.

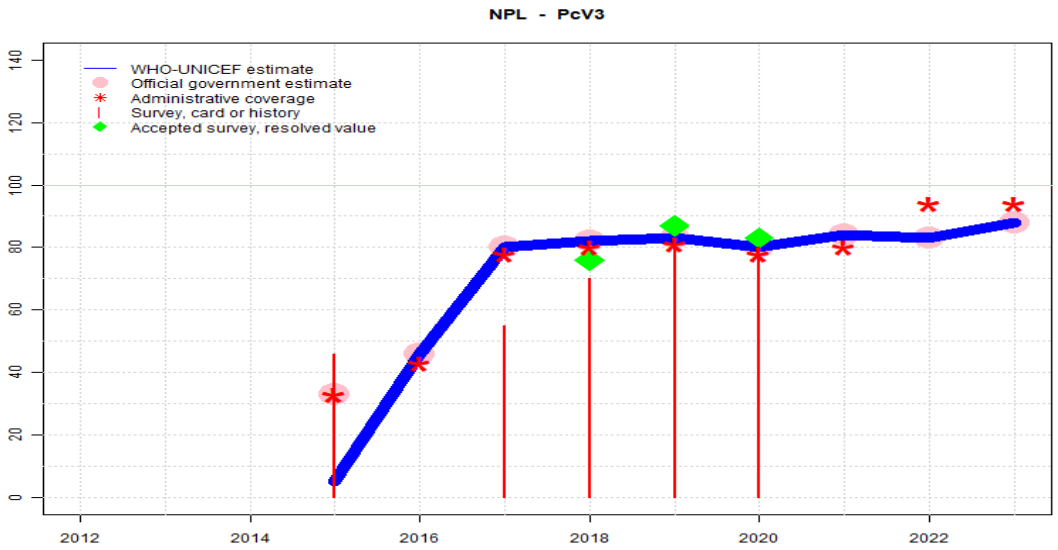
Description:

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Rotavirus vaccine introduced in July 2020, reporting started in 2021. GoC=R+ D+

Nepal - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	5	46	80	82	83	80	84	83	88
Estimate GoC	NA	NA	NA	•	•	•••	•••	•••	•••	•••	•••	••
Official	NA	NA	NA	33	46	80	82	83	80	84	83	88
Administrative	NA	NA	NA	33	43	78	80	81	78	80	94	94
Survey	NA	NA	NA	46	NA	55	70	81	80	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: 2022 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:

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 80 percent modifed for recall bias to 83 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 70 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 81 percent modifed for recall bias to 87 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 58 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2018: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2019 card or history results of 70 percent modifed for recall bias to 76 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 62 percent. GoC=R+ S+ D+

2017: Estimate informed by reported data. Nepal Multiple Indicator Cluster Survey 2019 results ignored by working group. Cohort represented in survey was during vaccine introduction.Nepal Multiple Indicator Cluster Survey 2019 card or history results of 55 percent modifed for recall bias to 64 percent based on 1st dose card or history coverage of 70 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 40 percent. GoC=R+ S+ D+

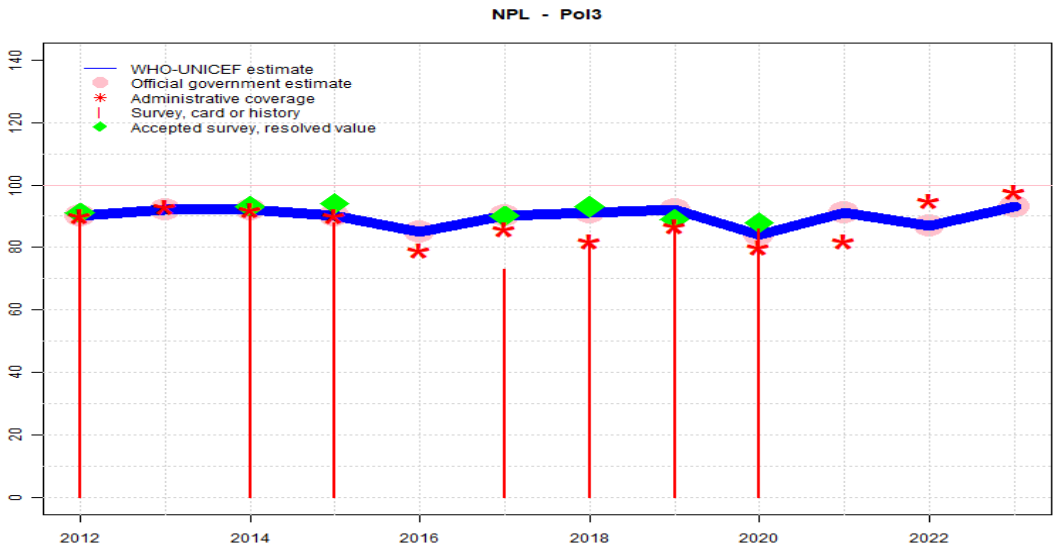
2016: Estimate informed by reported data. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population of 8.5 percent between 2015 and 2016. Estimate challenged by: S-

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. Nepal Demographic and Health Survey 2016 results ignored by working group. Cohort represented in survey was during vaccine introduction.Nepal Demographic and Health

Nepal - PcV3

Survey 2016 card or history results of 46 percent modifed for recall bias to 50 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 38 percent and 3rd dose card only coverage of 26 percent. Estimate challenged by: R-

Nepal - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	92	92	90	85	90	91	92	84	91	87	93
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●
Official	90	92	92	90	85	90	91	92	84	91	87	93
Administrative	90	93	92	90	79	86	82	87	80	82	95	98
Survey	92	NA	90	88	NA	73	81	86	86	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: 2022 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:

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 86 percent modifed for recall bias to 88 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 72 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Nepal Demographic and Health Survey 2022 card or history results of 86 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 58 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Programme notes that administrative data suggest around four percent of children receive the third dose of oral polio vaccine after their first birthday are included in the reported coverage. GoC=R+ S+ D+

