GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Nigeria

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 1:28:18 PM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
INS			
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2013

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	Yes	N/A	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Nigeria hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Nigeria

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	PROF C.O. ONYEBUCHI CHUKWU	**Name**	DR NGOZI OKONJO IWEALA
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Nigeria is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Nigeria's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	6,785,840	6,785,840	7,002,987	7,002,987	7,227,082	7,227,082	7,458,349	7,458,349
Total infants' deaths	441,080	441,300	420,179	420,179	361,354	361,354	261,042	261,042
Total surviving infants	6344760	6,344,540	6,582,808	6,582,808	6,865,728	6,865,728	7,197,307	7,197,307
Total pregnant women	8,482,300	8,482,300	8,753,733	8,753,733	9,033,853	9,033,853	9,322,936	9,322,936
Number of infants vaccinated (to be vaccinated) with BCG	5,089,379	6,052,697	5,462,329	5,462,329	5,926,207	5,926,207	6,488,763	6,488,763
BCG coverage	75 %	89 %	78 %	78 %	82 %	82 %	87 %	87 %
Number of infants vaccinated (to be vaccinated) with OPV3	4,758,570	4,971,857	5,134,590	5,134,590	5,629,897	5,629,897	6,261,657	6,261,657
OPV3 coverage	75 %	78 %	78 %	78 %	82 %	82 %	87 %	87 %
Number of infants vaccinated (to be vaccinated) with DTP1	3,101,883	4,367,518	1,828,558	1,828,558	0	0	0	0
Number of infants vaccinated (to be vaccinated) with DTP3	2,791,694	3,661,310	1,645,702	1,645,702	0	0	0	0
DTP3 coverage	44 %	58 %	25 %	25 %	0 %	0 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	25	25	25	25	25	25	25	25
Wastage[1] factor in base-year and planned thereafter for DTP	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib		1,225,094	3,873,729	3,873,729	6,385,127	6,385,127	6,693,495	6,693,495
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib		640,990	3,873,729	3,873,729	5,629,897	5,629,897	6,261,657	6,261,657
DTP-HepB-Hib coverage	31 %	10 %	53 %	59 %	82 %	82 %	87 %	87 %
Wastage[1] rate in base-year and planned thereafter (%) [2]		25	0	25	25	25	25	25
Wastage[1] factor in base-year and planned thereafter (%)		1.33	1.33	1.33	1.33	1.33	1.33	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	4,758,570	2,949,356		4,948,912	5,629,897	5,629,897	6,261,657	6,261,657
Yellow Fever coverage	75 %	46 %	78 %	75 %	82 %	82 %	87 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)	0	30		30	30	30	30	30

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.43	1.43		1.43	1.43	1.43	1.43	1.43
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	4,758,570	5,074,906	5,134,590	5,134,590	5,629,897	5,629,897	6,261,657	6,261,657
Measles coverage	75 %	80 %	78 %	78 %	82 %	82 %	87 %	87 %
Pregnant women vaccinated with TT+	6,342,325	4,824,911	6,807,090	6,807,090	7,385,169	7,385,169	8,086,220	8,086,220
TT+ coverage	75 %	57 %	78 %	78 %	82 %	82 %	87 %	87 %
Vit A supplement to mothers within 6 weeks from delivery	0	41,086	0	45,194	0	49,302	0	53,410
Vit A supplement to infants after 6 months	0	2,013,237	0	2,214,560	0	2,415,883	0	2,617,206
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	16 %	10 %	10 %	0 %	0 %	0 %	0 %

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  No changes in birth

- Justification for any changes in **surviving infants**

  No changes

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  The targets for DPT have been modified to reflect the transition to Pentavalent vaccine from DPT. The roll out in the phasing of the Penta project changed from 12 states per phase to phase 1 13 states and FCT; Phase 2, 7 states and Phase 3, 16 states at different periods of the year.

- Justification for any changes in **wastage by vaccine**

  No changes. The template provides for yellow fever wastage as 50% when in actual sense our wastage is 30% for yellow fever

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

A. Achievements of Immunization Programmes:

There were several achievements of immunization programme against targets and these were observed in the following areas:

1. Routine Immunization<?xml:namespace prefix = "o" />

The country was able to supass 75% coverage targets for BCG (87%), OPV 3 (77%), Measles (78%) and Hep. B 3 (84%). These are antigens we did not have stock out problem with. However, DPT3 of 58% and Yellow fever 46%, were below the national target of 75%; and also lower compared to 2011 coverage of DPT3 (63%) and YF (75%). This was due to prolonged DPT and YF vaccines stock out in the country that resulted from global shortage and delay in release of funds for procurement. 63% coverage for Hib 3 was recorded in states that introduced penta valent vaccines. These administrative datas are however, corrected with a DQS usually carried out during the first quarter of the following year since 2009. The correction factor for 2012 was 98% compared to the 96% recorded in 2011 (indicating an improvement in reporting).

Major activities conducted included the following:

- Advocacy and social mobilization activities at various levels including town hall meetings, dialogues, private sector involvement that culminated to the first National Vaccine Summit in April 2012 generated alot of awareness on routine immunization.
- Nationwide sensitization of Private Health Care Practitioners on routine immunization that ensued in enlisting about 6,500 HFs for training on implementation on RI service delivery
- Maternal and Neonatal Child Health Week (MNCHW) were conducted in May & November, 2012 (658,994 and 1,908,910 children were immunized during the May and November 2012 exercises respectively).

- Comprehensive cold chain assessment for 20 states was carried out in June 2012 which led to repair of 567 solar refrigerators which expanded storage.
- Development of RI Emergency work plans for 82 polio HR LGAs that is a subset of the 414 LGAs prioritized for reducing unimmunized children

- Intensification of RI in 62 Polio HR LGAs by Govt in which outreach sessions were increased

- Intensification of Outreach in 20 cVDPV infected LGAs in 8 States (BMGF Project).

- Monthly Review meetings of LIOs in 36 States and FCT were conducted and RI & Logistics feedback shared with Stakeholders to update on performance and highlight challenges with recommendations.
  - Prioritization of 414 LGAs with the greatest number of un immunized children for focused intervention by States.
- Data Quality Self-Assessment (DQS): One national DQS that resulted in 96% corrective factor for 2011 routine immunization administrative data. Few states conducted in house DQS to help improve data management.

2. <u>New Vaccine Introduction (Pentavalent vaccine)</u>

- Trained 26,390 HWs in 21 out of 36 States plus FCT in phased manner on pentavalent vaccine introduction and administration. they were also trained on data management, injection safety, reaching every ward strategy and AEFI moitoring. these were part of the penta introduction preparations that rubbed off on our performance.
- Internal' Post Introduction Evaluation (PIE) was conducted in 12 of the 14 Penta. Phase 1 States 3 months after introduction. PIE identified gaps in training and data that was rapidly corrected especially in Kwara and Jigawa states.
- GAVI-ISS re-programming made it more flexible to overcome difficulties in the quarterly disbursemnt of the GAVI funds which was not yielding good utilization of the funds. GAVI ISS reprogramming made it possibel to disburse 6 months funds to states

3. <u>Supplemental Immunisation Activities (SIA)</u>

- 2 NIPDs and 7 SIPDs in 12 polio endemic states were conducted in 2012.

- Other SIAs conducted included

- 3 rounds of TT campaign in 18 of the planned 56 high risk LGAs for Maternal and Neonatal Tetanus.

- MenAfriVac Campaign conducted in 4 states namely - Sokoto, Kano, Borno and Yobe in December 2012.

