



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Nigeria

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 31.05.2011 15:35:38

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- Accomplishments using GAVI resources in the past year
- Important problems that were encountered and how the country has tried to overcome them
- Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners
- Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released
- How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
INS			2010
NVS	Yellow Fever, 10 doses/vial, Lyophilised	Yellow Fever, 10 doses/vial, Lyophilised	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010

ISS	2014
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2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Nigeria hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Nigeria

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Professor Onyebuchi CHUKWU	Name	Olusegun AGANGA
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Avuwa Joseph OTERI	Deputy Director Routine Immunization/GAVI Focal Point	+2348033090404	josephoteri@yahoo.co.uk	
Dr Ogo CHUKWUJEKWU	NPO Health Economics	+2348034021288	chukwujekwuo@ng.afro.who.int	

2.2. ICC Signatures Page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Prof Onyebuchi CHUKWU Hon Minister of Health	Federal Ministry of Health			
Alh Suleiman BELLO Hon Minister of State	Federal Ministry of Health			
Linus AWUTE Perm. Secretary	Federal Ministry of Health			
Dr Emmanuel ODU Ag ED NPHCDA	NPHCDA			
Dr Tolu FAKEYE Director Health Planning Research & Statistics	Federal Ministry of Health			
Dr David OKELLO WHO Representative in Nigeria	WHO			
Dr Suomi SAKAI Country Representative UNICEF	UNICEF			
Dr Mansur KABIR Director Public Health	Federal Ministry of Health			

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

All comments will be treated confidentially

Comments from Partners:

Compilation of this report has inputs from development partners and government. Draft was shared before endorsement for submission in May 10th 2011 ICC meeting.

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - HPCC, 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.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Prof Onyebuchi CHUKWU Hon Minister of Health	Federal Ministry of Health			
Alh Suleiman BELLO Hon Minister of State Health	Federal Ministry of Health			
Linus AWUTE Permanent Secretary FMOH	Federal Ministry of Health			
Dr David OKELLO WR WHO	WHO			
Dr Suomi SAKAI Country Rep UNICEF	UNICEF			
Dr Tolu FAKEYE Director Health Planning Research & Statistics	Federal Ministry of Health			
Dr Anthony AYEKE	EC Delegation			
Dr Emmanuel ODU	NPHCDA			

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

All comments will be treated confidentially

Comments from Partners:

The Partners in Nigeria have supported the process of development of this APR

Comments from the Regional Working Group:

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2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - HPCC, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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This APR reports on Nigeria's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	6,352,473	6,575,426	6,785,840	7,002,987	7,227,082	7,458,349
Total infants' deaths	794,059	460,280	441,080	420,179	361,354	261,042
Total surviving infants	5,558,414	6,115,146	6,344,760	6,582,808	6,865,728	7,197,307
Total pregnant women	7,940,591	8,219,283	8,482,300	8,753,733	9,033,853	9,322,936
# of infants vaccinated (to be vaccinated) with BCG	4,802,495	4,602,798	5,089,379	5,462,329	5,926,207	6,488,763
BCG coverage (%) *	76%	70%	75%	78%	82%	87%
# of infants vaccinated (to be vaccinated) with OPV3	4,373,156	4,280,602	4,758,570	5,134,590	5,629,897	6,261,657
OPV3 coverage (%) **	79%	70%	75%	78%	82%	87%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	5,299,423	5,503,632	5,519,941	5,924,526	6,385,127	6,693,495
# of infants vaccinated (to be vaccinated) with DTP3 ***	4,710,355	4,280,602	4,758,570	5,134,590	5,629,897	6,261,657
DTP3 coverage (%) **	85%	70%	75%	78%	82%	87%
Wastage ^[1] rate in base-year and planned thereafter (%)	25%	25%	25%	25%	25%	25%
Wastage ^[1] factor in base-year and planned thereafter	1.33	1.33	1.33	1.33	1.33	1.33
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	4,955,650	4,280,602	4,758,570	5,134,590	5,629,897	6,261,657
Yellow Fever coverage (%) **	89%	70%	75%	78%	82%	87%
Wastage ^[1] rate in base-year and planned thereafter (%)	30%	30%	30%	30%	30%	30%
Wastage ^[1] factor in base-year and planned thereafter	1.43	1.43	1.43	1.43	1.43	1.43