2018: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2019 card or history results of 81 percent modifed for recall bias to 93 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 64 percent. Programme notes that administrative reporting completeness is 83 percent which may be partly explained by ongoing changes in the Health Management Information System (HMIS) of the country. The official coverage takes into account the upward trend observed within the available data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2019 card or history results of 73 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 45 percent and 3rd dose card only coverage of 44 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data. 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 of 8.5 percent between 2015 and 2016. GoC=R+ S+ D+

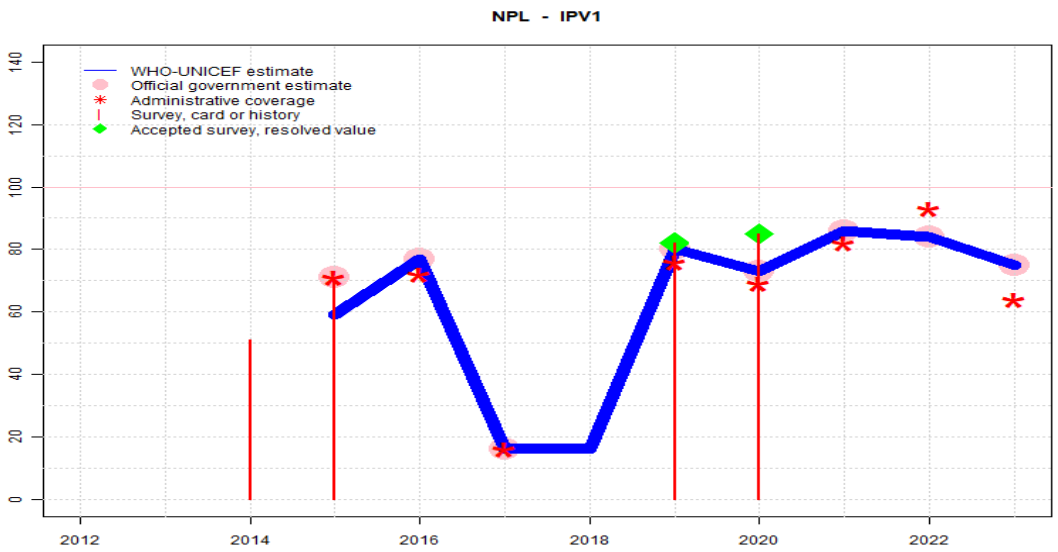
2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Nepal Demographic and Health Survey 2016 card or history results of 88 percent modifed for recall bias to 94 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 52 percent and 3rd dose card only coverage of 50 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Nepal Demographic and Health Survey 2016 card or history results of 90 percent modifed for recall bias to 93 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 30 percent and 3rd dose card only coverage of 29 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data 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 modifed 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 3rd dose card only coverage of 37 percent. GoC=R+ S+ D+

Nepal - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	59	77	16	16	80	73	86	84	75
Estimate GoC	NA	NA	NA	•	••	•	•	•	•	•••	•••	•
Official	NA	NA	NA	71	77	16	NA	80	73	86	84	75
Administrative	NA	NA	NA	71	72	16	NA	76	69	82	93	64
Survey	NA	NA	51	70	NA	NA	NA	82	85	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: 2022 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:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. Programme reports use of fractional IPV dose. Reported data reflect second fractional dose. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Programme reports use of fractional IPV dose. Reported data reflect second fractional dose. Consistency with other vaccines in the context of Covid-19 recovery. GoC=R+ S+ D+

2020: Estimate informed by official coverage for consistency with other vaccines. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Programme reports use of fractional IPV dose. Reported data reflect second fractional dose. Estimate challenged by: S-

2019: Estimate informed by reported data supported by survey. Survey evidence of 82 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. Programme reports use of fractional IPV dose. Reported data reflect second fractional dose. Estimate challenged by: D-

2018: Due to global shortage, IPV was not administered in most of 2017 and 2018. Estimate may represent an overestimation. Fractional IPV doses were introduced in October 2018. Estimate challenged by: S-

2017: Estimate informed by reported data. Programme reports stockout of unspecified duration. Estimate challenged by: S-

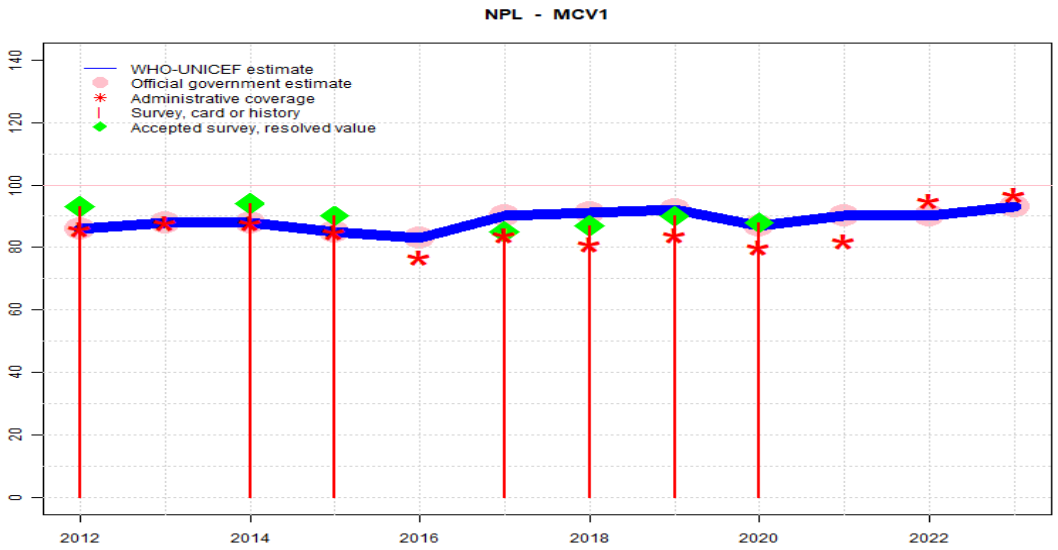
2016: Estimate informed by reported data. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population of 8.5 percent between 2015 and 2016. 2016 IPV used in the entire country. GoC=R+ D+

2015: Inactivated polio vaccine 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. Nepal Demographic and Health Survey

Nepal - IPV1

2016 results ignored by working group. Cohort represented in survey was during vaccine introduction. Estimate challenged by: R-