B. <u>Key Challenges</u>

- Inadequate supplies of some vaccines in Q1 of 2012 (DPT, YF & TT) and this led to an increase in the number of un-immunized children.
- Inadequate sensitization of mothers and caregivers at the deeper lower levels.
- Some Private Providers have not signed the MOU for supply of vaccines for RI in their facilities.
- MNCHW is done with multiple intervention which is not immunization focused.
- Poor Funding of RI activities at State & LGA levels
- Frequent strike actions by health workers and pockets of civil unrest in some parts of the country.
- Poor community linked activities(Only 25% of States conducted > 90% of planned community linked activities)

- Weak Supportive Supervision from State & LGA to HFs and Weak data management at LGAs & HFs.

These mentioned challenges resulted to :

- Non-achievement of 75% DPT3 target in all the states: Only 8 States, namely; Nasarawa, Gombe, Abia, Ebonyi, Imo, Cross Rivers, Bayelsa & Ondo States achieved the of 75% DPT3 national coverage in 2012 .

-- High proportion of planned Fixed and Outreach Services not held: Only 53% & 35% of States conducted > 80% of their planned Fixed Sessions and Outreach Sessions respectively as at December 2012

(Cumulative). Admin. Data.

- High number of un-immunized children: un-immunized children increased by 21% (555,846 children) in Dec. 2012 as compared to Dec. 2011.

C. Actions taken:

- Development and dissemination of routine immunization accountability strategic framework (2013-2015)
- Timely allocation and release of Government funds for vaccine procurement for 2013.
- In states with severe security challenges, state-specific interventions have been instituted with changes in mode of operations like reducing visibility and the use of private health facilities for delivery of immunization service
- Plan for bimonthly supportive supervisory visit in the annual work plan

The 2013 DQS was conducted in 36 States + FCT to provide opportunity for improving the capacity of HWs on data management in 1,161 HFs nationally.

•-

Antigen

Set target

Achieved

DQS Corrected

BCG

75%

89%

87%

OPV 3

75%

78%

77%

DPT 3

75%

58%

57%

Hep B 3

75%

86%

84%

Measles

75%

80%

78%

Yellow Fever

75%

46%

46%

Hib3

75%

63%

62%

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

Targets for DPT, Yellow Fever and TT were not reached because of vaccine stock out in the first quarter and inadequate supply in the 3rd & 4th quarters of 2012. This vaccine stock outs for 6 months for yellow fever were mainly as a result of global insufficiency (Yellow fever).

There was also delay in the release of funds for procurement of RI traditional vaccines. Funds were utilized for the procurement of measles vaccines for the measles campaign that was implented with RI funds.

There were health workers strikes in some states for example in Ekiti, Anambra, Kwara and Plateau which affected Hib 3 coverage.

The security situation in some parts of the country impaired programme implementation. There were issues of Boko Haram in the North East, Kidnapping in the East and south and also communal crises in the north central region.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
National Immunization Coverage Survey	2010	52	48

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Apart from this data from the National Immunization Coverage Survey and other past surveys, the routine administrative immunization data is not disaggregated by gender. There are no significant socio-cultural barriers known to hinder the immunization of children based on their gender.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

NA

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

No coverage survey has been conducted since 2010. However the DPT3 / Hib 3 admin coverage for 2012 was 58% which was corrected through DQS to 57%.

Over the previous years from 2009 - 2011 WUENIC best estimates have been 10% points lower that the DQS corrected administrative coverage. With o correction factor of 98% obtained in 2012 for DQS data the difference with WUENIC estimates may be much lower thereby increasing the reliability of administrative figures

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

A national Data Quality Self Assessment (DQS) is conducted in the country every year since 2009. During the exercise, quality of the monitoring system (Archiving, reporting and use of data for action) is assessed. Data reported to higher levels is compared with data generated at the health facilities. . A national DQS for 2011 administrative data was conducted in Feb. 2012 and that of 2012 was conducted in March 2013. In 2012, 74 LGAs in 36 states and FCT were assessed and in 2013,193 LGAs in 36 states and FCT were visited and the corrective factors of 96% & 98% were obtained for 2011 & 2012 respectively.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

1. Monthly Data Quality Checks at State, Zone & National levels.<?xml:namespace prefix = "o" />
2. Monthly review meetings with Local Immunization Officers to review data & discuss progress.
3. Regular DQS by States.
4. National DQS (2010, 2011, 2012)
5. Routine Immunization feedback is shared with all Stakeholders

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Continuation of activities stated in 5.4.3 above.
- Harmonization of data tools and formats
- Provision of sufficient data tools
- Creation of a PHC data bank
- Training of dedicated personnel on data

<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 155.5	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	EU SIGN	JICA	KFW

Traditional Vaccines*	14,749,009	14,749,009	0	0	0	0	0	0
New and underused Vaccines**	30,722,000	7,111,500	23,550,500	0	60,000	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	5,659,164	5,659,164	0	0	0	0	0	0
Cold Chain equipment	7,647,601	1,286,174	0	561,427	0	0	5,800,000	0
Personnel	40,501,091	1,022,508	0	0	39,478,583	0	0	0
Other routine recurrent costs	19,573,586	602,201	16,687,000	2,084,385	200,000	0	0	0
Other Capital Costs	13,241,421	7,853,171	5,388,250	0	0	0	0	0
Campaigns costs	42,289,118	3,789,117	22,362,198	12,754,181	3,383,622	0	0	0
Other Polio cost		25,420,183	0	12,871,803	55,952,190	7,500,000	0	30,000,000
Total Expenditures for Immunisation	174,382,990							
Total Government Health		67,493,027	67,987,948	28,271,796	99,074,395	7,500,000	5,800,000	30,000,000

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

There is Government funding for traditional vaccines for 2013 and 2014

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
The Aide Memoires Governing Financial management of GAVI Cash Grant in Nigeria started in 2009 and was signed in April 2012.	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

1. A detailed job description for the RI consultants has been developed
2. Regular review meetings with states and other stakeholders
3. Submission of workplans and budgets to ICC as the need arises
4. Training of NPHCDA finance staff on the GAVI financial guidelines
5. Revision of the procedures for allocating GAVI ISS funds to the states and LGAs
6. Maintenance of cash book for transactions of all national level expenditures and disbursement to sub-national entities along with fully reconciled bank accounts
7. Signing of Aid Memoire
8. Completion and submission of ISS financial statements for years 2008 - 2011

Auditing of disbursement to states and LGAs

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **5**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

The ICC during its meeting of 9th may 2013 noted the good efforts of government in continuing to purchase our traditional vaccines and payment of contributions to co financing

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
1. Clinton Health Initiative (CHAI). 2. Health Reform Foundation of Nigeria (HERFON) 3. Rotary International 4. Red Cross Society 5. Christian Health Association of Nigeria 6. MSF. 7. Bill & Melida Gates Foundation

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

The countrys main objective in routine immunization is to accelerate the achievement of 87% sustained national coverage of infants with all scheduled routine antigens by 2015 . This it will achieve through the following objectives:

- To revamp subnational level (LGA & HFs) cold chain infrrastructure functionality from 47% to 80% of EVM standards
- To guarantee safe bundled vaccines for all immunizations in which the wastes are safely disposed off
- To reduce successively the numbers of unimmunized infants between 35% and 50% annually compared to the previous year
- To conduct integrated trainings (formal/informal) of all frontline health workers across all LGAs
- To create demand for routine immunization beyond behavioural change communication to social transformations and change from less thatn 50% in 2013 to 80% by 2015

The country also has plans to strengthen the health system through the following objective:

- **Objective 1:** Demand Creation and accountability in new vaccine introduction states;<? **xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />**

- **Objective 2**: Building capacity of frontline health workers and EPI managers;

- **Objective 3:** To strengthen the NHMIS to ensure data quality, data analysis and utilization for informed decision making as well as programme monitoring and management.

