

#### GAVI Alliance

# **Annual Progress Report 2011**

Submitted by

# The Government of *Nigeria*

Reporting on year: 2011

Requesting for support year: 2013

Date of submission: 5/25/2012

**Deadline for submission: 5/22/2012** 

Please submit the APR 2011 using the online platform <a href="https://AppsPortal.gavialliance.org/PDExtranet">https://AppsPortal.gavialliance.org/PDExtranet</a>

Enquiries to: <a href="mailto:apr@gavialliance.org">apr@gavialliance.org</a> 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 <a href="http://www.gavialliance.org/country/">http://www.gavialliance.org/country/</a>

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: 2011

Requesting for support year: 2013

## 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	Meningogoccal, 10 dose(s) per vial, LIQUID		2013

## 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 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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.

Mini	ster 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):

Full name	Position	Telephone	Email
IDR AVIIWA IOSEPH OTERI	DEPUTY DIRECTOR/GAVI FOCAL POINT	+2348026724545	josephoteri@yahoo.co.uk
	HEALTH ECONOMIST WHO NIGERIA	+2348034021288	chukwujekwuo@ng.afro.who.i nt

## 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
PROF C O O CHUKWU - HON MINISTER OF HEALTH	FED MIN OF HEALTH		
DR MUHAMMAD ALI PATE - HON MIN. OF STATE FOR HEALTH	FED MIN OF HEALTH		

DR ADO J G MUHAMMAD - EXECUTIVE DIRECTOR	NATIONAL PRIMARY HEALTH CARE DEV AGENCY	
DR DAVID OKELLO - WHO REP	WHO	
DR SUOMI SAKAI - COUNTRY REP	UNICEF	
DR MANSUR KABIR	FED MIN OF HEALTH	
DR YEMI-ESAN SADE	FED MIN OF HEALTH	
DR OWEN WIWA	CLINTON HEALTH ACCESS INITIATIVE	
DR BEN ANYENE	PRRINN (DFID)	
ROTARIAN BUSUYI ONABOLU	NIGERIA ROTARY POLIO PLUS	

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

All comments will be treated confidentially

Comments from Partners:

We the members of the ICC on Monday 7th May 2012 reviewed and endoreded this APR for submission and wish to appreciate GAVI for their continous support to the government of Nigeria.

Comments from the Regional Working Group:

## 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), insert name of the committee, 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
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PROF C O O CHUKWU - HON MINISTER OF HEALTH	FED. MIN OF HEALTH	
DR MUHAMMAD ALI PATE - HON MIN. OF STATE FOR HEALTH	FED MIN OF HEALTH	
MRS FATIMA BAMIDELE PERM SEC MIN. OF HEALTH	FED MIN OF HEALTH	
DR YEMI-ESAN SADE	FED MIN OF HEALTH	
DR ADO J G MUHAMMAD	NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY	
MR SHUNSHUKE MABUCHI	WORLD BANK	
DR SUOMI SAKAI	UNICEF	
DR DAVID OKELLO	WHO	
ALH ABDU GARBA	USAID	
DR NKEM ENE	HERFON	

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

All comments will be treated confidentially

Comments from Partners:

We the above signed at the joint ICC/HPCC meeting of Monday 7th May 2012 endorsed this APR for submission.

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 2012

#### 3. Table of Contents

This APR reports on Nigeria's activities between January – December 2011 and specifies the requests for the period of January – December 2013

#### **Sections**

- 1. Application Specification
  - 1.1. NVS & INS support
  - 1.2. Programme extension
  - 1.3. ISS, HSS, CSO support
  - 1.4. Previous Monitoring IRC Report
- 2. Signatures
  - 2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
  - 2.2. ICC signatures page
    - 2.2.1. ICC report endorsement
  - 2.3. HSCC signatures page
  - 2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)
- 3. Table of Contents
- 4. Baseline & annual targets
- 5. General Programme Management Component
  - 5.1. Updated baseline and annual targets
  - 5.2. Immunisation achievements in 2011
  - 5.3. Monitoring the Implementation of GAVI Gender Policy
  - 5.4. Data assessments
  - 5.5. Overall Expenditures and Financing for Immunisation
  - 5.6. Financial Management
  - 5.7. Interagency Coordinating Committee (ICC)
  - 5.8. Priority actions in 2012 to 2013
  - 5.9. Progress of transition plan for injection safety
- 6. Immunisation Services Support (ISS)
  - 6.1. Report on the use of ISS funds in 2011
  - 6.2. Detailed expenditure of ISS funds during the 2011 calendar year
  - 6.3. Request for ISS reward
- 7. New and Under-used Vaccines Support (NVS)
  - 7.1. Receipt of new & under-used vaccines for 2011 vaccine programme
  - 7.2. Introduction of a New Vaccine in 2011
  - 7.3. New Vaccine Introduction Grant lump sums 2011
    - 7.3.1. Financial Management Reporting
    - 7.3.2. Programmatic Reporting
  - 7.4. Report on country co-financing in 2011
  - 7.5. Vaccine Management (EVSM/VMA/EVM)
  - 7.6. Monitoring GAVI Support for Preventive Campaigns in 2011
  - 7.7. Change of vaccine presentation
  - 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012
  - 7.9. Request for continued support for vaccines for 2013 vaccination programme

- 7.10. Weighted average prices of supply and related freight cost
- 7.11. Calculation of requirements
- 8. Injection Safety Support (INS)
- 9. Health Systems Strengthening Support (HSS)
  - 9.1. Report on the use of HSS funds in 2011 and request of a new tranche
  - 9.2. Progress on HSS activities in the 2011 fiscal year
  - 9.3. General overview of targets achieved
  - 9.4. Programme implementation in 2011
  - 9.5. Planned HSS activities for 2012
  - 9.6. Planned HSS activities for 2013
  - 9.7. Revised indicators in case of reprogramming
  - 9.8. Other sources of funding for HSS
  - 9.9. Reporting on the HSS grant
- 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
  - 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP
- 11. Comments from ICC/HSCC Chairs
- 12. Annexes
  - <u>12.1. Annex 1 Terms of reference ISS</u>
  - 12.2. Annex 2 Example income & expenditure ISS
  - 12.3. Annex 3 Terms of reference HSS
  - 12.4. Annex 4 Example income & expenditure HSS
  - 12.5. Annex 5 Terms of reference CSO
  - 12.6. Annex 6 Example income & expenditure CSO
- 13. Attachments