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	5,369,764	4,244,605	4,758,570	5,134,590	5,629,897	6,261,657
Measles coverage (%) **	97%	69%	75%	78%	82%	87%
Pregnant women vaccinated with TT+	3,536,435	5,735,953	6,342,325	6,807,090	7,385,169	8,086,220
TT+ coverage (%) ****	45%	70%	75%	78%	82%	87%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	11%	22%	14%	13%	12%	6%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for **2010** must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for **2011** to **2015** in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

No changes in Births

Provide justification for any changes in **surviving infants**

No changes in surviving infants.

Provide justification for any changes in **targets by vaccine**

Target for BCG and OPV are based on live births whereas target for the other vaccines is based on surviving infants. In addition, target coverage for all vaccines from 2011 were adjusted using the country best estimates from the National Immunization Coverage Survey (NICS) 2010 and the corrected Administrative using the annual Data Quality Self Assessment (DQS) for 2007 to 2010.

Provide justification for any changes in **wastage by vaccine**

No changes in wastage by vaccine.

5.2. Immunisation achievements in **2010**

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in **2010** and how these were addressed

1. The Country's main objective and priority actions for its EPI programme for 2010-2011 are listed below and they are linked to the Country cMYP:

	Improving immunization	linked to coverage	the 85%	Country using birth cohort:
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ANTIGEN	SET TARGET	ACHIEVED	
BCG 85%	76%		
DPT3 85%	74%		
OPV3 85%	69		%
HEPB3 85%	66		%
YELLOW FEVER 85%	78		%
MEASLES 85%	85		%
TT2 85%	45		%

- Introduction of New vaccines into the National schedule
- Sustain the progress made in Polio eradication and achievement of certification
- Sustaining the availability of bundled vaccines at service delivery levels
- Expansion of the cold chain to accommodate the new vaccines

•	Strengthening	Health	Management	Information	system
2.	Activities	conducted	in	2010	
To improve immunization coverage states and LGAs(Districts) with high numbers of un-immunized children were prioritized for targeted interventions such as review of microplans, increase of outreach services, vaccinations in special places where children could be found, involvement of community in planning/support of outreach sessions, intensified and regular supportive supervision at all Levels.					
Plans were developed for the introduction of New Vaccines in 2010 with co-financing from GAVI Alliance but the country was asked to resubmit its applications for support.					
Polio cases dropped by 95% in 2010 compared with 2009 cases through intensified efforts such as Political oversight and Program ownership, Traditional Leader involvement, use of standardized tools to plan, monitor/supervise activities and use of bivalent OPV.					
Monthly Feedback reports from National level to the lower levels with analysis on bundling status to ensure that Vaccines supplied at delivery levels were bundled as supplied from the National level					
A cold chain revamping plan was instituted to put additional cold rooms in 23 states. This was a joint project by Government and Partners (Unicef, EU Prime, EU Delegation). Over 70% of the plan has been achieved. 23 states were equipped with new cold rooms.					
States were encouraged to audit their data quarterly using DQS tools and RI data. The results are discussed monthly at State monthly EPI review meetings.					
3.					Challenges
Immunization service delivery was challenged last year by vaccine (DPT, OPV)stock out for 3 months and this was due to interrupted forecasting for DPT and HepB in light of the expected pentavalent vaccine introduction as well as delays in clearance of vaccines and devices at the Ports due to Customs Duties. Extended Health Workers' Industrial strike action in 20% of the states also affected coverage.					
In the absence of GAVI support, the Government of Nigeria did not have sufficient funds to introduce New Vaccines in 2010					
Data quality is still not reliable enough for adequate programme performance management as some states reported good coverage but DQS proved data to be inconsistent especially at LGA level.					
4.	Actions	to	address	challenges	
To address vaccine stock out, a new forecast was developed to include HepB and DPT all year round and waivers from Customs duties were secured for the clearance of vaccines and syringes which reduced the delays.					
Nigeria is reapplying for New Vaccines introduction support from GAVI and the has now secured funds for the co-financing of a phased introduction of pentavalent and pneumococcal vaccines as well as a phased meningitis A campaign.					
Targeted supportive supervision, monitoring and capacity building for underperforming states is being implemented. The NPHCDA oversee the continued assessment of data through National/State DQS.					