- **Objective 4:** Improve access to quality vaccines and adequate storage at States/LGAs/health facilities level in phase 1 and 2 new vaccine introduction states

Activities to be conducted:

1. Introduction of Pentavalent Vaccine in the remaining 16 States and phased introduction of PCV

2. Development and dissemination of RI Strategic Plan including accountability framework that is aligned to the cMYP and NSHDP

3. Intensification of routine immunization to reduce unimmunized children

4. Interruption of Polio transmission (Polio SIAs: 2013 – 2 NIPDs and 6 SIPDs; 2014 – 2 NIPDs and 4 SIPDs)

5. Other SIAs

1.
    i. Measles Campaign in October and November 2013.
    ii. MenAfriVac to be integrated with Measles Campaign in 6 States (Adamawa, Kaduna, Kebbi, Taraba, Niger and Plateau).
    iii. Yellow Fever in June/July 2013 in 5 States (Akwa Ibom, Benue, Cross Rivers, Nassarawa and Plateau) and Quarter 3 of 2014 (5 States – Adamawa, Anambra, Delta, Imo and Taraba).
    iv. TT Campaign in 130 MNT High Risk LGAs.
2. Primary Health Care System Strengthening
    i. Training/Capacity Building of health workers on service delivery, cold chain and logistics, data management and AEFI
    ii. Cold Chain Rehabilitation and Expansion,
    iii. Strengthen logistics systems and infrastructure
    iv. Strengthen HMIS and conduct DQS
    v. Linking services and communities through the revitalization of WDCs
3. Monitoring and supportive supervision of immunization activities
4. LIDs and MNCHWs

National Immunisation Coverage Survey (NICS)

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD 0.05mls T	GON
Measles	AD 0.5mls	GON

TT	AD 0.5mls	GON
DTP-containing vaccine	AD 0.5 mls	GON and GAVI
Yellow fever co funding	AD 0.5mls and 2mls syringe for reconstitution	GON and GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Bundling of injection materials is a key component of this policy. We have had challenges with timely availability of the injection devices to match the vaccine doses at the servive delivery point.

Incineration is a key aspect of the policy but the practice is not fully entrenched because of access to few incinerators available at secondary and tertiary health facilities only. With the MenAfricVac campaign support we have been able to put on ground 18 incinerators which HSS will complent with additional ones

Multi dose vial policy that limits the wastage rate for liquid vaccines is in place and inorder to practicalize this refrifgeration storage at the health facility level is essential. There are insufficient soalr refrigerators to meet this need.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Burn and burry at the lowest level and incineration in few places at the higher level.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	82,381	12,892,781
Remaining funds (carry over) from 2011 *(B)*	13,107,489	2,051,322,072
Total funds available in 2012 *(C=A+B)*	13,189,870	2,064,214,853
Total Expenditures in 2012 *(D)*	7,084,429	1,108,713,291
Balance carried over to 2013 *(E=C-D)*	6,105,441	955,501,562

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

NPHCDA has developed guidelines governing the financial management of GAVI ISS funds disbursed to states, which were revised by the FMA mission in August 2009, and DFID funded consultants. A follow-up visit to Nigeria conducted in May 2011 by the GAVI Secretariat agreed with the financial management arrangements for GAVI cash grants to Nigeria.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

The overall management of the GAVI ISS and HSS funded programmes in Nigeria is the responsibility of the NPHCDA with its own Executive Director and Management Board. activities. Work-plans and budgets for ISS and HSS activities for the year are prepared and submitted to the ICC and PICC respectively for review and approval prior to the start of the Nigerian Financial year. The arrangements for allocating funds are subject to ICC endorsements. The GAVI Coordinator in the NPHCDA takes necessary steps to accelerate the disbursement s of GAVI funds to the states.

ISS funds are not included at the national health sector plans and budgets because for the most of the ISS funds are for activities at the states and LGAs levels and the budgeting systems at those level are quiet different and depends on the states.

The major challenge encoutered in utilization of GAVI ISS funds at the sub-national levels is the issue of retirement of funds by States/LGAs States can not retire without the LGAs retiring the funds released to them. Some LGAs have difficulty in retiring funds released for purchase of fuel for motorcycles for outreaches in the rural areas. Also issue of some states delaying release to the LGAs and sometimes not giving complete funds as approved from the national, thereby resulting in delay in retirements.
No fund was released by GAVI for ISS activities in the country in 2012. $82,381 indicated above was from interest income and exchange gains. Activities were conducted using carry over funds from previous years.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The NPHCDA and FMoH currently maintain 6 bank accounts in GoN approved commercial banks as follows: 2 national level Special Accounts in the name of the FMoH and NPHCDA GAVI ISS / HSS into which the GAVI Secretariat in Geneva disburses HSS and ISS funds to respectively; one USD accounts in the name of NPHCDA (for HSS disbursements from the Special Accounts); and, two local currency (naira) accounts into which USD are converted to meet local currency expenditures. A local currency account for lodgment of the Technical Assistance funds opened in the context of the HSS proposal development. Remaining funds in that account are currently used to service the PICC meetings. Details of these bank accounts are provided below:

<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

1. Bank account details are as follows:

Special Account in name of FMoH (to receive HSS disbursements from GAVI):

Bank address:

UBA PLC, USUMA STREET OFF GANA STREET

Branch:

MAITAMA

Telephone:

2807000

Fax

2620371

Account name:

NPHCDA/GAVI-HSS DOMICILIARY A/C

Account number:

04970131000339

Telex:

SWIFT:

UNAFNGLA

Special Account in name of NPHCDA (to receive ISS disbursements from GAVI)

Bank address:

UNION BANK PLC AREA 3, GARKI, ABUJA

Branch:

ABUJA MAIN

Telephone:

08038214912

Fax

Account name:

NPHCDA GAVI-ISS DOMICILIARY A/C

Account number:

0021475622

Telex:

SWIFT:

UBNINGLA

Technical Assistance Fund Naira Account in name of FMoH

Bank address:

UBA BANK PLC, USUMA STREET OFF GANA STREET

Branch:

MAITAMA

Telephone:

2807000

Fax

Account name:

NPHCDA/GAVI-HSS NAIRA A/C

Account number:

0497004000082

Telex:

SWIFT:

No GAVI ISS funds was received in 2011 & 2012. The funds disbursed to States in 2012 were the balance on the committed funds in-country. The funds is domiciled at NPHCDA/GAVI domiciliary account at Union Bank of Nigeria, Abuja Branch.

The current revised GAVI/ISS disbursement funds was approved by ICC and was recommended by the Large Country Task Team visit for 6 monthly disbursement. GAVI ISS funds are disbursed by NPHCDA to the states / LGAs based on State RI workplans submitted. The amount disbursed to States depends on the number of health facilities in the states that conduct routine immunization. Funds for LGA GAVI ISS activities are disbursed through the states and also retired through the states.Partners are communicated when funds are transferred to the states and they are also signatories to the state ISS bank accounts..
Inter-Agency Coordinating Committee (ICC) has the overall responsibility to co-ordinates the work of NPHCDA and donors who are supporting immunization and vaccination and oversees ISS funded.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

The activities supported with the GAVI ISS funds are outlined as follows:
a. State level activities:
1. Support supervision for 10 State Ministry of Health staff @ N10,000 per supervisor
2. Cold Chain Maintenance @ 10,000 monthly
3. Social mobilization @15,000 monthly<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

b. Local Govt Level activities

1. Supportive supervision for 5 LGA staff monthly @5,000 per supervisor

2. Monthly LGA review meeting @ 5,000

3. Cold chain minor maintenance @ 4,000 monthly

c. Health facility activities

1. Community announcement for outreach services 500/HF per month

2. Vaccine collection for outreach services @ 500 per month

3. Outreach services 2000 per month

d. National Level:
1. Logistics for the GAVI Consultants to enable them monitor activities a the state / LGA levels
2. National Data Quality Self-Assessment

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Nigeria is not applicable for 2012

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
Yellow Fever	7,107,600	9,781,200	0	Yes
DTP-HepB-Hib	10,683,043	9,210,120	0	No

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  The initial date of introduction which was initially April 2012 was later changed to June 2012 this caused a reduction in the dosese received.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  Vaccine Audit

  Reconstitution of the National Logistics Working Group

  Cold chain assessment

  Vaccine Security policy of the country is still in effect where UNICEF is the sole agency for procurement of all vaccines to ensure quality and timely delivery.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Six (6) months delay due to inadequate supply and delivery from manufacturers due global shortfall of yellow fever vaccine production . About 70% of supplies for the year were delivered between October to December 2012

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	Yes	01/06/2012
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The introduction date was shifted because of delays in arrival of introduction grant which delayed key pre-introduction activities such as training of health workers and printing of updated data tools and manuals.