## 4. Baseline & annual targets

	Achieveme		er Targets (preferred presentation)							
	JF	RF								
Number	20	11	20	12	20	13	20	14	20	15
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	6,575,426	6,575,426	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	460,280	460,280	441,080	441,080	420,179	420,179	361,354	361,354	261,042	261,042
Total surviving infants	6115146	6,115,146	6,344,760	6,344,760	6,582,808	6,582,808	6,865,728	6,865,728	7,197,307	7,197,307
Total pregnant women	8,219,283	8,219,283	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	4,602,798	4,130,597	5,089,379	5,089,379	5,462,329	5,462,329	5,926,207	5,926,207	6,488,763	6,488,763
BCG coverage	70 %	63 %	75 %	75 %	78 %	78 %	82 %	82 %	87 %	87 %
Number of infants vaccinated (to be vaccinated) with OPV3	4,280,602	4,708,105	4,758,570	4,758,570	5,134,590	5,134,590	5,629,897	5,629,897	6,261,657	6,261,657
OPV3 coverage	70 %	77 %	75 %	75 %	78 %	78 %	82 %	82 %	87 %	87 %
Number of infants vaccinated (to be vaccinated) with DTP1	5,503,632	4,346,947	5,519,941	3,101,883	5,924,526	1,828,558	6,385,127	0	6,693,495	0
Number of infants vaccinated (to be vaccinated) with DTP3	4,280,602	3,866,396	4,758,570	2,791,694	5,134,590	1,645,702	5,629,897	0	6,261,657	0
DTP3 coverage	69 %	63 %	75 %	44 %	78 %	25 %	82 %	0 %	87 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	10	0	25	0	25	0	25	0	25
Wastage[1] factor in base- year and planned thereafter for DTP	1.00	1.11	1.00	1.33	1.00	1.33	1.00	1.33	1.00	1.33
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		0	1,992,176	1,992,176	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 3rd dose of DTP-HepB-Hib		0	1,992,176	1,992,176	3,357,232	3,488,888	5,629,897	5,629,897	6,261,657	6,261,657
DTP-HepB-Hib coverage		0 %	31 %	31 %	51 %	53 %	82 %	82 %	87 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)		0	30	25	0	25	0	25	0	25
Wastage[1] factor in base- year and planned thereafter (%)		1	1.43	1.33	1	1.33	1	1.33	1	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	4,205,607	4,564,009	4,758,570	4,758,570	5,134,590	5,134,590	5,629,897	5,629,897	6,261,657	6,261,657
Yellow Fever coverage	70 %	75 %	75 %	75 %	78 %	78 %	82 %	82 %	87 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)	25	24	30	30	30	30	30	30	30	30
Wastage[1] factor in base- year and planned thereafter (%)	1.33	1.32	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %

	Achieveme JF		Targets (preferred presentation)							
Number	20	11	20	12	20	13	20	14	2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	4,244,605	5,932,299	4,758,570	4,758,570	5,134,590	5,134,590	5,629,897	5,629,897	6,261,657	6,261,657
Measles coverage	69 %	97 %	75 %	75 %	78 %	78 %	82 %	82 %	87 %	87 %
Pregnant women vaccinated with TT+	5,735,953	3,736,711	6,342,325	6,342,325	6,807,090	6,807,090	7,385,169	7,385,169	8,086,220	8,086,220
TT+ coverage	70 %	45 %	75 %	75 %	78 %	78 %	82 %	82 %	87 %	87 %
Vit A supplement to mothers within 6 weeks from delivery		0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	22 %	11 %	14 %	10 %	13 %	10 %	12 %	0 %	6 %	0 %

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<sup>\*\*</sup> Number of infants vaccinated out of total surviving infants

<sup>\*\*\*</sup> Indicate total number of children vaccinated with either DTP alone or combined

<sup>\*\*\*\*</sup> Number of pregnant women vaccinated with TT+ out of total pregnant women

<sup>1</sup> The formula to calculate a vaccine wastage rate (in percentage): [ ( AB ) / 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.

## **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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in <u>Table 4 Baseline and Annual Targets</u> 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 Births.

Justification for any changes in surviving infants

No changes

Justification for any changes in targets by vaccine

The targets for DTP have been modified to reflect the transition to pentavalent vaccine from DTP over the next two years. The targets for DTP-HiB-HB are, however, different from the cMYP because state specific data is being used and one additional state was approved for the phase 1 introduction and this was not reflected at the time the cMYP was developed.

Justification for any changes in wastage by vaccine

No changes

#### 5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

#### 1. Achievements in immunization:

In 2011, a target of 80% for all antigens was fixed; however, based on NICS 2010 achievement, trend of DQS data, a country best estimate was done and this revised the target to 70%.

Antigen	Set target	Achieved	DQS corrected
BCG	70%	63%	60.5%
OPV3	70%	77%	74%
DTP3	70%	63%	60.5%
НерВ	70%	59%	57%
Measles	70%	97%	93%
Yellow Fever	70%	75%	72%

These administrative data are however, corrected with a DQS usually carried out first quarter of the following

year since 2009. For 2011, the correction factor was 96%.

#### 2. Major activities conducted:

To improve immunization coverage, 330 LGAs(Districts) with high numbers of un-immunized children were prioritized for targeted interventions. The interventions included review of microplans, increase of outreach services, vaccinations in special places where children could be found such as markets and schools. The community were involved in the planning and support of outreach sessions. Intensified and regular supportive supervision at all Levels were also conducted in these LGAs. These 330 LGAs were mainly in five high risk states of Kano, Kaduna, Katsina, Lagos and Borno states with high number of unimmunized children.

Data quality: As in previous years, to validate our RI administrative data, a data quality self-assessment (DQS) was conducted in the first quarter of 2011. Also, monthly data quality checks are conducted by states. Seven states were able to conduct quarterly DQS. In preparation for penta introduction in 2012, data tools were revised with the national programme and partners including CDC. These tools were field tested in selected health facilities and LGAs and are now being used for training of health workers in the penta introduction.

Biannual MNCHW in May and November: Since the adoption by the National Council on Health of the biannual MNCH week in February 2009, the country is carrying out this exercise in May and November coninciding with the Nigerian Children's Day and the African Children Day in November. The link to RI is to microplan for all unimmunised children in high risk areas.

Cold chain assessment: As per GAVI requirement for new vaccine introduction, a cold chain assessment was carried out in 17 states including MenAfriVac conjugate phase 1 vaccine states. Among he finding of this assessment, there are insufficient vaccine storage capacity at health facility level and in some LGAs. As the country has enough cold boxes, where the storage capacity is lacking, the fast cold chain will be used to compensate the gap.

In 2011, as per the road map of the cold chain rehabilitation, linked to the cMYP, 9 additional 40cbm walk-in cold chain rooms (WICR) installed and functional in 6 locations i.e. 5 states namely Lagos, Oyo, Ekiti, Enugu and Bauchi and the South-West zonal store.

Research: To enable the country increase the community access to immunization services, a RI service provider study was conducted. The report has been endorsed by the ICC and dissemination ongoing. GAVI request that the wastage rate be as minimal as possible for the newly introduced vaccines, in preparation for a better monitoring of vaccine usage, a nation-wide wastage rate study was conducted in 2011 with the support of CDC. The report has been presented and endorsed by the ICC and dissemination is ongoing.

Update of cMYP: For the application of the Pentavalent and pneumococcal vaccine introduction, the cMYP was updated for the period 2011 - 2015 and aligned to the National Strategic Health Development Plan.

MenAfriVac Campaign: In 2011, as per GAVI approval, 5 states conducted successfully the MenA conjugate vaccine campaign with a coverage ranging from 80

SIA: Other SIAs conducted were the nine polio campaigns (with two Nationwide campaigns) and two rounds of MNTE campaigns. The integrated measles campaign was linked to the polio campaigns in January and February in a phased manner.

The main challenges in the routine immunisation programme include some vaccines and injection supplies stock outs, repeated health workers' industrial strike actions and security challenges in several Northern States. The vaccine stock-out was due to the late release of the funds for RI (in July) and reallocation of RI vaccine funds to other priorities (measles and polio campaigns).

#### Actions taken:

Timely allocation and release of Government funds for vaccine procurement (including yellow fever and pentavalent vaccine co-financing) to last till June 2012. In states with severe security challenges, state-specific intervention have been instituted with changes in mode of operations like reducing visibility.

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

The major challenges that affected RI performance were vaccine stock out and prolonged strike action by health workers in several states. The prevailing security situation was also a major challenge.

Other challenges include: inadequate counterpart funding of RI activities by most states and LGAs, limited community-linked activities in most States, weak supportive supervision, especially from State to LGA/Health facility level, weak data management at LGA and service delivery levels.

## 5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available** 

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
National Immunization Coverage Survey	October 2010	1:1

How have you been using the above data to address gender-related barrier to immunisation access?

The only data source within the last 3 years was the National Immunization Coverage survey which indicated a balanced coverage between male and female children of 1:1. This finding confirms earlier findings from earlier surveys (Demographic Health Surveys of 2003 and 2008) which all showed balanced coverage.

