



Partnering with The Vaccine Fund

June 2003

# Progress Report

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

by the Government of

COUNTRY: **NIGERIA**

Date of submission: **September 29, 2003**

Reporting period: **Oct 2002 – Sept 2003** (*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*

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## 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 funds have been received in a dollar domiciliary account managed by Union Bank of Nigeria Limited at the national level. The account has two (2) signatories – the National Coordinator/CE of NPI and the Chairman of Rotary Polio-Plus in Nigeria. Conversion of dollar to naira is carried out as approved and agreed by ICC for the monthly payments of consultancy fees for State GAVI Consultants. The initial expenditure for the orientation workshop held in June 2002 for GAVI Consultants, Directors of PHC and NPI managers was paid for by the national government as the GAVI funds had not been received at the time. The government's funds have not yet been reimbursed.*

*Similar specific accounts have been opened at the State level (100%) and LGA levels (50 – 80%) preparatory to receipt of implementation funds from the national level accounts. Hopefully the accounts at the LGA level would be fully opened when they are aware that some LGAs have already received funds. The disbursement of such funds would be based on approved proposals for strengthening immunization services submitted by the State/LGA and accepted by the ICC following review and recommendation by its GAVI Award Review Committee (GARC).*

#### 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 : **US\$432,876.04**

remaining funds (carry over) from the previous year **Nil**

Table 1 : Use of funds during reported calendar year 2002/3 \_ \_

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*	245,368.88		245,368.88		
Transportation					
Maintenance and overheads					
Training (National level orientation w/shop)**	42,581.15	42,581.15			
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation (GARC meetings)**	2,552.10	2,552.10			
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)***	187,507.16		187,507.16		
<b>Total:</b>	432,876.04	45,133.25	432,876.04		
<b>Remaining funds for next year:</b>	Nil		Nil		

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

*\*Personnel costs reflect the amount already spent on the consultancy fees for State GAVI Consultants*

*\*\* Activities funded by National government, not yet re-imbursed*

*\*\*\*Funds are earmarked for the payment of part of outstanding consultancy fees for the GAVI Consultants. There is an ongoing review of the consultants by the GARC to evaluate how well targets were met as payments would be dependent on this. However additional funds (about USD127,000.00) would be needed to completely offset the personnel payments.*

**Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed: Minutes of ICC meeting held June 13, 2002, pages 6 - 8**

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

- ◆ *Nationwide district level microplan: December 2002*
- ◆ *MNT disease burden survey*
- ◆ *Comprehensive immunization coverage survey*
- ◆ *Cascaded training of cold chain officers nationwide*
- ◆ *DSN review by LGA*
- ◆ *Measles campaign*
- ◆ *Cascaded training of immunization health workers*
- ◆ *Development of State/LGA POAs*
- ◆ *Development of 5-year National strategic plan 2003 – 2007*
- ◆ *Development of national immunization policy and LGA operative guidelines*
- ◆ *Review of training modules for service providers*

*Problems*

- ◆ *Lack of distribution of vaccines to the peripheral health facilities*
- ◆ *Lack of adequate data management skills*

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

*Not yet implemented*

→ *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.*

NOT APPLICABLE

YES

NO

→ *If yes, please attach the plan and report on the degree of its implementation. NOT APPLICABLE*

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

Not Applicable

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

- ◆ Comprehensive national immunization coverage survey
  - ◆ MNT disease burden survey
  - ◆ National cold chain inventory update
  - ◆ Sero-conversion studies

## **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**

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

*Not yet received*

### **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:*

- ◆ Country introduced YF in 2000 and has also introduced HBV for health workers in tertiary health institutions
- ◆ Review of all immunization forms to include yellow fever and Hepatitis B
- ◆ Continuous training and sensitization of health workers
- ◆ Continuous sensitization and education of mothers, childminders and community members on the availability of yellow fever vaccine for all children at 9 months

*Problems*

- ◆ Competitive use of YF vaccines for overseas travel
- ◆ Use of vaccines by adults. However in 2003, Nigeria has improved the quantities of these vaccines for childhood immunization with supply of 1,510,000 doses of YF and 5,526,500 doses of HBV procured through UNICEF

**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.

Not yet received

**1.3 Injection Safety**

### 1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/NF, 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/NF support.