Nepal - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	86	88	88	85	83	90	91	92	87	90	90	93
Estimate GoC	●●●	●●●	●●●	●●●	●	●●●	●●●	●●●	●●●	●●●	●●●	●●
Official	86	88	88	85	83	90	91	92	87	90	90	93
Administrative	86	88	88	85	77	84	81	84	80	82	95	97
Survey	93	NA	94	90	NA	85	87	90	88	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: 2022 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:

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2018: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Programme notes that administrative reporting completeness is 83 percent which may be partly explained by ongoing changes in the Health Management Information System (HMIS) of the country. The official coverage takes into account the upward trend observed within the available data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data. 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 of 8.5 percent between 2015 and 2016. Estimate challenged by: S-

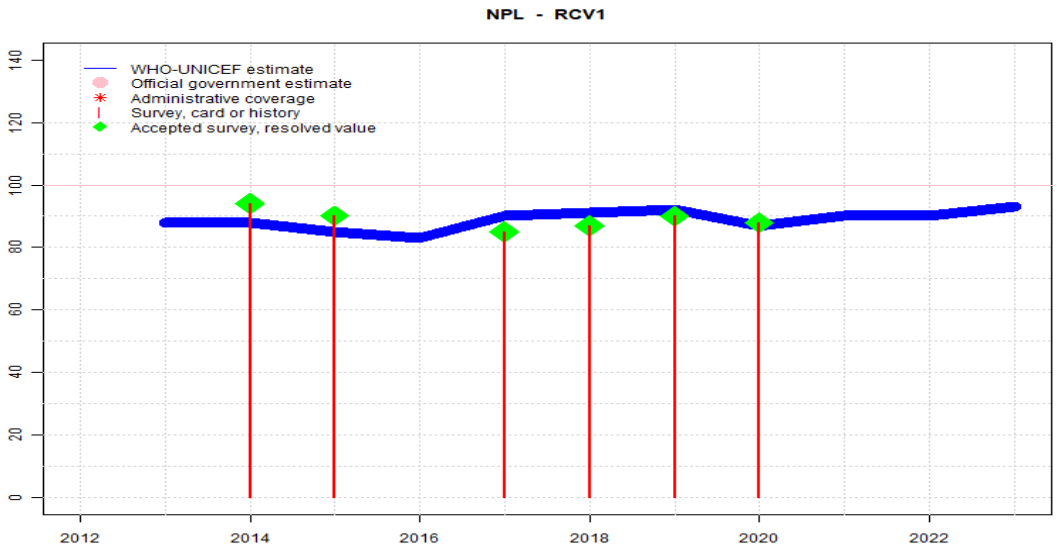
2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+

Nepal - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	88	88	85	83	90	91	92	87	90	90	93
Estimate GoC	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	94	90	NA	85	87	90	88	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: 2022 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:

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.

2023: Estimate based on estimated MCV1. GoC=R+ D+

2022: Estimate based on estimated MCV1. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate based on estimated MCV1. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2020: Estimate based on estimated MCV1. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate based on estimated MCV1. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2018: Estimate based on estimated MCV1. Programme notes that administrative reporting completeness is 83 percent which may be partly explained by ongoing changes in the Health Management Information System (HMIS) of the country. The official coverage takes into account the upward trend observed within the available data. GoC=R+ S+ D+

2017: Estimate based on estimated MCV1. GoC=R+ S+ D+

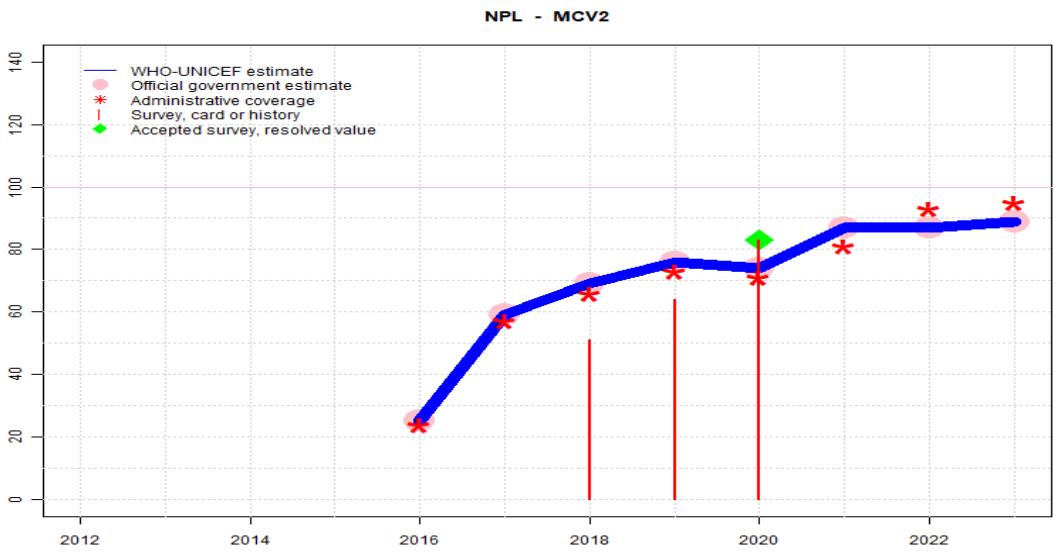
2016: Estimate based on estimated MCV1. Official estimates differ from admin data due to adjustments in the denominator to reflect a 2.5 percent year to year increase. Apparent decline in administrative coverage reflects, at least in part, the increase in the target population of 8.5 percent between 2015 and 2016. Estimate challenged by: S-

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

2014: Estimate based on estimated MCV1. GoC=R+ S+ D+

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

Nepal - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	25	59	69	76	74	87	87	89
Estimate GoC	NA	NA	NA	NA	●●	●●	●	●●●	●●●	●●●	●●●	●●
Official	NA	NA	NA	NA	25	59	69	76	74	87	87	89
Administrative	NA	NA	NA	NA	24	57	66	73	71	81	93	95
Survey	NA	NA	NA	NA	NA	NA	51	64	83	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: 2022 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:

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

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage based on 90 percent of expected reports. Official reported coverage informed by preliminary results from the 2022 Nepal Demographic and Health Survey (field work completed during January-June 2022). Programme reports that the 2022 target population estimates were revised downwards (a 16 percent decline from 2021 to 2022) based on the recent census. Independent community level monitoring by WHO-IPD supports high coverage levels. GoC=R+ S+ D+

2021: Estimate informed by reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Consistency with other vaccines in the context of Covid-19 recovery. GoC=R+ S+ D+

2020: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2019: Estimate informed by reported data. Nepal Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey coverage estimate is inconsistent with other estimates. Reported official estimates reflect adjustments for incomplete reporting from subnational units. GoC=R+ S+ D+

2018: Estimate informed by reported data. Nepal Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey coverage estimate is inconsistent with other estimates. Survey field work close to MCV2 dose introduction. Estimate challenged by: S-

2017: Estimate informed by reported data. Increase due to roll out after introduction. GoC=R+ D+

2016: Estimate informed by reported data. 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 of 8.5 percent between 2015 and 2016. Second dose of measles containing vaccine introduced as measles-rubella vaccine in 2015. Reporting started in 2016. GoC=R+ D+

Nepal - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

2020 Nepal Demographic and Health Survey 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95.1	12-23 m	959	78
BCG	Card	78	12-23 m	752	78
BCG	Card or History	95.2	12-23 m	959	78
BCG	History	17.2	12-23 m	207	78
DTP1	C or H <12 months	94.6	12-23 m	959	78
DTP1	Card	78	12-23 m	752	78
DTP1	Card or History	94.7	12-23 m	959	78
DTP1	History	16.7	12-23 m	207	78
DTP3	C or H <12 months	87.7	12-23 m	959	78
DTP3	Card	74.8	12-23 m	752	78
DTP3	Card or History	89.1	12-23 m	959	78
DTP3	History	14.3	12-23 m	207	78
HepB1	C or H <12 months	94.6	12-23 m	959	78
HepB1	Card	78	12-23 m	752	78
HepB1	Card or History	94.7	12-23 m	959	78
HepB1	History	16.7	12-23 m	207	78
HepB3	C or H <12 months	87.7	12-23 m	959	78
HepB3	Card	74.8	12-23 m	752	78
HepB3	Card or History	89.1	12-23 m	959	78
HepB3	History	14.3	12-23 m	207	78
Hib1	C or H <12 months	94.6	12-23 m	959	78
Hib1	Card	78	12-23 m	752	78
Hib1	Card or History	94.7	12-23 m	959	78
Hib1	History	16.7	12-23 m	207	78
Hib3	C or H <12 months	87.7	12-23 m	959	78
Hib3	Card	74.8	12-23 m	752	78
Hib3	Card or History	89.1	12-23 m	959	78
Hib3	History	14.3	12-23 m	207	78
IPV1	C or H <12 months	82.9	12-23 m	959	78
IPV1	Card	69.9	12-23 m	752	78
IPV1	Card or History	85.1	12-23 m	959	78
IPV1	History	15.2	12-23 m	207	78
MCV1	C or H <12 months	83.4	12-23 m	959	78
MCV1	Card	73.6	12-23 m	752	78
MCV1	Card or History	88.5	12-23 m	959	78
MCV1	History	14.9	12-23 m	207	78
MCV2	C or H <12 months	82.3	24-35 m	1066	61
MCV2	Card	54.8	24-35 m	650	61
MCV2	Card or History	83.3	24-35 m	1066	61
MCV2	History	28.5	24-35 m	416	61
PcV1	C or H <12 months	93	12-23 m	959	78
PcV1	Card	77.8	12-23 m	752	78
PcV1	Card or History	93.3	12-23 m	959	78
PcV1	History	15.4	12-23 m	207	78
PcV3	C or H <12 months	76.4	12-23 m	959	78
PcV3	Card	69.5	12-23 m	752	78
PcV3	Card or History	80.5	12-23 m	959	78
PcV3	History	11	12-23 m	207	78
Pol1	C or H <12 months	94.9	12-23 m	959	78
Pol1	Card	77.9	12-23 m	752	78
Pol1	Card or History	94.9	12-23 m	959	78
Pol1	History	17	12-23 m	207	78
Pol3	C or H <12 months	83.8	12-23 m	959	78
Pol3	Card	72.2	12-23 m	752	78
Pol3	Card or History	85.6	12-23 m	959	78
Pol3	History	13.3	12-23 m	207	78

2019 Nepal Demographic and Health Survey 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.6	24-35 m	1066	61
BCG	Card	60.2	24-35 m	650	61
BCG	Card or History	93.2	24-35 m	1066	61

BCG	History	32.9	24-35 m	416	61
DTP1	C or H <12 months	92.4	24-35 m	1066	61
DTP1	Card	60.9	24-35 m	650	61
DTP1	Card or History	93.1	24-35 m	1066	61
DTP1	History	32.1	24-35 m	416	61
DTP3	C or H <12 months	87	24-35 m	1066	61
DTP3	Card	59.8	24-35 m	650	61
DTP3	Card or History	89	24-35 m	1066	61
DTP3	History	29.2	24-35 m	416	61
HepB1	C or H <12 months	92.4	24-35 m	1066	61
HepB1	Card	60.9	24-35 m	650	61
HepB1	Card or History	93.1	24-35 m	1066	61
HepB1	History	32.1	24-35 m	416	61
HepB3	C or H <12 months	87	24-35 m	1066	61
HepB3	Card	59.8	24-35 m	650	61
HepB3	Card or History	89	24-35 m	1066	61
HepB3	History	29.2	24-35 m	416	61
Hib1	C or H <12 months	92.4	24-35 m	1066	61
Hib1	Card	60.9	24-35 m	650	61
Hib1	Card or History	93.1	24-35 m	1066	61
Hib1	History	32.1	24-35 m	416	61
Hib3	C or H <12 months	87	24-35 m	1066	61
Hib3	Card	59.8	24-35 m	650	61
Hib3	Card or History	89	24-35 m	1066	61
Hib3	History	29.2	24-35 m	416	61
IPV1	C or H <12 months	79.7	24-35 m	1066	61
IPV1	Card	51.4	24-35 m	650	61
IPV1	Card or History	81.6	24-35 m	1066	61
IPV1	History	30.2	24-35 m	416	61
MCV1	C or H <12 months	81.7	24-35 m	1066	61
MCV1	Card	59.8	24-35 m	650	61
MCV1	Card or History	90.5	24-35 m	1066	61
MCV1	History	30.7	24-35 m	416	61
PcV1	C or H <12 months	89.6	24-35 m	1066	61
PcV1	Card	60.7	24-35 m	650	61
PcV1	Card or History	90.8	24-35 m	1066	61
PcV1	History	30.1	24-35 m	416	61
PcV3	C or H <12 months	75.7	24-35 m	1066	61
PcV3	Card	57.9	24-35 m	650	61
PcV3	Card or History	80.6	24-35 m	1066	61
PcV3	History	22.7	24-35 m	416	61
Pol1	C or H <12 months	93.3	24-35 m	1066	61
Pol1	Card	60.9	24-35 m	650	61
Pol1	Card or History	94	24-35 m	1066	61
Pol1	History	33	24-35 m	416	61
Pol3	C or H <12 months	83.7	24-35 m	1066	61
Pol3	Card	58.3	24-35 m	650	61
Pol3	Card or History	86.1	24-35 m	1066	61
Pol3	History	27.8	24-35 m	416	61

