



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY:	NIGERIA
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Date of submission: 21st September 2004

Reporting period: October 2003 – September 2004 (*Information
provided in this report **MUST**
refer to the previous calendar year*)

(Tick only one) :

Inception report	☐
First annual progress report	☐
Second annual progress report	☒
Third annual progress report	☐
Fourth annual progress report	☐
Fifth annual progress report	☐

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

****Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

3. Request for new and under-used vaccine for year... (indicate forthcoming year)

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

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.

The GAVI/VF ISS fund totalling US\$837,000.00 for the approved 15 States was received into an ICC approved dollar domiciliary account at the national level, which is managed by Union Bank of Nigeria Ltd. The account has two signatories – The National Coordinator/CE of NPI and the Chairman of Rotary International (Polio Plus) in Nigeria. Prior to utilization of any ICC approved disbursement to States and LGAs, conversion of the required dollar amount to naira is carried out at the prevailing CBN rate. This fund is routinely managed through the GAVI unit of the National Programme on Immunization.

Following the June 2003 GAVI Award Review Committee recommendations for GAVI funding to these 15 States namely: Akwa Ibom, Anambra, Bayelsa, Sokoto, Rivers, Kwara, Yobe, Borno, Ebonyi, Edo, Ekiti, Enugu, Imo, Kano and Kogi States, funds to the tune of N67,537,849.52 have been disbursed to 12 States that have complied with the disbursement guidelines, i.e Opening of GAVI accounts at State and LGA levels as well as lodgement of counterpart funds in these accounts. Three (3) States – Yobe, Borno and Kano States are yet to forward their account details reference these guidelines. Thus a total sum of US\$77,000 still remains in the GAVI Account at the national level earmarked for the remaining approved states and LGAs.

The Inter-Agency Coordinating Committee (ICC) at its monthly meetings received and adopted progress reports on GAVI activities and approved disbursements of funds for onward disbursement of funds to States and LGAs that have complied with the pre-requisites of Opened Accounts with lodged counterpart funding.

The ICC had also noted the GARC review of the remaining State proposals, which when approved by the ICC are recommended for GAVI funding. To this end consultants who had initially assisted the 15 approved states, became re-employed to assist the remaining 15 States and FCT, in order to obtain

an implementable proposal. These re-employed consultants need to be paid through the GAVI Account for services rendered.

Five State proposals from Adamawa, Taraba, Bauchi, Ondo and Delta States have recently been reviewed and approved by the GARC, which will be forwarded to the GAVI Secretariat for your attention and subsequent funding.

Specifically, the role of the ICC had been in the following areas:

- *Review progress on immunization activities, inclusive of GAVI supported activities through the Core Group and ICC working groups.*
- *Routine receipt of progress reports by the ICC. Please find attached progress reports to the ICC and minutes of the ICC*

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year: 1st payment received was \$837,000.00 for the 15 States and 2nd payment received for Introduction of new vaccines was \$100,000.00

Remaining funds (carry over) from the previous year: Nil

Table 1: Use of funds during reported calendar year 2003/4

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines (Yellow Fever procured through UNICEF)	\$2,848,000.00	\$2,848,000.00**			
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training	146,745.00		146,745.00		
IEC / social mobilization	55,114.20		55,114.20		

Outreach					
Supervision					
Monitoring and evaluation	558,139.50		558,139.50		
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)**	77,001.30		77,001.30		
Total:	837,000		837,000		
Remaining funds for next year:					

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

***YF vaccines are centrally procured and distributed to all public and private health facilities nationwide.*

**** balance funds for the remaining 3 states*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed: *Minutes of ICC Minutes of July 29th 2003 for approval of the funding allocation, while subsequent minutes are as attached.*

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

Major activities:

- *Revision of the 5-Year National Strategic Plan (2004 – 2008) with specific logical framework approved by the ICC and endorsed by the Expert Review Committee consisting of national and international experts (See attached)*
- *Production of Year 2005 Implementation plan towards aimed at achieving the MDG goals relating to immunization (See attached)*
- *Revision of the National Immunization Policy to include current immunization practices and which has been adopted by the National Council on Health (See attached)*
- *Revision of Service Delivery Modules and Trainers guides for immunization service providers.*
- *Operationalization of the approved training scheme based on Training of Trainers (TOT) with the standardized modules (Cascade training of immunization service providers nationwide)*
- *Nationwide ward level microplanning and validation has been concluded*
- *National Consultative meeting with States on Polio Eradication and Strengthening on Routine Immunization Service Delivery*
- *Following the above, a National Consultative meeting was also held with the Local Government policy makers (Chairman of LGAs) to endorse roles and responsibilities at that level.*