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	Yes	13/06/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P><FONT style="BACKGROUND-COLOR: #bddcff">Due to a delay in the release of funds which resulted in the delay of pre-implementation activities</FONT></P>

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

An internal (National) PIE was done in September 2012 (3 months post introduction). External PIE planned for December 2012 could not hold and was rescheduled for March 2013.

The PIE for Pentavalent vaccine in phase 1 states (13states + FCT) was conducted in March 2013. Following the PIE, a New Vaccines Strategic Group (NVSG) was constituted to implement the recommendations. A Plan of Action has been developed with time line for implementing the recommendations. (see document attached). The following recommendations from the PIE have been implemented: 1) All Phase 3 introducing states have developed their Penta. Introduction plan. 2) The NPHCDA Operations room is monitoring the implementation of state specific plans. 3) Contract for printing of data tools for phase 3 states has been awarded. 4) Phase 3 states are currently conducting cold chain capacity assessment to determine gaps. 5). An additional day will be added to Penta. training at the Health facility level as recommended in the PIE.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	2,036,000	316,598,000
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	2,036,000	316,598,000
Total Expenditures in 2012 (D)	2,036,000	316,598,000
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Conducted training of health workers for phase 1 & 2 Penta. states (21 states)

Printing of data tools and IEC materials<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Media workshops

Sensitization of key stakeholders

Please describe any problem encountered and solutions in the implementation of the planned activities

No funds were received, however GAVI gave a grant of 2.03million USD and 2.24 million USD for phase 1 and phase 2 and gave instructions that the funds be assessed from ISS funds that were available in-country.The problems encountered in the implementation of activities were:

- There was delay in production of data tools due to delay in release of the Introduction grant
- Training of health workers was not supervised down to the LGA level
- Additional days required for health workers training at the Health facility level
- Issue of transition from DPT to Pentavalent vaccine which led to loss of data on DPT3
- All stakeholders invited did not participate during the sensitization meeting.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

There will be no balance

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	7,111,500	1,666,611
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	7111500	
Donor	14403000	
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	5,653,337	5,174,200
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	December	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **December 2010**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningococcal type A Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
18988000	12/1/2012	2,003,500 doses : 8th November 2012, 2,003,000: 10th November 2012, 2,002,500: 13th November 2012, 2,002,000: 15th November 2012, 2,001,000: 20th November 2012, 2,000,500: 22nd November 2012, 1,979,000: 27th November 2012, 2,004,000: 27th November 2012.Total doses 17,997,000

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

N/A

7.6.2. Programmatic Results of Meningococcal type A preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
Borno, Sokoto, Kano, Yobe	1st -13th December 2012	16091114	14482003	90	81	7	257	3

*If no survey is conducted, please provide estimated coverage by indepenent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

There was inadequate vaccines so campaign was conducted in 4 states (Borno, Sokoto, Kano and Yobe) as against 14 states initially planned

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

- Security challenges (Borno and Yobe states).
- Inadequate social mobilization activities
- Inadeqaute supervision from national level

What lessons have you learned from the campaign?

- Need for timely release of funds leading to early planning and successful implementation of plans
- Proper and early commencement of social mobilization activities to ensure acceptance by the communities
- Timely production and distribution of data tools
- Need for adequate training to ensure quality implementation
- Need to handle injection waste centrally

7.6.3. Fund utilsation of operational cost of Meningococcal type A preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Operational Support	10219297	1589100684
Total	**10219297**	**1589100684**

7.7. Change of vaccine presentation

Nigeria does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Nigeria is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	6,344,540	6,582,808	6,865,728	7,197,307	26,990,383
	Number of children to be vaccinated with the first dose	Table 4	#	1,225,094	3,873,729	6,385,127	6,693,495	18,177,445
	Number of children to be vaccinated with the third dose	Table 4	#	640,990	3,873,729	5,629,897	6,261,657	16,406,273
	Immunisation coverage with the third dose	Table 4	%	10.10 %	58.85 %	82.00 %	87.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.33	1.33	1.33	1.33	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	3,455,120				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	3,455,120				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.60	0.68	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2012	2013	2014	2015
Minimum co-financing	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011			0.30	0.35
Your co-financing	0.45	0.26	0.60	0.68

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	15,972,000	20,391,500	18,500,400
Number of AD syringes	#	13,971,800	17,520,900	15,497,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	155,100	194,500	172,050
Total value to be co-financed by GAVI	$	35,340,000	45,102,000	39,914,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	2,126,800	7,590,900	8,514,900
Number of AD syringes	#	1,860,500	6,522,300	7,133,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	20,675	72,400	79,200
Total value to be co-financed by the Country ^[1]	$	4,706,000	16,789,500	18,370,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	11.75 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,225,094	3,873,729	455,195	3,418,534
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	3,675,282	11,621,187	1,365,585	10,255,602
E	Estimated vaccine wastage factor	*Table 4*	1.33	1.33		
F	Number of doses needed including wastage	*D X E*	4,888,126	15,456,179	1,816,228	13,639,951
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		2,642,014	310,459	2,331,555
H	Stock on 1 January 2013	*Table 7.11.1*	3,455,120			
I	Total vaccine doses needed	*F + G – H*		18,098,693	2,126,745	15,971,948
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		15,832,154	1,860,408	13,971,746
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		175,737	20,651	155,086
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		36,848,939	4,330,052	32,518,887
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		736,196	86,510	649,686
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		101,928	11,978	89,950
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		2,358,333	277,124	2,081,209
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		40,045,396	4,705,661	35,339,735
U	Total country co-financing	*I x country co-financing per dose (cc)*		4,705,661		
V	Country co-financing % of GAVI supported proportion	*U / T*		11.75 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	27.13 %			31.52 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	6,385,127	1,732,116	4,653,011	6,693,495	2,109,702	4,583,793
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	19,155,381	5,196,348	13,959,033	20,080,485	6,329,105	13,751,380
E	Estimated vaccine wastage factor	*Table 4*	1.33			1.33		
F	Number of doses needed including wastage	*D X E*	25,476,657	6,911,143	18,565,514	26,707,046	8,417,710	18,289,336
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	2,505,120	679,573	1,825,547	307,598	96,951	210,647
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	27,982,277	7,590,851	20,391,426	27,015,144	8,514,818	18,500,326
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	24,043,157	6,522,272	17,520,885	22,630,773	7,132,922	15,497,851
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	266,880	72,398	194,482	251,202	79,176	172,026
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	56,971,916	15,454,973	41,516,943	53,652,076	16,910,428	36,741,648
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	56,971,916	303,286	814,721	53,652,076	331,681	720,650
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	154,791	41,991	112,800	145,698	45,923	99,775
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	3,646,203	989,119	2,657,084	3,433,733	1,082,268	2,351,465
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	61,890,917	16,789,367	45,101,550	58,283,838	18,370,298	39,913,540
U	Total country co-financing	*I x country co-financing per dose (cc)*	16,789,367			18,370,298		
V	Country co-financing % of GAVI supported proportion	*U / T*	27.13 %			31.52 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

