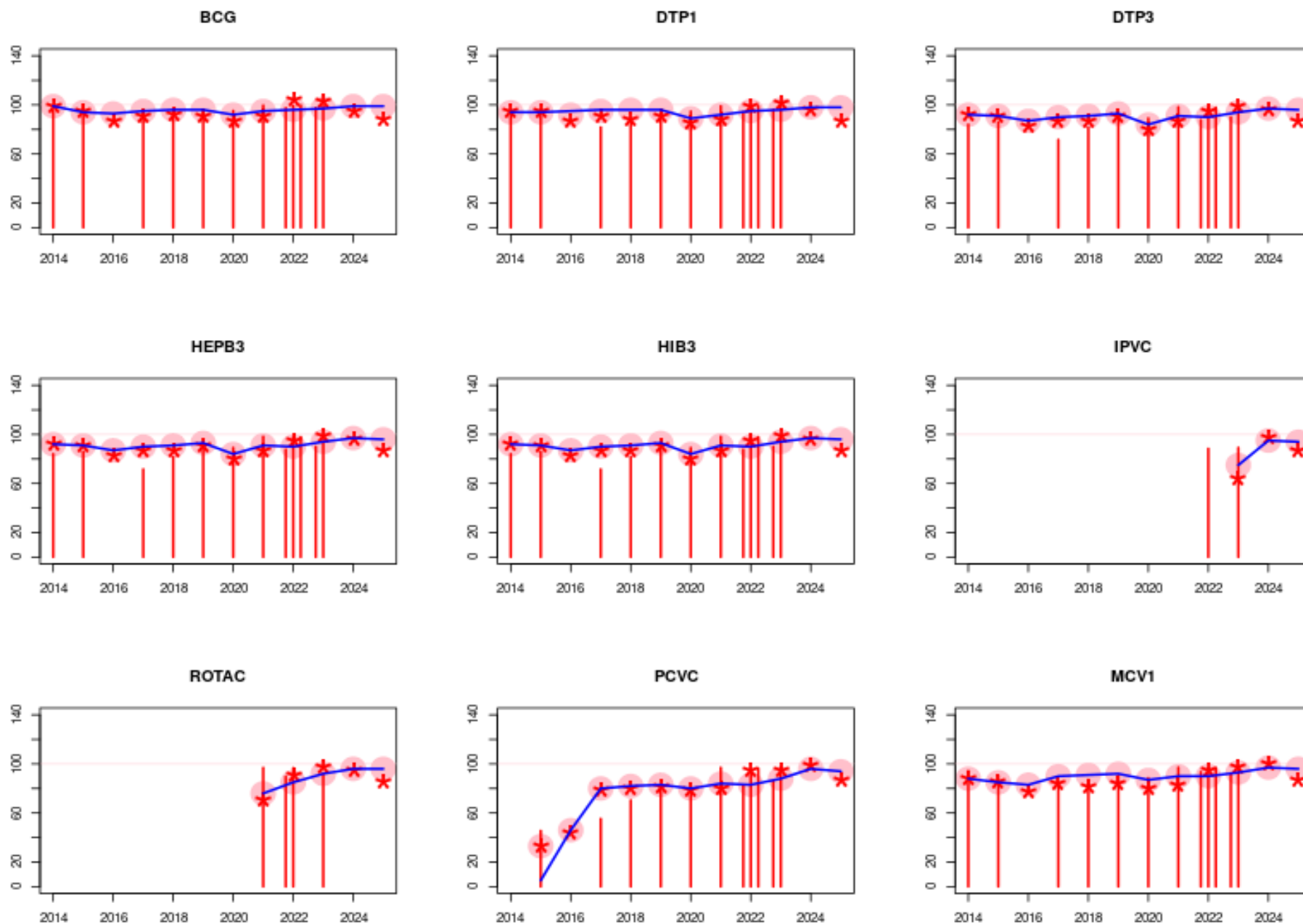




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, 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. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

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.
* Brown et al. 2013. Open Pub Health Journal. * 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 6-11, 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 AND DEFINITIONS

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.

IPV1: percentage of surviving infants who received the first dose of inactivated polio vaccine.

IPVC: percentage of surviving infants who received the final recommended dose of IPV in the primary series, according to the national immunization schedule primary series (e.g., second or third dose).

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 in the production of the estimate.

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.

PCVC: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

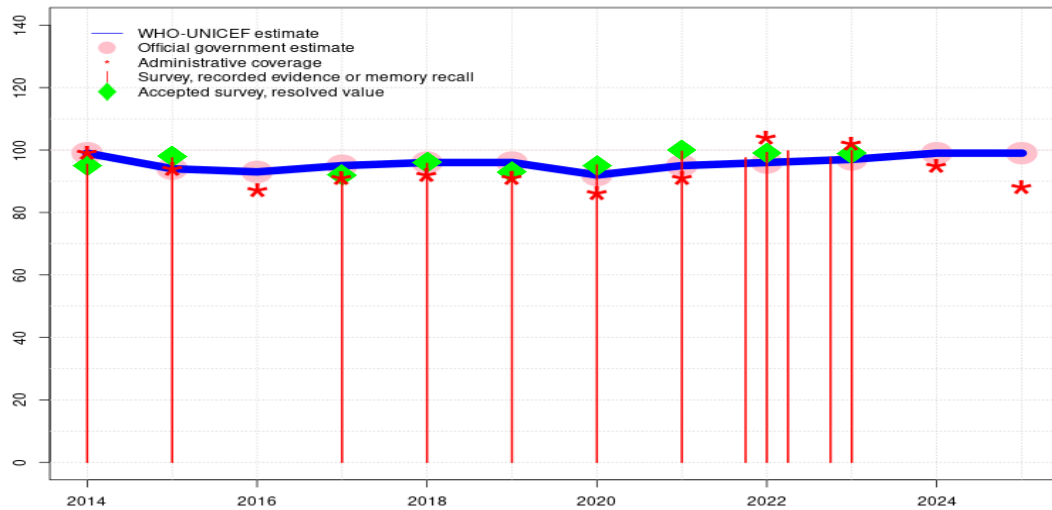
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

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Nepal - BCG

NPL - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	94	93	95	96	96	92	95	96	97	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●
Official	99	94	93	95	96	96	92	95	96	97	99	99
Administrative	99	94	87	91	92	91	86	91	104	102	95	88
Survey	95	98	-	92	96	93	95	100	*	*	-	-

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: 2024 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.

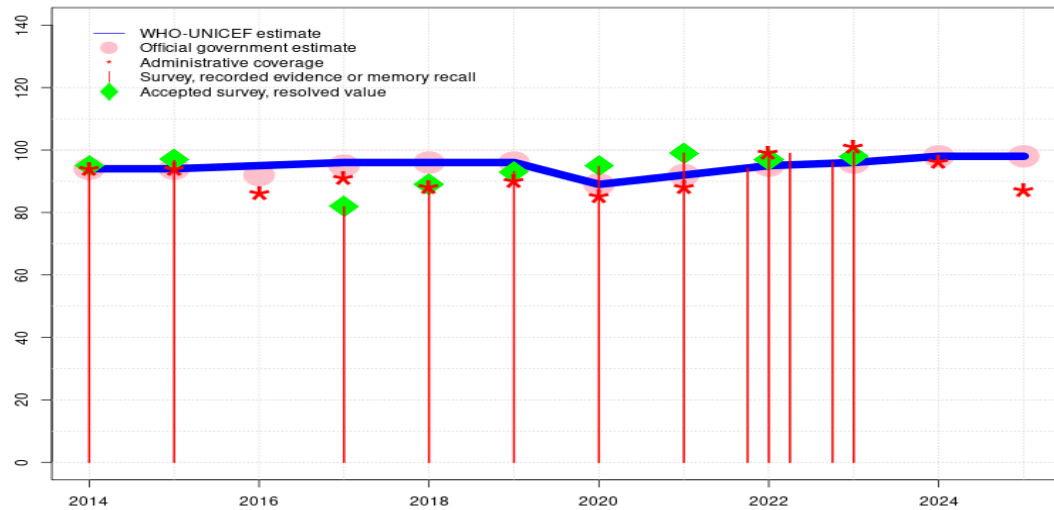
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 2 survey(s). GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 3 survey(s). 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 supported by survey. Survey evidence of 100 percent based on 1 survey(s). 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+

Nepal - DTP1

NPL - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	94	95	96	96	96	89	92	95	96	98	98
Estimate GoC	•••	•	•	•	•	••	•••	•••	•••	•••	•	•
Official	94	94	92	95	96	96	89	92	95	96	98	98
Administrative	94	94	86	91	88	90	85	88	99	101	96	87
Survey	95	97	-	82	89	93	95	99	*	*	-	-

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: 2024 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.

