



Annual Progress Report 2007

Submitted by

The Government of

NIGERIA

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of **NIGERIA**.....

Ministry of Health:

Ministry of Finance:

Title: **HONOURABLE MINISTER**

Title: **HONOURABLE MINISTER**

Signature:

Signature:

Date:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
HONOURABLE MINISTER OF HEALTH	FEDERAL MINISTRY		
EXECUTIVE DIRECTOR	NATIONAL PRIMARY HEALTH CARE		
WORLD HEALTH REPRESENTATIVE	WORLD HEALTH		
COUNTRY REPRESENTATIVE	UNICEF		
MISSION DIRECTOR	USAID		
DIRECTOR	FED MIN OF HEALTH DEPT OF PUBLIC		
CHAIRMAN OF ROTARY POLIO PLUS	ROTARY INTERNATIONAL		

Signatures Page for HSS

For the Government of **NIGERIA**

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): **NO**

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

The ISS fund received in 2007 was \$1,754,009:31, this was the balance of our previous ISS fund that Nigeria requested to be used to procure injection materials for the Dec2005 measles campaign, May/June 2006 IPDs pilot and October 2006 measles campaign. The fund was received on 18th June 2007. The 2007 budget was already passed then. There is intention to get the funds on – budget in the near future

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Nigeria's ISS Fund received for 2007 was the balance of our previous ISS funds that was sent to UNICEF Copenhagen for the procurement of injection materials for the 2005 and 2006 measles campaign and the May June 2006 IPDs. The fund was credited into the NPHCDA/GAVI domiciliary account at the Union Bank of Nigeria, as was applicable in the previous years. Conversion into Naira was carried out using the prevailing Central Bank of Nigeria exchange rate when required. Following the receipt of the GAVI funds on 18th June 2007, previously ICC approved amount for States were disbursed on confirmation of approved State accounts signatories with the State WHO /UNICEF Coordinator as mandatory signatory to the account. Retirement of previous amount sent to the State is a requirement for further disbursements. Before the receipt of the ISS fund for 2007, States that have not assessed their previous allocation had their funds sent to them on meeting the set requirements for fund disbursement.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 **\$1,754,009:31**

Remaining funds (carry over) from 2006 **\$2,060,306:01**

Balance to be carried over to 2008 **\$2,387,358:03**

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel		52,187			
Transportation		10,050			
Maintenance and overheads			11,925:29		
Training			525,000		
IEC / social mobilization			230,000		
Outreach				513,400	
Supervision		24,195			
Monitoring and evaluation		60,200			
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	1,426,957:29	146,632	766,925.29	513,400	
Remaining funds for next year:	2,387,358:03				

**If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

In 2006, Nigeria adapted the Reach Every Ward (REW) approach to improve routine immunization coverage. Guidelines and Standard Operational Procedure were developed. The states not involved in Immunization Plus Days were trained on REW approach. Training of Health workers on REW continued in 2007. States mostly Southern also conducted Local Immunization Days (LIDs) or Child Health Weeks (CHWs) to boost the RI coverages as well as the OPV coverage.

The country had Mid Level Management (MLM) training and the scale down to Zones and State level is expected to take place in 2008.

Training on data management was also conducted

Series of training on basic guide on immunization was conducted in all the states of the federation.

Specific vaccine management trainings were also conducted.

Problems Encountered

-Sustained and regular provision of immunization services at both public and private health facilities and outreach services to hard to reach settlements due to lack of regular imprest funding for immunization services at LGA and State levels.

-Weak data management system at health facility levels and in some LGAs and States, which affect completeness and timeliness of immunization data reporting and collation.

-Funding constraints and competing immunization activities (IPDs, LIDs/CHWs and IMC).