Table 7.11.1: Specifications for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	6,344,540	6,582,808	6,865,728	7,197,307	26,990,383
	Number of children to be vaccinated with the first dose	Table 4	#	2,949,356	4,948,912	82.00 %	6,261,657	19,789,822
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.43	1.43	1.43	1.43	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	3,708,400				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	3,708,400				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.91	0.92	
cc	**Country co-financing per dose**	Co-financing table	$		0.34	0.40	0.46	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate

	2012	2013	2014	2015
Minimum co-financing	0.30	0.34	0.40	0.46
Recommended co-financing as per APR 2011			0.40	0.46
Your co-financing	0.30	0.34	0.40	0.46

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	5,201,000	5,069,600	5,142,900
Number of AD syringes	#	4,196,300	3,984,800	4,034,300
Number of re-constitution syringes	#	577,400	562,800	570,900
Number of safety boxes	#	53,000	50,500	51,125
Total value to be co-financed by GAVI	$	5,318,000	5,216,000	5,379,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	2,591,000	3,224,800	4,037,300

Number of AD syringes	#	2,090,500	2,534,800	3,167,000
Number of re-constitution syringes	#	287,600	358,000	448,200
Number of safety boxes	#	26,400	32,125	40,150
Total value to be co-financed by the Country ^[1]	$	2,649,500	3,318,000	4,223,000

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	33.25 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	2,949,356	4,948,912	1,645,625	3,303,287
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	2,949,356	4,948,912	1,645,625	3,303,287
E	**Estimated vaccine wastage factor**	*Table 4*	1.43	1.43		
F	**Number of doses needed including wastage**	*D X E*	4,217,580	7,076,945	2,353,243	4,723,702
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		714,842	237,701	477,141
H	**Stock on 1 January 2013**	*Table 7.11.1*	3,708,400			
I	**Total vaccine doses needed**	*F + G – H*		7,791,887	2,590,978	5,200,909
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		6,286,767	2,090,491	4,196,276
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		864,900	287,599	577,301
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		79,384	26,397	52,987
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		7,012,699	2,331,880	4,680,819
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		292,335	97,208	195,127
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		32,002	10,642	21,360
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		46,043	15,311	30,732
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		546,991	181,887	365,104
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		37,038	12,316	24,722
T	**Total fund needed**	*(N+O+P+Q+R+S)*		7,967,108	2,649,242	5,317,866
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		2,649,242		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		33.25 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	38.88 %			43.98 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	5,629,897	2,188,874	3,441,023	6,261,657	2,753,755	3,507,902
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	5,629,897	2,188,874	3,441,023	6,261,657	2,753,755	3,507,902
E	Estimated vaccine wastage factor	*Table 4*	1.43			1.43		
F	Number of doses needed including wastage	*D X E*	8,050,753	3,130,090	4,920,663	8,954,170	3,937,869	5,016,301
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	243,452	94,653	148,799	225,855	99,327	126,528
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	8,294,305	3,224,782	5,069,523	9,180,125	4,037,240	5,142,885
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	6,519,418	2,534,715	3,984,703	7,201,139	3,166,921	4,034,218
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	920,668	357,951	562,717	1,018,994	448,134	570,860
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	82,585	32,109	50,476	91,244	40,128	51,116
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	7,522,935	2,924,877	4,598,058	8,473,256	3,726,373	4,746,883
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	7,522,935	117,865	185,288	8,473,256	147,262	187,591
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	34,065	13,245	20,820	37,703	16,582	21,121
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	47,900	18,624	29,276	52,922	23,275	29,647
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	586,789	228,141	358,648	660,914	290,658	370,256
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	38,512	14,974	23,538	42,548	18,712	23,836
T	Total fund needed	*(N+O+P+Q+R+S)*	8,533,354	3,317,722	5,215,632	9,602,196	4,222,858	5,379,338
U	Total country co-financing	*I x country co-financing per dose (cc)*	3,317,722			4,222,858		
V	Country co-financing % of GAVI supported proportion	*U / T*	38.88 %			43.98 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **156** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		22098373	21439754	1165238		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)		22098490	0	0	0	215436
Remaining funds (carry over) from previous year (*B*)		0	22098490	22098490	13026864	10232546
Total Funds available during the calendar year (*C=A+B*)		22098490	22098490	22098490	13026864	10447983
Total expenditure during the calendar year (*D*)		0	0	9267669	2495772	5388250
Balance carried forward to next calendar year (*E=C-D*)		22098490	22098490	13026864	10432232	5059733
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]					14363595	

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						33715854
Remaining funds (carry over) from previous year (*B*)						1601393524
Total Funds available during the calendar year (*C=A+B*)						1635109378
Total expenditure during the calendar year (*D*)						843261125
Balance carried forward to next calendar year (*E=C-D*)						791848253
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	126.5	116.3	130.75	147.6	148.67	156.2
Closing on 31 December	116.3	130.75	147.6	148.67	156.2	155.27

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

The GAVI HSS fund is domiciled at UBA PLC Abuja, which is a commercial bank. It is a government account opened solely for the GAVI HSS grant. The signatories to the account are as approved in an ICC meeting of Feb 28 2008 and these are:

A1. The Executive Director NPHCDA

A2. The Director of Finance and Accounts NPHCDA

B. The Director of Health Planning Research and Statistics Fed Min of Health

C. WHO Country Rep in Nigeria/ Country Rep UNICEF Nigeria

The mandate is A B and C. It is not a cheque account and transfers are based on signed instructions.

The GAVI fund has been in same account since it was transferred from the GAVI Finance division in August 2008. Beneficiaries of this account include:

The National Primary Health Care Development Agency (NPHCDA).

The Food and Drug Services Department (FDS) of the Federal Ministry of Health (FMoH).

The Health Management Information Systems (HMIS) Unit of the Department of Health Planning, Research and Statistics of the FMoH.

Each beneficiary submits a work-plan in line with her objectives/Activities in the Proposal, which is approved by the Health Systems Forum (the Technical Arm of the Health Partners Coordinating Committee . All Funds are drawn directly from the National Level for all activities.

A project implementation committee made up of Government and Partners are meant to oversee the day to day running of the HSS grant. All the lead implementers of various objectives of the HSS grant have membership in the Project implementation committee. When there are changes in activity plans by an implementer, an approval is sought from the PICC. The committee reviews work plans of the various agencies and departments on a monthly basis and recommends to the Health System forum {which is the technical arm of the Health Partners Coordinating committee (HPCC)} for release of funds for approved work plans. At the HPCC meeting, the decisions of the Health system forum are presented as an item of the agenda.

Once approval of work plan has been given and endorsed by the Honourable Minister of Health, the concerned agency or department applies for the approved fund and this is paid from the GAVI HSS account. If the request is in Local currency, the bank is instructed to convert the amount using the apex bank prevailing exchange rate.

