

*GAVI Alliance*

**Application Form for Country Proposals**

***Response to conditions***

*For Support to New and Under-Used Vaccines (NVS)*

Submitted by

The Government of

***Nigeria***

**Deadline for submission: 15 November 2011**

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2011 | End Year | 2015 |

**Revised in January 2011**

**(To be used with Guidelines of December 2010)**

Please submit the Proposal using the online platform [https://AppsPortal.gavialliance.org/PDExtranet](https://appsportal.gavialliance.org/PDExtranet).

Enquiries to: [proposals@gavialliance.org](mailto:proposals@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

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 IRC processes and the availability of funds.  **AMENDMENT TO THE APPLICATION**  The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.  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. |

**Response to Conditions**

Vaccine: PCV10, 2 doses/vial, liquid

Condition 1:

Nigeria is requested to present an updated report endorsed by the ICC providing evidence that the issues flagged in the EVM are being addressed.

**BACKGROUND**

In December 2010, Nigeria conducted an Effective Vaccine Management Assessment (EVMA) in preparation for the introduction of the Pentavalent vaccine in 2012 and the Pneumococcal vaccine (PCV10) in 2013. A team of EVMA assessors visited 75 randomly selected sites at the national, zonal, state, LGA and health facility levels and made a number of recommendations to improve vaccine management at each of these levels.

Recommendations stemming from the EVMA were used to develop a two year EVM improvement plan, with 162 activities defined across national, zonal, state, LGA, and health facility levels. This plan is currently guiding the improvement of vaccine cold chain and logistics distribution systems in Nigeria. The overall goal of the plan is to strengthen existing vaccine storage and distribution systems, so as to ensure Nigeria’s readiness for the pentavalent and PCV10 introductions.

Currently, Nigeria is on track to accomplish these 162 objectives within the specified two year period.

**Progress to date**

As part of the NPHCDA’s continued monitoring of the implementation of the EVM recommendation, timeframes were updated based upon progress to date and challenges encountered. After a recent comprehensive review and updating of the EVM plan at all levels, the NPHCDA is confident that all activities are on track for completion well in advance of the Q2 2013 date for PCV10 introduction. This is evidenced by the fact that half of all actions identified in the plan have already been completed in less than one year, and that over a full year remains before the PCV launch to implement outstanding and in-progress recommendations.

The EVM improvement plan identified 162 tasks to be accomplished at the national (59), state (50), LGA (36) and health facility (17) levels over a two-year period. The Government of Nigeria, with support from Partners, has made progress toward achieving these recommendations: in less than one year, only 17.9% (29) of recommendations are in view. 50.6% (82) of all tasks have been completed. 64% (38 out of 59) of tasks have been achieved at national level, 42% (21 out of 50) at the state level, 47% (17 out of 36) at the LGA level and 35% (6 out of 17) at the health facility level.

Currently, 10.5% (17) of the 162 recommendations are partly achieved and 21% (34) of recommendations are in progress. These 51 activities are due to be completed by the end of Q4 2011.

Table 1, below, summarizes the current status and level of achievement of the 162 EVM recommendations.

**Table 1: EVM Improvement Plan Status of Implementation**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Achievement[[1]](#footnote-1)** | **National #** | **National %** | **State #** | **State %** | **LGA #** | **LGA %** | **HF #** | **HF %** | **Total#** | **Total %** |
| **Achieved** | 38 | 64% | 21 | 42% | 17 | 47% | 6 | 35% | **82** | **50.6%** |
| **Partly Achieved** | 4 | 7% | 8 | 16% | 1 | 3% | 4 | 24% | **17** | **10.5%** |
| **In Progress** | 10 | 17% | 8 | 16% | 12 | 33% | 4 | 24% | **34** | **21.0%** |
| **In View** | 7 | 12% | 13 | 26% | 6 | 17% | 3 | 18% | **29** | **17.9%** |
| **Total** | **59** | **100%** | **50** | **100%** | **36** | **100%** | **17** | **100%** | **162** | **100%** |

Achieved refers to tasks with a set end date that have been fully accomplished. Partly achieved refers to tasks with a set end date that are at various stages of completion. In progress refers to tasks of an ongoing nature. In view refers to tasks yet to commence.