- Infrequent ICC meeting during the reporting due to changes in Leadership at both Presidential and Ministerial.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for 2011

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

A DQA was carried out in Sep/Oct 2006 for the Year 2005. The recommendations listed below have been implemented:

- Identification and listing of all health facilities at lowest service delivery level i.e the ward level.
- Data recording tools namely child immunization cards, tally booklets and registers, LGA and health facility summary forms to be revised by NPI and partners in collaboration with the States and LGAs
- Production and distribution of standard data reporting forms at all levels.
- Availability of Ward/LGA microplan/demographic information.
- Availability of data management software for uniform data management in the country.
- Simplification of data reporting format to capture relevant immunization data at all levels.
- Continuous training of health personnel on data management.
- Standardized guideline for the preparation of monthly and quarterly reports.
- Monthly review meetings at State and quarterly at zonal levels.

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES

☒

NO

☐

If yes, please report on the degree of its implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

1.1.4. ICC meetings

How many times did the ICC meet in 2007? **Please attach all minutes.**
Are any Civil Society Organizations members of the ICC and if yes, which ones?

ICC Meetings were held two times in 2007. Aside this, an emergency meeting was held in March 2007 to inform the ICC of decision reached by Mr President to merge the then National Programme on Immunization with National Primary Health Care Development Agency. Minutes of the regular meetings are attached.
No civil society organizations are represented in the ICC.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

Nigeria re-applied to the Alliance for reinstatement of Yellow Fever support as an under-utilized vaccine. The Alliance approved Yellow Fever vaccine worth US\$ 7,306,000 for 2007. Yellow Fever has been part of the routine Immunization schedule since -----

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
YELLOW FEVER	10 Doses	1,615,000		May 2007
		1,615,000		July 2007
		2,075,000		Dec 2007

Please report on any problems encountered.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine (NOT APPLICABLE FOR 2007)

These funds were received on: _____

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in **August 2003**

Please summarize the major recommendations from the EVSM/VMA

- ✓ Establish standard operating procedures
- ✓ Implement computerised cold chain management
- ✓ Conduct regular self assessments
- ✓ Conduct maintenance and vehicle assessment
- ✓ Implement active waste factor management
- ✓ Implement active volume management
- ✓ Install generator auto cut-in

Was an action plan prepared following the EVSM/VMA: **Yes/No**

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

- ✓ Drafting of standard operating procedures ongoing
- ✓ Computerised cold chain management system implemented
- ✓ There is a planned cold chain assessment for the 2nd quarter of 2008

The next EVSM/VMA* will be conducted in: **2009**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Nigeria application for INS support was approved in 2007 and the support was for 2008 and 2009. Similarly Yellow Fever was approved as an under - utilized vaccine following an application for reinstatement in 2006. The Alliance approved bundled Yellow Fever vaccine worth US\$ 7,306,000 for 2007. Find below the quantities of Injection materials bundled with the YF vaccine

Received in cash/**kind**

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD Syringes	6,448,900	28th Nov 2007
Reconstitution 5ml syringe	921,300	11th Dec 2007
Safety Boxes	81,825	3rd Dec 2007

Please report on any problems encountered.

1.3.2. Progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

Support is for 2008 and 2009. In an effort to sustain the injection safety in the Country all vaccines are now procured bundled.

Please report how sharps waste is being disposed of.

Burn and bury

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

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1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution) **NOT APPLICABLE**

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

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2. Vaccine Co-financing, Immunization Financing and Financial Sustainability **(NOT APPLICABLE)**

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines				
Injection supplies				
Cold Chain equipment				
Operational costs				
Other (please specify)				
Financing by Source				
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total Expenditure				
Total Financing				
Total Funding Gaps				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

Updated Total Immunization Expenditures and Financing as in cMYP for Year 2007	2007
<i>Immunization Expenditures</i>	
Vaccines	
<i>*Routine vaccines</i>	17,198,474
Injection supplies	4,284,577
Personnel	37,967,269
Other operational expenditures	
Cold Chain equipment	1,895,533
Vehicles	320,235
<i>*Other capital equipment</i>	512,657
Other	
<i>*Transportation</i>	6,674,682
<i>*Maintenance & Overhead</i>	6,268,662
<i>*Short term training</i>	1,629,831
<i>*IEC/Soc Mob</i>	3,547,725
<i>*Disease Surveillance</i>	2,077,991
<i>*Programme Management</i>	15,084,611
<i>*Other Routine Recurrent Cost</i>	7,823
<i>*Polio campaigns Vaccine & supplies</i>	41,488,850
<i>*Other operational costs</i>	74,956,891
<i>*Measles campaign Vaccine & supplies</i>	0
<i>*Other operational costs</i>	0
Total Immunization Expenditures	213,915,811