The country has no restriction by sex to immunization services.

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Not selected** 

What action have you taken to achieve this goal?

#### 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 surveys have been conducted since 2010.

The administrative data coverage for 2011 was 63% (DTP3) which was corrected after a national data quality self-assessment to 61%.

- \* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.
- 5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes** If Yes, please describe the assessment(s) and when they took place.

A national Data Quality self assessment (DQS) was conducted in February 2012, to assess the quality of RI administrative data. While the reported coverage was 63% (DTP3), the corrected data was 61%.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Monthly RI data is captured on a tool with data quality checks which identifies areas of data inconsistency from health districts (LGAs) which is later verified and corrected.

RI performance feedback is shared with LGAs (Districts) immunization officers monthly with recommendations on improving data quality.

Monthly review meetings are held with LGA Immunization officers to discuss progress.

DQS is conducted by states regularly to monitor data quality at health facility and LGA levels.

Ongoing efforts to improve administrative data have been yielding good results as there has been gradual reduction in the gap between reported and corrected administrative data from 2009 till date as indicated below:

2009: Reported 70%, corrected 59% (11% points difference)

2010: Reported 74%, corrected 65% (9% points difference)

2011: Reported 63%, corrected 61% (2% points difference)

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.

Plans in place are to continue with the DQS exercise at national level and in states annually.

#### 5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	To be filled in by country	To be filled in by country	To be filled in by country
Traditional Vaccines*	17,399,287	17,399,2 87	0	0	0	0	0	0
New and underused Vaccines**	4,114,500	1,168,50 0	2,946,00 0	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	771,952	470,937	0	301,015	0	0	0	0
Cold Chain equipment	820,136	0	0	820,136	0	0	0	0
Personnel	611,369	611,369	0	0	0	0	0	0
Other routine recurrent costs	6,616,409	1,719,49 7	0	4,896,91 2	0	0	0	0

Other Capital Costs	1,668,684	1,668,68 4	0	0	0	0	0	0
Campaigns costs	84,733,140	17,206,9 65	0	12,342,0 08	55,184,1 67	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	116,735,477							
Total Government Health		40,245,2 39	2,946,00 0	18,360,0 71	55,184,1 67	0	0	0

<sup>\*</sup> 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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

#### No Difference

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

#### No

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

There was government funding for Traditional vaccine

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	11,864,624	12,640,756
New and underused Vaccines**	26,865,472	76,448,638
Injection supplies (both AD syringes and syringes other than ADs)	4,424,806	4,583,914
Injection supply with syringes other than ADs	24,000	83,000
Cold Chain equipment	1,301,565	1,438,989
Personnel	51,364,048	57,726,880
Other routine recurrent costs	0	447,025
Supplemental Immunisation Activities	65,974,740	71,668,507
Total Expenditures for Immunisation	161,819,255	225,037,709

<sup>\*</sup> 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

#### Yes

5.5.5. Are you expecting any financing gaps for 2013? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

#### No

## **5.6. Financial Management**

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Not selected** 

**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?
Aide memoire was started in 2009 and has just been signed by GAVI secretariat, the country is expecting the signed copy to enable us sign our section.	Not selected

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

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

Though FMA was conducted in 2009 the aide memoire has just been recently signed by GAVI, the country as at 23rd May 2012 has not received it.

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? 5

Please attach the minutes ( $Document N^{\circ}$ ) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

Are any Civil Society Organisations members of the ICC? Yes

If Yes, which ones?

List CSO member organisations:		
Christian Health Association of Nigeria		
Health Reform Foundation of Nigeria (HERFON)		
Rotary International		
The Red Cross Society		

#### 5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

- 1. Reduce the number of unimmunized children
- 2. Successful introduction of Pentavalent and PCV into the routine immunization system
- 3. Monitor the implementation of the recommendations of the last EVMA and conduct the follow-up EVMA in July 2012 to identify the challenges and ensure preparedness for other new vaccines introduction.
- 4. Interrupt transmission of Polio
- 5. Strengthen the Health Management Information System.
- 6. Meet targets for accelerated disease control through an improved disease surveillance system to guide supplemental immunization activities
- 7. Institutional and human capacity development

Are they linked with cMYP? Yes

## 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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD 0.05mls	GON
Measles	AD 0.5mls	GON
TT	AD 0.5mls	GON
DTP-containing vaccine	AD 0.5mls	GON
Нер В	AD 0.5mls	GON

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)

Stock out of AD 0.05mls for 252 days

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Safety boxes are collected at health facility level, and disposed using "burn and bury" method.

## 6. Immunisation Services Support (ISS)

## 6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	14,597,686	2,262,641,330
Total funds available in 2011 (C=A+B)	14,597,686	2,262,641,330
Total Expenditures in 2011 (D)	1,488,853	230,772,168
Balance carried over to 2012 (E=C-D)	13,108,833	2,031,869,162

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.

On receipt of the GAVI ISS reward in 2008, the Routine Immunization working group made up of Partner Agencies and Government recommended a revision of the GAVI ISS disbursement guidelines to States. The new Guidelines which became operational since 2009, requires re confirmation of the States GAVI ISS account signatories to ensure that the State WHO/UNICEF Coordinator is a mandatory signatory to the account.

ISS funds are disbursed on a quarterly basis to states after the retirement of previous tranche of funds. The ISS fund is not reflected in the national health sector plan or budget since it can be mopped up as unspent funds by the Federal Government at the end of the financial year.

The problem encountered in 2011 centered around non retirement of previous trance by States. This was followed by national stock out of some RI vaccines in the year.

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 GAVI ISS fund being used in the Country is the balance from the 2008 reward. No fund was received in the country in 2011. The fund is domiciled at a dedicated NPHCDA/GAVI ISS domiciliary account at the Union Bank of Nigeria Abuja Branch.

Budgets are approved based on the States RI work plans. The amount disbursed to States depends on the number of Government health facilities that conducts RI services.

The fund is disbursed to States and LGAs through the State account and the Partners are copied in the communication.

The ICC approved the revised guidelines and the amount sent to the States. The revised guidelines is attached as one of the support documents for this APR.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

A National DQS was conducted for improved data quality

Supportive supervision at both state and LGA levels

Minor cold chain repairs at both state and LGA levels

Vaccine distribution to LGAs and health facilities

Monthly review meetings at LGA levels

Outreach programs for health facilities to the community

Community-linked activities including social mobilization for outreach and routine immunization

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 2011 calendar year

- 6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (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).

## 6.3. Request for ISS reward

Request for ISS reward achievement in Nigeria is not applicable for 2011

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

## 7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1** 

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
Yellow Fever		5,281,050	0
DTP-HepB-Hib		0	0

<sup>\*</sup>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? ...)
- 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)
- 7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes** If **Yes**, how long did the stock-out last?

#### 45 days

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

Global shortage of yellow fever vaccine. Stock out was at the central and lower levels and subsequent lower coverage for yellow fever.

#### 7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	Hib as a pentav	valent vaccine
Phased introduction	Yes	31/05/2012
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why?		The introduction date was shifted to May 2012 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.

### 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° 20))

## N/A

#### 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? No

## 7.3. New Vaccine Introduction Grant lump sums 2011

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14). 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

IN 2011, Nigeria did not receive any introduction grant but activities related to new vaccines were carried out using government funding. These include conduct of stakeholders and consultative meetings, revision of data tools and relevant routine immunization documents to reflect the new vaccines. Similarly, sensitization of the first phase states was carried out.