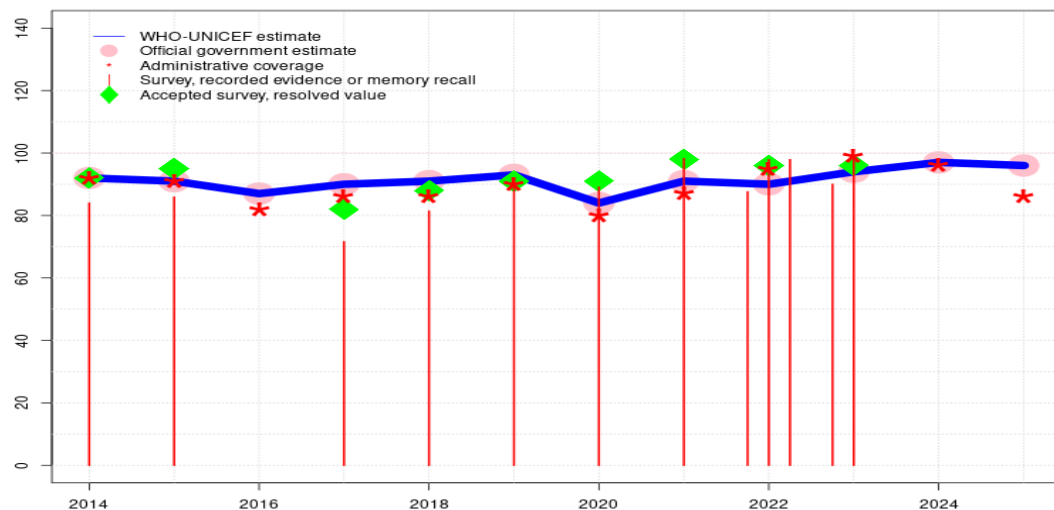
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 2 survey(s). GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 3 survey(s). 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 supported by survey. Survey evidence of 99 percent based on 1 survey(s). 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: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-S-
- 2016: Estimate informed by estimated DTP3 coverage adjusted for dropout. 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+

Nepal - DTP3

NPL - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	91	87	90	91	93	84	91	90	94	97	96
Estimate GoC	•••	•••	•••	•••	•••	••	•	•••	•••	•••	•	•
Official	92	91	87	90	91	93	84	91	90	94	97	96
Administrative	92	91	82	86	86	90	80	87	95	99	96	86
Survey	84	86	-	72	81	89	89	98	*	*	-	-

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: 2024 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.

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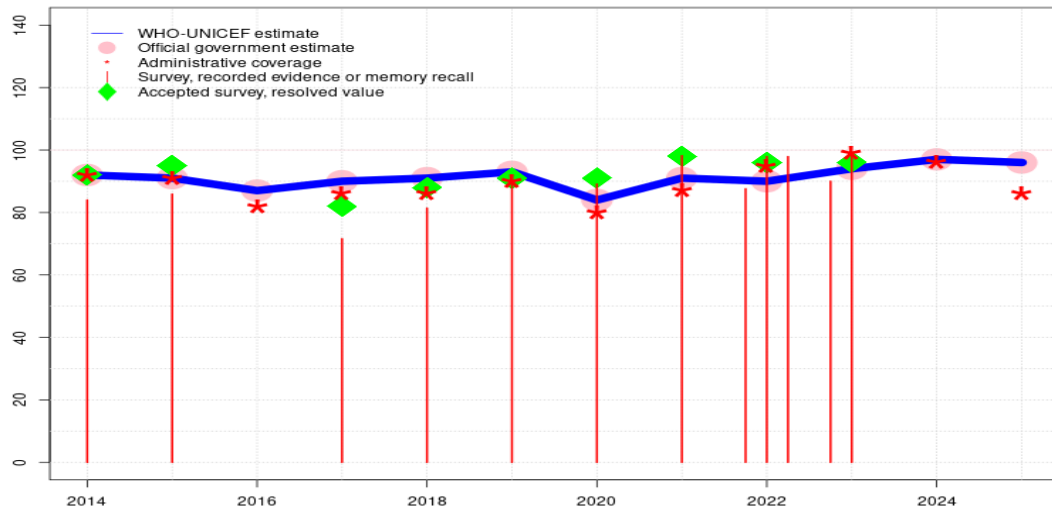
- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 2 survey(s). Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 90 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 81 percent. GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 3 survey(s). Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 72 percent. 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 supported by survey. Survey evidence of 98 percent based on 1 survey(s). 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 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 78 percent and 3rd dose record only coverage of 75 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Estimate challenged by: S-
- 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 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 61 percent and 3rd dose record 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 record or recall results of 81 percent modified for recall bias to 88 percent based on 1st dose record or

recall coverage of 89 percent, 1st dose record only coverage of 66 percent and 3rd dose record 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 record or recall results of 72 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 44 percent and 3rd dose record 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 record or recall results of 86 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 52 percent and 3rd dose record 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 record or recall results of 84 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 30 percent. GoC=R+ S+ D+

Nepal - HEPB3

NPL - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	91	87	90	91	93	84	91	90	94	97	96
Estimate GoC	•••	•••	•••	•••	•••	••	•	•••	•••	•••	•	•
Official	92	91	87	90	91	93	84	91	90	94	97	96
Administrative	92	91	82	86	86	90	80	87	95	99	96	86
Survey	84	86	-	72	81	89	89	98	*	*	-	-

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: 2024 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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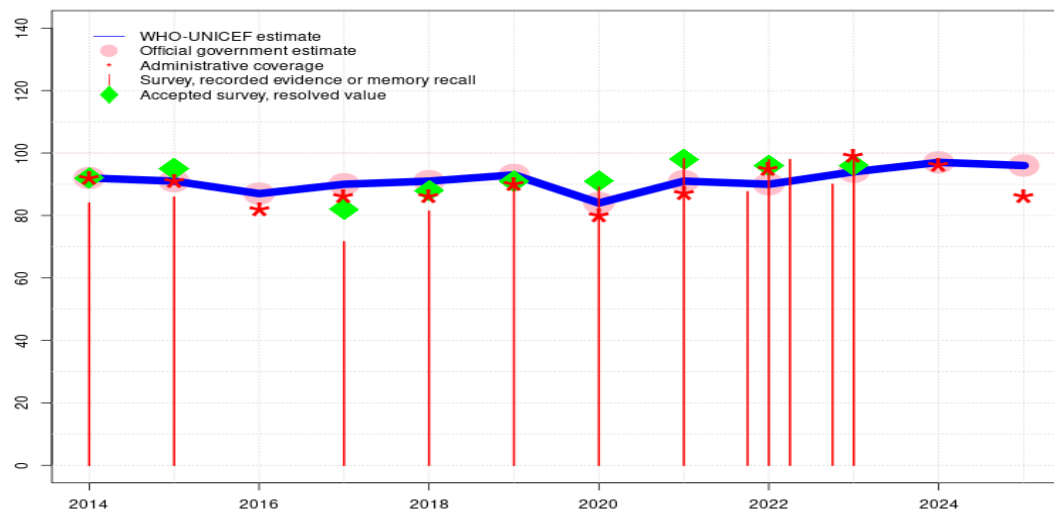
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- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 2 survey(s). Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 90 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 81 percent. GoC=R+ S+ D+
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- 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 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 61 percent and 3rd dose record 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.
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recall coverage of 89 percent, 1st dose record only coverage of 66 percent and 3rd dose record 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+

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Nepal - Hib3

NPL - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	91	87	90	91	93	84	91	90	94	97	96
Estimate GoC	•••	•••	•••	•••	•••	••	•	•••	•••	•••	•	•
Official	92	91	87	90	91	93	84	91	90	94	97	96
Administrative	92	91	82	86	86	90	80	87	95	99	96	86
Survey	84	86	-	72	81	89	89	98	*	*	-	-

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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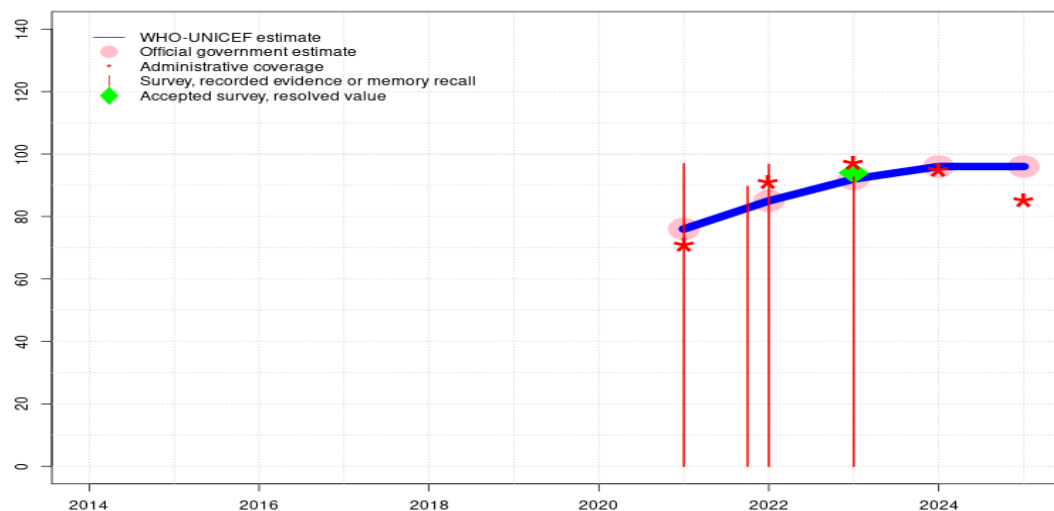
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- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 2 survey(s). Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 90 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 81 percent. GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 3 survey(s). Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 72 percent. 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 supported by survey. Survey evidence of 98 percent based on 1 survey(s). 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 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 78 percent and 3rd dose record only coverage of 75 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Estimate challenged by: S-
- 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 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 61 percent and 3rd dose record 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 record or recall results of 81 percent modified for recall bias to 88 percent based on 1st dose record or

recall coverage of 89 percent, 1st dose record only coverage of 66 percent and 3rd dose record 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 record or recall results of 72 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 44 percent and 3rd dose record 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 record or recall results of 86 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 52 percent and 3rd dose record 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 record or recall results of 84 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 30 percent. GoC=R+ S+ D+

Nepal - ROTAC

NPL - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	76	85	92	96	96
Estimate GoC	-	-	-	-	-	-	-	•	•••	•••	•	•
Official	-	-	-	-	-	-	-	76	85	92	96	96
Administrative	-	-	-	-	-	-	-	71	91	97	95	85
Survey	-	-	-	-	-	-	-	97	*	93	-	-

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: 2024 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.