Table 2.2: Country Co-Financing (in US\$) (NOT APPLICABLE)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Country Co-Financing (in US\$) (NOT APPLICABLE)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF			
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	
National health sector plan	
National health budget	
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	
Annual immunization plan	
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.*

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Nigeria is planning a phased introduction of Pentavalent and Pneumococcal vaccines in 2009. This has necessitated a planned revision of our 2006-2010 cMYP to cover 2009 -2014

Number of	2006	2007	2008	2009	2010
DENOMINATORS					
Births	5,373,995	5,807,131	5,992,959	6,184,734	6,382,645
Infants' deaths	537,400	548,933	566,499	584,627	603,335
Surviving infants	4,836,596	5,258,198	5,426,461	5,600,107	5,779,311
Pregnant Women (4.02% of Annual Population)	6,889,737	5,807,131	5,992,959	6,184,734	6,382,645
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	4,960,114	4,337,711	4,794,367	4,947,787	5,106,116
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	4,117,555	3,890,630	4,794,367	4,947,787	5,106,116
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of Hep B (Hep B1)	152,712	110,163	4,794,367	4,947,787	5,106,116
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of Hep B (Hep B3)*	2,038,334	2,861,555	4,794,367	4,947,787	5,106,116
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of OPV3	2,607,239	3,450,550	4,794,367	4,947,787	5,106,116
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with BCG	2,382,543	2,969,867	4,794,367	4,947,787	5,106,116
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with Measles	6,136,848	4,795,048	4,794,367	4,947,734	5,106,116

Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with Yellow Fever	2,150,406	2,969,922	4,794,367	4,947,734	5,106,116
NEW VACCINES ** Nigeria is yet to introduce new vaccines. Phased introduction is being planned for 2009. However, YF is being supported as an under utilized vaccine.					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of YELLOW FEVER (new vaccine)	SEE	SEPARATE	EXCEL	SPREAD SHEET	ATTACHED
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of (new vaccine)					
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)					
INJECTION SAFETY****					
NIGERIA INJECTION SAFETY SUPPORT WAS APPROVED FOR 2008 AND 2009 Table 8A – 8F SHOWS THE APPROVED INJECTION SAFETY MATERIAL BASED ON THE TOTAL BIRTH AS AGAINST SURVIVING INFANTS THEN AND AS EXPLAINED IN THE INS CLARRIFICATION BECAUSE OF PLANNED ACCELERATED IMMUNIZATION ACTIVITIES. BELOW ARE THE TARGETS FOR TT, BCG AND MEASLES BASED ON THE NEW POPULATION FIGURES IN THE 2006 CONDUCTED NATIONAL CENSUS					
Pregnant women vaccinated / to be vaccinated with TT	3,435,720	2,829,154	4,794,367 (80%)	4,947,734 (80%)	5,106,116 (80%)
Infants vaccinated / to be vaccinated with BCG	2,382,543	2,969,867	4,794,367 (80%)	4,947,734 (80%)	5,106,116 (80%)
Infants vaccinated / to be vaccinated with Measles (1 st dose)	6,136,848	4,795,048	4,794,367 (80%)	4,947,734 (80%)	5,106,116 (80%)

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the year 2009

TABLES 8a - 8f shows the calculated injection safety requirements for 2008 and 2009 as approved in the INS proposal. It is slightly different from the current calculation based on the actual census figure of 2006 as against the projected target population based on 1991 Census figures