2019 Nepal Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
MCV2	C or H <12 months	62.7	24-35 m	1232	-
MCV2	Card	34.2	24-35 m	1232	-
MCV2	Card or History	63.8	24-35 m	1232	-
MCV2	History	29.6	24-35 m	1232	-

2018 Nepal Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95.3	12-23 m	1265	68
BCG	Card	67.5	12-23 m	1265	68
BCG	Card or History	95.7	12-23 m	1265	68
BCG	History	28.2	12-23 m	1265	68
DTP1	C or H <12 months	88.3	12-23 m	1265	68
DTP1	Card	66.3	12-23 m	1265	68
DTP1	Card or History	88.8	12-23 m	1265	68
DTP1	History	22.5	12-23 m	1265	68
DTP3	C or H <12 months	80.1	12-23 m	1265	68
DTP3	Card	64.8	12-23 m	1265	68
DTP3	Card or History	81.4	12-23 m	1265	68
DTP3	History	16.6	12-23 m	1265	68
HepB1	C or H <12 months	88.3	12-23 m	1265	68
HepB1	Card	66.3	12-23 m	1265	68
HepB1	Card or History	88.8	12-23 m	1265	68
HepB1	History	22.5	12-23 m	1265	68

Nepal - survey details

HepB3	C or H <12 months	80.1	12-23 m	1265	68
HepB3	Card	64.8	12-23 m	1265	68
HepB3	Card or History	81.4	12-23 m	1265	68
HepB3	History	16.6	12-23 m	1265	68
Hib1	C or H <12 months	88.3	12-23 m	1265	68
Hib1	Card	66.3	12-23 m	1265	68
Hib1	Card or History	88.8	12-23 m	1265	68
Hib1	History	22.5	12-23 m	1265	68
Hib3	C or H <12 months	80.1	12-23 m	1265	68
Hib3	Card	64.8	12-23 m	1265	68
Hib3	Card or History	81.4	12-23 m	1265	68
Hib3	History	16.6	12-23 m	1265	68
MCV1	C or H <12 months	83.4	12-23 m	1265	68
MCV1	Card	64	12-23 m	1265	68
MCV1	Card or History	87.1	12-23 m	1265	68
MCV1	History	23.2	12-23 m	1265	68
MCV2	C or H <12 months	3	12-23 m	1265	68
MCV2	Card	38.1	12-23 m	1265	68
MCV2	Card or History	51	12-23 m	1265	68
MCV2	History	12.8	12-23 m	1265	68
PcV1	C or H <12 months	80.8	12-23 m	1265	68
PcV1	Card	65.8	12-23 m	1265	68
PcV1	Card or History	81.4	12-23 m	1265	68
PcV1	History	15.6	12-23 m	1265	68
PcV3	C or H <12 months	68.5	12-23 m	1265	68
PcV3	Card	61.7	12-23 m	1265	68
PcV3	Card or History	70.4	12-23 m	1265	68
PcV3	History	8.8	12-23 m	1265	68
Pol1	C or H <12 months	93.4	12-23 m	1265	68
Pol1	Card	65.3	12-23 m	1265	68
Pol1	Card or History	93.9	12-23 m	1265	68
Pol1	History	28.6	12-23 m	1265	68
Pol3	C or H <12 months	79.9	12-23 m	1265	68
Pol3	Card	63.6	12-23 m	1265	68
Pol3	Card or History	80.7	12-23 m	1265	68
Pol3	History	17.1	12-23 m	1265	68

2017 Nepal Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.6	24-35 m	1232	-
BCG	Card	45.7	24-35 m	1232	-
BCG	Card or History	92.4	24-35 m	1232	-
BCG	History	46.7	24-35 m	1232	-
DTP1	C or H <12 months	79.6	24-35 m	1232	-
DTP1	Card	44.3	24-35 m	1232	-
DTP1	Card or History	81.8	24-35 m	1232	-
DTP1	History	37.5	24-35 m	1232	-
DTP3	C or H <12 months	69.2	24-35 m	1232	-
DTP3	Card	43.9	24-35 m	1232	-
DTP3	Card or History	71.6	24-35 m	1232	-
DTP3	History	27.6	24-35 m	1232	-
HepB1	C or H <12 months	79.6	24-35 m	1232	-
HepB1	Card	44.3	24-35 m	1232	-
HepB1	Card or History	81.8	24-35 m	1232	-
HepB1	History	37.5	24-35 m	1232	-
HepB3	C or H <12 months	69.2	24-35 m	1232	-
HepB3	Card	43.9	24-35 m	1232	-
HepB3	Card or History	71.6	24-35 m	1232	-
HepB3	History	27.6	24-35 m	1232	-
Hib1	C or H <12 months	79.6	24-35 m	1232	-
Hib1	Card	44.3	24-35 m	1232	-
Hib1	Card or History	81.8	24-35 m	1232	-
Hib1	History	37.5	24-35 m	1232	-
Hib3	C or H <12 months	69.2	24-35 m	1232	-
Hib3	Card	43.9	24-35 m	1232	-
Hib3	Card or History	71.6	24-35 m	1232	-
Hib3	History	27.6	24-35 m	1232	-
MCV1	C or H <12 months	78	24-35 m	1232	-
MCV1	Card	44.2	24-35 m	1232	-
MCV1	Card or History	85.3	24-35 m	1232	-
MCV1	History	41.1	24-35 m	1232	-
PcV1	C or H <12 months	68.3	24-35 m	1232	-
PcV1	Card	44.1	24-35 m	1232	-
PcV1	Card or History	69.5	24-35 m	1232	-
PcV1	History	25.4	24-35 m	1232	-
PcV3	C or H <12 months	52.7	24-35 m	1232	-
PcV3	Card	40.1	24-35 m	1232	-
PcV3	Card or History	55.3	24-35 m	1232	-