- Continued Implementation of the Cold Chain Rehabilitation plan, which has attained a current level of 66% implementation as at August 2004.
- Revised Immunization cards, Registers, data reporting and monitoring tools have been fully developed in Year 2004 and circulated nationwide for improved data management systems
- Having achieved AFP Surveillance certification levels for PEI, Nigeria has continued to utilize these established structures to sustain and improve the levels especially in High-Risk LGAs, while applying same structures for improved disease surveillance of other vaccine preventable diseases.

Problems encountered:

- Sustained or regular implementation of immunization service delivery at the LGA and community levels, especially due to lack of regular imprest funding for immunization services and poor utilization of public service health facilities in some areas of the country.
- Sustaining political will at the LGA level
- Improved integration of community participation towards achieving the goal of community ownership for immunization (See attached Vision and Mission Statement of the National Programme on Immunization)
- Irregular distribution of vaccines from the State or LGA to Health facilities in some areas of the country because of lack of imprest funding for immunization at these levels.
- Weak data management system at these levels that affect the retrieval of data on immunization service delivery

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

*Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.*

YES ☐

NO ☐

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

****A GAVI Data Quality Audit (DQA) was carried out between 26th January and 11th February 2004.**
However the exercise was rated as not successful as gaps were noted in the DQA data reporting records. This was found to be due to the lack of data enquiry by the team at the State level, which is the official channel of data reporting to the national level (NPI).

A repetition of the exercise is recommended for Year 2005. This recommendation reflected in our discussions with the GAVI team headed by Dr Tore Godal in May 2004 is acceptable, however reference is made to the country implementation plans to strengthen data management systems, which incorporate DQA guidelines.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessments, EPI Reviews).

Update Assessment on the Cold Chain and Logistics equipment was conducted in July 2003, for which continued implementation of the 5 Year Rehabilitation plan has attained a 66% level of implementation from 45% levels in 2001.

A focused survey following the Immunization Coverage Survey conducted in March 2003 is planned for October/November 2004. The primary focus is to obtain baseline mortality rates for measles and coverage for routine antigens, giving the regular availability of routine vaccines in the country post the 2003 survey. Sampling will be 100% in EU –Prime focal States and 25% of LGAs in all other states. The report of this survey will be shared with the ICC Partners and GAVI.

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the GAVI Supported new and under-used vaccine: February 2004 (1st delivery)

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

GAVI confirmed its support to Yellow Fever vaccinations to the tune of US\$27,167,500 over a 5-year period. Total funds for earmarked for year 2004 is \$4,835,500

Nigeria at date has received the following quantities of YF vaccine with the corresponding cost implications as procured through UNICEF

<u>Date</u>	<u>Qty (doses)</u>	<u>Manufacturer</u>	<u>Total Cost</u>
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12 th Feb'04	1,080,000 doses	Aventis Pasteur	\$864,000.00
1 st May'04	1,080,000 doses	Aventis Pasteur	\$864,000.00
18 th Aug'04	1,600,000 doses	Institute Pasteur Dakar	\$560,000.00
13 th Sept '04	1,600,000 doses	Institute Pasteur Dakar	\$560,000.00

Total quantities received 5,360,000 doses for the total sum of \$2,848,000.00

In anticipation of the response from GAVI to exchange AD syringes for disposable syringes, limited orders were placed for AD syringes and other safe injection supplies. Nigeria's Injection safety policy outlines the use of disposable syringes for routine immunization and AD syringes for supplemental immunization.

For the Year 2005 and beyond, reference is kindly made to our letter to the GAVI Secretariat requesting GAVI to utilize the YF funds earmarked for Nigeria to support the procurement of CSM vaccines.

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.