5.2.2.

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

Some targets could not be met in 2010 because the country experienced vaccine stock out especially DPT over some months because in anticipation of introduction of pentavalent vaccine in April 2010, only first quarter requirement for DPT and Hepatitis were forecasted for initially. Health workers in about 20% of the states in the country were on strike for over 3months, and some as long as 6 months in 2010.

5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

If Yes, please give a brief description on how you have achieved the equal access.

There is no restriction by sex to vaccination. The 2010 NICS results indicated a balanced gender vaccination ratio of 1:1.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*.

The administrative coverage for 2010 was 74% (DPT3) which was corrected to 65% by DQS. Comparative data from 2009 using the 2010 National Immunization Coverage Survey (NICS) which assessed 2009 performance shows that the corrected coverage (71%) is close to the survey coverage 68% against an administrative coverage of 79%. Differences in coverage have always been due to over-reporting of the administrative data in some states.

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

If Yes, please describe the assessment(s) and when they took place.

A National Immunization Coverage Survey was conducted in 2010 to assess 2009 performance by an independent body in all states of the country using the WHO 30 by 7 cluster survey methodology which set the National coverage for 2009 at 68%.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

The mid-level management (MLM) training was conducted for all EPI key personnel (over 600 personnel) across the country in 2009. In addition, a specific training on Data Quality Management was organized in the same year for key officers from all states (over 150 personnel). Both trainings were expected to be cascaded down to lower levels but very few states (less than 10%) succeeded in this. Monthly data quality checks (DQC) were implemented to support improvement in data quality in addition to the regular data quality self assessment (DQS) at National and sub-national levels

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

Monitoring with specific tools (Data quality checks) and providing regular, monthly, feedback. Monthly review meetings are held at state level with feedback and training sessions on data quality.

Quarterly Data Quality Self Assessment are conducted by states and one National assessment annually. National coverage surveys are conducted every 3 years, the last one in October to December 2010.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 147	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	11,486,877	11,486,877	0	0	0		0	0	
New Vaccines	0	0	0	0	0	0	0	0	
Injection supplies with AD syringes									
Injection supply with syringes other than ADs									
Cold Chain equipment	6,802,721	6,802,721							
Personnel	13,537,415	13,537,415							
Other operational costs	7,341,191	7,341,191							
Supplemental Immunisation Activities									
Under-utilized vaccines (Yellow Fever-bundled)	0	0	6,055,000	0	0	0	0	0	
Total Expenditures for Immunisation	39,168,204								
Total Government Health		39,168,204	6,055,000	0	0	0	0	0	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the **New item** icon in the **Action** column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	11,864	12,641	
New Vaccines	26,865	76,449	
Injection supplies with AD syringes	4,424	4,584	
Injection supply with syringes other than ADs			
Cold Chain equipment	4,470	4,258	
Personnel	51,364	57,726	
Other operational costs			
Supplemental Immunisation Activities	170,926	176,745	
** THE GOVERNMENT BUDGET SYSTEM IS ANNUAL	333,122	406,925	
Total Expenditures for Immunisation	603,035	739,328	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

- Financing of the immunization programme in this country is mainly by the Government of Nigeria at various levels.
- Over the years, government has been consistent in providing financing of Traditional vaccines based on the yearly forecast. The amount has been on a steady increase for some years now.
- The Country has also spent a lot of funds on cold chain rehabilitation in anticipation of new vaccine support from GAVI in April 2010.
- The co-financing funds for YF which commenced in 2011 has secured budgetary allocation.
- There is guaranteed increasing budgetary allocation to Primary Health Care as a proportion of total health budget in the recently passed national health bill.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 1

Please attach the minutes (Document number 5) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

Program targets: These were approved by the ICC.