PcV3	History	15.2	24-35 m	1232	-
Pol1	C or H <12 months	90.2	24-35 m	1232	-
Pol1	Card	45	24-35 m	1232	-
Pol1	Card or History	91.9	24-35 m	1232	-
Pol1	History	47	24-35 m	1232	-
Pol3	C or H <12 months	70	24-35 m	1232	-
Pol3	Card	43.8	24-35 m	1232	-
Pol3	Card or History	72.6	24-35 m	1232	-
Pol3	History	28.8	24-35 m	1232	-

2015 Nepal Demographic and Health Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97	12-23 m	1034	52
BCG	Card	52.2	12-23 m	541	52
BCG	Card or History	97.5	12-23 m	1034	52
BCG	History	45.3	12-23 m	493	52
DTP1	C or H <12 months	96.4	12-23 m	1034	52
DTP1	Card	52	12-23 m	541	52
DTP1	Card or History	96.6	12-23 m	1034	52
DTP1	History	44.6	12-23 m	493	52
DTP3	C or H <12 months	85.7	12-23 m	1034	52
DTP3	Card	51.1	12-23 m	541	52
DTP3	Card or History	85.9	12-23 m	1034	52
DTP3	History	34.8	12-23 m	493	52
HepB1	C or H <12 months	96.4	12-23 m	1034	52
HepB1	Card	52	12-23 m	541	52
HepB1	Card or History	96.6	12-23 m	1034	52
HepB1	History	44.6	12-23 m	493	52
HepB3	C or H <12 months	85.7	12-23 m	1034	52
HepB3	Card	51.1	12-23 m	541	52
HepB3	Card or History	85.9	12-23 m	1034	52
HepB3	History	34.8	12-23 m	493	52
Hib1	C or H <12 months	96.4	12-23 m	1034	52
Hib1	Card	52	12-23 m	541	52
Hib1	Card or History	96.6	12-23 m	1034	52
Hib1	History	44.6	12-23 m	493	52
Hib3	C or H <12 months	85.7	12-23 m	1034	52
Hib3	Card	51.1	12-23 m	541	52
Hib3	Card or History	85.9	12-23 m	1034	52
Hib3	History	34.8	12-23 m	493	52
IPV1	C or H <12 months	68.4	12-23 m	1034	52
IPV1	Card	38.3	12-23 m	541	52
IPV1	Card or History	69.7	12-23 m	1034	52
IPV1	History	31.3	12-23 m	493	52
MCV1	C or H <12 months	82.7	12-23 m	1034	52
MCV1	Card	49.8	12-23 m	541	52
MCV1	Card or History	90.4	12-23 m	1034	52
MCV1	History	40.6	12-23 m	493	52
PcV1	C or H <12 months	71.4	12-23 m	1034	52
PcV1	Card	37.6	12-23 m	541	52
PcV1	Card or History	72.8	12-23 m	1034	52
PcV1	History	35.2	12-23 m	493	52
PcV3	C or H <12 months	43.8	12-23 m	1034	52
PcV3	Card	26.5	12-23 m	541	52
PcV3	Card or History	45.5	12-23 m	1034	52
PcV3	History	19	12-23 m	493	52
Pol1	C or H <12 months	97.5	12-23 m	1034	52
Pol1	Card	51.8	12-23 m	541	52
Pol1	Card or History	97.7	12-23 m	1034	52
Pol1	History	45.9	12-23 m	493	52
Pol3	C or H <12 months	87.7	12-23 m	1034	52
Pol3	Card	50.3	12-23 m	541	52
Pol3	Card or History	88	12-23 m	1034	52
Pol3	History	37.7	12-23 m	493	52

2014 Nepal Demographic and Health Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93.7	24-35 m	919	-
BCG	Card	30.5	24-35 m	284	-
BCG	Card or History	95.4	24-35 m	919	-
BCG	History	64.9	24-35 m	635	-
DTP1	C or H <12 months	93.9	24-35 m	919	-
DTP1	Card	30.6	24-35 m	284	-
DTP1	Card or History	95.3	24-35 m	919	-
DTP1	History	64.7	24-35 m	635	-
DTP3	C or H <12 months	80.6	24-35 m	919	-

DTP3	Card	30	24-35 m	284	-
DTP3	Card or History	84	24-35 m	919	-
DTP3	History	54	24-35 m	635	-
HepB1	C or H <12 months	93.9	24-35 m	919	-
HepB1	Card	30.6	24-35 m	284	-
HepB1	Card or History	95.3	24-35 m	919	-
HepB1	History	64.7	24-35 m	635	-
HepB3	C or H <12 months	80.6	24-35 m	919	-
HepB3	Card	30	24-35 m	284	-
HepB3	Card or History	84	24-35 m	919	-
HepB3	History	54	24-35 m	635	-
Hib1	C or H <12 months	93.9	24-35 m	919	-
Hib1	Card	30.6	24-35 m	284	-
Hib1	Card or History	95.3	24-35 m	919	-
Hib1	History	64.7	24-35 m	635	-
Hib3	C or H <12 months	80.6	24-35 m	919	-
Hib3	Card	30	24-35 m	284	-
Hib3	Card or History	84	24-35 m	919	-
Hib3	History	54	24-35 m	635	-
IPV1	C or H <12 months	45.3	24-35 m	919	-
IPV1	Card	9.9	24-35 m	284	-
IPV1	Card or History	51.3	24-35 m	919	-
IPV1	History	41.4	24-35 m	635	-
MCV1	C or H <12 months	81.6	24-35 m	919	-
MCV1	Card	29.9	24-35 m	284	-
MCV1	Card or History	94.3	24-35 m	919	-
MCV1	History	64.4	24-35 m	635	-
PcV1	C or H <12 months	46.4	24-35 m	919	-
PcV1	Card	9.2	24-35 m	284	-
PcV1	Card or History	52.4	24-35 m	919	-
PcV1	History	43.2	24-35 m	635	-
Pol1	C or H <12 months	95.3	24-35 m	919	-
Pol1	Card	30.4	24-35 m	284	-
Pol1	Card or History	96.2	24-35 m	919	-
Pol1	History	65.9	24-35 m	635	-
Pol3	C or H <12 months	87.2	24-35 m	919	-
Pol3	Card	29.3	24-35 m	284	-
Pol3	Card or History	90.3	24-35 m	919	-
Pol3	History	61	24-35 m	635	-