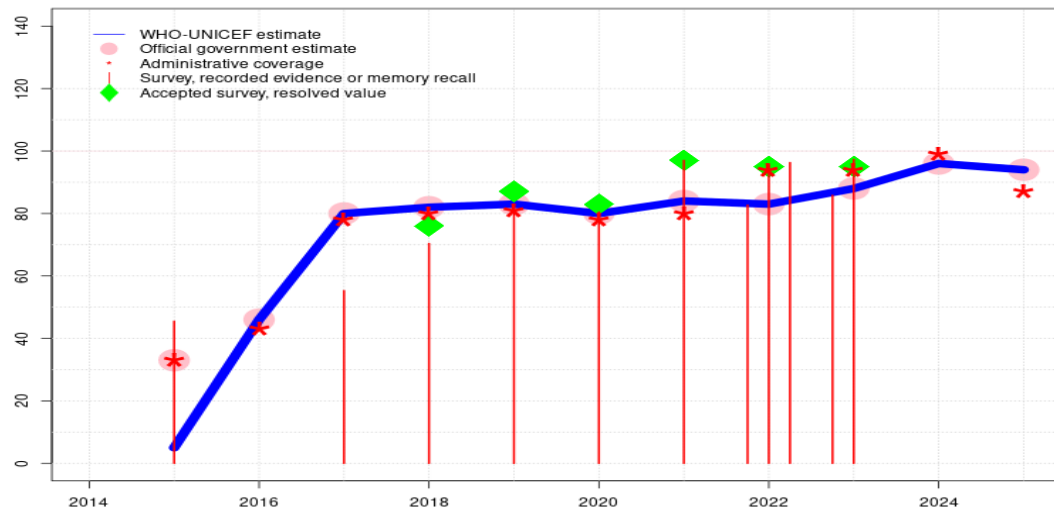
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 93 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 82 percent. GoC=R+ S+ D+
- 2022: Estimate informed by reported data. Post Campaign Coverage Survey for Typhoid Conjugate Vaccination campaign – 2022 in Nepal results ignored by working group. Survey coincided with introduction period. Survey results may reflect coverage among younger children in the survey. Nepal Multiple Indicator Cluster Survey 2024-2025 results ignored by working group. Survey coincided with introduction period. Survey results may reflect coverage among younger children in the survey. Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 90 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 72 percent and 3rd dose record only coverage of 72 percent. 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. Post Campaign Coverage Survey for Typhoid Conjugate Vaccination campaign – 2022 in Nepal results ignored by working group. Survey coincided with introduction period. Survey results may reflect coverage among younger children in the survey. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Rotavirus vaccine introduced in July 2020. Reporting started in 2021. Estimate challenged by: S-

Nepal - PCVC

NPL - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	5	46	80	82	83	80	84	83	88	96	94
Estimate GoC	-	•	•	•••	•••	•	•	•	•	•••	•••	•
Official	-	33	46	80	82	83	80	84	83	88	96	94
Administrative	-	33	43	78	80	81	78	80	94	94	99	87
Survey	-	46	-	55	70	81	81	97	*	*	-	-

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: 2024 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:

- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ S+ D+
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 2 survey(s). Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 86 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 80 percent. GoC=R+ S+ D+
- 2022: Estimate based on reported data. Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 83 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 72 percent. 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. Estimate challenged by: R-S-
- 2021: Estimate based on reported data. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Estimate challenged by: R-S-
- 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 record or recall results of 81 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 78 percent and 3rd dose record only coverage of 70 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Estimate challenged by: S-
- 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 record or recall results of 81 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 58 percent. Reported official estimates reflect adjustments for incomplete reporting from subnational units. Estimate challenged by: S-
- 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 record or recall results of 70 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 81 percent, 1st dose record only coverage of 66 percent and 3rd dose record 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 record or recall results of 55 percent

Nepal - PCVC

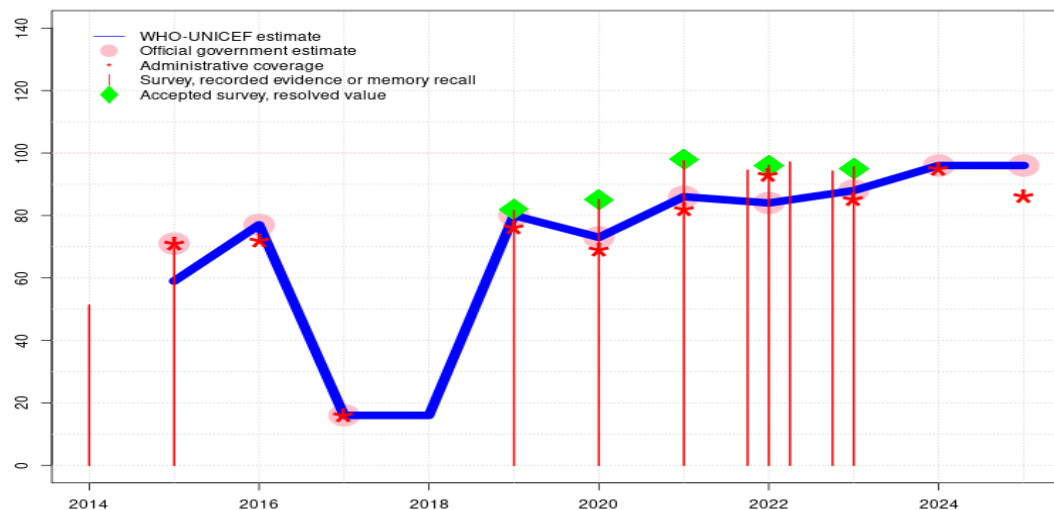
modified for recall bias to 64 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 44 percent and 3rd dose record only coverage of 40 percent. GoC=R+ S+ D+

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 Survey 2016 record or recall results of 46 percent modified for recall bias to 52 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 27 percent. Estimate challenged by: R-

Nepal - IPV1

NPL - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	59	77	16	16	80	73	86	84	88	96	96
Estimate GoC	-	•	••	•	•	•	•	•	•	•	•	•
Official	-	71	77	16	-	80	73	86	84	88	96	96
Administrative	-	71	72	16	-	76	69	82	93	85	95	86
Survey	51	70	-	-	-	82	85	98	*	*	-	-

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: 2024 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:

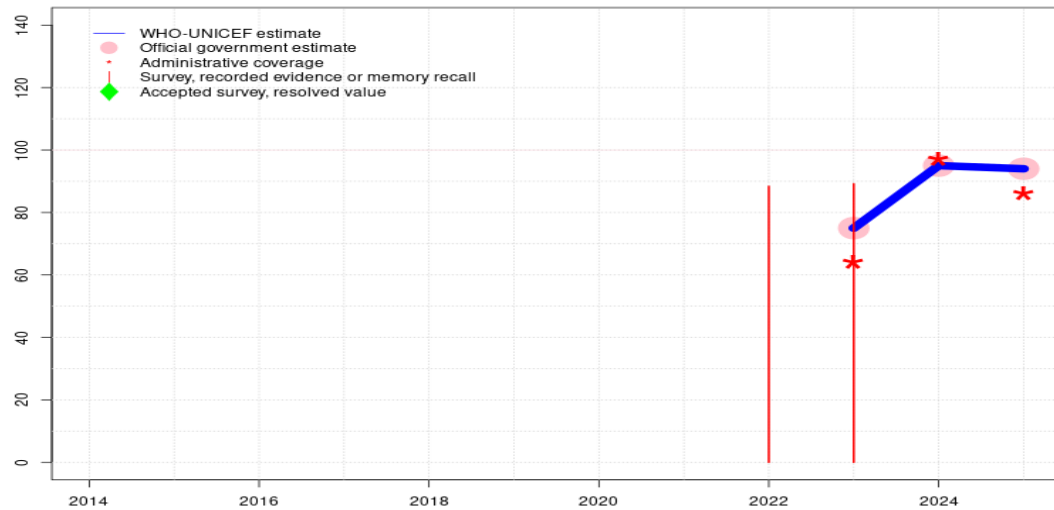
- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 2 survey(s). Since 2023, IPV1 reported data is based on the first fractional IPV dose. Estimate challenged by: D-
- 2022: Estimate based on 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. Estimate challenged by: R-S-
- 2021: Estimate based on 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. Estimate challenged by: R-S-
- 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-S-
- 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. Vaccine used across the country following introduction. 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 2016 results ignored by working group. Cohort represented in survey was during vaccine

Nepal - IPV1

introduction. Estimate challenged by: R-

Nepal - IPV

NPL - IPV



Description:

- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. Nepal Multiple Indicator Cluster Survey 2024-2025 results ignored by working group. Estimate based on reported data for consistency with other vaccines. Nepal Multiple Indicator Cluster Survey 2024-2025 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 78 percent. Program recommends second fractional IPV dose at 9 months. IPV reported data based on second fractional IPV dose. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	75	95	94
Estimate GoC	-	-	-	-	-	-	-	-	-	●	●●	●
Official	-	-	-	-	-	-	-	-	-	75	95	94
Administrative	-	-	-	-	-	-	-	-	-	64	97	86
Survey	-	-	-	-	-	-	-	-	88	89	-	-

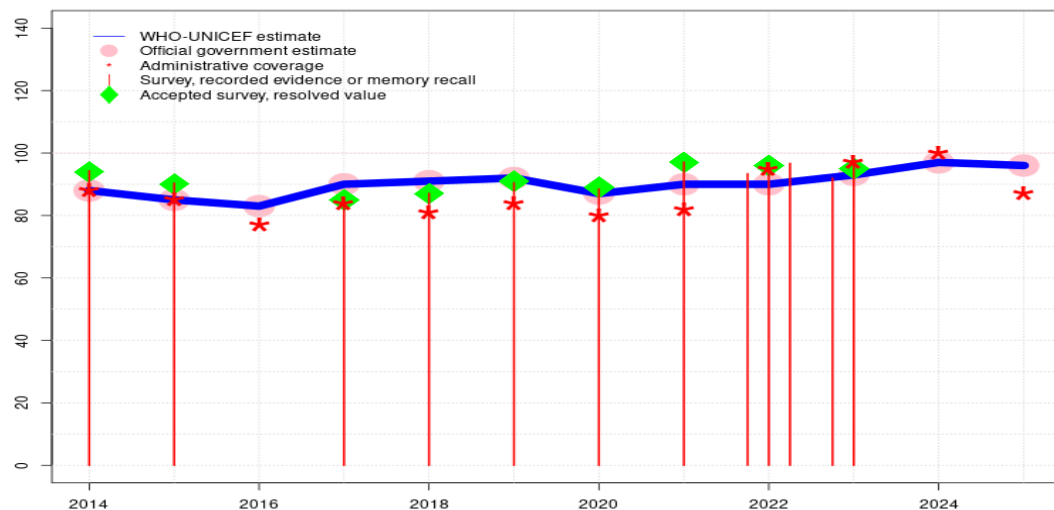
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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 - MCV1

NPL - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	85	83	90	91	92	87	90	90	93	97	96
Estimate GoC	●●●	●●●	●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●
Official	88	85	83	90	91	92	87	90	90	93	97	96
Administrative	88	85	77	84	81	84	80	82	95	97	100	87
Survey	94	90	-	85	87	91	89	97	*	*	-	-

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: 2024 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.

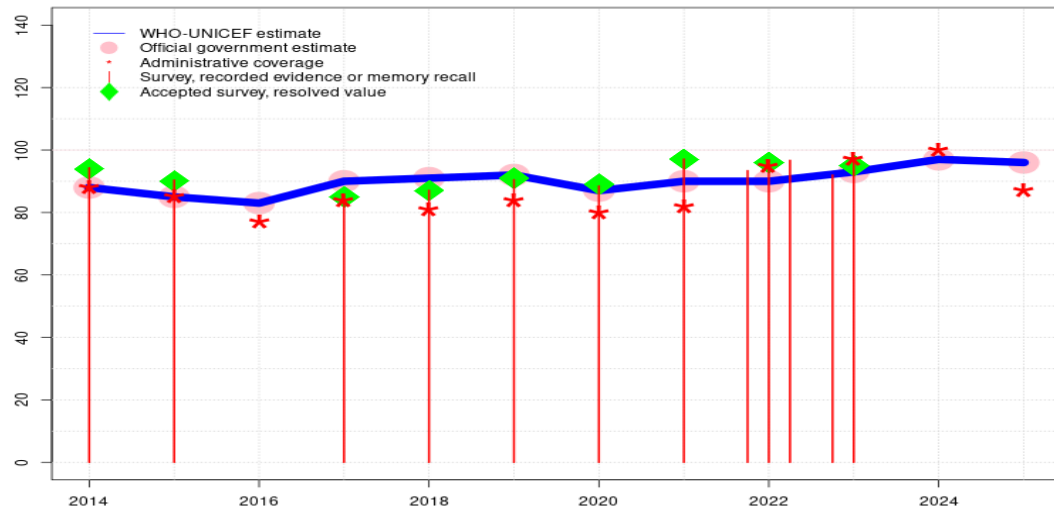
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ S+ D+
- 2023: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 2 survey(s). GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 3 survey(s). 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 supported by survey.Survey evidence of 97 percent based on 1 survey(s). 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 89 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 91 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+

Nepal - RCV1

NPL - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	85	83	90	91	92	87	90	90	93	97	96
Estimate GoC	●●●	●●●	●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●
Official	88	85	83	90	91	92	87	90	90	93	97	96
Administrative	88	85	77	84	81	84	80	82	95	97	100	87
Survey	94	90	-	85	87	91	89	97	*	*	-	-

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: 2024 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.

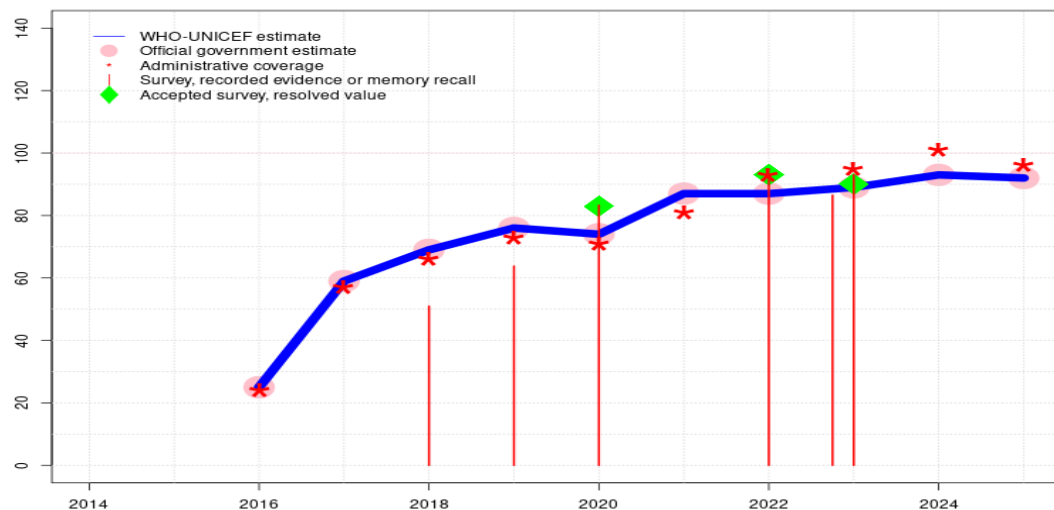
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ S+ 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+

Nepal - MCV2

NPL - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	25	59	69	76	74	87	87	89	93	92
Estimate GoC	-	-	••	••	•	•••	•	•••	•••	•••	•••	•••
Official	-	-	25	59	69	76	74	87	87	89	93	92
Administrative	-	-	24	57	66	73	71	81	93	95	101	96
Survey	-	-	-	-	51	64	83	-	93	*	-	-

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: 2024 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:

- 2025: Estimate informed by reported data. Official estimates were adjusted for issues with HMIS data entry, which partially explain the observed declines in administrative coverage. GoC=R+ S+ D+
- 2024: Estimate informed by reported data. GoC=R+ S+ D+
- 2023: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 2 survey(s). GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). 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. Estimate challenged by: S-
- 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 one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2023 Nepal Measles-Rubella Vaccination Post-campaign Coverage Survey with Routine Immunization, 2024-2025

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.8	12-23 m	540	-
DTP1	Record or Recall	99.3	12-23 m	540	-
DTP3	Record or Recall	98.4	12-23 m	540	-
HEPB1	Record or Recall	99.3	12-23 m	540	-
HEPB3	Record or Recall	98.4	12-23 m	540	-
HIB1	Record or Recall	99.3	12-23 m	540	-
HIB3	Record or Recall	98.4	12-23 m	540	-
IPV1	Record or Recall	95.6	12-23 m	540	-
MCV1	Record or Recall	97.7	12-23 m	540	-
MCV2	Record or Recall	93	24-35 m	579	-
PCV1	Record or Recall	98.9	12-23 m	540	-
PCVC	Record or Recall	97.3	12-23 m	540	-
RCV1	Record or Recall	97.7	12-23 m	540	-