Activities undertaken:

- *Nigeria in 2001 introduced YF and HBV vaccinations into Nigeria's routine immunization schedule on a continuous basis*
- *All Immunization reporting forms, child immunization cards and registers currently include YF and HBV*
- *Continued training for health workers, especially immunization service providers is being conducted on a regular interval at national, state and LGA levels.*
- *Continued IEC to mothers, care-givers and the community on the availability of YF and HBV is on-going*

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

**** The \$100,000 funding support for introduction of new vaccines was received into the national GAVI account on 5th August 2004.**

Thus expenditure is yet to be made from this fund.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Not yet received.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	General comments (Updated targets)
➤ <i>Advocacy for adoption of a National Policy on injection safety & waste management.</i>	<i>2001</i>	<i>National Injection safety policy adopted at the National Council of Health</i>		<i>The Federal Government of Nigeria has in operation the use of disposable syringes for routine immunization service delivery, while AD syringes are used for supplemental immunization .</i>
➤ <i>Procurement and distribution of vaccines bundled with injection materials</i>	<i>100% of injectable vaccines that are distributed with the corresponding injection materials</i>	<i>Achieved and distribution is effected on a quarterly basis at the national level, while partially achieved at the State → LGA → HF</i>	<i>Availability of funds Expansion of PSVD to all States</i>	<i>Furthermore, the government of Nigeria has</i>
➤ <i>Training of health</i>	<i>Improved skill on safe</i>		<i>The challenge here is to sustain training activities</i>	

<i>workers on safe injection practices and waste management</i> ➤ <i>Construction of incinerators at State/LGA/District levels</i> ➤ <i>Institute monitoring and corrective supervision to ensure compliance with standard practices</i>	<i>injection practices and waste disposable</i> <i>1incinerator per LGA by 2005</i> <i>Ensure safe disposal of all injection waste following immunization activities</i>	<i>On-going, as training is a continuous process</i> <i>Waste management assessment conducted in collaboration with WHO technical assistance</i> <i>On-going</i>	<i>for all health workers on a continuous basis.</i> <i>Lack of funding for construction of 1 incinerator per LGA</i> <i>The challenge here is also to sustain these activities</i>	<i>provided the enabling environment for the local manufacturing of AD syringes.</i> <i>Currently, this potential exists at two syringe manufacturing sites in Port-Harcourt and Calabar. Operationalization of these plans is expected by the end of Year 2004/early 2005.</i>
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1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

Not yet received

2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Not Applicable

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine YF (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004	2005	2006	2007	2008	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%) for YF vaccines only	2,848,000 (31%)	2,503,200 (28%)	1,788,000 (21%)	1,430,400 (17%)	715,200 (9%)					
Proportion funded by the Government and other sources (%) for YF vaccines and injection materials	6,230,747.32 (69%)	6,354,468.12 (72%)	6,482,942.52 (79%)	6,615,052 (83%)	6,750,900.92 (91%)					
Total funding for YF (YF) *	9,078,747.32 (100%)	8,857,668.12 (100%)	8,270,942.52 (100%)	8,045,452.12 (100%)	7,466,100.92 (100%)					

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2005 (Indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.

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 (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	5,149,691	5,309,529	5,472,346	5,638,150	5,978,410	5,978,410	6,155,077	6,339,730	6,529,922
Infants' deaths (IMR = 105/1000)	540,718	557,501	574,596	592,006	609,715	627,733	649,230	674,214	694,440
Surviving infants	4,608,973	4,752,028	4,897,750	5,046,144	5,197,098	5,350,677	5,505,847	5,665,516	5,835,482
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	1,751,410	Incomplete data	Incomplete data	2,876,302	3,430,086	4,013,009	4,404,678	4,815,689	5,249,101
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	38%	Nil	Nil	57%	65%	75%	75%	80%	80%
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of Yellow Fever Vaccine	NA	NA	Incomplete data	2,876,302	3,430,086	4,013,009	4,404,678	4,815,689	5,249,101
Infants vaccinated / to be vaccinated with 3 rd dose of (new vaccine)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Wastage rate of *** Yellow fever (new vaccine)				25	20	20	20	15	15
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	2,016,426 (35%)	Incomplete data	Incomplete data	4,415,351 (70%)	4,872,280 (75%)	5,350,677 80%	5,505,847 80%	6,019,611 80%	6,561,376 80%
Infants vaccinated / to be vaccinated with BCG	2,074,038	Incomplete data	Incomplete data	3,532,301 70%	3,897,825 75%	4,280,543 80%	4,404,678 80%	4,815,689 80%	5,249,101 80%
Infants vaccinated / to be vaccinated with Measles	1,382,692 30%	Incomplete data	Incomplete data	2,876,302 57%	3,430,086 65%	4,013,009 75%	4,404,678 75%	4,815,689 80%	5,249,101 80%