2012 Nepal Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87.5	12-23 m	1008	40
BCG	Card	39.4	12-23 m	1008	40
BCG	Card or History	96.7	12-23 m	1008	40
BCG	History	56.3	12-23 m	1008	40
DTP1	C or H <12 months	88.7	12-23 m	1008	40
DTP1	Card	39.4	12-23 m	1008	40
DTP1	Card or History	95.3	12-23 m	1008	40
DTP1	History	55.9	12-23 m	1008	40
DTP3	C or H <12 months	83.1	12-23 m	1008	40
DTP3	Card	37.5	12-23 m	1008	40
DTP3	Card or History	88.3	12-23 m	1008	40
DTP3	History	50.8	12-23 m	1008	40
HepB1	C or H <12 months	88.7	12-23 m	1008	40
HepB1	Card	39.4	12-23 m	1008	40
HepB1	Card or History	95.3	12-23 m	1008	40
HepB1	History	55.9	12-23 m	1008	40
HepB3	C or H <12 months	83.1	12-23 m	1008	40
HepB3	Card	37.5	12-23 m	1008	40
HepB3	Card or History	88.3	12-23 m	1008	40
HepB3	History	50.8	12-23 m	1008	40
Hib1	C or H <12 months	88.7	12-23 m	1008	40
Hib1	Card	39.4	12-23 m	1008	40
Hib1	Card or History	95.3	12-23 m	1008	40
Hib1	History	55.9	12-23 m	1008	40
Hib3	C or H <12 months	83.1	12-23 m	1008	40
Hib3	Card	37.5	12-23 m	1008	40
Hib3	Card or History	88.3	12-23 m	1008	40
Hib3	History	50.8	12-23 m	1008	40
MCV1	C or H <12 months	84.5	12-23 m	1008	40
MCV1	Card	38	12-23 m	1008	40
MCV1	Card or History	92.6	12-23 m	1008	40
MCV1	History	54.6	12-23 m	1008	40
Pol1	C or H <12 months	89.1	12-23 m	1008	40
Pol1	Card	39.3	12-23 m	1008	40
Pol1	Card or History	96.4	12-23 m	1008	40
Pol1	History	57.1	12-23 m	1008	40
Pol3	C or H <12 months	85.2	12-23 m	1008	40

Pol3	Card	37.4	12-23 m	1008	40
Pol3	Card or History	91.8	12-23 m	1008	40
Pol3	History	54.3	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	85.7	24-35 m	1079	-
BCG	Card	17.3	24-35 m	1079	-
BCG	Card or History	95.2	24-35 m	1079	-
BCG	History	77.9	24-35 m	1079	-
DTP1	C or H <12 months	85.9	24-35 m	1079	-
DTP1	Card	17.3	24-35 m	1079	-
DTP1	Card or History	94.9	24-35 m	1079	-
DTP1	History	77.6	24-35 m	1079	-
DTP3	C or H <12 months	77.3	24-35 m	1079	-
DTP3	Card	16.6	24-35 m	1079	-
DTP3	Card or History	86	24-35 m	1079	-
DTP3	History	69.5	24-35 m	1079	-
HepB1	C or H <12 months	85.9	24-35 m	1079	-
HepB1	Card	17.3	24-35 m	1079	-
HepB1	Card or History	94.9	24-35 m	1079	-
HepB1	History	77.6	24-35 m	1079	-
HepB3	C or H <12 months	77.3	24-35 m	1079	-
HepB3	Card	16.6	24-35 m	1079	-
HepB3	Card or History	86	24-35 m	1079	-
HepB3	History	69.5	24-35 m	1079	-
Hib1	C or H <12 months	85.9	24-35 m	1079	-
Hib1	Card	17.3	24-35 m	1079	-
Hib1	Card or History	94.9	24-35 m	1079	-
Hib1	History	77.6	24-35 m	1079	-
Hib3	C or H <12 months	77.3	24-35 m	1079	-
Hib3	Card	16.6	24-35 m	1079	-
Hib3	Card or History	86	24-35 m	1079	-
Hib3	History	69.5	24-35 m	1079	-
MCV1	C or H <12 months	82.2	24-35 m	1079	-
MCV1	Card	16.1	24-35 m	1079	-
MCV1	Card or History	93.9	24-35 m	1079	-
MCV1	History	77.7	24-35 m	1079	-
Pol1	C or H <12 months	86.6	24-35 m	1079	-
Pol1	Card	17.3	24-35 m	1079	-
Pol1	Card or History	95.6	24-35 m	1079	-
Pol1	History	78.3	24-35 m	1079	-
Pol3	C or H <12 months	82.4	24-35 m	1079	-
Pol3	Card	16.6	24-35 m	1079	-
Pol3	Card or History	93.4	24-35 m	1079	-
Pol3	History	76.8	24-35 m	1079	-