2023 Nepal Multiple Indicator Cluster Survey 2024-2025

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.5	12-23 m	1136	95
BCG	Record	83.1	12-23 m	1136	95
BCG	Record or Recall	97.6	12-23 m	1136	95
BCG	Record or Recall<12m	97.5	12-23 m	1136	95
DTP1	Recall	13	12-23 m	1136	95
DTP1	Record	83	12-23 m	1136	95
DTP1	Record or Recall	96	12-23 m	1136	95
DTP1	Record or Recall<12m	95.8	12-23 m	1136	95
DTP3	Recall	8.9	12-23 m	1136	95
DTP3	Record	81.1	12-23 m	1136	95
DTP3	Record or Recall	90	12-23 m	1136	95
DTP3	Record or Recall<12m	88.9	12-23 m	1136	95
HEPB1	Recall	13	12-23 m	1136	95
HEPB1	Record	83	12-23 m	1136	95
HEPB1	Record or Recall	96	12-23 m	1136	95
HEPB1	Record or Recall<12m	95.8	12-23 m	1136	95
HEPB3	Recall	8.9	12-23 m	1136	95
HEPB3	Record	81.1	12-23 m	1136	95
HEPB3	Record or Recall	90	12-23 m	1136	95
HEPB3	Record or Recall<12m	88.9	12-23 m	1136	95
HIB1	Recall	13	12-23 m	1136	95
HIB1	Record	83	12-23 m	1136	95
HIB1	Record or Recall	96	12-23 m	1136	95
HIB1	Record or Recall<12m	95.8	12-23 m	1136	95
HIB3	Recall	8.9	12-23 m	1136	95
HIB3	Record	81.1	12-23 m	1136	95
HIB3	Record or Recall	90	12-23 m	1136	95
HIB3	Record or Recall<12m	88.9	12-23 m	1136	95
IPV1	Recall	13.7	12-23 m	1136	95
IPV1	Record	80.5	12-23 m	1136	95
IPV1	Record or Recall	94.2	12-23 m	1136	95
IPV1	Record or Recall<12m	93.8	12-23 m	1136	95
IPVC	Recall	11.3	12-23 m	1136	95
IPVC	Record	77.9	12-23 m	1136	95
IPVC	Record or Recall	89.2	12-23 m	1136	95
IPVC	Record or Recall<12m	86	12-23 m	1136	95
MCV1	Recall	11.8	12-23 m	1136	95
MCV1	Record	80.2	12-23 m	1136	95
MCV1	Record or Recall	92	12-23 m	1136	95

Nepal - Survey Details

MCV1	Record or Recall<12m	87.5	12-23 m	1136	95
MCV2	Recall	16	24-35 m	1181	92
MCV2	Record	70.5	24-35 m	1181	92
MCV2	Record or Recall	86.5	24-35 m	1181	92
MCV2	Record or Recall<12m	86.1	24-35 m	1181	92
PCV1	Recall	11.6	12-23 m	1136	95
PCV1	Record	83.3	12-23 m	1136	95
PCV1	Record or Recall	94.8	12-23 m	1136	95
PCV1	Record or Recall<12m	94.5	12-23 m	1136	95
PCVC	Recall	6.2	12-23 m	1136	95
PCVC	Record	79.7	12-23 m	1136	95
PCVC	Record or Recall	85.8	12-23 m	1136	95
PCVC	Record or Recall<12m	81.5	12-23 m	1136	95
RCV1	Recall	11.8	12-23 m	1136	95
RCV1	Record	80.2	12-23 m	1136	95
RCV1	Record or Recall	92	12-23 m	1136	95
RCV1	Record or Recall<12m	87.5	12-23 m	1136	95
ROTAC	Recall	10.2	12-23 m	1136	95
ROTAC	Record	82.4	12-23 m	1136	95
ROTAC	Record or Recall	92.6	12-23 m	1136	95
ROTAC	Record or Recall<12m	91.9	12-23 m	1136	95

2022 Nepal Measles-Rubella Vaccination Post-campaign Coverage Survey with Routine Immunization, 2024-2025

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.2	24-35 m	579	-
DTP1	Record or Recall	98.2	24-35 m	579	-
DTP3	Record or Recall	97.9	24-35 m	579	-
HEPB1	Record or Recall	98.2	24-35 m	579	-
HEPB3	Record or Recall	97.9	24-35 m	579	-
HIB1	Record or Recall	98.2	24-35 m	579	-
HIB3	Record or Recall	97.9	24-35 m	579	-
IPV1	Record or Recall	96	24-35 m	579	-
MCV1	Record or Recall	96.7	24-35 m	579	-
PCV1	Record or Recall	98	24-35 m	579	-
PCVC	Record or Recall	95.4	24-35 m	579	-
RCV1	Record or Recall	96.7	24-35 m	579	-

2022 Nepal Multiple Indicator Cluster Survey 2024-2025

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	24.4	24-35 m	1181	92
BCG	Record	73.1	24-35 m	1181	92
BCG	Record or Recall	97.5	24-35 m	1181	92
BCG	Record or Recall<12m	97.4	24-35 m	1181	92
DTP1	Recall	21.4	24-35 m	1181	92
DTP1	Record	72.8	24-35 m	1181	92
DTP1	Record or Recall	94.2	24-35 m	1181	92
DTP1	Record or Recall<12m	94.2	24-35 m	1181	92
DTP3	Recall	15.2	24-35 m	1181	92
DTP3	Record	72.4	24-35 m	1181	92
DTP3	Record or Recall	87.6	24-35 m	1181	92
DTP3	Record or Recall<12m	85.8	24-35 m	1181	92
HEPB1	Recall	21.4	24-35 m	1181	92
HEPB1	Record	72.8	24-35 m	1181	92
HEPB1	Record or Recall	94.2	24-35 m	1181	92
HEPB1	Record or Recall<12m	94.2	24-35 m	1181	92
HEPB3	Recall	15.2	24-35 m	1181	92
HEPB3	Record	72.4	24-35 m	1181	92
HEPB3	Record or Recall	87.6	24-35 m	1181	92
HEPB3	Record or Recall<12m	85.8	24-35 m	1181	92
HIB1	Recall	21.4	24-35 m	1181	92
HIB1	Record	72.8	24-35 m	1181	92
HIB1	Record or Recall	94.2	24-35 m	1181	92
HIB1	Record or Recall<12m	94.2	24-35 m	1181	92
HIB3	Recall	15.2	24-35 m	1181	92
HIB3	Record	72.4	24-35 m	1181	92
HIB3	Record or Recall	87.6	24-35 m	1181	92
HIB3	Record or Recall<12m	85.8	24-35 m	1181	92
IPV1	Recall	23.1	24-35 m	1181	92
IPV1	Record	71.5	24-35 m	1181	92
IPV1	Record or Recall	94.5	24-35 m	1181	92
IPV1	Record or Recall<12m	93.3	24-35 m	1181	92
IPVC	Recall	17.6	24-35 m	1181	92
IPVC	Record	70.7	24-35 m	1181	92
IPVC	Record or Recall	88.4	24-35 m	1181	92
IPVC	Record or Recall<12m	84.6	24-35 m	1181	92
MCV1	Recall	21.2	24-35 m	1181	92

Nepal - Survey Details

						2021 Post Campaign Coverage Survey for Typhoid Conjugate Vaccination campaign – 2022 in Nepal					
MCV1	Record	72.3	24-35 m	1181	92						
MCV1	Record or Recall	93.4	24-35 m	1181	92						
MCV1	Record or Recall<12m	89	24-35 m	1181	92						
PCV1	Recall	20.7	24-35 m	1181	92						
PCV1	Record	72.8	24-35 m	1181	92	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
PCV1	Record or Recall	93.5	24-35 m	1181	92	BCG	Record or Recall	99.6	24-35 m	4208	-
PCV1	Record or Recall<12m	93.3	24-35 m	1181	92	DTP1	Record or Recall	99	24-35 m	4208	-
PCVC	Recall	10.9	24-35 m	1181	92	DTP3	Record or Recall	98.2	24-35 m	4208	-
PCVC	Record	71.8	24-35 m	1181	92	HEPB1	Record or Recall	99	24-35 m	4208	-
PCVC	Record or Recall	82.7	24-35 m	1181	92	HEPB3	Record or Recall	98.2	24-35 m	4208	-
PCVC	Record or Recall<12m	78.1	24-35 m	1181	92	HIB1	Record or Recall	99	24-35 m	4208	-
RCV1	Recall	21.2	24-35 m	1181	92	HIB3	Record or Recall	98.2	24-35 m	4208	-
RCV1	Record	72.3	24-35 m	1181	92	IPV1	Record or Recall	97.5	24-35 m	4208	-
RCV1	Record or Recall	93.4	24-35 m	1181	92	MCV1	Record or Recall	97.1	24-35 m	4208	-
RCV1	Record or Recall<12m	89	24-35 m	1181	92	PCV1	Record or Recall	98.9	24-35 m	4208	-
ROTAC	Recall	17.3	24-35 m	1181	92	PCVC	Record or Recall	97	24-35 m	4208	-
ROTAC	Record	72.3	24-35 m	1181	92	RCV1	Record or Recall	97.1	24-35 m	4208	-
ROTAC	Record or Recall	89.6	24-35 m	1181	92	ROTAC	Record or Recall	96.9	24-35 m	4208	-
ROTAC	Record or Recall<12m	88.7	24-35 m	1181	92						