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

No problems even though we did not receive any grant, however in February 2012, the country was asked to collect the introductory grant from the GAVI ISS funds in country.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards No balance

## 7.4. Report on country co-financing in 2011

**Table 7.4:** Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?					
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses				
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0				
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	1,168,500	1,105,900				
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?					
Government	YES					

Donor	NO					
Other	N/A					
	Q.3: Did you procure related injections vaccines? What were the amounts in the second					
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	912,900					
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding					
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding				
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	Government				
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	September	Government				
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing					
	No					

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

Is GAVI's new vaccine support reported on 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 15)
- (b) Improvement plan after EVM (Document No 16)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Inadequate cold and dry storage capacities at NSCS	Expansion of the cold chain equipment	100% achieved
Inadequate transport capacity at NSCS	Procure additional cold vans	33%, suppliers did not meet contract terms

Weak stock management system at sub national level	Provide stock management tools and build capacity	Not achieved, training planned for later 2012
Inadequate temperature monitoring systems	Install computerize temp monitoring system	On-going
50% equipment non PQS complaint at LGA & HF levels		Un agina 700 solar reis being brochred

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? December 2013

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

## 7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningogoccal 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)
17688100	05/12/2011	17,688,100 (2 - 21/11/2011)

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?

#### 7.6.2. Programmatic Results of Meningogoccal 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
Bauchi	6-16/12/2011	3827164	3513935	92	95	4	184	0
Gombe	5-15/11/2011	1952113	1794115	92	98	5	52	0
Jigawa	7-16/11/2011	3721923	3148854	85	91	8	80	0
Katsina	5-15/11/2011	4700636	4640382	99	96	6	246	0
Zamfara	12-21/11/2011	2671118	2249096	84	94	3	36	0

<sup>\*</sup>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.

## 5 states implemented as against 10 states planned due to shortage of vaccine.

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?

Did not meet the target.

#### Reasons;

- 1. Social mobilization messages not suitably targeted especially for age group 16 29 years.
- 2. IEC materials not available at State level
- 3. Late release of funds from Government and GAVI which delayed some necessary pre-implementation activities

What lessons have you learned from the campaign?

- Timely funding is key to the success
- Wrong assumption that the preventive campaign for CSM would pull crowds of all age groups which led to complacency in mobilization activities
- School vaccinations always a good opportunity to reach 6 16 age group
- Failing to break down expectations from the States /LGAs into actual budgets, led to underestimations (by the States) of the extent of the required contributions
- The development of State/LGA logistics plans must be supported from the National level
- AEFI was under reported

#### 7.6.3. Fund utilsation of operational cost of Meningogoccal preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Vaccines and devices	1766825551	11235776
Personnel allowances	512372012	3258328
Logistics and cold chain management	138878150	883168
Data management	125452304	797789
Communication	33480093	212910
Planning, Training & evaluation	34019775	216342
Surveillance, monitoring & evaluation	111478127	708923
Others operational costs	19378072	123231
Total	-1553083212	17436467

## 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 2012

Renewal of multi-year vaccines support for Nigeria is not available in 2012

#### 7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per <u>7.11 Calculation of requirements</u> **No** If you don't confirm, please explain

The quantities in the country decision letter is at variance with what is 7.11, because the wastage rates are different for liquid and lyphilized vaccines

## 7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

#### Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<b>\=</b>	۸
DTP-HepB	НЕРВНІВ	2.00 %		
DTP-HepB-Hib	НЕРВНІВ		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJ UGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

## 7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	6,115,146	6,344,760	6,582,808	6,865,728	7,197,307	33,105,749
	Number of children to be vaccinated with the first dose	Table 4	#	0	1,992,176	3,873,729	6,385,127	6,693,495	18,944,527
	Number of children to be vaccinated with the third dose	Table 4	#	0	1,992,176	3,488,888	5,629,897	6,261,657	17,372,618
	Immunisation coverage with the third dose	Table 4	%	0.00 %	31.40 %	53.00 %	82.00 %	87.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.33	1.33	1.33	1.33	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
СС	Country co-financing per dose	Co-financing table	\$		0.45	0.26	0.30	0.35	
са	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate
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	2011	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26	0.30
Recommended co-financing as per Proposal 2011			0.52	0.60	0.68
Your co-financing		0.45	0.26	0.30	0.35

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

		2012	2013	2014	2015
Number of vaccine doses	#	8,040,200	15,268,000	24,075,900	22,494,800
Number of AD syringes	#	7,153,200	13,197,800	20,687,100	18,844,400
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	79,400	146,500	229,650	209,175
Total value to be co-financed by GAVI	\$	18,963,000	33,319,500	51,743,500	47,057,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,895,800	2,065,100	3,906,000	4,519,900
Number of AD syringes	#	1,686,700	1,785,100	3,356,200	3,786,500
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	18,725	19,825	37,275	42,050
Total value to be co-financed by the Country	\$	4,471,500	4,507,000	8,395,000	9,455,500

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

		Formula	2011		2012	
			Total	Total	Government	GAVI
Α	Country co-finance	V	0.00 %	19.08 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	0	1,992,176	380,108	1,612,068
С	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	BXC	0	5,976,528	1,140,322	4,836,206
E	Estimated vaccine wastage factor	Table 4	1.00	1.33		
F	Number of doses needed including wastage	DXE	0	7,948,783	1,516,629	6,432,154
G	Vaccines buffer stock	(F – F of previous year) * 0.25		1,987,196	379,158	1,608,038
Н	Stock on 1 January 2012	Table 7.11.1	0			
ı	Total vaccine doses needed	F + G – H		9,935,979	1,895,786	8,040,193
J	Number of doses per vial	Vaccine Parameter		10		
κ	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		8,839,734	1,686,622	7,153,112
L	Reconstitution syringes (+ 10% wastage) needed	I/J * 1.11		0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		98,122	18,722	79,400
N	Cost of vaccines needed	I x vaccine price per dose (g)		21,680,30 7	4,136,605	17,543,70 2
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)		411,048	78,428	332,620
Р	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)		570	109	461
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		1,300,819	248,197	1,052,622
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		41,162	7,854	33,308
Т	Total fund needed	(N+O+P+Q+R+S)		23,433,90 6	4,471,192	18,962,71 4
U	Total country co-financing	I x country co- financing per dose (cc)		4,471,191		
٧	Country co-financing % of GAVI supported proportion	U/T		19.08 %		

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

		Formula		2013			2014	
			Total	Government	GAVI	Total	Government	GAVI
Α	Country co-finance	V	11.91 %			13.96 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	3,873,729	461,519	3,412,210	6,385,127	891,292	5,493,835
С	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	BXC	11,621,18 7	1,384,556	10,236,63 1	19,155,38 1	2,673,875	16,481,50 6
E	Estimated vaccine wastage factor	Table 4	1.33			1.33		
F	Number of doses needed including wastage	DXE	15,456,17 9	1,841,459	13,614,72 0	25,476,65 7	3,556,254	21,920,40 3
G	Vaccines buffer stock	(F – F of previous year) * 0.25	1,876,849	223,609	1,653,240	2,505,120	349,687	2,155,433
Н	Stock on 1 January 2012	Table 7.11.1						
ı	Total vaccine doses needed	F+G-H	17,333,02 8	2,065,068	15,267,96 0	27,981,77 7	3,905,941	24,075,83 6
J	Number of doses per vial	Vaccine Parameter	10			10		
κ	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	14,982,82 0	1,785,063	13,197,75 7	24,043,15 7	3,356,154	20,687,00
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11	0	0	0	0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	166,310	19,815	146,495	266,880	37,254	229,626
N	Cost of vaccines needed	I x vaccine price per dose (g)	34,960,71 8	4,165,241	30,795,47 7	55,571,81 0	7,757,198	47,814,61 2
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)	34,960,71 8	83,006	613,696	55,571,81 0	156,062	961,945
Р	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)	965	115	850	1,548	217	1,331
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	2,097,644	249,915	1,847,729	3,334,309	465,432	2,868,877
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	69,767	8,313	61,454	111,956	15,628	96,328
Т	Total fund needed	(N+O+P+Q+R+S)	37,825,79 6	4,506,588	33,319,20 8	60,137,63 0	8,394,534	51,743,09 6
U	Total country co-financing	I x country co- financing per dose (cc)	4,506,588			8,394,534		
٧	Country co-financing % of GAVI supported proportion	U/T	11.91 %			13.96 %		