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

Objective 1 Revitalize WDC in 960 wards	None		
Activity 1.1 Reactivate and reorient 960 WDCs	None		
Act 1.2 Develop Ward Health Plan in 960 wards	None		
Act 1.3 Implement WHPs in 960 wards	Implementation of the Ward Health Plans are currently ongoing in all the 499 wards whose WDCs have been reactivated.	50	Program Report
Obj 2 Rehabilitate and equip health facilities	Rehabilitate and equip 78 health facilities	59	
Act 2.1 Rehabilitate 960 health facilities	Rehabilitate 78 health facilities and supplied with boreholes	59	Program reports
Act 2.2 Equip 960 health facilities	78 health facilities were provided with minimum equipment package	59	Program reports
Act 2.3 Provide essential drugs to 960 facilities	Provide seed stock of essential drugs to 78 health facilities	59	Program reports
Objective 3 Train PHC workers	Train PHC workers in managerial capacity and technical skills for integrated PHC service delivery	100	Program reports
Act 3.1 Train PHC workers in 960 wards	4,990 Health workers were trained in all 499 wards in the 38 benefitting LGAs. 10 health workers were trained per ward. Carry out monitoring and supportive supervision of the trained PHC workers in 499 health facilities.	100	Program reports
Act 3.2 Supportive supervision of PHC workers	Carry out monitoring and supportive supervision of the trained PHC workers in 499 health facilities.	50	Administrative reports
Obj 4 Strengthen HMIS in 100 LGAs	Strengthen the HMIS for monitoring and management in the target LGAs		Implementation reports
Act 4.1 Provision of data tools and equipment	Provision of data management tools and equipment to health facilities in the second batch of LGAs		
Act 4.2 Training on data management and quality	Training of health service providers and LGA officials on data quality assurance and data management	100	Implementation report
Act 4.4 Supportive supervision of providers	Conduct monitoring and supportive supervision to strengthen NHMIS implementation	0	Program reports
Obj 5 Strengthen infrastructure and logistics	To strengthen the logistics system and infrastructure at the national/state/LGA and ward levels		
Act 5.1 Formation of the Core Group	To review the existing logistic system and develop a draft manual for its harmonization	100	Program reports
Act 5.2 Develop architectural prototype storage	Develop architectural design of prototype storage facility in line with international specifications to be adopted by states and LGAs for the harmonised logistics system	50	Program reports

Activity 5.3 Train logistic personnel	Training of logistic personnel 2 persons per LGA on the harmonized logistics system	0	Program not implemented because of non release of funds
Act 5.4 Training and provision of maintenance kits	Training and provision of maintenance kits, 2 per state and the FCT	0	Program not implemented because of non release of funds
Act 5.5 Provision of solar refrigerators	Provision of solar refrigerators for vaccine storage in 499 wards	100	Program reports
Act 5.6 Maintenance support for solar refrigerator	Provision of maintenance support for the solar refrigerators	0	Program not implemented because of non release of funds

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Obj 1 Revitalise WDCs in 960 wards	A total of 499 WDCs were fully revitalized in 2010. The NPHCDA was only able to draw down fund for 499 and was not able to carry out the activity in the remaining 461 Wards because the fund approved for the activity was not released by GAVI.
Act 1.1 Reactivate and reorient 960 WDCs	499 WDCs wards were reactivated 2010 using a participatory learning and Action approach for adult learners. For the outstanding 461 wards, funds to carry out the PLA were approved but not disbursed by GAVI.
Act 1.2 Develop Ward Health Plan in 960 wards	Ward Health Plans were developed in 2010 for 499 wards. For the outstanding 461 wards, this process will follow the reactivation of their WDCs which was not done because funds approved was not released by GAVI.
Act 1.3 Implement Ward Health Plans in 960 wards	The implementation of the Ward Health Plans is presently ongoing in 499 wards where the WDCs have been reactivated.
Obj 2 Rehabilitate and equip 960 health facilities	487 health facilities were renovated and provided with equipment and a seed stock of essential drugs in 2011. 78 additional health facilities were renovated in 2012 and provided with boreholes, equipment and seed stock of drugs.
Act 2.1 Rehabilitate 960 health facilities	78 health facilities were renovated and provided with boreholes. A total of 487 health facilities was renovated in 2011 and only 78 could be done in 2012 because funds approved for the remaining 395 was not released by GAVI
Act 2.2 Equip 960 health facilities	78 health facilities were provided with equipment . A total of 487 health facilities were equipped in 2011 and only 78 could be done in 2012 because funds approved for the remaining 395 was not released by GAVI
Act 2.3 Provide essential drugs to 960 facilities	78 health facilities were supplied with seed stock of essential drugs. A total of 487 health facilities were supplied with essential drugs in 2011 and only 78 could be done in 2012 because funds approved for the remaining 395 was not released by GAVI
Obj 3 Train PHC workers	A total of 4,990 health workers were trained in the 499 wards where their WDCs had been reactivated and oriented on their roles and responsibilities.
Act 3.1 Train PHC workers in 960 wards	Ten (10) health workers were trained for each ward. A total of 4,990 health workers have been trained in the 499 wards where the WDCs have been reactivated. Training has been completed in all 499 wards
Act 3.2 Supportive supervision of PHC workers	Supervision is presently being provided to all the trained health workers. This will ensure on the job support for effective implementation of PHC and follow-up on training. Supportive Supervision is still ongoing.
Obj 4 Strengthen HMIS in 100 LGAs	Provision of data tools and training on data management in 38 LGAs completed. The target was revised to 38 LGAs following the delay in release of funds by GAVI. Supportive Supervision did not commence due to late provision of data tools and training on data management.
Act 4.1 Provision of data tools and equipment	Completed (In accordance with the revised target of strengthening HMIS in 38 LGAs, 38 LGAs were provided data tools and equipment, resulting in 100% completion)

Act 4.2 Training on data management and quality	Completed [In accordance with the revised target of strengthening HMIS in 38 LGAs, training on data management and quality (HMIS tools and software training) was conducted in 38 LGAs, resulting in 100% completion]
Act 4.4 Supportive supervision of providers	Supportive Supervision did not commence due to late provision of data tools and training on data management following the delay in release of funds by GAVI. This activity will be implemented in the reprogrammed APR
Obj 5 Strengthen infrastructure and logistics	
Act 5.1 Formation of the Core Group	This activity has been concluded with the development of the manual for harmonization of the health commodity logistic system. The developed manual has been ratified by the stakeholders but not yet disseminated.
Act 5.2 Develop architectural prototype storage fa	This activity was not completed because funds were not released and the architects are still in possession of the designs.
Activity 5.3 Train logistic personnel	Program not implemented because of non release of funds
Act 5.4 Training and provision of maintenance kits	Program not implemented because of non release of funds
Act 5.5 Provision of solar refrigerators	100 % Completed (Initially 499 Nos. of Solar Refrigerators were to be provided but due to the change in the prices of the equipment and delay in the implementation of the program, the budget couldn't accommodate the new cost and only 152 solar refrigerators were provided. Target was therefore revised to 152 and 152 were duly supplied giving rise to the stated 100% completion
Act 5.6 Maintenance support for solar refrigerator	The activity could not be implemented as funds were not released for the activity by GAVI.

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Activity 1: Reactivation of WDCs in the outstanding 461 wards was not carried out because GAVI did not release the funds to complete the activities.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Activity 2: Ward Health Plans were developed in 499 wards where the WDCs were oriented. For the outstanding 461 wards, approved funds were not disbursed by GAVI.

Activity 3: The training of health workers was modified to ensure that health care providers at the periphery (health facilities) were adequately covered. Rather than pulling the health staff away from their LGAs to institutions, they were trained at a central venue at their LGAs by resource persons in batches/streams. Approval for the modification was sort and obtained from the HPCC in December, 2011.

Obj 4: 38 LGAs were provided with data tools and equipment, and had training on data management and quality conducted, instead of the original target of 100 LGAs. This was due to a delay in the release of funds by GAVI, which led to a revision of the target in country to 38 LGAs. In accordance with this revised target there was 100% completion

Supportive Supervision did not commence due to late provision of data tools and training on data management following the delay in release of funds by GAVI. This activity will be implemented in the reprogrammed APR.