Expenditures/Financing: The ICC also approved planned expenditures including disbursement of ISS funds to states, cofinancing of Yellow Fever, SIAs budgets for Polio, Measles, Maternal & Neonatal tetanus elimination, funds for the

NICS.

Are there any Civil Society Organisations (CSO) member of the ICC?: Yes

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
Rotary International	
Christian Health Association of Nigeria	
The Red Cross Society	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

Improving Routine Immunization Coverage: Attain 70% DPT3 coverage in 2011 and 75% in 2012 (DQS corrected reported coverage)
and to reduce the number of unimmunized children Introduction of New Vaccines: Complete application and submit to GAVI within the timelines
Ensuring 100% bundling of vaccines
Sustain and expand the cold chain system
Strengthening the Health Management Information System (HMIS):
Interrupting Polio transmission: conduct high quality SIAs and attain/sustain AFP surveillance certification targets
Improve targets in accelerated Disease control: Monitor epidemiology through case-based surveillance and plan control activities accordingly.

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	BCG syringes (0.1ml)	GAVI INS/GOVT	
Measles	0.5mls AD-syringes	GAVI INS/GOVT	
TT	0.5 mls AD-syringes	GAVI INS/GOVT	
DTP-containing vaccine	0.5mls AD-syringes	GAVI INS/GOVT	
BCG	2mls Reconstitution syringes	GAVI INS/GOVT	
Measles, Yellow Fever	5mls Reconstitution syringes	GAVI INS/GOVT	

Does the country have an injection safety policy/plan? Yes

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

No obstacles have been encountered

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

By the burn/bury method in most states/LGAs and by incineration in a very small proportion of states. Some health facilities do not dig "burn and bury" sites to specification

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$
Remaining funds (carry over) from 2009	US\$
Balance carried over to 2011	US\$

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

Detailed Narrative on ISS Support

Though Nigeria GAVI ISS had elapsed, the GAVI ISS fund is still being used to support States and Local Government Areas in immunization service delivery. As we have in previous years, the GAVI ISS fund is a US Dollar account domiciled at the Union Bank of Nigeria Abuja branch and conversion into Naira was carried out using the prevailing Central Bank of Nigeria exchange rate when required to effect a transfer to the States. The ISS fund does not reflect in the National budget since it can be mopped up as unspent funds by the Federal government at the end of the financial year.

The revised GAVI ISS disbursement guideline, which was disseminated to States in Jan 2009, was used in sending funds to the States. The main highlights of the revised guidelines are:

- Quarterly disbursement of funds to States and replenishing on retirement of previous allocation.
 - Specified areas of support. These are areas identified by the ICC that will create maximal impact such as supportive supervision at all levels, vaccine collection, review meetings at the Local Govt. levels, social mobilization and community linkages as well as support outreaches at the health facilities.
 - As control of funds utilization, compulsory sighting of copies of the state bank account mandate to ensure compliance to having the State WHO Coordinator as a compulsory signatory.
- Based on the revised guideline (approved in ICC) amount sent to States to support different areas of immunization activities are:

- a. State level activities; Fund was sent to thirty three States and the Federal Capital Territory for:
 1. Supportive Supervision for 10 SMOH Staff monthly @ N10,000 per Supervisor.
 2. Cold Chain Maintenance @ N10,000 monthly per state for minor repairs
 3. Social mobilization @ N15,000 monthly per state to support airing of routine immunization jingles
- b. Local Government Level (LGA) activities; Funds for seven hundred and nineteen Local Government Areas were sent through the States for:
 1. Supportive supervision for 5 LGA staff monthly per LGA @ N 5,000 per supervisor
 2. Monthly LGA review meeting @ N 5,000 per LGA
 3. Vaccine collection/Distribution @ N 3,000 monthly per LGA
 4. Cold chain minor maintenance @ N4,000 per LGA
- c. Health facility activities; Funds for this was directed at supporting two health facilities per ward in carrying out two outreach services monthly
 1. Community announcement for outreach services @ N 500 monthly
 2. Vaccine collection for outreach services @ N 500 monthly
 3. Outreach services 2 per month @ N 2,000 monthly