2022 Post Campaign Coverage Survey for Typhoid Conjugate Vaccination campaign – 2022 in Nepal

2020 Nepal Demographic and Health Survey 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.7	12-23 m	4293	-	BCG	Recall	17.2	12-23 m	207	79
DTP1	Record or Recall	98.9	12-23 m	4293	-	BCG	Record	78	12-23 m	752	79
DTP3	Record or Recall	97.9	12-23 m	4293	-	BCG	Record or Recall	95.2	12-23 m	959	79
HEPB1	Record or Recall	98.9	12-23 m	4293	-	BCG	Record or Recall<12m	95.1	12-23 m	959	79
HEPB3	Record or Recall	97.9	12-23 m	4293	-	DTP1	Recall	16.7	12-23 m	207	79
HIB1	Record or Recall	98.9	12-23 m	4293	-	DTP1	Record	78	12-23 m	752	79
HIB3	Record or Recall	97.9	12-23 m	4293	-	DTP1	Record or Recall	94.7	12-23 m	959	79
IPV1	Record or Recall	97.1	12-23 m	4293	-	DTP1	Record or Recall<12m	94.6	12-23 m	959	79
MCV1	Record or Recall	96.7	12-23 m	4293	-	DTP3	Recall	14.3	12-23 m	207	79
MCV2	Record or Recall	92.6	24-35 m	4208	-	DTP3	Record	74.8	12-23 m	752	79
PCV1	Record or Recall	98.8	12-23 m	4293	-	DTP3	Record or Recall	89.1	12-23 m	959	79
PCVC	Record or Recall	96.3	12-23 m	4293	-	DTP3	Record or Recall<12m	87.7	12-23 m	959	79
RCV1	Record or Recall	96.7	12-23 m	4293	-	HEPB1	Recall	16.7	12-23 m	207	79
ROTAC	Record or Recall	96.7	12-23 m	4293	-	HEPB1	Record	78	12-23 m	752	79
						HEPB1	Record or Recall	94.7	12-23 m	959	79
						HEPB1	Record or Recall<12m	94.6	12-23 m	959	79
						HEPB3	Recall	14.3	12-23 m	207	79

Nepal - Survey Details

HEPB3	Record	74.8	12-23 m	752	79	BCG	Recall	32.9	24-35 m	416	61
HEPB3	Record or Recall	89.1	12-23 m	959	79	BCG	Record	60.2	24-35 m	650	61
HEPB3	Record or Recall<12m	87.7	12-23 m	959	79	BCG	Record or Recall	93.2	24-35 m	1066	61
HIB1	Recall	16.7	12-23 m	207	79	BCG	Record or Recall<12m	92.6	24-35 m	1066	61
HIB1	Record	78	12-23 m	752	79	DTP1	Recall	32.1	24-35 m	416	61
HIB1	Record or Recall	94.7	12-23 m	959	79	DTP1	Record	60.9	24-35 m	650	61
HIB1	Record or Recall<12m	94.6	12-23 m	959	79	DTP1	Record or Recall	93.1	24-35 m	1066	61
HIB3	Recall	14.3	12-23 m	207	79	DTP1	Record or Recall<12m	92.4	24-35 m	1066	61
HIB3	Record	74.8	12-23 m	752	79	DTP3	Recall	29.2	24-35 m	416	61
HIB3	Record or Recall	89.1	12-23 m	959	79	DTP3	Record	59.8	24-35 m	650	61
HIB3	Record or Recall<12m	87.7	12-23 m	959	79	DTP3	Record or Recall	89	24-35 m	1066	61
IPV1	Recall	15.2	12-23 m	207	79	DTP3	Record or Recall<12m	87	24-35 m	1066	61
IPV1	Record	69.9	12-23 m	752	79	HEPB1	Recall	32.1	24-35 m	416	61
IPV1	Record or Recall	85.1	12-23 m	959	79	HEPB1	Record	60.9	24-35 m	650	61
IPV1	Record or Recall<12m	82.9	12-23 m	959	79	HEPB1	Record or Recall	93.1	24-35 m	1066	61
MCV1	Recall	14.9	12-23 m	207	79	HEPB1	Record or Recall<12m	92.4	24-35 m	1066	61
MCV1	Record	73.6	12-23 m	752	79	HEPB3	Recall	29.2	24-35 m	416	61
MCV1	Record or Recall	88.5	12-23 m	959	79	HEPB3	Record	59.8	24-35 m	650	61
MCV1	Record or Recall<12m	83.4	12-23 m	959	79	HEPB3	Record or Recall	89	24-35 m	1066	61
MCV2	Recall	28.5	24-35 m	416	61	HEPB3	Record or Recall<12m	87	24-35 m	1066	61
MCV2	Record	54.8	24-35 m	650	61	HIB1	Recall	32.1	24-35 m	416	61
MCV2	Record or Recall	83.3	24-35 m	1066	61	HIB1	Record	60.9	24-35 m	650	61
MCV2	Record or Recall<12m	82.3	24-35 m	1066	61	HIB1	Record or Recall	93.1	24-35 m	1066	61
PCV1	Recall	15.4	12-23 m	207	79	HIB1	Record or Recall<12m	92.4	24-35 m	1066	61
PCV1	Record	77.8	12-23 m	752	79	HIB3	Recall	29.2	24-35 m	416	61
PCV1	Record or Recall	93.3	12-23 m	959	79	HIB3	Record	59.8	24-35 m	650	61
PCV1	Record or Recall<12m	93	12-23 m	959	79	HIB3	Record or Recall	89	24-35 m	1066	61
PCVC	Recall	11	12-23 m	207	79	HIB3	Record or Recall<12m	87	24-35 m	1066	61
PCVC	Record	69.5	12-23 m	752	79	IPV1	Recall	30.2	24-35 m	416	61
PCVC	Record or Recall	80.5	12-23 m	959	79	IPV1	Record	51.4	24-35 m	650	61
PCVC	Record or Recall<12m	76.4	12-23 m	959	79	IPV1	Record or Recall	81.6	24-35 m	1066	61
RCV1	Recall	14.9	12-23 m	207	79	IPV1	Record or Recall<12m	79.7	24-35 m	1066	61
RCV1	Record	73.6	12-23 m	752	79	MCV1	Recall	30.7	24-35 m	416	61
RCV1	Record or Recall	88.5	12-23 m	959	79	MCV1	Record	59.8	24-35 m	650	61
RCV1	Record or Recall<12m	83.4	12-23 m	959	79	MCV1	Record or Recall	90.5	24-35 m	1066	61
						MCV1	Record or Recall<12m	81.7	24-35 m	1066	61
						PCV1	Recall	30.1	24-35 m	416	61
						PCV1	Record	60.7	24-35 m	650	61
						PCV1	Record or Recall	90.8	24-35 m	1066	61
						PCV1	Record or Recall<12m	89.6	24-35 m	1066	61

2019 Nepal Demographic and Health Survey 2022

Nepal - Survey Details

PCVC	Recall	22.7	24-35 m	416	61
PCVC	Record	57.9	24-35 m	650	61
PCVC	Record or Recall	80.6	24-35 m	1066	61
PCVC	Record or Recall<12m	75.7	24-35 m	1066	61
RCV1	Recall	30.7	24-35 m	416	61
RCV1	Record	59.8	24-35 m	650	61
RCV1	Record or Recall	90.5	24-35 m	1066	61
RCV1	Record or Recall<12m	81.7	24-35 m	1066	61

2019 Nepal Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV2	Recall	29.6	24-35 m	1232	-
MCV2	Record	34.2	24-35 m	1232	-
MCV2	Record or Recall	63.8	24-35 m	1232	-
MCV2	Record or Recall<12m	62.7	24-35 m	1232	-

2018 Nepal Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.2	12-23 m	1265	69
BCG	Record	67.5	12-23 m	1265	69
BCG	Record or Recall	95.7	12-23 m	1265	69
BCG	Record or Recall<12m	95.3	12-23 m	1265	69
DTP1	Recall	22.5	12-23 m	1265	69
DTP1	Record	66.3	12-23 m	1265	69
DTP1	Record or Recall	88.8	12-23 m	1265	69
DTP1	Record or Recall<12m	88.3	12-23 m	1265	69
DTP3	Recall	16.6	12-23 m	1265	69
DTP3	Record	64.8	12-23 m	1265	69
DTP3	Record or Recall	81.4	12-23 m	1265	69
DTP3	Record or Recall<12m	80.1	12-23 m	1265	69
HEPB1	Recall	22.5	12-23 m	1265	69
HEPB1	Record	66.3	12-23 m	1265	69
HEPB1	Record or Recall	88.8	12-23 m	1265	69
HEPB1	Record or Recall<12m	88.3	12-23 m	1265	69
HEPB3	Recall	16.6	12-23 m	1265	69

HEPB3	Record	64.8	12-23 m	1265	69
HEPB3	Record or Recall	81.4	12-23 m	1265	69
HEPB3	Record or Recall<12m	80.1	12-23 m	1265	69
HIB1	Recall	22.5	12-23 m	1265	69
HIB1	Record	66.3	12-23 m	1265	69
HIB1	Record or Recall	88.8	12-23 m	1265	69
HIB1	Record or Recall<12m	88.3	12-23 m	1265	69
HIB3	Recall	16.6	12-23 m	1265	69
HIB3	Record	64.8	12-23 m	1265	69
HIB3	Record or Recall	81.4	12-23 m	1265	69
HIB3	Record or Recall<12m	80.1	12-23 m	1265	69
MCV1	Recall	23.2	12-23 m	1265	69
MCV1	Record	64	12-23 m	1265	69
MCV1	Record or Recall	87.1	12-23 m	1265	69
MCV1	Record or Recall<12m	83.4	12-23 m	1265	69
MCV2	Recall	12.8	12-23 m	1265	69
MCV2	Record	38.1	12-23 m	1265	69
MCV2	Record or Recall	51	12-23 m	1265	69
MCV2	Record or Recall<12m	3	12-23 m	1265	69
PCV1	Recall	15.6	12-23 m	1265	69
PCV1	Record	65.8	12-23 m	1265	69
PCV1	Record or Recall	81.4	12-23 m	1265	69
PCV1	Record or Recall<12m	80.8	12-23 m	1265	69
PCVC	Recall	8.8	12-23 m	1265	69
PCVC	Record	61.7	12-23 m	1265	69
PCVC	Record or Recall	70.4	12-23 m	1265	69
PCVC	Record or Recall<12m	68.5	12-23 m	1265	69
RCV1	Recall	23.2	12-23 m	1265	69
RCV1	Record	64	12-23 m	1265	69
RCV1	Record or Recall	87.1	12-23 m	1265	69
RCV1	Record or Recall<12m	83.4	12-23 m	1265	69