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

V 10	ai, Ligoid (part 3)	Formula		2015	
		Tomad	Total	Government	GAVI
Α	Country co-finance	V	16.73 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	6,693,495	1,119,909	5,573,586
С	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	BXC	20,080,48 5	3,359,725	16,720,76 0
Е	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses needed including wastage	DXE	26,707,04 6	4,468,434	22,238,61 2
G	Vaccines buffer stock	(F – F of previous year) * 0.25	307,598	51,466	256,132
н	Stock on 1 January 2012	Table 7.11.1			
ı	Total vaccine doses needed	F+G-H	27,014,64 4	4,519,899	22,494,74 5
J	Number of doses per vial	Vaccine Parameter	10		
κ	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	22,630,77 3	3,786,421	18,844,35 2
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11	0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	251,202	42,030	209,172
N	Cost of vaccines needed	I x vaccine price per dose (g)	52,219,30 7	8,736,965	43,482,34 2
o	Cost of AD syringes needed	K x AD syringe price per unit (ca)	1,052,331	176,069	876,262
Р	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)	1,457	244	1,213
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	3,133,159	524,218	2,608,941
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	105,379	17,632	87,747
т	Total fund needed	(N+O+P+Q+R+S)	56,511,63 3	9,455,126	47,056,50 7
U	Total country co-financing	I x country co- financing per dose (cc)	9,455,126		
٧	Country co-financing % of GAVI supported proportion	U/T	16.73 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	6,115,146	6,344,760	6,582,808	6,865,728	7,197,307	33,105,749
	Number of children to be vaccinated with the first dose	Table 4	#	4,564,009	4,758,570	78.00 %	5,629,897	6,261,657	26,348,723
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.32	1.43	1.43	1.43	1.43	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.90	0.90	0.90	
СС	Country co-financing per dose	Co-financing table	\$		0.30	0.34	0.40	0.46	
са	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate
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	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Recommended co-financing as per APR 2010			0.34	0.40	0.46
Your co-financing	0.30	0.30	0.34	0.40	0.46

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

		2012	2013	2014	2015
Number of vaccine doses	#	4,922,600	4,961,800	4,971,900	5,002,500
Number of AD syringes	#	3,866,800	3,881,200	3,895,000	3,924,200
Number of re-constitution syringes	#	546,400	550,800	551,900	555,300
Number of safety boxes	#	49,000	49,200	49,375	49,725
Total value to be co-financed by GAVI	\$	4,976,500	5,015,000	5,025,500	5,057,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	2,077,400	2,515,200	3,256,100	4,177,600
Number of AD syringes	#	1,631,800	1,967,500	2,550,800	3,277,100
Number of re-constitution syringes	#	230,600	279,200	361,500	463,800
Number of safety boxes	#	20,675	24,950	32,350	41,525
Total value to be co-financed by the Country	\$	2,100,000	2,542,500	3,291,500	4,223,000

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

	OFFIILISED (Part 1)	Formula	2011	2012		
				Total	Government	GAVI
Α	Country co-finance	V	0.00 %	29.68 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	4,564,009	4,758,570	1,412,186	3,346,384
С	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	BXC	4,564,009	4,758,570	1,412,186	3,346,384
Е	Estimated vaccine wastage factor	Table 4	1.32	1.43		
F	Number of doses needed including wastage	DXE	6,024,492	6,804,756	2,019,425	4,785,331
G	Vaccines buffer stock	(F – F of previous year) * 0.25		195,066	57,890	137,176
н	Stock on 1 January 2012	Table 7.11.1	0			
ı	Total vaccine doses needed	F + G – H		6,999,822	2,077,315	4,922,507
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		5,498,536	1,631,783	3,866,753
L	Reconstitution syringes (+ 10% wastage) needed	I/J * 1.11		776,981	230,583	546,398
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		69,659	20,673	48,986
N	Cost of vaccines needed	I x vaccine price per dose (g)		6,299,840	1,869,583	4,430,257
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)		255,682	75,878	179,804
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		2,875	854	2,021
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		405	121	284
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		491,388	145,828	345,560
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		25,897	7,686	18,211
Т	Total fund needed	(N+O+P+Q+R+S)		7,076,087	2,099,947	4,976,140
U	Total country co-financing	I x country co- financing per dose (cc)		2,099,947		
٧	Country co-financing % of GAVI supported proportion	U/T		29.68 %		

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

		Formula	2013		2014			
			Total	Government	GAVI	Total	Government	GAVI
Α	Country co-finance	V	33.64 %			39.57 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	5,134,590	1,727,235	3,407,355	5,629,897	2,227,927	3,401,970
С	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	BXC	5,134,590	1,727,235	3,407,355	5,629,897	2,227,927	3,401,970
E	Estimated vaccine wastage factor	Table 4	1.43			1.43		
F	Number of doses needed including wastage	DXE	7,342,464	2,469,945	4,872,519	8,050,753	3,185,936	4,864,817
G	Vaccines buffer stock	(F – F of previous year) * 0.25	134,427	45,221	89,206	177,073	70,074	106,999
Н	Stock on 1 January 2012	Table 7.11.1						
ı	Total vaccine doses needed	F+G-H	7,476,891	2,515,166	4,961,725	8,227,826	3,256,010	4,971,816
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	5,848,609	1,967,425	3,881,184	6,445,737	2,550,781	3,894,956
L	Reconstitution syringes (+ 10% wastage) needed	I/J * 1.11	829,935	279,184	550,751	913,289	361,418	551,871
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	74,132	24,938	49,194	81,686	32,326	49,360
N	Cost of vaccines needed	I x vaccine price per dose (g)	6,729,202	2,263,649	4,465,553	7,405,044	2,930,409	4,474,635
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)	6,729,202	91,486	180,475	7,405,044	118,612	181,115
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	3,071	1,034	2,037	3,380	1,338	2,042
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	430	145	285	474	188	286
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	524,878	176,565	348,313	577,594	228,573	349,021
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	27,547	9,267	18,280	30,359	12,015	18,344
Т	Total fund needed	(N+O+P+Q+R+S)	7,557,089	2,542,143	5,014,946	8,316,578	3,291,131	5,025,447
U	Total country co-financing	I x country co- financing per dose (cc)	2,542,143			3,291,131		
٧	Country co-financing % of GAVI supported proportion	U/T	33.64 %			39.57 %		

**Table 7.11.4**: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 3)

	OFFIILISED (Part 3)	Formula	2015		
			Total	Government	GAVI
Α	Country co-finance	V	45.51 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	6,261,657	2,849,476	3,412,181
С	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	BXC	6,261,657	2,849,476	3,412,181
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	DXE	8,954,170	4,074,751	4,879,419
G	Vaccines buffer stock	(F – F of previous year) * 0.25	225,855	102,780	123,075
Н	Stock on 1 January 2012	Table 7.11.1			
ı	Total vaccine doses needed	F+G-H	9,180,025	4,177,531	5,002,494
J	Number of doses per vial	Vaccine Parameter	10		
ĸ	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	7,201,139	3,277,004	3,924,135
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11	1,018,983	463,706	555,277
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	91,244	41,523	49,721
N	Cost of vaccines needed	I x vaccine price per dose (g)	8,262,023	3,759,778	4,502,245
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)	334,853	152,381	182,472
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	3,771	1,717	2,054
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	530	242	288
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	644,438	293,263	351,175
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	33,916	15,435	18,481
Т	Total fund needed	(N+O+P+Q+R+S)	9,279,531	4,222,812	5,056,719
U	Total country co-financing	I x country co- financing per dose (cc)	4,222,812		
٧	Country co-financing % of GAVI supported proportion	U/T	45.51 %		

## 8. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety supplies for routine immunisation and not on the supplies received bundled with new vaccines funded by GAVI.