**HIGHLIGHTS OF COMPLETED ACHIEVEMENTS**

Of the tasks that have so far been completed, major achievements include:

* **Expansion of positive and negative cold storage capacity at the national and state levels**. To meet storage needs from the current RI program, and also to accommodate increased storage capacity needs resulting from a phased introduction of PCV10, expansion of vaccine storage capacity has taken place at state and national stores.
* **Transportation capacity and policy.** Transport capacity for vaccine delivery from National to State stores has been developed. Additionally, a transport contingency plan, including descriptions of how to deal with emergencies such as vehicle breakdown, refrigerator units' failure, lack of fuel, etc. during vaccine collection from airport has been created. The state to LGA transportation plan is still in progress.
* **Updated the Inventory Replacement Plan for cold chain active and passive storage equipment.** Also, now tracking generators and vehicles at the site level for all state and LGA cold stores and for over 800 health facilities in PCV10 phase one introduction states. In 2012, this process will be expanded to sites in PCV phase 2 and 3 states. See response to Condition 2 for more details on the cold chain assessment and update.

**KEY ACTIVITIES IN PROGRESS**

Major activities that are currently in progress, and are expected to be completed in late 2011/early 2012, include:

* **Significant progress has been made toward ensuring the six zonal cold stores will be fully operational before the introduction of PCV10.** The **c**onstruction of the NW store complex has been completed and awaiting the installation of 4 walk in cold rooms by Fenlab. The NPHCDA is committing N21.6m per year in funding for all zonal stores. Partners have equally committed funding to all stores. For example UNICEF is already supporting provision of funds for 8hours of backup generator power in Lagos, Oyo, Ekiti, Enugu and Bauchi states.
* **Additional cold chain capacity expansion in zonal, state, LGA and health facilities to continue in coming months.** 418 solar refrigerators have been procured by NPHCDA and are scheduled to arrive in Q4 2011 with over 200 refrigerators already delivered. Other equipment already procured by the NPHCDA (1WICR for FCT) and partners- UNICEF (one WICR for Adamawa) are on ground awaiting installation.
* **Health facility level temperature monitoring.** The NPHCDA has committed N24m to training health facility staff on vaccine management and temperature monitoring within the context of the refresher training on Basic Guide for Service Providers.

**ICC APPROVAL**

A positive status report showing that 50.6% of the EVM recommendations have been achieved at all levels was shared with the ICC at a meeting held on the 14th of November, 2011. After carefully reviewing this progress, the ICC unanimously endorsed it as satisfactory, and committed itself to mobilizing the sufficient resources to achieve the remaining tasks. The NPHCDA is confident that any outstanding issues will be addressed within the EVM recommendation timeline and that all of the EVM recommendations will be in place well in advance of the introduction of PCV10.

Details of the achievements against the EVM improvement plan is attached to this response (see attached excel template).

Condition 2:

Nigeria is requested to provide evidence of adequate cold chain storage capacity for the group of states/LGAs in each phase of introduction focusing on lower levels and including costs, source of financing, and timelines.

The National Primary Health Care Development Agency (NPHCDA) conducted a cold chain equipment assessment in September/October 2011. The goal of this assessment was to determine whether the cold chain storage capacity at the state, local government area (LGA), and health facility levels in the 14 states introducing PCV10 in 2013 was sufficient to accommodate that vaccine’s volume. Three additional states introducing MenAfriVac in 2011 were also included in this assessment.

The major findings from this cold chain assessment are summarized below.

**Chart 1: Surveyed sites by level and capacity to introduce PCV10**

*Number of sites*

At the state level, eleven out of the seventeen state cold stores surveyed have adequate cold chain capacity. Of the six state stores with identified capacity gaps, three (the Kwara, Jigawa and Kaduna state stores) have new walk in cold rooms (WICRS) which are presently in dormant state and only require to be energized. The NPHCDA, with support from partners, has acquired funds to operationalize these three WICRs. The Enugu state cold store has a WICR that is currently broken; the NPHCDA has dispatched consultant engineers to repair this piece of equipment. These installations and repairs will give these four sites capacity to accommodate PCV10.

The two state cold stores with outstanding storage capacity gaps (Adamawa and FCT) have WICRs which have been procured by UNICEF and the NPHCDA, but which have not yet been installed. These WICRs are scheduled to be installed in Q4 2011, and will give the Adamawa and FCT cold stores capacity to accommodate PCV10.

At the LGA cold store level, the assessment revealed inadequate capacity in 22% of LGA stores spread across nine states introducing PCV10 in 2012 (Ekiti, Lagos, Adamawa, Jigawa, Kwara, Kaduna, Bauchi, Rivers and Plateau). These capacity gaps could be completely bridged by effecting necessary installations and repairs, and also installing a number of solar powered refrigerators that have already been procured by the NPHCDA but have not yet been delivered. A total of 418 solar powered fridges have been procured, and are expected to be completely delivered by December 2011.