2017 Nepal Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	46.7	24-35 m	1232	-
BCG	Record	45.7	24-35 m	1232	-
BCG	Record or Recall	92.4	24-35 m	1232	-
BCG	Record or Recall<12m	90.6	24-35 m	1232	-

Nepal - Survey Details

DTP1	Recall	37.5	24-35 m	1232	-
DTP1	Record	44.3	24-35 m	1232	-
DTP1	Record or Recall	81.8	24-35 m	1232	-
DTP1	Record or Recall<12m	79.6	24-35 m	1232	-
DTP3	Recall	27.6	24-35 m	1232	-
DTP3	Record	43.9	24-35 m	1232	-
DTP3	Record or Recall	71.6	24-35 m	1232	-
DTP3	Record or Recall<12m	69.2	24-35 m	1232	-
HEPB1	Recall	37.5	24-35 m	1232	-
HEPB1	Record	44.3	24-35 m	1232	-
HEPB1	Record or Recall	81.8	24-35 m	1232	-
HEPB1	Record or Recall<12m	79.6	24-35 m	1232	-
HEPB3	Recall	27.6	24-35 m	1232	-
HEPB3	Record	43.9	24-35 m	1232	-
HEPB3	Record or Recall	71.6	24-35 m	1232	-
HEPB3	Record or Recall<12m	69.2	24-35 m	1232	-
HIB1	Recall	37.5	24-35 m	1232	-
HIB1	Record	44.3	24-35 m	1232	-
HIB1	Record or Recall	81.8	24-35 m	1232	-
HIB1	Record or Recall<12m	79.6	24-35 m	1232	-
HIB3	Recall	27.6	24-35 m	1232	-
HIB3	Record	43.9	24-35 m	1232	-
HIB3	Record or Recall	71.6	24-35 m	1232	-
HIB3	Record or Recall<12m	69.2	24-35 m	1232	-
MCV1	Recall	41.1	24-35 m	1232	-
MCV1	Record	44.2	24-35 m	1232	-
MCV1	Record or Recall	85.3	24-35 m	1232	-
MCV1	Record or Recall<12m	78	24-35 m	1232	-
PCV1	Recall	25.4	24-35 m	1232	-
PCV1	Record	44.1	24-35 m	1232	-
PCV1	Record or Recall	69.5	24-35 m	1232	-
PCV1	Record or Recall<12m	68.3	24-35 m	1232	-
PCVC	Recall	15.2	24-35 m	1232	-
PCVC	Record	40.1	24-35 m	1232	-
PCVC	Record or Recall	55.3	24-35 m	1232	-
PCVC	Record or Recall<12m	52.7	24-35 m	1232	-
RCV1	Recall	41.1	24-35 m	1232	-
RCV1	Record	44.2	24-35 m	1232	-
RCV1	Record or Recall	85.3	24-35 m	1232	-
RCV1	Record or Recall<12m	78	24-35 m	1232	-

2015 Nepal Demographic and Health Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	45.3	12-23 m	493	52
BCG	Record	52.2	12-23 m	541	52
BCG	Record or Recall	97.5	12-23 m	1034	52
BCG	Record or Recall<12m	97	12-23 m	1034	52
DTP1	Recall	44.6	12-23 m	493	52
DTP1	Record	52	12-23 m	541	52
DTP1	Record or Recall	96.6	12-23 m	1034	52
DTP1	Record or Recall<12m	96.4	12-23 m	1034	52
DTP3	Recall	34.8	12-23 m	493	52
DTP3	Record	51.1	12-23 m	541	52
DTP3	Record or Recall	85.9	12-23 m	1034	52
DTP3	Record or Recall<12m	85.7	12-23 m	1034	52
HEPB1	Recall	44.6	12-23 m	493	52
HEPB1	Record	52	12-23 m	541	52
HEPB1	Record or Recall	96.6	12-23 m	1034	52
HEPB1	Record or Recall<12m	96.4	12-23 m	1034	52
HEPB3	Recall	34.8	12-23 m	493	52
HEPB3	Record	51.1	12-23 m	541	52
HEPB3	Record or Recall	85.9	12-23 m	1034	52
HEPB3	Record or Recall<12m	85.7	12-23 m	1034	52
HIB1	Recall	44.6	12-23 m	493	52
HIB1	Record	52	12-23 m	541	52
HIB1	Record or Recall	96.6	12-23 m	1034	52
HIB1	Record or Recall<12m	96.4	12-23 m	1034	52
HIB3	Recall	34.8	12-23 m	493	52
HIB3	Record	51.1	12-23 m	541	52
HIB3	Record or Recall	85.9	12-23 m	1034	52
HIB3	Record or Recall<12m	85.7	12-23 m	1034	52
IPV1	Recall	31.3	12-23 m	493	52
IPV1	Record	38.3	12-23 m	541	52
IPV1	Record or Recall	69.7	12-23 m	1034	52
IPV1	Record or Recall<12m	68.4	12-23 m	1034	52
MCV1	Recall	40.6	12-23 m	493	52
MCV1	Record	49.8	12-23 m	541	52
MCV1	Record or Recall	90.4	12-23 m	1034	52

Nepal - Survey Details

MCV1	Record or Recall<12m	82.7	12-23 m	1034	52
PCV1	Recall	35.2	12-23 m	493	52
PCV1	Record	37.6	12-23 m	541	52
PCV1	Record or Recall	72.8	12-23 m	1034	52
PCV1	Record or Recall<12m	71.4	12-23 m	1034	52
PCVC	Recall	19	12-23 m	493	52
PCVC	Record	26.5	12-23 m	541	52
PCVC	Record or Recall	45.5	12-23 m	1034	52
PCVC	Record or Recall<12m	43.8	12-23 m	1034	52
RCV1	Recall	40.6	12-23 m	493	52
RCV1	Record	49.8	12-23 m	541	52
RCV1	Record or Recall	90.4	12-23 m	1034	52
RCV1	Record or Recall<12m	82.7	12-23 m	1034	52

2014 Nepal Demographic and Health Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	64.9	24-35 m	635	-
BCG	Record	30.5	24-35 m	284	-
BCG	Record or Recall	95.4	24-35 m	919	-
BCG	Record or Recall<12m	93.7	24-35 m	919	-
DTP1	Recall	64.7	24-35 m	635	-
DTP1	Record	30.6	24-35 m	284	-
DTP1	Record or Recall	95.3	24-35 m	919	-
DTP1	Record or Recall<12m	93.9	24-35 m	919	-
DTP3	Recall	54	24-35 m	635	-
DTP3	Record	30	24-35 m	284	-
DTP3	Record or Recall	84	24-35 m	919	-
DTP3	Record or Recall<12m	80.6	24-35 m	919	-
HEPB1	Recall	64.7	24-35 m	635	-
HEPB1	Record	30.6	24-35 m	284	-
HEPB1	Record or Recall	95.3	24-35 m	919	-
HEPB1	Record or Recall<12m	93.9	24-35 m	919	-
HEPB3	Recall	54	24-35 m	635	-
HEPB3	Record	30	24-35 m	284	-
HEPB3	Record or Recall	84	24-35 m	919	-
HEPB3	Record or Recall<12m	80.6	24-35 m	919	-
HIB1	Recall	64.7	24-35 m	635	-
HIB1	Record	30.6	24-35 m	284	-

HIB1	Record or Recall	95.3	24-35 m	919	-
HIB1	Record or Recall<12m	93.9	24-35 m	919	-
HIB3	Recall	54	24-35 m	635	-
HIB3	Record	30	24-35 m	284	-
HIB3	Record or Recall	84	24-35 m	919	-
HIB3	Record or Recall<12m	80.6	24-35 m	919	-
IPV1	Recall	41.4	24-35 m	635	-
IPV1	Record	9.9	24-35 m	284	-
IPV1	Record or Recall	51.3	24-35 m	919	-
IPV1	Record or Recall<12m	45.3	24-35 m	919	-
MCV1	Recall	64.4	24-35 m	635	-
MCV1	Record	29.9	24-35 m	284	-
MCV1	Record or Recall	94.3	24-35 m	919	-
MCV1	Record or Recall<12m	81.6	24-35 m	919	-
PCV1	Recall	43.2	24-35 m	635	-
PCV1	Record	9.2	24-35 m	284	-
PCV1	Record or Recall	52.4	24-35 m	919	-
PCV1	Record or Recall<12m	46.4	24-35 m	919	-
RCV1	Recall	64.4	24-35 m	635	-
RCV1	Record	29.9	24-35 m	284	-
RCV1	Record or Recall	94.3	24-35 m	919	-
RCV1	Record or Recall<12m	81.6	24-35 m	919	-

