

Nigeria Internal Appraisal 2014

1. Brief Description of Process

This appraisal for Nigeria was conducted for Gavi by independent technical expert, Deborah McSmith, in cooperation with Gavi Senior Country Manager (SCM), Alison Riddle, and is based on reports and documentation supplied to Gavi by national authorities and institutions in Nigeria for 2013. A draft copy of the document was shared for comment with the NPHCDA EPI Program, UNICEF Country Office, and WHO Country Office, before being circulated to the Internal Appraisals working group for further comment.

2. Executive summary

The Gavi Program in Nigeria currently consists of support for the national introduction of pentavalent and yellow fever vaccines into routine immunisation; measles, meningitis A (Men A), and yellow fever (YF) campaign support; and health systems strengthening (HSS) and immunisation services support (ISS). As of 31 August 2014, a total of US\$ 352,182,593 was disbursed for the Nigeria program – including NVS, HSS, ISS and INS support. Of this total, US\$ 159,899,870 represents the total cash-based support. Gavi's total commitment to Nigeria as of 31 August 2014 is US\$ 541,968,351. In 2013, Gavi disbursed a total of US\$ 146,960,294 for the Nigeria Program – US\$ 80,268,583 of which was cash-based support (see Table 1).

Table 1. Summary of Gavi disbursements to Nigeria in 2013¹

Values are in US\$

Country	High Level Category	Sub-category	2013
Nigeria	HSS	HSS	12,902,449 ²
		INS	
	ISS	ISS	16,687,000
		NVS	
	Operational Support	Measles SIA	10,971,896
		Meningitis A - campaign	13,292,743
		Penta	27,048,655
		Pneumo	
		Yellow Fever	4,260,599
		Yellow Fever - campaign	11,117,819
		Measles SIA - Operational costs	19,290,000
	Vaccine Introduction Grant	Meningitis A - operational costs	16,012,660
YF - Operational costs		11,065,000	
Vaccine Introduction Grant		4,311,474	
Nigeria Total			146,960,294

Nigeria reports expenditures totalling US\$ 48,244,510 in the APR related to the following support:

- Pentavalent (Penta) and Yellow Fever (YF) vaccine support
- Penta vaccine introduction grant (VIG)
- Measles SIA vaccine and campaign support

¹ NVS support is provided directly to UNICEF Supply Division for the procurement of vaccines and devices.

² In actuality, US\$ 12,409,500 was disbursed to NPHCDA. The remaining US\$ 500,000 was disbursed directly from Gavi to McKenzie & Company to support the tender process for the procurement of SDD fridges under the HSS1 grant.

- Meningococcal Type A campaign support
- ISS and HSS cash-based support

However, detailed financial statements are missing; raising questions on how exactly the funds were spent (and if they were spent in accordance with approved work plans).

Nigeria is requesting the following support for 2015:

- Penta and PCV10 vaccine support
- YF campaign support³

Nigeria completed the national roll-out of the pentavalent vaccine by 31 December 2013 – a full 18 months ahead of schedule. It also undertook three campaigns – measles, Men A, and YF with Gavi support. 2013 saw an increase in DTP3 coverage from 26 percent (2012) to 58 percent (2013) (WUENIC 2013). The commitment and hard work of the country along with the pentavalent introduction are largely credited with this improvement.

The Secretariat has concerns about the quality of campaigns and the timeliness of reporting (e.g. reporting on the 2013 YF campaign remains outstanding). The Secretariat is in discussions with partners and key stakeholders (e.g. BMGF and CHAI) to strategize on ways to improve campaign performance going forward and to ensure Gavi resources are used optimally.

Nigeria's HSS1 grant (US\$ 44,704,000; 2008-2010) was re-programmed in late 2012. Various delays on the part of the government and Gavi led to a late disbursement (October 2013) limited progress on HSS activities in 2013. Implementation in 2014 continues to be delayed, and the grant is expected to continue well into 2015. The one significant exception is the procurement and installation of 1,656 solar direct drive refrigerators that began in August 2014 which the Secretariat is monitoring closely. A second HSS grant was provisionally approved in 2014 but is on hold pending the resolution of the cash program audit (see below).

The Secretariat has concerns about the management of ISS funds in Nigeria. The transfer of funds to states for EPI activities is fraught with challenges as states do not regularly retire funds, leading to many disbursement delays and weak financial reporting. Detailed financial reporting on ISS funds is missing from the APR, and the Secretariat is following up.

In late 2013, Gavi began a cash program audit of its Nigeria Program, examining a selection of transactions covering the period 2011-2013. The audit concluded in the final week of September 2014 and the final report is pending. Upon receipt of the audit's preliminary findings in April 2014 that suggested poor internal controls leading to the possible misuse of Gavi funds, Gavi management decided to freeze all cash-based support in Nigeria and withhold any further disbursements to the government. To ensure critical activities continued while the audit was finalized, US\$15 million of HSS 1 support was transferred to UNICEF in August 2014. Campaign operational support for a Men A campaign in October 2014 was disbursed to WHO and UNICEF. Negotiations are underway with partners to also manage the vaccine introduction grants for PCV and IPV which are scheduled to be introduced in December 2014. This is a short term solution, to be replaced with the installation of a Gavi fiduciary agent in 2015.