2010 Nepal Demographic and Health Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.5	12-23 m	1000	34
BCG	Card	33.7	12-23 m	1000	34
BCG	Card or History	96.5	12-23 m	1000	34
BCG	History	62.8	12-23 m	1000	34
DTP1	C or H <12 months	96.4	12-23 m	1000	34
DTP1	Card	33.8	12-23 m	1000	34
DTP1	Card or History	96.4	12-23 m	1000	34
DTP1	History	62.6	12-23 m	1000	34
DTP3	C or H <12 months	91.4	12-23 m	1000	34
DTP3	Card	32.5	12-23 m	1000	34
DTP3	Card or History	91.7	12-23 m	1000	34
DTP3	History	59.2	12-23 m	1000	34
MCV1	C or H <12 months	82.3	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	96.6	12-23 m	1000	34
Pol1	Card	33.8	12-23 m	1000	34
Pol1	Card or History	96.6	12-23 m	1000	34
Pol1	History	62.7	12-23 m	1000	34
Pol3	C or H <12 months	92.1	12-23 m	1000	34
Pol3	Card	32.5	12-23 m	1000	34
Pol3	Card or History	92.5	12-23 m	1000	34
Pol3	History	60	12-23 m	1000	34

2008 Immunization Coverage Survey Nepal, 2009

Nepal - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	32.4	12-23 m	9775	32
BCG	Card or History	96.1	12-23 m	9775	32
BCG	History	63.8	12-23 m	9775	32
DTP1	Card	32.3	12-23 m	9775	32
DTP1	Card or History	95.8	12-23 m	9775	32
DTP1	History	63.4	12-23 m	9775	32
DTP3	Card	31.7	12-23 m	9775	32
DTP3	Card or History	91.7	12-23 m	9775	32
DTP3	History	60	12-23 m	9775	32
MCV1	Card	31.1	12-23 m	9775	32
MCV1	Card or History	89.9	12-23 m	9775	32
MCV1	History	58.8	12-23 m	9775	32
Pol1	Card	32.4	12-23 m	9775	32
Pol1	Card or History	96.2	12-23 m	9775	32
Pol1	History	63.8	12-23 m	9775	32
Pol3	Card	31.9	12-23 m	9775	32
Pol3	Card or History	92.1	12-23 m	9775	32
Pol3	History	60.2	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	93.2	12-23 m	984	32
BCG	Card	31.7	12-23 m	984	32
BCG	Card or History	93.4	12-23 m	984	32
BCG	History	61.7	12-23 m	984	32
DTP1	C or H <12 months	92.5	12-23 m	984	32
DTP1	Card	31.8	12-23 m	984	32
DTP1	Card or History	92.7	12-23 m	984	32
DTP1	History	60.8	12-23 m	984	32
DTP3	C or H <12 months	88	12-23 m	984	32
DTP3	Card	31.3	12-23 m	984	32
DTP3	Card or History	88.6	12-23 m	984	32
DTP3	History	57.4	12-23 m	984	32
HepB1	C or H <12 months	76	12-23 m	984	32
HepB1	Card	29.6	12-23 m	984	32
HepB1	Card or History	76.3	12-23 m	984	32
HepB1	History	46.6	12-23 m	984	32
HepB3	C or H <12 months	68.4	12-23 m	984	32
HepB3	Card	27.1	12-23 m	984	32
HepB3	Card or History	69.4	12-23 m	984	32
HepB3	History	42.4	12-23 m	984	32
MCV1	C or H <12 months	80	12-23 m	984	32
MCV1	Card	28.5	12-23 m	984	32
MCV1	Card or History	85	12-23 m	984	32
MCV1	History	56.5	12-23 m	984	32
Pol1	C or H <12 months	96.7	12-23 m	984	32
Pol1	Card	31.8	12-23 m	984	32
Pol1	Card or History	96.9	12-23 m	984	32
Pol1	History	65	12-23 m	984	32
Pol3	C or H <12 months	90.5	12-23 m	984	32
Pol3	Card	31.3	12-23 m	984	32
Pol3	Card or History	91.1	12-23 m	984	32
Pol3	History	59.8	12-23 m	984	32

2000 Nepal Demographic and Health Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.9	12-23 m	1313	16
BCG	Card	16.1	12-23 m	1313	16
BCG	Card or History	84.5	12-23 m	1313	16
BCG	History	68.3	12-23 m	1313	16
DTP1	C or H <12 months	82.5	12-23 m	1313	16
DTP1	Card	15.8	12-23 m	1313	16
DTP1	Card or History	84	12-23 m	1313	16
DTP1	History	68.1	12-23 m	1313	16
DTP3	C or H <12 months	70.6	12-23 m	1313	16
DTP3	Card	14.2	12-23 m	1313	16
DTP3	Card or History	72.1	12-23 m	1313	16
DTP3	History	58	12-23 m	1313	16
MCV1	C or H <12 months	63.6	12-23 m	1313	16
MCV1	Card	12.9	12-23 m	1313	16
MCV1	Card or History	70.6	12-23 m	1313	16
MCV1	History	57.7	12-23 m	1313	16
Pol1	C or H <12 months	97.3	12-23 m	1313	16
Pol1	Card	16	12-23 m	1313	16

Nepal - survey details

Pol1	Card or History	99	12-23 m	1313	16
Pol1	History	83	12-23 m	1313	16
Pol3	C or H <12 months	90.4	12-23 m	1313	16
Pol3	Card	15.5	12-23 m	1313	16
Pol3	Card or History	91.5	12-23 m	1313	16
Pol3	History	76	12-23 m	1313	16

1999 Report on the Situation of Women, Children and Households 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	86.8	12-23 m	1068	79
DTP1	Card or History	86.8	12-23 m	1068	79
DTP3	Card or History	65.4	12-23 m	1068	79
MCV1	Card or History	81.8	12-23 m	1068	79
Pol1	Card or History	93.2	12-23 m	1068	79
Pol3	Card or History	74.4	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	86.3	12-23 m	-	17
DTP1	C or H <12 months	86.8	12-23 m	-	17
DTP3	C or H <12 months	75.9	12-23 m	-	17
MCV1	C or H <12 months	73.1	12-23 m	-	17
Pol1	C or H <12 months	86.5	12-23 m	-	17
Pol3	C or H <12 months	70.2	12-23 m	-	17

Nepal - survey details

Further information and estimates for previous years are available at:
https://data.unicef.org/topic/child-health/immunization/
https://immunizationdata.who.int/listing.html