Table 8: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

Table 8a: Estimated supply for safety of vaccination with ...BCG..... vaccine

		Formula	2008...	2009
A	Number of children to be vaccinated ²	#	5,698,774	5866336
B	Percentage of vaccines requested from GAVI ³	%	80	80
C	Number of doses per child	#	1	1
D	Number of doses	$A \times B/100 \times C$	4,559,019	4,693,069
E	Standard vaccine wastage factor ⁴	Either 2.0 or 1.6	2	2
F	Number of doses (including wastage)	$A \times B/100 \times C \times E$	9,118,038	9,386,138
G	Vaccines buffer stock ⁵	$F \times 0.25$	-	0
H	Number of doses per vial	#	20	20
I	Total vaccine doses	$F + G$	9,118,038	9,386,138
J	Number of AD syringes (+ 10% wastage) requested	$(D + G) \times 1.11$	5,060,511	5,209,306
K	Reconstitution syringes (+ 10% wastage) requested ⁶	$I / H \times 1.11$	506,051	520,931
L	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	61,789	63,606

Table 8b: Estimated supply for safety of vaccination with ...**MEASLES**..... vaccine

		Formula	2008...	2009
A	Number of children to be vaccinated ²	#	5,698,774	5866336
B	Percentage of vaccines requested from GAVI ³	%	80	80
C	Number of doses per child	#	1	1
D	Number of doses	$A \times B/100 \times C$	4,559,019	4,693,069
E	Standard vaccine wastage factor ⁴	<i>Either 2.0 or 1.6</i>	1.6	1.6
F	Number of doses (including wastage)	$A \times B/100 \times C \times E$	7,294,431	7,508,910
G	Vaccines buffer stock ⁵	$F \times 0.25$	-	0
H	Number of doses per vial	#	10	10
I	Total vaccine doses	$F + G$	7,294,431	7,508,910
J	Number of AD syringes (+ 10% wastage) requested	$(D + G) \times 1.11$	5,060,511	5,209,306
K	Reconstitution syringes (+ 10% wastage) requested ⁶	$I / H \times 1.11$	809,682	833,489
L	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	65,159	67,075

Table 8c: Estimated supply for safety of vaccination with ...**DPT**..... vaccine

		Formula	2008...	2009
A	Number of children to be vaccinated ²	#	5,698,774	5866336
B	Percentage of vaccines requested from GAVI ³	%	80	80
C	Number of doses per child	#	3	3
D	Number of doses	$A \times B/100 \times C$	13,677,058	14,079,206
E	Standard vaccine wastage factor ⁴	<i>Either 2.0 or 1.6</i>	1.6	1.6
F	Number of doses (including wastage)	$A \times B/100 \times C \times E$	21,883,292	22,526,730
G	Vaccines buffer stock ⁵	$F \times 0.25$	-	0
H	Number of doses per vial	#	10	10
I	Total vaccine doses	$F + G$	21,883,292	22,526,730
J	Number of AD syringes (+ 10% wastage) requested	$(D + G) \times 1.11$	15,181,534	15,627,919
K	Reconstitution syringes (+ 10% wastage) requested ⁶	$I / H \times 1.11$	0	0
L	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	168,515	173,470

Table 8d: Estimated supply for safety of vaccination with ...**YELLOW FEVER**..... vaccine

		Formula	2008...	2009
A	Number of children to be vaccinated ²	#	5,698,774	5866336
B	Percentage of vaccines requested from GAVI ³	%	80	80
C	Number of doses per child	#	1	1
D	Number of doses	$A \times B/100 \times C$	4,559,019	4,693,069
E	Standard vaccine wastage factor ⁴	<i>Either 2.0 or 1.6</i>	1.6	1.6
F	Number of doses (including wastage)	$A \times B/100 \times C \times E$	7,294,431	7,508,910
G	Vaccines buffer stock ⁵	$F \times 0.25$	-	0
H	Number of doses per vial	#	10	10
I	Total vaccine doses	$F + G$	7,294,431	7,508,910
J	Number of AD syringes (+ 10% wastage) requested	$(D + G) \times 1.11$	5,060,511	5,209,306
K	Reconstitution syringes (+ 10% wastage) requested ⁶	$I / H \times 1.11$	809,682	833,489
L	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	65,159	67,075