The Routine Immunization Consultants supporting the States and Local Government Areas were paid their transport allowances from the ISS fund during the period.

A total of 2,060,078.01 USD was used from the ISS fund in 2010. The opening balance in 2010 was 16,836,421.70USD and the closing balance was 14,741,412.51 USD. The ISS bank statement has been attached in the main APR form. The bank gave an interest of 34,931.18 USD in 2010. Thirty-two States were able to access their ISS funds in 2010.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year?

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Is GAVI's ISS support reported on the national health sector budget?

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2000	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify				4,710,355
2	Number of additional infants that are reported to be vaccinated with DTP3				
3	Calculating	\$20	per additional child vaccinated with DTP3		
4	Rounded-up estimate of expected reward				

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
Yellow Fever	6,114,800	6,114,900	0	

* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] above are different

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

There was initial stock-outs due to 1)interrupted forecasting of DPT and Hep B vaccine needs in anticipation of the introduction of pentavalent vaccine and 2)delays in clearance of vaccines upon arrival in the country. A new forecast was developed and a waiver was secured from the customs authorities.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced			
Phased introduction		Date of introduction	

Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year?

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US\$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in [Annex 1](#).) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised		
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1 st Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised		
2 nd Awarded Vaccine		
3 rd Awarded Vaccine		

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? No

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 06.08.2003

When was the last Vaccine Management Assessment (VMA) conducted? 17.12.2010

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° [EVM Report 11](#))

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

Following the EVM assessment a vaccine management improvement plan has been articulated to be implemented by June 2011 and includes the following:

1. Consultative meeting between NLWG, DFA, Director Human Resources, Director Admin & Supplies and Zonal Coordinators on immediate implementation of the approved Concept Note on operationalization of the zonal cold stores.
2. Completion of the construction work on the North West zonal cold store and ongoing expansion work on other zonal stores
3. Regular supervision and assessment of quality of work
4. Test running of all installed equipments including temperature monitoring devices
5. Revision of SOPs and re-orientation of staff
6. Expansion of the existing contractual agreements for planned preventive as well as break-down maintenance to all zonal stores and follow up on implementation of the maintenance works
7. Review of the human resources needs for each store against expected workload, identification of gaps and re-deployment or recruitment where necessary
8. Conducting training needs assessment and follow up with appropriate capacity building (supply chain management, maintenance, information management systems etc.)
9. Improving power by allocating special lines to stores,
10. Additional dry storage for national stores will come on board by 2013 to address gaps

The greatest challenge exists in vaccine supply chain management at the LGA-health facility level i.e. between the 774 LGAs and 25,000 public health facilities providing conducting routine immunization. The LGA stores serve as vaccine depots for the health facilities and in most cases, double as storage facility for returned vaccine where the MDVP is applied. The pull system of vaccine distribution/collection is commonly used at this level but some LGAs combine the push and pull systems depending on the proximity of the HFs to the LGA cold store. Key issues at this level include the replacement of passive cold chain equipment (cold boxes and geostyle) that no longer meet WHO Standards. Permanent reliable means of transportation and communication are grossly inadequate/mostly absent with personal phones being widely used as a means to perform official functions. To improve the vaccine distribution between these two levels, the following activities are planned:

1. Provision of standard cold storage equipment as in solar refrigerators. While this will require heavy investment in terms of procurement of cold chain equipment, maintenance and training of the users, it will minimize wastage as the MDVP will be applied easily and missed opportunities will be reduced leading to high coverage.
2. Renovation of buildings and provision of transport. In this regard, resources from NPHCDA, GAVI HSS, MDGs and Partners are gradually being invested. The investments are also heavy and require time.
3. Provision of standard generator set with adequate fuel tank capacity. Funding would also be provided for running and maintenance.
4. Stock recording is a prerequisite for adequate vaccine security. Standardised stock recording templates in the form of ledgers, issue/receipt vouchers and bin cards would be introduced for recording stock movements. These will be printed and distributed to all levels.
5. Training of lower level cold chain officers using the MLM training format on the proper management of vaccines, cold chain and stocks management.
6. Provision of computerized for stock management system at the LGA level
7. Standardization of building plans for LGA cold stores and HFs and advocacy for the provision of communication facilities or the means of communication (e.g. stipends for recharge cards) to facilitate communication.

When is the next Effective Vaccine Management (EVM) Assessment planned? [01.09.2012](#)

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	6,115,146	6,344,760	6,582,808	6,865,728	7,197,307		33,105,749
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	70%	75%	78%	82%	87%		
Number of children to be vaccinated	Table 1	#	4,280,602	4,758,570	5,134,590	5,629,897	6,261,657		26,065,316

	Instructions		2011	2012	2013	2014	2015		TOTAL
with the first dose									
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.43	1.43	1.43	1.43	1.43		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.30	0.30	0.34	0.40	0.46		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing group	Intermediate
--------------------	--------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Your co-financing	0.30	0.30	0.34	0.40	0.46

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		4,787,100	4,817,900	4,785,600	4,763,700	19,154,300

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of AD syringes	#		3,755,000	3,768,700	3,749,100	3,736,800	15,009,600
Number of re-constitution syringes	#		531,400	534,800	531,200	528,800	2,126,200
Number of safety boxes	#		47,600	47,775	47,525	47,350	190,250
Total value to be co-financed by GAVI	\$		4,577,500	4,606,000	4,576,000	4,555,000	18,314,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		2,188,700	2,659,100	3,442,300	4,416,400	12,706,500
Number of AD syringes	#		1,716,800	2,080,000	2,696,700	3,464,400	9,957,900
Number of re-constitution syringes	#		243,000	295,200	382,100	490,300	1,410,600
Number of safety boxes	#		21,775	26,375	34,175	43,900	126,225
Total value to be co-financed by the country	\$		2,093,000	2,542,500	3,291,500	4,223,000	12,150,000

Table 7.1.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			31.38%			35.56%			41.84%			48.11%		
B	Number of children to be vaccinated with the first dose	Table 1	4,280,602	4,758,570	1,493,013	3,265,557	5,134,590	1,826,064	3,308,526	5,629,897	2,355,355	3,274,542	6,261,657	3,012,396	3,249,261

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	4,280,602	4,758,570	1,493,013	3,265,557	5,134,590	1,826,064	3,308,526	5,629,897	2,355,355	3,274,542	6,261,657	3,012,396	3,249,261
E	Estimated vaccine wastage factor	Wastage factor table	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43
F	Number of doses needed including wastage	D x E	6,121,261	6,804,756	2,135,009	4,669,747	7,342,464	2,611,272	4,731,192	8,050,753	3,368,157	4,682,596	8,954,170	4,307,726	4,646,444
G	Vaccines buffer stock	(F – F of previous year) * 0.25		170,874	53,613	117,261	134,427	47,808	86,619	177,073	74,082	102,991	225,855	108,656	117,199
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		6,975,630	2,188,622	4,787,008	7,476,891	2,659,080	4,817,811	8,227,826	3,442,238	4,785,588	9,180,025	4,416,382	4,763,643
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		5,471,683	1,716,754	3,754,929	5,848,609	2,079,998	3,768,611	6,445,737	2,696,674	3,749,063	7,201,139	3,464,367	3,736,772
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		774,295	242,937	531,358	829,935	295,158	534,777	913,289	382,089	531,200	1,018,983	490,219	528,764
M	Total of safety boxes (+ 10% of	(K + L) /100 * 1.11		69,331	21,753	47,578	74,132	26,365	47,767	81,686	34,175	47,511	91,244	43,897	47,347