Obj 5: 5.6 The activity was modified for 152 Solar Refrigerators to be supplied instead of 499 as in the former workplan because of change in price of the equipment, The 152 nos were all supplied.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

The GAVI HSS grant has not been used for human resources for health incentives.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
1.1 Reactivate and reorient 960 NWDCs	NA	NA	50%				52%	0	0		
1.2 Develop Ward Health Plan in 960 wards	NA	NA	50%				52%	0	0		
1.3 Implement Ward Health Plans in 960 wards	NA	NA	50%				52%	0	0		
Objective 2											
2.1 % rehabilitated health facilities	NA	NA	59%	59%			20%	51%	59%		
2.2 % existing PHCs fully equipped		NEEDS Assessment report 2001	50%	50%			20%	51%	59%		
Objective 3								0			
3.1 Proportion of PHC workers trained	NA	NA	100%	100%			0	0	100%		
Objective 4											
.1 % LGAs provided with tools and equipment	NA	NA	60%	60%			0	0			
4.2 % supervisory visits from LGA to facilities	NA	NA	50%	50%			0	0	100%		
Objective 5	NA	NA						51%	59%		
5.1 % wards with installed solar refrigerators	NA	NA	50%	50%			0	0	100		

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

78 Health facilities have been rehabilitated, provided with equipment package and supplied with a seed stock of drugs. This led to improved patronage and utilization of the facilities.. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

4,990 Health workers have been trained (10 health workers were trained per health facility in the 499 wards where the health facilities were renovated/WDC reactivated) and this has improved quality of health services in those health facilities with the trained workers.

Supportive supervisions is ongoing in all the 499 wards where training of health workers was carried out and this is also enhancing the quality of service being provided by the health workers.

Provision of data tools and equipment as well as training on data management in 38 LGAs has directly led to the strengthening of the Health management information system especially at the ward and LGA level.

The supply of 152 solar refrigerators supplied to 148 LGAs in 13 States and FCT (Penta phase 1) has improved the cold chain and the management of vaccines, thereby improving the quality of immunization drives nationwide.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Delays have been experienced in terms of fund releases leading to delayed implementation of some activities. Solution proposed: timely implementation of planned activities, funds should be released and made available for implementation on time.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

The GAVI HSS funded activities are overseen at the national level by the project implementation coordinating committee (PICC). This body is also responsible for validating and overall monitoring of the GAVI activities. The monitoring reports of the implementing agencies are used for routine monitoring of the activities carried out. In addition, external monitoring consultants are engaged to monitor specific activities like the equipping of PHC facilities.

The outcome indicators will be monitored using the routine HMIS, where possible or through the Nigeria DHS and multiple indicator cluster survey.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

Nigeria carried out its first annual health sector review in December 2010. The second review for 2011 was commenced in the first quarter of 2012 and was finally presented to stakeholders in Feb, 2013. The Joint annual sector review for 2012 has already commenced, concept note developed and consultants engaged. The review would be concluded by June 2013. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

GAVI HSS also utilizes routine HMIS to report on key outcome or impact indicators like the antenatal care coverage or routine immunization coverage. Since objective 4 of the GAVI HSS is focused on strengthening the HMIS, this means the strengthened HMIS provides better data on GAVI activities. HMIS data reporting is web based so indicators can be accessed real-time online.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

The key stakeholders in the health sector, which include development partners (both bilateral agencies and multilateral agencies) and their subsidiary projects, various civil society organizations. They include WHO, UNICEF, UNFPA, DFID, Christian Health Association of Nigeria (CHAN) and Rotary International as well as the Health Reform Foundation of Nigeria (HERFON), a civil society organization. They are members of the ICC (part of decision making), Project Implementation Coordinating Committee (PICC) and the Health Systems Forum, which oversee the implementation of the HSS proposal. Their specific roles are shown below:

<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Name Organization

Organization Type

Implementation Function

FMOH

Government

1. Chair of advisory committee
2. Chair of Project Implementation Coordinating Committee
3. Chair of Health Partners Coordinating Committee(which is equivalent to HSCC)
4. Management and disbursement of the entire GAVI grant
5. Implementing the HMIS and logistics
6. Procurement

NPHCDA

Government Agency

1. Management and disbursement of the entire GAVI grant
2. Implementing the HSS and logistics
3. Member of advisory committee

WHO

UN Agency

1. Signatory to GAVI account
2. Technical support
3. Member of ICC, HPCC and PICC

UNICEF

UN Agency

1. Signatory to GAVI account
2. Technical support
3. Member of ICC, HPCC and PICC

UNFPA

UN Agency

1. Member of HPCC

DFID

Bilateral agency

1. Member of ICC, HPCC and PICC

Christian Health Association of Nigeria (CHAN)

Faith Based Organisation

1. Member of ICC and HPCC

Rotary International

Non Governmental Organisation

1. Member of ICC and HPCC

Health Reform Foundation of Nigeria (HERFON)

Civil Society Organisation

1. Member of ICC, HPCC and PICC

FOMWAN, NGOs/Faith Based Organizations

Civil Society Organizations

1. Member of WDCs at the Community level

Clinton Health Access Initiative

International CSO

1. Member of ICC

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

CSOs like the Christian Health Association of Nigeria (CHAN) and Rotary International as well as the Health Reform Foundation of Nigeria (HERFON) as stated above are members of the ICC. PICC and Health System Forum which oversees the implementation of the HSS proposal. They review and validate what the implementing units have carried out and reported. No CSO provides any funding for implementation of GAVI funded activities. The specific roles of the CSOs are shown below:

<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Name Organization

Organization Type

Implementation Function

Christian Health Association of Nigeria (CHAN)

Faith Based Organisation

1. Member of ICC and HPCC
2. Review and validate the implementation
3. Endorses the APR before submission

Rotary International

Non Governmental Organisation

1. Member of ICC and HPCC
2. Review and validate the implementation
3. Endorses the APR before submission
4. Signatory to the GAVI account

Health Reform Foundation of Nigeria (HERFON)

Civil Society Organisation

1. Member of ICC, HPCC and PICC
2. Member of advisory committee
1. Review and validate the implementation
2. Endorses the APR before submission

Clinton Health Access Initiative

International CSO

3. Member of ICC

NGOs/Faith Based Organizations

Civil Society Organizations

1. Member of WDCs at the

Community level.

3. Supervise and Monitor implementation of PHC activities at the Ward level

4. Ensure community ownership of PHC activity.

5. Mobilize community for health action.

6. Ensure accountability and sustenance of PHC activity.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The management of HSS funds has been described in the financial management section of 9.1 above. Fund management has been effective overall.

Previously two (2) departments (Health Planning, Research and Statistics and the Food and Drugs Services) of the FMOH were experiencing delay in assessing funds because they were subject to the disbursement procedures of the FMOH. This has been overcome by obtaining approval from the Permanent Secretary for Health for all units to access funds through the National Primary Health Care Development Agency.