Table 8e: Estimated supply for safety of vaccination with ...**HEP B**..... vaccine

		Formula	2008...	2009
A	Number of children to be vaccinated ²	#	5,698,774	5866336
B	Percentage of vaccines requested from GAVI ³	%	80	80
C	Number of doses per child	#	3	3
D	Number of doses	$A \times B/100 \times C$	13,677,058	14,079,206
E	Standard vaccine wastage factor ⁴	<i>Either 2.0 or 1.6</i>	1.6	1.6
F	Number of doses (including wastage)	$A \times B/100 \times C \times E$	21,883,292	22,526,730
G	Vaccines buffer stock ⁵	$F \times 0.25$	-	0
H	Number of doses per vial	#	10	10
I	Total vaccine doses	$F + G$	21,883,292	22,526,730
J	Number of AD syringes (+ 10% wastage) requested	$(D + G) \times 1.11$	15,181,534	15,627,919
K	Reconstitution syringes (+ 10% wastage) requested ⁶	$I / H \times 1.11$	0	0
L	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	168,515	173,470

Table 8f: Estimated supply for safety of vaccination with ...**TETANUS TOXOID**..... vaccine

		Formula	2008...	2009
A	Number of women to be vaccinated ²	#	7,306,120	7,520,944
B	Percentage of vaccines requested from GAVI ³	%	80	80
C	Number of doses per woman	#	2	2
D	Number of doses	$A \times B/100 \times C$	11,689,792	12,033,510
E	Standard vaccine wastage factor ⁴	Either 2.0 or 1.6	1.6	1.6
F	Number of doses (including wastage)	$A \times B/100 \times C \times E$	18,703,667.20	19,253,616.64
G	Vaccines buffer stock ⁵	$F \times 0.25$	-	0
H	Number of doses per vial	#	10	10
I	Total vaccine doses	$F + G$	18,703,667.20	19,253,616.64
J	Number of AD syringes (+ 10% wastage) requested	$(D + G) \times 1.11$	12,975,669.12	13,357,196.54
K	Reconstitution syringes (+ 10% wastage) requested ⁶	$I / H \times 1.11$	0	0
L	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	144,030	148,265

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

4. Health Systems Strengthening (HSS) (NOT APPLICABLE FOR 2007)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: 2008

Current Health Systems Support will end in: 2010

Funds received in 2007: Yes/No
If yes, date received: (dd/mm/yyyy)
If Yes, total amount: US\$ _____
Funds disbursed to date: US\$ _____
Balance of installment left: US\$ _____
Requested amount to be disbursed for 2009 US\$ _____

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Nigeria HSS application was finally approved in February 2008.
Banking details have been sent to UNICEF Nigeria for onward transmission to the ALLIANCE Secretariat.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (*In case there is a change in the 2009 request, please justify in the narrative above*)

Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	✓	
Reporting Period (consistent with previous calendar year)	✓	
Government signatures	✓	
ICC endorsed	✓	
ISS reported on	✓	
DQA reported on	✓	
Reported on use of Vaccine introduction grant	✓	
Injection Safety Reported on	✓	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		Not Applicable
New Vaccine Request including co-financing completed and Excel sheet attached		Not Applicable
Revised request for injection safety completed (where applicable)	✓	
HSS reported on		Not Applicable
ICC minutes attached to the report	✓	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		Not Applicable

6. Comments

ICC/HSCC comments:

- ❖ The donor/Inter Agency Coordinating Committee (ICC) recognized the effort of the Government of Nigeria in putting together this annual progress report
- ❖ Nigeria has been funding almost all the vaccines and injection materials for Routine Immunization(RI)
- ❖ The ICC pledge their continued support and commitment to improving Routine Immunization (RI) program in Nigeria. There is plan to shift the focus from campaigns to Routine Immunization

~ End ~