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	extra need) needed														
N	Cost of vaccines needed	I x g		5,971,140	1,873,460	4,097,680	6,400,219	2,276,172	4,124,047	7,043,020	2,946,557	4,096,463	7,858,102	3,780,423	4,077,679
O	Cost of AD syringes needed	K x ca		290,000	90,989	199,011	309,977	110,241	199,736	341,625	142,925	198,700	381,661	183,612	198,049
P	Cost of reconstitution syringes needed	L x cr		29,424	9,232	20,192	31,538	11,217	20,321	34,705	14,520	20,185	38,722	18,629	20,093
Q	Cost of safety boxes needed	M x cs		44,372	13,922	30,450	47,445	16,874	30,571	52,280	21,873	30,407	58,397	28,094	30,303
R	Freight cost for vaccines needed	N x fv		298,557	93,673	204,884	320,011	113,809	206,202	352,151	147,328	204,823	392,906	189,022	203,884
S	Freight cost for devices needed	(O+P+Q) x fd		36,380	11,415	24,965	38,896	13,833	25,063	42,861	17,932	24,929	47,878	23,034	24,844
T	Total fund needed	(N+O+P+Q+R+S)		6,669,873	2,092,689	4,577,184	7,148,086	2,542,143	4,605,943	7,866,642	3,291,131	4,575,511	8,777,666	4,222,812	4,554,854
U	Total country co-financing	I 3 cc		2,092,689			2,542,143			3,291,131			4,222,812		
V	Country co-financing % of GAVI supported proportion	U / T		31.38%			35.56%			41.84%			48.11%		

8. Injection Safety Support (INS)

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

8.1. Receipt of injection safety support (INS) in 2010

for countries which have active INS support in 2010

Are you receiving Injection Safety support in cash? **No**

Are you receiving Injection Safety support in supplies? **Yes**

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2010 (add rows as applicable).

Table 8: Injection Safety Supplies received in 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Injection Safety Supplies	Quantity	Date received	Action
---------------------------	----------	---------------	--------

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

Nigeria INS support was for 2008 to 2010. Supplies for 2009 arrived at the Nigerian Ports but the bureaucracy of clearing prolonged its stay at the Port with increased demurrages which further complicated clearing. Efforts have been made by the Federal Ministry of Health/National Primary Health Care Agency to ensure retrieval of these supplies which are still at the Port. A waiver was secured to stop demurrage from accruing. NPHCDA is buying back the items at auction price which is one tenth of the demurrage. In response to these challenges, since 2009, the bundling of vaccines was ensured from a supplementary budget made available by government.

8.2. Statement on use of GAVI Alliance injection safety support in 2010 (if received in cash)

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

Fund from GAVI received in 2010
(US\$):

Amount spent in 2010 (US\$):

Balance carried over to 2012 (US\$):

Table 9: Expenditure for 2010 activities

2010 activities for Injection Safety financed with GAVI support	Expenditure in US\$	Action
Total		

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

Annex 1

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC		4	Yes
Minutes of ICC meetings in 2010		5	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		6	Yes
Minutes of HSCC meetings in 2010		7	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		16, 17, 18	Yes
Financial Statement for ISS grant in 2010		8	
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		9, 10, 12, 13	Yes
EVSM/VMA/EVM report		11	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report		14	

