



Partnering with The Vaccine Fund

January 2005

# Progress Report

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

by the Government of

**COUNTRY:**

**NIGERIA**

Date of submission: 9<sup>TH</sup> MAY 2005 .....

Reporting period: 2004 ( Information provided in this report **MUST** refer to 2004 activities )

( Tick only one ) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	√
Fourth annual progress report	ρ
Fifth annual progress report	ρ

*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 GAVI partners and collaborators***

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### **1. Report on progress made during 2004**

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.*

*In the year 2004, GAVI Support funds to Nigeria were credited into the NPI/GAVI domiciliary account at the Union Bank of Nigeria. Conversion into Naira was carried out as at when required using the prevailing exchange rate as stipulated by the Central Bank of Nigeria being the Apex Bank for the country. The signatories to the account remained the National Coordinator/Chief Executive of the National Programme on Immunization (Dr Mrs A Awosika) and the Chairman of Nigeria Rotary International Polio Plus (PDG Ade Adefeso). The GAVI Award Review Committee at its meetings of 8<sup>th</sup> & 9<sup>th</sup> September 2004 reviewed 5 states proposals and forwarded recommendations on the GARC approvals to the ICC for ratification. The GARC recommendations and the ICC approval were forwarded to the GAVI Secretariat for necessary funding. Following the receipt of the GAVI funds, approved amounts were disbursed through States and LGAs GAVI accounts accordingly.*

*The existing mechanism for the management of ISS Fund has continued to work effectively, however the delayed disbursement of GAVI funds to some States and LGAs have been due to late opening of State or LGA GAVI accounts with the pre-requisite 10% counterpart.*

### 1.1.2 Use of Immunization Services Support

*In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund **Immunization Services Support** contribution.*

**Funds received during 2004** \_ \$1,108,057:00  
**Remaining funds (carry over) from 2003** \_ \$ 183,447:53

**Table 1: Use of funds during 2004**

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 vaccines)	\$2,848,000.00	\$2,848,000.00			
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training	\$153,662:48		\$22,690:58	\$130,971:90	
IEC / social mobilization	\$72,235:74		\$18,820:50	\$53,415:24	
Outreach					
Supervision					
Monitoring and evaluation	\$522,049:98		\$ 58,972:78	\$463,077:20	
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other: Consultant payment ..... (specify)	\$243,200:83	\$243,200:83			
<b>Total:</b>	\$991,149:03	\$243,200:83	\$100,483:86	\$647,464:34	
<b>Remaining funds for next year:</b>					

*\*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 of funds was discussed. Please find attached the ICC minutes of 29<sup>th</sup> July 2003, June 10<sup>th</sup> 2004 and 27<sup>th</sup> August 2004.

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

### **1. Routine Immunization**

Strategies for strengthening routine immunization for the year 2004 focused on:

- Reaching Every Child, for which low performing districts and hard to reach areas were targeted for special support and supervision.
- Strengthening best practices in order to reduce missed opportunities; intensified social mobilization and mobilization efforts to increase community awareness on the importance of routine immunization as well as continued capacity building for health workers, particularly immunization service providers.
- Revision of NPI Service Delivery Modules and Trainers guides for immunization service providers.
- Continued implementation of the approved training scheme based on Training of Trainers (TOT) using the standardized modules.
- Ward level microplanning and re-validation of the microplans has been concluded.
- Mapping of health facilities by ward has been concluded.
- Continued implementation of the cold chain rehabilitation plan for cold chain systems at state, LGA and health facilities.

### **2. Accelerated control of VPDs**

- Surveillance systems for NPI target diseases has been strengthened under the integrated disease surveillance system, particularly through the Disease Surveillance Notification Officers (DSNO), whose activities have been supported to improve their efficiency of operations.
- The states conducted accelerated Multi-antigen campaigns to boost routine immunization coverages in targeted wards and LGAs as indicated by DSN reports and administrative data.