Indicators	Targets	Achievements	Constraints	Updated targets
- Advocacy for adoption of a National Policy on injection safety & waste management.	2001	Done		The Federal Government of Nigeria has approved the use of AD syringes by 2005
- Procure and distribute vaccines bundled with safe injection materials.	100% of injectable vaccines distributed with requisite injection equipment	Achieved		and to back this up, has approved the manufacture of AD syringes in Port Harcourt in collaboration with the World Bank
- Training of health personnel on injection safety and waste management.	Improved skills in waste management	Ongoing, training a continuous process	Lack of sufficient support for ongoing training	
- Purchase/Construct incinerators at State/LGA levels.	1 incinerator/LGA by 2005	Review of current status waste management concluded with assistance of WHO	Funding	
- Institute monitoring and corrective supervision to ensure compliance with standard practices.	Ensure safe disposal of all wastes following immunization activities	Ongoing	Inadequate local production of injection safety materials	



### 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 Report : Report progress on steps taken and update timetable for improving financial sustainability  
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.  
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.  
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.  
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.gaviff.org> under FSP guidelines and annexes).  
Highlight assistance needed from partners at local, regional and/or global level

Steps on financial sustainability:

- ◆ Advocacy for increased statutory budgetary allocation from the Federal, State and Local Government Areas
- ◆ Promotion of private sector funds mobilization, e.g. Nigerian Immunization Fund (NIF) managed by First Bank of Nigeria and high involvement of established NGOs Rotary International and non-traditional immunization partners in the organized private sector.
- ◆ Continued sourcing from external donors: development partners e.g. World Bank, multi-lateral bodies such as the European Commission, development agencies such as the United States Agency for International Development (USAID), Canadian Agency for International Development (CIDA), Japan International Cooperation Agency (JICA), U.K. Department for International Development (DFID), and friendly foreign governments. Other traditional immunization partners include the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and Global Alliance for Vaccines and Immunizations (GAVI).
- ◆ Promotion of innovative ways for community participation to enhance community ownership of the immunization programme – 'Adopt Your LGA' initiative

### 3. Request for new and under-used vaccines for year ..... ( 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 (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported 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 10) . Targets for future years **MUST** be provided.

**Table 2 : Baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>								
Births	5,149,691	5,309,529	5,472,346	5,638,150	5,806,814	5,978,410	6,155,077	6,339,730
Infants' deaths (IMR = 105/1000)	540,718	557,501	574,596	592,006	609,715	627,733	649,230	674,214
Surviving infants	4,608,973	4,752,028	4,897,750	5,046,144	5,197,099	5,350,678	5,505,847	5,665,516
<b>Infants vaccinated with DTP3 *</b>	1,751,410	No data	No data	2,876,302	3,430,086	4,013,009	4,404,678	4,815,689
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	38%			57%	66%	75%	80%	85%
<b>NEW VACCINES</b>								
Infants vaccinated with <b>Yellow Fever</b> * (use one row per new vaccine)	No data	No data	No data	2,876,302 57%	3,430,086 66%	4,013,009 75%	4,404,678 80%	4,815,689 85%
Wastage rate of ** <b>Yellow Fever</b> (new vaccine)				25	20	20	20	15
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT	2,016,426 (35%)	No Data	No Data	4,415,351 70%	4,872,280 75%	5,350,677 80%	5,505,847 80%	6,019,611 85%
Infants vaccinated with BCG	2,074,038 (45%)	No Data	No Data	3,532,301 70%	3,897,825 75%	4,280,543 80%	4,404,678 80%	4,815,689 85%
Infants vaccinated with Measles	1,382,692 (30%)	No Data	No Data	2,876,302 57%	3,430,086 66%	4,013,009 75%	4,404,678 80%	4,815,689 85%

\* Indicate actual number of children vaccinated in past years and updated targets

\*\* Indicate actual wastage rate obtained in past years

→ 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.