## Receipt of injection safety support (INS) in 2011

For countries which have active INS support in 2011

Are you receiving Injection Safety support in cash? No

Are you receiving Injection Safety support in supplies? No

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during **2011** (add rows as applicable).

Table 8: Injection Safety Supplies received in 2011

Injection Safety Supplies	Quantity	Date received

Please report on any problems encountered such as delay of delivery, less quantities, etc.

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 <u>and</u> received HSS funds before or during January to December 2011. All countries are expected to report on:
  - a. Progress achieved in 2011
  - b. HSS implementation during January April 2012 (interim reporting)
  - c. Plans for 2013
  - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.
- 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 activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).
- 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 <u>supporting documents</u>. These include:
  - a. Minutes of all the HSCC meetings held in 2011
  - b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
  - c. Latest Health Sector Review Report
  - d. Financial statement for the use of HSS funds in the 2011 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 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in 2011

Please complete <u>Table 9.1.3.a</u> and <u>9.1.3.b</u> (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 <u>Table 9.1.3.a</u> and <u>9.1.3.b</u>.

9.1.2. Please indicate if you are requesting a new tranche of funding **No** If yes, please indicate the amount of funding requested: US\$

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	
Remaining funds (carry over) from previous year ( <i>B</i> )		0	22098490	22098490	13026864	10432232
Total Funds available during the calendar year ( <i>C</i> = <i>A</i> + <i>B</i> )		22098490	22098490	22098490	13026864	
Total expenditure during the calendar year ( <i>D</i> )		0	0	9267669	2495772	
Balance carried forward to next calendar year ( <i>E</i> = <i>C</i> - <i>D</i> )		22098490	22098490	13026864	10432232	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]					14363595	

## 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)						

Remaining funds (carry over) from previous year (B)			
Total Funds available during the calendar year (C=A+B)			
Total expenditure during the calendar year ( <i>D</i> )			
Balance carried forward to next calendar year ( <i>E</i> = <i>C</i> - <i>D</i> )			
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 <u>Table 9.3.c</u> 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						
Closing on 31 December						

## Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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: 9**)

If any expenditures for the January April 2012 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: 22**)

#### 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? No

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: 26)

### 9.2. Progress on HSS activities in the 2011 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 2011 reporting year

Major Activities (insert as many rows as necessary)  Planned Activity for 201	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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Objective 1 Revitalise WDC in 960 wards	Revitalise WDCs in 461 wards	0	Administrative and implementation reports
Activity 1.1 Reactivate and reorient 960 WDCs	Reactivate and reorient 461 WDCs	0	
Act 1.2 Develop Ward Health Plan in 960 wards	Develop Ward Health Plans in 461 wards	0	
Act 1.3 Implement WHPs in 960 wards	Implement Ward Health Plans in 461 wards	0	Program reports
Obj 2 Rehabilitate and equip health facilities	Rehabilitate and equip 461 health facilities	0	
Act 2.1 Rehabilitate 960 health facilities	Rehabilitate 461 health facilities	0	
Act 2.2 Equip 960 health facilities	Equip 461 health facilities with minimum equipment package	0	
Act 2.3 Provide essential drugs to 960 facilities	Provide seed stock of essential drugs to 461 health facilities	0	
Objective 3 Train PHC workers	Train PHC workers in managerial capacity and technical skills for integrated service delivery	0	
Act 3.1 Train PHC workers in 960 wards	Train PHC workers in 499 wards where PHCs were renovated	0	
Act 3.2 Supportive supervision of PHC workers	Carry out monitoring and supportive supervision of the trained PHC workers in 499 health facilities.	0	
Obj 4 Strengthen HMIS in 100 LGAs	Strengthen the HMIS for monitoring and management in the target LGAs		
Act 4.1 Provision of data tools and equippment	Provision of data management tools and equipment to health facilities in the second batch of LGAs	78	Administrative reports
Act 4.2 Training on data management and quality	Training of health service providers and LGA officials on data quality assurance and data management	78	Implementation reports
Act 4.4 Supportive supervision of providers	Conduct monitoring and supportive supervision to strengthen NHMIS implementation	0	
Obj 5 Strengthen infrastructure and logistics	To strengthen the logistics system and infrastructure at the national/state/LGA and ward levels		
Act 5.2 Develop architectural prototype storage fa	Develop architectural design of prototype storage facility in line with international specifications to be adopted by states and LGAs for the harmonised logistics system	30	Program reports
Activity 5.3 Train logistic personnel	Training of logistic personnel 2 persons per LGA on the harmonised logistics system	0	
Act 5.4 Training and provision of maintenance kits	Training and provision of maintenance kits, 2 per state and the FCT	40	Program reports
Act 5.5 Provision of solar refrigerators	Provision of solar refrigerators for vaccine storage in 499 wards	0	
Act 5.6 Maintenance support for solar refrigerator	Provision of maintenance support for the solar refrigerators	0	

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	This activity has not been implemented because the requested funding was not available for it.
Act 1.1 Reactivate and reorient 960 WDCs	To date, WDCs in 449 wards have been reactivated using a participatory learning method for adult learners. For the outstanding 461 wards, funds to carry out the PLA have been approved but not disbursed by GAVI and the activity has been postponed to 2012.
Act 1.2 Develop Ward Health Plan in 960 wards	Ward Health Plans have been developed in 499 wards which had their WDCs trained. For the outstanding 461 wards, this process will follow the reactivation of the WDCs in those wards.
Act 1.3 Implement Ward Health Plans in 960 wards	This process will follow the development of the ward health plans.
Obj 2 Rehabilitate and equip 960 health facilities	The first batch of 499 health facilities were renovated and provided with equipment and a seed stock of essential drugs. For the outstanding 461 health facilities planned for 2011, the funds were approved by GAVI but were not disbursed within the year and the activities could not be implemented.
Act 2.1 Rehabilitate 960 health facilities	The planned rehabilitation of 461 facilities could not be carried out because the funds were not disbursed by GAVI.
Act 2.2 Equip 960 health facilities	The equipment of 461 health facilities as planned for 2011 could not be carried out as the funds were not disbursed within the calendar year.
Act 2.3 Provide essential drugs to 960 facilities	This activity also could not be carried out due to non-disbursement of funds.
Obj 3 Train PHC workers	A training of trainers is ongoing across the six geopolitical zones in the country and this will be cascaded down to the PHC workers at the LGA level.
Act 3.1 Train PHC workers in 960 wards	The training of trainers is ongoing and the follow on training of 4990 health workers at LGA level will be concluded by the end of the second quarter of 2012.
Act 3.2 Supportive supervision of PHC workers	This activity was not carried out as the health workers at health facility level have not yet been trained.
Obj 4 Strengthen HMIS in 100 LGAs	This objective has been commenced but has not been completed.
Act 4.1 Provision of data tools and equippment	Data tools have been procured and distributed to 390 HF. Funds for the outstanding 109 HF have been approved but yet to be disbursed hence the activity has been postponed to 2012.
Act 4.2 Training on data management and quality	Training has been conducted in 390 HF. Funds for the outstanding 109 HF have been approved but yet to be disbursed hence the activity has been postponed to 2012.
Act 4.4 Supportive supervision of providers	This activity was not carried out.
Obj 5 Strengthen infrastructure and logistics	This objective has been commenced but not completed.
Act 5.2 Develop architectural prototype storage fa	The input of stakeholders on the identification of the prototype design has been received and an architect has been assigned to develop the design based of the international specifications
Activity 5.3 Train logistic personnel	Training has not been done as the harmonized logistics manual to be used to develop the training module has not been printed
Act 5.4 Training and provision of maintenance kits	This activity has not been carried out as there is no available training guideline on maintenance kit to conduct the training.
Act 5.5 Provision of solar refrigerators	Award of contracts for the procurement of 152 solar refrigerators has been done. Plans are underway for distribution and installation at the selected health facilities.
Act 5.6 Maintenance support for solar refrigerator	This activity has not been carried out as the solar refrigerators have not been installed in the health facilities.