### **3. Monitoring**

- Monthly meetings of NPI Managers and DSN Officers was a strength in the Year 204, which provided a forum for review of ward, LGA and state data on coverage, DSN reports, wastage rates, vaccine stock and drop out rates. Necessary feedback was provided to appropriate operational levels for actions.
- Revised Immunization cards, Registers, data reporting and monitoring tools were printed and distributed within the year to all health facilities nationwide for improved data management systems.

**Problems encountered:**

- Sustained and regular provision of immunization service delivery at both public and private Health facilities and hard to reach settlements due to lack of regular imprest funding for immunization services at LGA and State levels.
- Inadequate utilization of public health facilities in some wards of the country due to the existing PHC systems at these 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.

**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.*

POA Attached

YES

NO

*If yes, please report on the degree of its implementation.*

The following recommendations have been accomplished in relation to strengthening data management system in the country

1. Identification and listing of all Health facilities at the lowest health service delivery level being the ward level.
2. NPI and partners in collaboration with the States and LGAs have revised the data recording tools namely Child Immunization cards, tally booklets and registers, Health facility, LGA and State summary forms.
3. Production and distribution of standard data reporting forms have been concluded to all Levels.
4. Ward /LGA microplan/demographic information is available for the country.
5. There are standard data management software for uniform data management in the country.
6. A simplified reporting format has been adopted at National, State, LGA and Health facility level in order to capture pertinent immunization data.

The socio-economic situation is favourable.

- The Nigerian economic situation is characterized by an increasing trend towards economic growth (i.e positive growth, favourable prospects for increase in budget allocations and timely release of funds; movement of funds for vaccine procurement from capital to recurrent budget);
- Political situation: Since 1999, Nigeria has had an unflinching political commitment to health issues, immunization inclusive.
- There is strong partnership collaboration between NPI and its partners under the auspices of the ICC.
- There is also improved partnership with the private sector under the Public-Private Sector Partnership (PPP), this includes the signing of an MOU with the Niger Delta Development Commission for support to immunization activities.

The following include prospective mechanisms of ensuring adequate funding for the provision of sustainable immunization services in Nigeria;

- Continued Advocacy for increasing FGN funding for immunization activities.
- Continued Advocacy for increased financial support to immunization activities by states and LGAs.
- Promotion of private sector support funding, e.g. the Nigerian Immunization Fund (NIF).
- Improved partnership coordination.
- Resource mobilization and financial sustainability by developing mechanisms for:-
  - I. Implementation of the existing immunization tax fund (ITF)
  - II. State and LGA funding through mechanisms such as funding deductions at source
  - III. Creation of resource mobilization units.
  - IV. Promotion of investments relevant to immunization e.g. Syringes and needle



7. Refresher Trainings for health personnel on data management is an on going process, which is cascaded from National to Zones to States, LGAs and ward levels.

8. The country has a standard guideline for the preparation of monthly/quarterly reports, also utilization of monthly tally sheets and data from supportive supervision are in place to ensure data verification at all levels.

#### Plans to strengthen Data Management systems

-Continued collation and analysis of the monthly immunization returns at the state monthly review meetings will further improved data management systems

-Supportive supervision visits to States, LGAs and Health facility levels to assess performance will also strengthen data management systems as well as immunization service delivery.

**Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC – ICC minutes of 10<sup>th</sup> June 2004.**

*Please report on studies conducted regarding EPI issues during 2004 (for example, coverage surveys).*

*Following the NHDS 2003 and ICS 2003, the next coverage survey for the country is scheduled for the Year 2005.*

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

### **1.2.1 Receipt of new and under-used vaccines during 2004**

**Start of vaccinations with the new and under-used vaccine:      MONTH.....      YEAR 2001**

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

*GAVI funding support to Yellow Fever vaccinations, which commenced in Nigeria in 2001 was to the tune of US\$27,167,500 over a 5-year period. Total funds earmarked for year 2004 was \$4,835,500*

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

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

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

### **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 as scheduled at national, state and LGA levels. A total of fifteen (14) training sessions have been scheduled for 2005, for which four (4) training sessions have been concluded.*
- Continued IEC to mothers, care-givers and the community on the availability of YF and HBV through routine immunization services 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.*

Nigeria received the US \$100,000 GAVI/VF financial support in August 2004. Nigeria is yet to utilize this particular fund. A report on activities supported will be forwarded in the next annual report.