*Baseline and reported coverages are consistent with the WHO/UNICEF Joint Reporting Forms and the coverage targets for 2003 – 2007 are also consistent with the submissions made in the original approved GAVI proposal*

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

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

**Table 3: Estimated number of doses of *Yellow fever* vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund**

		Formula	For year 2004
<b>A</b>	<b>Number of children to receive new vaccine</b>		3,430,086
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	%	100%
<b>C</b>	<b>Number of doses per child</b>		1
<b>D</b>	<b>Number of doses</b>	$A \times B/100 \times C$	3,430,086
<b>E</b>	<b>Estimated wastage factor</b>	(see list in table 3)	1.25
<b>F</b>	<b>Number of doses (incl. wastage)</b>	$A \times C \times E \times B/100$	4,287,608
<b>G</b>	<b>Vaccines buffer stock</b>	$F \times 0.25$	1,071,902
<b>H</b>	<b>Anticipated vaccines in stock at start of year ....</b>		0
<b>I</b>	<b>Total vaccine doses requested</b>	$F + G - H$	5,359,510
<b>J</b>	<b>Number of doses per vial</b>		10
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	$(D + G - H) \times 1.11$	4,997,207
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage)</b>	$I/J \times 1.11$	594,906
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$(K + L) / 100 \times 1.11$	62,073

### 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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **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

**Table 3 : 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 1.*

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

**Table 4: 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) <sup>1</sup>	#		
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 <sup>2</sup>	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6		
I	Number of reconstitution <sup>3</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

**Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	For BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> 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/VF support**

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
<ul style="list-style-type: none"> <li>❑ <b>Adherence to safe injection practices</b></li> </ul>	100% use of AD syringes by 2005	<p>Stopped use of pedojets and sterilization of syringes</p> <p>Current use of one disposable syringe per child</p>	Bundling and waste management	POA following review of current status of waste management completed with WHO support.
<ul style="list-style-type: none"> <li>❑ <b>Vaccines availability at the LGAs/facilities</b></li> </ul>		Commencement of Private Sector Vaccine distribution in 12 States		
<ul style="list-style-type: none"> <li>❑ <b>DPT 1 – 3 drop out rates</b></li> </ul>	15% (2002), 10% (2005)			
<ul style="list-style-type: none"> <li>❑ <b>Implementation of the cold chain rehabilitation plan</b></li> </ul>	48% (2002), 100% (2005)	31% (end of 2002)		

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	September 29, 2003	
Reporting Period (consistent with previous calendar year)	✓	
Table 1 filled-in	✓	
DQA reported on		Not yet implemented
Reported on use of 100,000 US\$		Not received yet
Injection Safety Reported on		Support not yet received
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in	✓	
New Vaccine Request completed	✓	
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report	✓	
Government signatures		
ICC endorsed		

## 6. Comments

→ ICC comments:

The ICC has followed progress in the implementation of the GAVI award in the country and notes that though Nigeria has been slow, it is beneficial in that a good foundation is being laid.

The ICC notes that

- ◆ 15 states have good plans for take-off of the GAVI process
- ◆ Other States are to be supported to develop good plans
- ◆ The Private Sector Vaccine Distribution (PSVD) is also essential to ensure that vaccines reach eligible children



## 7. Signatures

For the Government of **NIGERIA**

Signature: .....

Title: **HONOURABLE MINISTER OF 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
National Programme on Immunization (NPI)				Rotary Polio Plus			
World Health Organization (WHO)				Nigerian Red Cross Society			
United Nations Childrens Fund				Christian Health Association of Nigeria			
Department For International Development				Canadian International Development Agency			
United States Agency for International Development				Japan International Cooperation Agency			
European Commission (EC)				Medecins SansFrontieres			