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: HSS Report	File name: Signature Page Hon Min of Health.pdf Date/Time: 31.05.2011 14:36:51 Size: 615 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc:	File name: Signature Page Hon Min of Finance.pdf Date/Time: 31.05.2011 14:37:25 Size: 615 KB		
3	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<u>Signatures of members of ICC *</u> File Desc:	<u>Signature page ICC members.pdf</u> Date/Time: 31.05.2011 14:38:03 Size: 552 KB		
4	<u>File Type:</u> <u>Signatures of members of HSCC *</u> File Desc:	<u>File name:</u> <u>Signature Page HPCC Members.pdf</u> Date/Time: 31.05.2011 14:38:46 Size: 713 KB		
5	<u>File Type:</u> <u>Minutes of ICC meetings in 2010 *</u> File Desc:	<u>File name:</u> <u>June 2010 ICC meeting.zip</u> Date/Time: 31.05.2011 14:40:39 Size: 4 MB		
6	<u>File Type:</u> <u>Minutes of ICC meeting in 2011 endorsing APR 2010 *</u> File Desc:	<u>File name:</u> <u>Minutes May 10th 2011 ICC meeting.zip</u> Date/Time: 31.05.2011 14:42:53 Size: 3 MB		
7	<u>File Type:</u> <u>Minutes of HSCC meetings in 2010 *</u> File Desc: <u>Minutes of HPCC, HSF & PICC meetings</u>	<u>File name:</u> <u>Minutes HPCC, HSF & PICC Meetings.zip</u> Date/Time: 31.05.2011 14:43:39 Size: 195 KB		
8	<u>File Type:</u> <u>Financial Statement for ISS grant in 2010 *</u> File Desc: <u>Bank Statement ISS Union Bank</u>	<u>File name:</u> <u>ISS Bank Statement.zip</u> Date/Time: 24.05.2011 03:27:50 Size: 3 MB		
9	<u>File Type:</u> <u>Financial Statement for HSS grant in 2010 *</u> File Desc: <u>Statement April 2011</u>	<u>File name:</u> <u>GAVI-HSS Fund 1.jpg</u> Date/Time: 31.05.2011 14:47:49 Size: 500 KB		
10	<u>File Type:</u> <u>Financial Statement for HSS grant in 2010 *</u> File Desc: <u>Statement Dec 2010</u>	<u>File name:</u> <u>GAVI-HSS Fund 2.jpg</u> Date/Time: 31.05.2011 14:48:33 Size: 462 KB		
11	<u>File Type:</u> <u>EVSM/VMA/EVM report</u> File Desc:	<u>File name:</u> <u>EVM Nigeria report NVS D3-09052011 draft.pdf</u> Date/Time: 31.05.2011 14:50:49 Size: 2 MB		
12	<u>File Type:</u> <u>Financial Statement for HSS grant in 2010 *</u> File Desc: <u>GAVI HSS Main account Bank Statement</u>	<u>File name:</u> <u>GAVI Main HSS Bank Statement.zip</u> Date/Time: 31.05.2011 14:53:42 Size: 4 MB		
13	<u>File Type:</u> <u>Financial Statement for HSS grant in 2010 *</u>	<u>File name:</u> <u>NPHCDA GAVI HSS Bank statement.zip</u>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Desc: NPHCDA GAVI HSS Bank statement	Date/Time: 31.05.2011 14:56:14 Size: 4 MB		
14	File Type: Latest Health Sector Review Report File Desc:	File name: Draft Nigeria Health Sector Report final (6).zip Date/Time: 31.05.2011 15:17:33 Size: 2 MB		
15	File Type: other File Desc: HSS Section of 2010 APR	File name: Nigeria - HSS section of the APR 2010 .docx Date/Time: 31.05.2011 15:19:30 Size: 199 KB		
16	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: HSF minutes	File name: Nigeria - HSF MEETING 08_07_2011.doc Date/Time: 12.07.2011 05:26:23 Size: 89 KB		
17	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: HSF attendance page 1	File name: Nigeria - HSF Attendance Page 1.docx Date/Time: 12.07.2011 05:32:15 Size: 2 MB		
18	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: HSF attendance page 2	File name: Nigeria - HSF Attendance Page 2.docx Date/Time: 12.07.2011 05:32:42 Size: 2 MB		
19	File Type: other File Desc: HSS documents - September re-submission	File name: Nigeria.zip Date/Time: 06.09.2011 04:38:33 Size: 7 MB		