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

The activities under objectives 1 and 2 which involve the rehabilitation of health facilities and the reactivation of ward development committees planned for 461 wards in 2011 were not carried out as these depend on the disbursement of the approved 14 million USD from GAVI following 2010 APR. While the approval was received, the funds were not disbursed during 2011 for implementation.

The training of PHC workers planned under objective 3 was modified from institutional training to LGA based training. It was not possible to carry out institutional-based training as would have proved logistically difficult to move health workers out from their health facilities to the training institutions for the duration of the training.

The provision of solar refrigerators under objective 5 was delayed due to the long process of public procurement of government systems. As a result, the follow on activities of maintenance and training could not be conducted.

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 2010 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	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Objective 2											
2.1 % rehabilitated health facilities	NA	NA	50%	50%				100%	100		
2.2 % existing PHCs fully equipped	0	NEEDS assessment report 2001	50%	50%				60%	60		
Objective 3											
3.1 Proportion of PHC workers trained	NA	NA	70%	70%				0	0		
Objective 4											
4.1 % LGAs provided with tools and equipment	NA	NA	60%	60%				52%	52%		
4.2 % supervisory visits from LGA to facilities	NA	NA	50%	50%				0	0		
Objective 5											
5.1 % wards with installed solar refrigerators	NA	NA	50%	50%				0	0		

## 9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

Activities for objectives 1 and 2 have been completed for the first batch of health facilities. These include renovation/rehabilitation of 485 health facilities in 499 wards. The remaining 14 wards did not have health facilities to be renovated. All of the required medical equipment has been supplied to the health facilities. To check that uniform prescribed equipment were supplied, the National Primary Health Care Development Agency engaged the services of independent equipment verifiers to cross check the quality and quantity of equipment supplied by the Contractors. The reactivation, reorientation of the Ward Development Committees in the 499 wards using the Participatory Learning and Action model has also been completed by the National Primary Health Care Development Agency. Seed stock of drugs for the Health Facilities has been provided for 485 facilities. The award of contract for the supply of the drugs was given out in the last quarter of 2010 and was completed by June 2011.

In 2011, the plan to train health workers in the 499 target wards was set in motion with the approval by the HPCC for the training to be conducted at the LGA headquarters by selected experts on integrated PHC service delivery in December 2011. It should be noted that the delay in commencing the training activities was mainly due to competing activities at the NPHCDA.

However, with the approval of the HPCC, training modules for training of Health Workers on Integrated PHC Delivery developed by the NPHCDA was reproduced with GAVI Support for the training of 4,990 health workers throughout the 499 wards in the 38 benefiting LGAs. The training module on Reaching Every Ward (REW) for Routine Immunization was also adopted as one of the training instruments.

The cascaded training started with the full mobilization of the benefiting States and LGAs. Experts were invited to conduct the National level Planning meeting/ training of Trainers for Senior fieldofficers from NPHCDA, Officials of the Federal Ministry of Health and Partners and stakeholders in PHC. Participant at the National level training were deployed to conduct the TOT at the six geopolitical zones of the country.

The Zonal level training was to train Programme Officers from all the States and Federal Capital Territory, Abuja, the Zonal Technical Officers from the NPHCDA, Tutors from the Schools of Nursing and Midwifery, Tutors from the Schools of Health Technologies and other experts from the States including Partners from organizations based at the Zonal/State levels such as the UN Agencies.

The training of Trainers from the National and Zonal levels was completed in April, 2012. The LGA level training is currently in progress with the report of the National Planning meeting/TOT and the six Zones have already submitted reports.

Plans to commence the LGA training of 4,990 health workers on "Integrated PHC service Delivery" which is geared towards the strengthening of the capacity of health workers to deliver quality PHC services including the strengthening of Routine immunization using the Reach Every Ward Approach (REW) has been concluded. The plan is that the LGA level training will be concluded before the end of the second quarter of 2012.

The HMIS unit of the Ministry of Health, which is responsible for the fourth objective of the grant, has distributed data collection tools to the health facilities within the selected wards. In addition, health workers have been trained on the use of the tools.

With regard to the fifth objective, managed by the Food and Drugs Department of the FMOH, a core group had been established with the responsibility to review the logistics system. This group has developed and ratified a manual for harmonizing the national logistics system together with stakeholders. In addition, the contract for the supply of solar refrigerators has been awarded and delivery is being awaited. Planned activities include installation of the solar refrigerators, training of health workers on the harmonised logistic systems and provision of maintenance kits for the solar refrigerators.

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

Delays have been experienced in implementation in the past year. Competing demands on the time of the staff in the implementing units of the government has led to slow progress in implementation.

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 is almost completed. The country has also carried out an annual health facility and household survey, as part of the ongoing joint annual review to provide data on implementation progress. For relevant indicators, GAVI HSS will also utilize 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 will lead to a virtuous cycle where the strengthened HMIS will provide better data on GAVI activities.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization 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 organisations, are members of the Project Implementation Coordinating Committee (PICC) and the Health Systems Forum, which oversee the implementation of the HSS proposal. As such, they review and validate what the implementing units have carried out and reported.

Key stakeholders in the health systems forum include development partners like 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.

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.

Various civil society organisations, are members of the Project Implementation Coordinating Committee (PICC), which oversees the implementation of the HSS proposal. As such, they review and validate what the implementing units have carried out and reported.

These include organizations like the Christian Health Association of Nigeria (CHAN) and Rotary International as well as the health reform foundation of Nigeria (HERFON), a civil society organisation.

In addition, the civil society organizations participate in the health partners coordinating committee (HPCC) which is a high level sector coordinating mechanism and which endorses the APR before submission.

No funding is provided from the HSS funds to these organizations for their activities.

- 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.