### 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*

*Injection safety support is yet to be 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	Updated targets
➤ <i>Advocacy for adoption of a National Policy on injection safety &amp; waste management.</i>	2001	<i>National Injection safety policy adopted at the National Council of Health</i>		<i>The Federal Government of Nigeria uses disposable syringes for routine immunization service delivery, while AD syringes are used for supplemental immunizations campaigns.</i>
➤ <i>Procurement and distribution of vaccines bundled with injection materials</i>	<i>100% of injectable vaccines are distributed with the corresponding injection materials</i>	<i>Quarterly distributed of routine vaccines bundled with syringes is carried out from National to State and to LGA, using PSVD where applicable and other alternative mechanisms</i>	<i>Availability of imprest funds for vaccine distribution to HFs</i>  <i>Expansion of PSVD to all States</i>	<i>The government of Nigeria has 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 2005.</i>
➤ <i>Training of health workers on safe injection practices and waste management</i>	<i>Improved skills on safe injection and waste disposable practices</i>	<i>Ttraining is an on-going process</i>	<i>The challenge is to sustain training activities for all health workers on a continuous basis.</i>	
➤ <i>Construction of incinerators at State/LGA/District Levels</i>	<i>1incinerator per LGA by 2005</i>	<i>Waste management assessment conducted in collaboration with WHO technical assistance</i>	<i>Lack of funding for construction of 1 incinerator per LGA</i>	

➤ <i>Institute monitoring and corrective supervision to ensure compliance with standard practices</i>	<i>Ensure safe disposal of all injection waste following immunization activities</i>	<i>On-going</i>	<i>The challenge here is also to sustain these activities</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:*

*GAVI support Not yet received*

**2. Financial sustainability**

**Inception Report:** Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.

**First Annual Progress Report:** Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

**Subsequent Progress Reports:** According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help

countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for .....YF..... (new vaccine)) for each new vaccine.**

**Table 2.1: Sources (planned) of financing of new vaccine .....YF..... (specify)**

Proportion of vaccines supported by *	Annual proportion of vaccines									
	2003	2004	2005	2006	2007	2008.	20..	20..	20 ..	20 ..
A: 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%)				
B: Proportion funded by the Government and other sources (%) for YF vaccines and injection materials	1,500,780 (100%)	6,230,747.32 (69%)	6,354,468.12 (72%)	6,482,942.52 (79%)	6,615,052 (83%)	6,750,900. 92 (91%)				
C: Total funding for .....YF..... (new vaccine)	100%	100%	100%	100%	100%	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.

\*\* The first year should be the year of GAVI/VF new vaccine introduction

\*\*\* Row A should total 500% at the end of GAVI/VF support

### 3. Request for new and under-used vaccines for year 2006

Section 3 is related to the request for new and under used vaccines and injection safety for 2006. NOT APPLICABLE

#### 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 17). Targets for future years **MUST** be provided.

**Table 3 : Update of immunization achievements and annual targets**

Number of	Achievements and targets								2012
	2004	2005	2006	2007	2008	2009	2010	2011	
<b>DENOMINATORS</b>									
Births	5,806,814	5,978,411	6,155,077	6,339,730					
Infants' deaths	609,715	627,733	649,230	674,214					