At the health facility level, 50% of sites surveyed in PCV10 phase one introduction states have available cold storage capacity to accommodate PCV10. An additional 27% of sites will have capacity for PCV10 following repairs and installations of currently non-functional equipment. Following repairs and installations, the remaining 23% of health facilities will still have capacity gaps. These gaps will be bridged utilizing equipment from the stock of 418 solar refrigerators that have been procured by the NPHCDA.

The estimated cost to repair 80% of non-functional PQS positive storage equipment at all levels (State, LGA and health facility levels) in the 14 PCV10 phase one introduction states is 154,503.00 USD (equivalent to N24,256,971.00 @N157 exchange rate). The NPHCDA and partners have committed to provide these funds by the end of Q1 2012, which will put Nigeria on the right track to achieving its cold chain capacity targets for PCV10 introduction by 2013.

At its meeting on Monday 14th November 2011, which was chaired by the Honorable Minister of Health, the ICC noted the cold chain assessment findings as relating to addressing GAVI condition 2 in PCV10 phase one introduction states. The ICC endorsed the plan to conduct subsequent cold chain assessments of remaining PCV10 phase two and three states to be conducted in the 1st quarter of 2012. The ICC also committed to providing all needed resources to bring the storage capacity to 100% in implementing states by Q1 2012. In addition to the above, the ICC also endorsed the findings of this assessment as satisfactory in meeting GAVI condition 2 and pledged to facilitate approval of PCV introduction by GAVI.

Attached is the detailed report of the cold chain assessment. This report provides detailed data on state, LGA and health facility storage capacity.

**OUTLINE OF COLD CHAIN REHABILITATION AND EXPANSION PLAN**

An outline of the specific steps that will be undertaken by the NPHCDA and partners to bridge the cold chain capacity gap at all levels is presented below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Activity** | **Responsible party** | **Estimated date of completion** |
| **1** | Fix walk in cold room in Enugu state cold store. | NPHCDA | Q4, 2011 |
| **2** | Electrify walk in cold rooms in Jigawa, Kaduna and Kwara state cold stores. | NPHCDA, partners | Q4, 2011 |
| **3** | Develop costed comprehensive 1 year plan to conduct needed repairs at all sites. | NPHCDA, National Logistics Working Group (NLWG) | Q4, 2011 |
| **4** | Approve repair plan. | NPHCDA | Q4, 2011 |
| **5** | Source financing for cold chain repair (possible source: vaccine line item in 2012 federal budget). | NPHCDA, partners | Q4, 2011 |
| **6** | Ensure receipt of418 PQS solar powered refrigerators and several WICRs in pipeline. | NPHCDA, NLWG | Q4, 2011 |
| **7** | Launch 1 year cold chain repair plan. | NPHCDA | Q4, 2011 |
| **8** | Distribute and install procured solar powered refrigerators to Phase I PCV introduction states. | NLWG, NPHCDA, Partners | Q1 and Q2, 2012 |
| **9** | Install procured WICRs in FCT and Adamawa state cold stores. | NPHCDA | Q1, 2012 |
| **10** | Follow-up with sites to determine if capacity gaps exist following installations, repairs, and arrival of new equipment | NPHCDA, NLWG | Q3, 2012 |
| **11** | Develop plan to address gaps (if any) identified in step 12. | NPHCDA, NLWG | Q3, 2012 |
| **12** | Ongoing supportive supervision and assessment of cold chain rehabilitation. | NLWG, Partners | Q4 2011 – Q1 2013 |
| **13** | Conduct cold chain assessment in phase 2 and phase 3 PCV10 introduction states. | NLWG, NPHCDA, Partners | Q3, 2012 |

Signatures of the Government

Enter the family name in capital letters.

| Minister of Health (or delegated authority) | | Minister of Finance (or delegated authority) | |
| --- | --- | --- | --- |
| Name |  | Name |  |
| 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):*

Enter the family name in capital letters.

| **Full name** | **Position & Organization** | **Telephone** | **Email** |
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**ANNEXURES**

1. Status of EVMA improvement plan
2. Cold Chain Assessment report
3. Minutes of ICC meeting
4. Presentation at the ICC meeting
5. Endorsing Signatories
6. Attendance at the ICC meeting

1. [↑](#footnote-ref-1)