Two of the implementing units, the Department of planning, research and statistics and the food and drugs services had challenges accessing the funds previously. This was due to the fact that as departments within the ministry of health, they were subject to the disbursement procedures of the FMOH and the associated bureaucracy leading to delays in accessing funds. 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 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
Obj 1. Reactivate WDCs in 702 wards	To constitute/reac tivate461 Ward Development Committees					
Act 1.1 Reactivate WDCs	Constitute/Re activate and re-orientate Ward Development Committees in 461 Wards	166476				
Act 1.2 Develop WHPs	Develop, review/update Ward Health Plans of 461 WDCs for community health action	2177143				
Act 1.3 Support WDC monthly meetings	Implement Ward Health Plans in 461 wards	0				
Obj 2. Renovate health facilities by 2013	To rehabilitate/re novate the remaining 369 health facilities (1/ward) to deliver PHC minimum health package					
Act 2.1 Renovate health facilities	Rehabilitate/re novate 461existing PHC facilities	5714286				
Act 2.2 Provide equipment	Equip 461 health facilities with minimum equipment package	3809524				

	Provide seed			
Act 2.3 Provide seed stock of drugs	stock of essential drugs to 461 health facilities	1904762		
Obj 3. Training of PHC workers	Training of PHC workers on integrated service delivery and managerial skills			
Act 3.1 Training of PHC workers	Training of PHC workers on integrated curriculum	4853333		
Act 3.2 Monitoring and supervision of PHC workers	Monitoring and supportive supervision of trained PHC workers	213333		
Obj 4. Strengthen NHMIS	Strengthen HMIS for programme management in target LGAs			
Act 4.1 Provision of data tools and equipment	Provision and distribution of data management tools and equipment for 499 health facilities in 38 LGAs	235206		
Act 4.2 Distribution of tools and equipment	Distribution of data tools and equipment to 499 health facilities in 38 LGAs	13333		
Act 4.3 Training of health facility and LGA staff	Training of health facility and LGA staff on the use of paper-based tools	119105		
Act 4.4 Training on electronic data capture	Training of health facility and LGA staff on electronic data capture	223760		
Act 4.5 Training on quality assurance	Training of health facility and LGA staff on data quality assurance and data management	124729		
Act 4.6 Monitoring and supervision	Conduct monitoring and supportive supervisory visits to strengthen NHMIS at all levels	429006		
Obj 5. Strengthen logistics system	Strengthen logistics system and infrastructure at all levels			

Act 5.2 Develop architectural prototype warehouse	Develop an architectural prototype for storage facility in line with international specifications	7937			
5.3 Training of LGA personnel	Training of LGA personnel on harmonized logistics system	480794			
Act 5.4 Training and provision of maintenance kits	Training and provision of maintenance kits	64365			
Act 5.5 Provision of solar refrigerators	Provision of solar refrigerators for 499 health facilities	1440000			
Act 5.6 Maintenance of solar refrigerators	Provision of maintenance support for solar refrigerators	76190			
		22053282	0		0

#### 9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve 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 2013

Major Activities (insert as many rows as necessary)	ı Pianned	Original budget for 2013 (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 2013 (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in Table 9.6 ? Yes

### 9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	or Denominator	Data Source	Baseline value and date		Agreed target till end of support in original HSS application	2013 Target
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- 9.7.1. Please provide justification for proposed changes in the **definition**, **denominator and data source of the indicators** proposed in Table 9.6
- 9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

## 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 Gains	3380000	5 years	

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	Independent verifiers	
HMIS reports		

- 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.
- 9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 2 Please attach:
  - 1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 8**)
  - 2. The latest Health Sector Review report (Document Number: 23)

# 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 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 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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000			
Summary of income received during 2011					
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 2011	30,592,132	63,852			
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523			

<sup>\*</sup> 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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

<sup>\*\*</sup> 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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000			
Summary of income received during 2011					
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 2011	30,592,132	63,852			
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523			

<sup>\*</sup> 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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811		

<sup>\*\*</sup> 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.

#### TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000			
Summary of income received during 2011					
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 2011	30,592,132	63,852			
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523			

<sup>\*</sup> 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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

<sup>\*\*</sup> 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	<b>~</b>	FMoH Signature Page.pdf File desc: File description  Date/time: 5/25/2012 6:01:47 AM Size: 387524
2	Signature of Minister of Finance (or delegated authority)	2.1	~	FMoF Signature Page.pdf File desc: File description  Date/time: 5/25/2012 6:02:23 AM Size: 387524
3	Signatures of members of ICC	2.2	<b>~</b>	ICC Signature pg1-2.pdf File desc: File description Date/time: 5/25/2012 6:03:00 AM Size: 731615
4	Signatures of members of HSCC	2.3	×	HPCC Signature Page.pdf File desc: File description Date/time: 5/25/2012 6:03:47 AM Size: 314335
5	Minutes of ICC meetings in 2011	2.2	<b>~</b>	ICC 2011 Minutes_All 3.pdf File desc: File description Date/time: 5/25/2012 9:47:00 AM Size: 3903246
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	~	Minutes of meeting of the ICC and HPCC - monday 7th may 2012.pdf  File desc: File description  Date/time: 5/25/2012 6:37:44 AM  Size: 2013818
7	Minutes of HSCC meetings in 2011	2.3	×	HPCC 2011 Meeting Minutes_All.pdf File desc: File description Date/time: 5/25/2012 9:11:16 AM Size: 3992981
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	×	Minutes of meeting of the ICC and HPCC - monday 7th may 2012.pdf  File desc: File description  Date/time: 5/25/2012 6:40:05 AM  Size: 2013818
9	Financial Statement for HSS grant APR 2011	9.1.3	×	Blank Demo Sheet.docx File desc: File description  Date/time: 5/25/2012 10:35:07 AM Size: 12636
10	new cMYP APR 2011	7.7	✓	cMYP 2011-2015 country final_Nigeria.pdf File desc: File description

				Date/time: 6/11/2012 7:55:14 AM
				Size: 5463484
				Nigeria cMYP 2011_ 2015 Costing_Tool country final.xls
11	new cMYP costing tool APR 2011	7.8	✓	File desc: File description
				Date/time: 5/25/2012 7:06:58 AM
				Size: 3783168
				Blank Demo Sheet.docx
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	×	File desc: File description
				Date/time: 5/25/2012 10:35:07 AM
				Size: 12636
				Blank Demo Sheet.docx
13	Financial Statement for ISS grant APR 2011	6.2.1	×	File desc: File description
				Date/time: 5/25/2012 10:35:07 AM
				Size: 12636
				Blank Demo Sheet.docx
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	File desc: File description
				Date/time: 5/25/2012 10:37:44 AM
				Size: 12636
				EVM_Nigeria_report_NVS_D3- 09052011_draft.pdf
15	EVSM/VMA/EVM report APR 2011	7.5	$\checkmark$	File desc: File description
				Date/time: 5/25/2012 6:34:25 AM
				Size: 2838825
				EVM Improvement plan 10112011.xlsx
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	File desc: File description
				Date/time: 5/25/2012 6:50:55 AM
				Size: 93089
				EVM Improvement plan status 01032012.xls
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	File desc: File description
				Date/time: 5/25/2012 6:49:29 AM
				Size: 200192
				Blank Demo Sheet.docx
18	new cMYP starting 2012	7.8	×	File desc: File description
				Date/time: 5/25/2012 10:37:44 AM
				Size: 12636
				Blank Demo Sheet.docx
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	×	File desc: File description
				Date/time: 5/25/2012 10:37:44 AM
				Size: 12636
				Blank Demo Sheet.docx
20	Post Introduction Evaluation Report	7.2.2	✓	File desc: File description
				Date/time: 5/25/2012 10:37:44 AM

				Size: 12636
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	>	Blank Demo Sheet.docx  File desc: File description  Date/time: 5/25/2012 10:37:44 AM  Size: 12636
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	×	Blank Demo Sheet.docx File desc: File description  Date/time: 5/25/2012 10:37:44 AM Size: 12636
23	HSS Health Sector review report	9.9.3	×	Nigeria Health Sector Report Final 12.7.11.pdf File desc: The health sector review report for 2010. The 2011 review process is not complete and the report is not yet ready.  Date/time: 5/25/2012 7:48:17 AM Size: 1138127
24	Report for Mapping Exercise CSO Type A	10.1.1	×	Blank Demo Sheet.docx File desc: File description  Date/time: 5/25/2012 10:38:45 AM Size: 12636
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	×	Blank Demo Sheet.docx File desc: File description  Date/time: 5/25/2012 10:38:45 AM Size: 12636
26	HSS expenditures for the January-April 2012 period	9.1.3	×	Blank Demo Sheet.docx File desc: File description  Date/time: 5/25/2012 10:37:44 AM Size: 12636