Surviving infants	5,197,099	5,350,678	5,505,847	5,665,516					
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)*	1,553,787 ***	3,477,941 (65%)	3,854,093 (70%)	4,249,137 (75%)					
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 <sup>rd</sup> dose of DTP (DTP3)*	1,179,389 ***	3,477,941 (65%)	3,854,093 (70%)	4,249,137 (75%)					
*** Incomplete reporting (54% timeliness and 16% completeness)									
<b>NEW VACCINES **</b>									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)* ..... (new vaccine)									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 <sup>rd</sup> dose of..... (new vaccine)									
Wastage rate in 2004 and plan for 2005 beyond*** ..... (new vaccine)									
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2	No Data	3,744,792 (65%)	4,032,852 (70%)	4,320,914 (75%)					
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *		3,477,941 (65%)	3,854,093 (70%)	4,249,137 (75%)					
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *		3,477,941 (65%)	3,854,093 (70%)	4,249,137 (75%)					

\* Indicate actual number of children vaccinated in 2004 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



*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.*

*No Change in baseline*

**3.2 Availability of revised request for new vaccine (to be shared with UNICEF Supply Division) for 2006**

*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.*

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 its routine vaccines. A study is on going by GlaxoSmithKline for the introduction of Haemophilus influenza vaccine.

**Remarks**

### 3.3 Confirmed/revised request for injection safety support for the years 2006 -2007 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 2006	For 2007
<b>A</b>	Target if children for ..... Vaccination (for TT: target of pregnant women) <sup>1</sup>	#		
<b>B</b>	Number of doses per child (for TT: target of pregnant women)	#		
<b>C</b>	Number of ....doses	A x B		
<b>D</b>	AD syringes (+10% wastage)	C x 1.11		
<b>E</b>	AD syringes buffer stock <sup>2</sup>	D x 0.25		
<b>F</b>	Total AD syringes	D + E		
<b>G</b>	Number of doses per vial	#		
<b>H</b>	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6		
<b>I</b>	Number of reconstitution syringes (+10% wastage) <sup>3</sup>	C x H X 1.11/G		
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 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 reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

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

#### 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 practises	100% use of AD syringes by 2006	Current use of one syringe per child. AD	Availability of funds	

Availability of vaccines at all level	100%	syringe manufacturing firms identified  Introduction of the Private sector Vaccine distribution(PSVD) in pilot states and improved distribution system in other states	Expansion to other states.	
Improvement in DATA management	Timely and complete reporting at all levels	Provision of simple standardized reporting registers and the provision of computers at all levels		

## 5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	9 <sup>th</sup> May 2005	
Reporting Period (consistent with previous calendar year)	√	
Table 1 filled-in	√	

DQA reported on	√	
Reported on use of 100,000 US\$	√	
Injection Safety Reported on	√	
FSP Reported on (progress against country FSP indicators)	√	
Table 2 filled-in	√	
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		Not Applicable
ICC minutes attached to the report	√	
Government signatures	√	
ICC endorsed		

## 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 supported activities in the country.

The ICC notes that:

- Out of the current 20 approved state proposals, 18 states have received their State and LGA level funding
- Bauchi and Ondo states have not received their approved funds, which is being awaited from the GAVI Secretariat.
- To further strengthen RI services for 2005, 31 states proposals reviewed by the GARC at its meetings of 3<sup>rd</sup> and 4<sup>th</sup> February 2005 were approved for funding, for which GARC and ICC approved budgets have been forwarded to GAVI Secretariat.
- GAVI DQA is scheduled for June - September 2005 and the POA for improving DATA management based on recommendation from last GAVI DQA team have been approved and circulated nationwide.
- The Private Sector Vaccine Distribution has, had great impact in the pilot states, where vaccine distribution systems have improved and expansion of the PSVD initiative has been endorsed.

## 7. Signatures

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



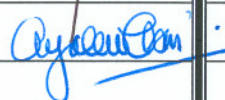
Signature: .....  .....

Title: Honourable Minister for Health  
.....

Date: 9<sup>TH</sup> May 2005.....

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)	National Coordinator/Chief Executive	9/05/05					
WHO	M. Bathocine W. R Nigeria	12.05.05					
UNICEF	A. Abasi UNICEF Representative	12.05.05					

End ~