2012 Nepal Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	56.3	12-23 m	1008	40
BCG	Record	39.4	12-23 m	1008	40
BCG	Record or Recall	96.7	12-23 m	1008	40
BCG	Record or Recall<12m	87.5	12-23 m	1008	40
DTP1	Recall	55.9	12-23 m	1008	40
DTP1	Record	39.4	12-23 m	1008	40
DTP1	Record or Recall	95.3	12-23 m	1008	40
DTP1	Record or Recall<12m	88.7	12-23 m	1008	40
DTP3	Recall	50.8	12-23 m	1008	40
DTP3	Record	37.5	12-23 m	1008	40
DTP3	Record or Recall	88.3	12-23 m	1008	40
DTP3	Record or Recall<12m	83.1	12-23 m	1008	40
HEPB1	Recall	55.9	12-23 m	1008	40

Nepal - Survey Details

HEPB1	Record	39.4	12-23 m	1008	40
HEPB1	Record or Recall	95.3	12-23 m	1008	40
HEPB1	Record or Recall<12m	88.7	12-23 m	1008	40
HEPB3	Recall	50.8	12-23 m	1008	40
HEPB3	Record	37.5	12-23 m	1008	40
HEPB3	Record or Recall	88.3	12-23 m	1008	40
HEPB3	Record or Recall<12m	83.1	12-23 m	1008	40
HIB1	Recall	55.9	12-23 m	1008	40
HIB1	Record	39.4	12-23 m	1008	40
HIB1	Record or Recall	95.3	12-23 m	1008	40
HIB1	Record or Recall<12m	88.7	12-23 m	1008	40
HIB3	Recall	50.8	12-23 m	1008	40
HIB3	Record	37.5	12-23 m	1008	40
HIB3	Record or Recall	88.3	12-23 m	1008	40
HIB3	Record or Recall<12m	83.1	12-23 m	1008	40
MCV1	Recall	54.6	12-23 m	1008	40
MCV1	Record	38	12-23 m	1008	40
MCV1	Record or Recall	92.6	12-23 m	1008	40
MCV1	Record or Recall<12m	84.5	12-23 m	1008	40

HEPB3	Recall	69.5	24-35 m	1079	-
HEPB3	Record	16.6	24-35 m	1079	-
HEPB3	Record or Recall	86	24-35 m	1079	-
HEPB3	Record or Recall<12m	77.3	24-35 m	1079	-
HIB1	Recall	77.6	24-35 m	1079	-
HIB1	Record	17.3	24-35 m	1079	-
HIB1	Record or Recall	94.9	24-35 m	1079	-
HIB1	Record or Recall<12m	85.9	24-35 m	1079	-
HIB3	Recall	69.5	24-35 m	1079	-
HIB3	Record	16.6	24-35 m	1079	-
HIB3	Record or Recall	86	24-35 m	1079	-
HIB3	Record or Recall<12m	77.3	24-35 m	1079	-
MCV1	Recall	77.7	24-35 m	1079	-
MCV1	Record	16.1	24-35 m	1079	-
MCV1	Record or Recall	93.9	24-35 m	1079	-
MCV1	Record or Recall<12m	82.2	24-35 m	1079	-

2010 Nepal Demographic and Health Survey 2011

2011 Nepal Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	77.9	24-35 m	1079	-
BCG	Record	17.3	24-35 m	1079	-
BCG	Record or Recall	95.2	24-35 m	1079	-
BCG	Record or Recall<12m	85.7	24-35 m	1079	-
DTP1	Recall	77.6	24-35 m	1079	-
DTP1	Record	17.3	24-35 m	1079	-
DTP1	Record or Recall	94.9	24-35 m	1079	-
DTP1	Record or Recall<12m	85.9	24-35 m	1079	-
DTP3	Recall	69.5	24-35 m	1079	-
DTP3	Record	16.6	24-35 m	1079	-
DTP3	Record or Recall	86	24-35 m	1079	-
DTP3	Record or Recall<12m	77.3	24-35 m	1079	-
HEPB1	Recall	77.6	24-35 m	1079	-
HEPB1	Record	17.3	24-35 m	1079	-
HEPB1	Record or Recall	94.9	24-35 m	1079	-
HEPB1	Record or Recall<12m	85.9	24-35 m	1079	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	62.8	12-23 m	1000	34
BCG	Record	33.7	12-23 m	1000	34
BCG	Record or Recall	96.5	12-23 m	1000	34
BCG	Record or Recall<12m	96.5	12-23 m	1000	34
DTP1	Recall	62.6	12-23 m	1000	34
DTP1	Record	33.8	12-23 m	1000	34
DTP1	Record or Recall	96.4	12-23 m	1000	34
DTP1	Record or Recall<12m	96.4	12-23 m	1000	34
DTP3	Recall	59.2	12-23 m	1000	34
DTP3	Record	32.5	12-23 m	1000	34
DTP3	Record or Recall	91.7	12-23 m	1000	34
DTP3	Record or Recall<12m	91.4	12-23 m	1000	34
MCV1	Recall	57	12-23 m	1000	34
MCV1	Record	31	12-23 m	1000	34
MCV1	Record or Recall	88	12-23 m	1000	34
MCV1	Record or Recall<12m	82.3	12-23 m	1000	34

2008 Immunization Coverage Survey Nepal, 2009

Nepal - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	63.8	12-23 m	9775	32
BCG	Record	32.4	12-23 m	9775	32
BCG	Record or Recall	96.1	12-23 m	9775	32
DTP1	Recall	63.4	12-23 m	9775	32
DTP1	Record	32.3	12-23 m	9775	32
DTP1	Record or Recall	95.8	12-23 m	9775	32
DTP3	Recall	60	12-23 m	9775	32
DTP3	Record	31.7	12-23 m	9775	32
DTP3	Record or Recall	91.7	12-23 m	9775	32
MCV1	Recall	58.8	12-23 m	9775	32
MCV1	Record	31.1	12-23 m	9775	32
MCV1	Record or Recall	89.9	12-23 m	9775	32

2005 Nepal Demographic and Health Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	61.7	12-23 m	984	32
BCG	Record	31.7	12-23 m	984	32
BCG	Record or Recall	93.4	12-23 m	984	32
BCG	Record or Recall<12m	93.2	12-23 m	984	32
DTP1	Recall	60.8	12-23 m	984	32
DTP1	Record	31.8	12-23 m	984	32
DTP1	Record or Recall	92.7	12-23 m	984	32
DTP1	Record or Recall<12m	92.5	12-23 m	984	32
DTP3	Recall	57.4	12-23 m	984	32
DTP3	Record	31.3	12-23 m	984	32
DTP3	Record or Recall	88.6	12-23 m	984	32
DTP3	Record or Recall<12m	88	12-23 m	984	32
HEPB1	Recall	46.6	12-23 m	984	32
HEPB1	Record	29.6	12-23 m	984	32
HEPB1	Record or Recall	76.3	12-23 m	984	32
HEPB1	Record or Recall<12m	76	12-23 m	984	32
HEPB3	Recall	42.4	12-23 m	984	32
HEPB3	Record	27.1	12-23 m	984	32
HEPB3	Record or Recall	69.4	12-23 m	984	32
HEPB3	Record or Recall<12m	68.4	12-23 m	984	32
MCV1	Recall	56.5	12-23 m	984	32

MCV1	Record	28.5	12-23 m	984	32
MCV1	Record or Recall	85	12-23 m	984	32
MCV1	Record or Recall<12m	80	12-23 m	984	32

2000 Nepal Demographic and Health Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	68.3	12-23 m	1313	16
BCG	Record	16.1	12-23 m	1313	16
BCG	Record or Recall	84.5	12-23 m	1313	16
BCG	Record or Recall<12m	82.9	12-23 m	1313	16
DTP1	Recall	68.1	12-23 m	1313	16
DTP1	Record	15.8	12-23 m	1313	16
DTP1	Record or Recall	84	12-23 m	1313	16
DTP1	Record or Recall<12m	82.5	12-23 m	1313	16
DTP3	Recall	58	12-23 m	1313	16
DTP3	Record	14.2	12-23 m	1313	16
DTP3	Record or Recall	72.1	12-23 m	1313	16
DTP3	Record or Recall<12m	70.6	12-23 m	1313	16
MCV1	Recall	57.7	12-23 m	1313	16
MCV1	Record	12.9	12-23 m	1313	16
MCV1	Record or Recall	70.6	12-23 m	1313	16
MCV1	Record or Recall<12m	63.6	12-23 m	1313	16

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	86.8	12-23 m	1068	79
DTP1	Record or Recall	86.8	12-23 m	1068	79
DTP3	Record or Recall	65.4	12-23 m	1068	79
MCV1	Record or Recall	81.8	12-23 m	1068	79

1997 Nepal, Routine Immunization and NID Coverage Survey Report 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	86.3	12-23 m	-	17

DTP1	Record or Recall<12m	86.8	12-23 m	-	17	MCV1	Record or Recall<12m	73.1	12-23 m	-	17
DTP3	Record or Recall<12m	75.9	12-23 m	-	17						

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