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

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

Incomplete data refers to administrative data reporting from HF → LGA → State → National level
Data collection/collation is incomplete because of weak data management systems at these levels.

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.

** The inclusion of targets for Year 2008 is reference the revised National 5 – Year Strategic Plan (2004 – 2008)
The GAVI Secretariat should consider a revision of the reporting format for table 3 to clearly highlight achievements and targets.*

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2005** (indicate forthcoming year)

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Reference the Memorandum of Understanding for vaccine procurement services existing between the Federal Government of Nigeria and UNICEF, Nigeria has an assured vaccine security status for the procurement of the GAVI funded YF vaccines through UNICEF

Table 4: Estimated number of doses of YF vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005*
A	Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)		4,013,009
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1
D	Number of doses	$A \times B / 100 \times C$	4,013,009
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	5,016,261
G	Vaccines buffer stock	$F \times 0.25$	1,254,065
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	6,270,326
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	5,846,452
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	696,006
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	72,621

* For the year 2005, reference is made to our letter to the GAVI Secretariat requesting for the re-channelling of YF funds for CSM vaccines.

Table 5: 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

*Please report the same figure as in table 3.

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 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding 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

3.3 Confirmed/revised request for injection safety support for the year (indicate forthcoming year) *Not Applicable*

Table 6: 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 4 to 8)

		Formula	For year	For year
A	Target of children for vaccination (for TT : target of pregnant women)¹	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ²	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>		
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

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

Not applicable

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/IF support

Indicators	Targets	Achievements	Constraints	Updated targets
➤ Adherence to safe injection practices	100% use of AD syringes by 2006	Current use of one disposable syringe per child per injection	Availability of funding	
➤ Vaccine availability at all Health facility levels	100%	Private Sector vaccine distribution (PSVD) in the pilot states and improved distribution systems for all other states.	Expansion of PSVD to all states	
➤ DPT 1-3 drop out rates	12% (2002), 10% (2005)			
➤ Implementation of the cold chain rehabilitation plan	48% (2002), 100% (2005)	66% as at August 2004		

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	September 21 st 2004	
Reporting Period (consistent with previous calendar year)	Oct'003 – Sept'04	

Table 1 filled-in		
DQA reported on	X	
Reported on use of 100,000 US\$		Recent Funds receipt on 5 th Sept '04
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

6. Comments

→ ICC/RWG comments:

Nigeria's Inter-Agency Coordinating Committee (ICC) has on a regular basis followed the progress made in the implementation of the GAVI Award in the country.

The ICC notes that:

- Out of the 15 approved state proposals, 12 states have received their State and LGA level funding
- Account details for the remaining 3 states are yet to be received to meet the guidelines for GAVI fund disbursement
- Out of the remaining 15 States and FCT yet to forward GAVI proposals, the GAVI Award Review Committee has received 5 proposals from Adamawa, Taraba, Bauchi, Ondo and Delta States.
- GARC recommendations approved at its meeting of 8th – 9th September 2004 for these 5 states will be reviewed by the ICC at its October 2004 meeting and thereafter ICC approval would be forwarded to GAVI Secretariat
- In order to complete the nationwide implementation of GAVI supported programmes, the remaining 10 States and FCT are therefore being supported to develop adequate proposals for a subsequent GARC review.
- The Private Sector Vaccine Distribution has had great impact on the vaccine distribution system in the country and expansion nationwide has been endorsed.
- GAVI support for Injection safety practices is recommended in line with the country's injection safety policy, vis-à-vis supplemental immunization.

7. Signatures

For the Government of **Nigeria**

Signature:

Title: **Honourable Minister for Health**

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund 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 have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~