There are no proposed changes to the management processes in the coming year.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Objective 1: To constitute/ re-activate 702 Ward Development Committees in 14 Pentavalent vaccine introducing Phase 1 States	Activity 1.1: Form/Reactivate and re-orientate Ward Development Committees in 702 Wards across 14 Penta Phase 1 States (Maximum of 13 Wards per LGA in 4 LGAs per State in 13 States and 2 LGAs in FCT) (Please provide a list of states)	3782516	0		Funds release from GAVI is still being expected as at April, 2013	
	Activity 1.2: Develop, review/ update Ward Health Plans of 702 WDCs for sustaining community links to HFs by 3rd Qtr of 2013	634065	0		Funds release from GAVI is still being expected as at April, 2013	

	Activity 1.3: Conduct monthly review meeting within the first year of formation of WDCs to institute sustainability and monitor the implementation of WHPs in 527 Wards (at least 75% by the end of 2013).	271742	0		Funds release from GAVI is still being expected as at April, 2013	
	Activity 1.4: Support WHC to monitor activities at health facilities within their wards	76645	0		still being expected as at April, 2013	
Objective 2: To build human and institutional capacity for improved coverage in routine immunization by 2013	Activity 2.1: Update the training manual on integrated primary health care service delivery.	4669958	0		Funds release from GAVI is still being expected as at April, 2013	
	Activity 2.2. Determine the requirements essential for integrating pre-service training curricula targeting frontline health workers for immunization including training of EPI Managers & vaccinators.	2507117	0		Funds release from GAVI is still being expected as at April, 2013	
Objective 3: To strengthen the NHMIS to ensure data quality, data analysis and utilization for informed decision making as well as programme monitoring and management in 300 LGAs by 2013		6224965	0			7298405
	Activity 3.1: Provision of data management tools and equipment in 14 phase one Penta States (HMIS minimum package	1483480	0			1492523

	Activity 3.2: Training of health facility and LGA staff on paper based and electronic capture	2635398	0			2635398
	Activity 3.3: Facilitate quarterly mentoring support to LGAs on electronic data capture by Consultants for 4 days	292806	0			292806
	Activity 3.4 Institutionalise monitoring and supervision by building capacity on use of monitoring checklist and DQA tools as well as Enhance capacity to utilise data for informed decision making and generate information products (e.g. quarterly LGA health bulletins, annual State health profiles)	1050067	0			121896
	Activity 3.5 Setting up of 6 sentinel sites for Paediatric Bacterial Meningitis	763214	0			1755782
Objective 4: Improve access to quality vaccines & adequate storage at States/LGAs/health facilities level in phase 1 & 2 penta introducing states.						
	4.1 To expand vaccine storage capacity in identified states, LGAs and HFs and improve vaccine distribution	14528743	0		Funds release from GAVI is still being expected as at April, 2013	

	4.2 To improve vaccine management through provision of adequate training and improved cold chain monitoring	384126	0		Funds release from GAVI is still being expected as at April, 2013	
	4.3 To improve the capacity of HWs on cold chain maintenance and repairs	77023	0		Funds release from GAVI is still being expected as at April, 2013	
	4.4 To institute an efficient waste management disposal system in all states	1386000	0		Funds release from GAVI is still being expected as at April, 2013	
		40767865	0			13596810

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Objective 3: To strengthen the NHMIS to ensure data quality, data analysis and utilization for informed decision making as well as programme monitoring and management in 300 LGAs by 2013		53419			350952
	Activity 3.5 Setting up of 6 sentinel sites for Paediatric Bacterial Meningitis	53419			350952

Objective 4: Improve access to quality vaccines & adequate storage at States/LGAs/ health facilities level in phase 1 & 2 penta introducing states					
	4.1 To expand vaccine storage capacity in identified states, LGAs and HFs and improve vaccine distribution	2466900		Funds release from GAVI is still being expected as at April, 2013	Activities to commence as soon as funds are received from GAVI
	4.2 To improve vaccine management through provision of adequate training and improved cold chain monitoring	756311		Funds release from GAVI is still being expected as at April, 2013	Activities to commence as soon as funds are received from GAVI
	4.3 To improve the capacity of HWs on cold chain maintenance and repairs	1705067		Funds release from GAVI is still being expected as at April, 2013	Activities to commence as soon as funds are received from GAVI
		5035116			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
DFID/ PATHS 2	244000000	5 years	support to service delivery, HMIS strengthening, HRH support, health financing support, voice and accountability
Global Fund for AIDS, TB and Malaria	120000000	5 years	facility rehabilitation, HMIS strengthening, community strengthening, logistics system harmonization
MDG Debt Relief Grant	3380000	5 years	Facility rehabilitation, Human resource for Health development, HMIS strengthening, community ownership and participation, logistics system harmonization

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.

- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Administrative reports including HMIS	• All data were validated by the PICC through field visits/ spot checks • PICC presents reports to HPCC	• Poor data quality at all levels • Delayed reporting
Reports from Supportive Supervisory visits	• PICC • PICC presents reports to HPCC	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

- Delay in opening of GAVI portal
- Difficulty in accessing the GAVI portal

A month reminder to every country

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?2

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Nigeria **has NOT received GAVI TYPE A CSO support**

Nigeria is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Nigeria **has NOT received GAVI TYPE B CSO support**

Nigeria is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	4th ICC Signatures.pdf File desc: Date/time: 5/14/2013 10:08:30 AM Size: 1337933
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	4th ICC Signatures.pdf File desc: Date/time: 5/14/2013 10:07:03 AM Size: 1337933
3	Signatures of members of ICC	2.2	✓	4th ICC Signatures.pdf File desc: Date/time: 5/14/2013 10:05:48 AM Size: 1337933
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Minutes of 4th ICC.pdf File desc: Date/time: 5/14/2013 10:04:50 AM Size: 3783819
5	Signatures of members of HSCC	2.3	✗	HSS Minutes and Signatures.docx File desc: Date/time: 5/15/2013 12:42:09 PM Size: 12949
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	HSS Minutes and Signatures.docx File desc: Date/time: 5/15/2013 12:43:02 PM Size: 12949
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	TRIAL BALANCE REPORTS.doc File desc: Date/time: 5/15/2013 11:33:11 AM Size: 1249280
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	GAVI-ISS MCR.pdf File desc: External Audit Exercise is on-going; and is to be completed in the next one to two weeks Date/time: 4/26/2013 1:25:32 PM Size: 259845
9	Post Introduction Evaluation Report	7.2.2	✓	Nigeria Phase 1 Penta PIE Debriefing.pptx File desc: Date/time: 4/26/2013 1:06:29 PM Size: 2231745
				FS NVS for 2012 Fiscal Year.docx

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	File desc: Date/time: 5/15/2013 12:05:51 PM Size: 12856
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	FS NVS for 2012 Fiscal Year.docx File desc: Date/time: 5/15/2013 12:07:39 PM Size: 12856
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_Nigeria_report_NVS_D3-09052011_draft.pdf File desc: Date/time: 4/26/2013 1:07:26 PM Size: 2838825
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM Improvement plan April 2013.xlsx File desc: Date/time: 4/26/2013 1:10:18 PM Size: 96342
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Copy of EVM Improvement plan 15082012.xlsx File desc: Date/time: 4/26/2013 1:10:40 PM Size: 96347
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	External Audit report.docx File desc: Date/time: 5/15/2013 12:10:40 PM Size: 12728
17	Valid cMYP if requesting extension of support	7.8	✗	cMYP 2011-2015 country final.pdf File desc: Date/time: 4/26/2013 1:11:52 PM Size: 5821464
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	Nigeria cMYP 2011_ 2015 Costing_Tool country final.xls File desc: Date/time: 4/26/2013 1:23:33 PM Size: 3785216
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	GAVI HSS statement.doc File desc: Date/time: 5/15/2013 11:43:37 AM

				Size: 838656
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	HSS FS Q1 2013.docx File desc: Date/time: 5/15/2013 12:17:48 PM Size: 12869
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	GAVI-HSS MCR.pdf File desc: Date/time: 4/26/2013 1:19:39 PM Size: 255905
22	HSS Health Sector review report	9.9.3	✗	Health Sector review report is not yet ready.docx File desc: Date/time: 5/15/2013 12:45:09 PM Size: 12668
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	2011 Draft ISS Financials.pdf File desc: Date/time: 4/26/2013 1:21:05 PM Size: 421343