In July 2014, Nigeria re-based its gross national income which led to it exceeding Gavi's eligibility threshold. As a consequence, Nigeria will enter the Gavi graduation process in 2015 (as opposed to the originally anticipated date of 2018). A graduation assessment mission is planned for early 2015. Critical to this process will be immunization financing and sustainability as the percentage of the federal budget dedicated to routine immunisation is woefully inadequate (e.g. the federal RI budget for 2014 is US\$13 million yet the projected annual RI financing needs by 2020 according to a McKinsey study is US\$426 million).

³ In July 2013, in exchange for Measles SIA campaign support, Nigeria agreed to fully finance YF vaccines for routine immunisation in 2014 and 2015, and further integrate YF financing into its national planning and budget cycles for 2014/15. Gavi will continue to provide support for YF campaigns, contingent on global supply availability

Nigeria's plans for 2015 with Gavi support include: the Phase 1 introduction of PCV in 12 states and national introduction of IPV (both scheduled to begin in December 2014), preparations for rotavirus vaccine introduction (pending approval at the November 2014 IRC), new vaccine applications ahead of graduation (HPV demo, Men A routine, Measles-Rubella), completion of the outstanding HSS 1 grant activities, and the launch of HSS 2.

Looking ahead, Gavi's Nigeria Program is facing many challenges – not least of which are the financial management issues that the audit uncovered which are leading to serious delays in implementation across the board and threaten the planned activities for 2015 and beyond. It is imperative that Gavi ensure its resources are used optimally and for their intended purpose, otherwise sustained improvements in coverage and equity in Nigeria will never be realized. However, this must be balanced with the urgent needs found in the routine immunisation system and where Gavi support (in partnership with other stakeholders) is playing a critical role – most notably in cold chain/supply chain strengthening, data quality improvement, immunisation financing and sustainability, and new vaccine introductions.

Key recommendations for endorsement by the High Level Review Panel are:

1. Renewal of penta and PCV routine vaccine support for 2015 with no change in presentation.
2. Renewal of YF campaign support pending submission of 2013 post-campaign coverage survey and campaign actual expenditure report.
3. Suspension of further cash-based disbursements to the government or partners pending the submission of outstanding financial and activity reporting for 2012 and 2013 (see Annex D).
- 4.

3. Achievements and constraints

Achievements

In 2013, Nigeria completed its national rollout of pentavalent vaccine 18 months ahead of schedule - avoiding the potentially negative impact of a global vaccine shortage. The country reported significant improvements in RI outcomes in 2013, with targets exceeded for BCG, OPV3, Penta3, Measles, and YF vaccines (administrative data). WUENIC estimates from 2013 also show a significant increase in DTP3 coverage from 2012 (26 percent) to 2013 (58 percent). Nigeria reports key contributions to improved 2013 coverage as:

- Comprehensive trainings for at least 3 health workers per facility as part of the pentavalent introduction;
- Reactivation of Ward Development Committees (WDCs) to improve community structures for PHC delivery;
- Intensification of RI in 234 high priority Local Government Authorities (LGAs) in polio endemic states or where there are high numbers of unimmunized children in polio free states; and
- Intensification of supportive supervision to poor performing states.

In November 2013, NPHCDA and its partners carried out an assessment of the 499 WDCs formed through HSS support in 2010. Approximately 80 percent of the WDCs formed were still functional and contributed to an increase in the cumulative DTP3 coverage, number of children immunized at health facilities and number of women attending ANC in all six regions compared to the wards where WDCs were not formed. A total of 702 WDCs were reactivated by the end of 2013.

Constraints

Nigeria reported serious RI demand challenges, particularly in the 19 northern states with 64 percent of the total population. In comparison, in 2012, 8 states had coverage below 50 percent

for DTP3. The NPHCDA has made efforts to address these issues (partly funded by Gavi HSS support) through Volunteer Community Mobilizers, Maternal, Newborn and Child Health Weeks, and training for 4,500 PHC service providers.

The country also reported slow utilization of ISS funds by states and LGAs resulting in subsequent delayed disbursements and a build-up of funds at the national level. With Gavi approval, these funds were used for the third phase of Penta vaccine introduction. Further funding disbursement by Gavi took place in October 2013 (see Section 8.0) – too late for significant progress in HSS activities before the end of the year.

Security challenges in the northern states have also slowed implementation in a number of areas. To address this challenge, NPHCDA trains local people to deliver vaccines to minimize attacks on vaccinators.

Equity and hard-to-reach populations

Under the Gavi business plan, Nigeria is one of ten countries in which UNICEF is leading work to improve equity in vaccine coverage across wealth, geography and gender. Nigeria has sex disaggregated data on DTP3 coverage. A national immunisation coverage survey in 2010 indicated coverage as 52 percent for boys and 48 percent for girls. According to the APR, Nigeria reports no gender disparities in immunisation coverage. However, in a literature review conducted internally in Gavi in July 2014, it was found that a peer-reviewed article noted the existence of sex discrepancies in immunisation coverage in Nigeria, especially in specific ethnic groups or regional communities. In the study, which used a multi-stage cluster sampling technique from three senatorial districts in the Borno state, Monungo (2013) found that males are 1.54 more likely to be immunized than girls. The discrepancy between the APR and Gavi's analysis indicates a need for more dialogue on gender disparities/barriers in access to immunisation between the country and Alliance partners.

The APR describes geographic equity strategies to reach states with high numbers of un/under immunized children and states affected by security issues.

4. Coordination and Governance

ICC & HSCC

The Inter-Agency Coordinating Committee (ICC) is the highest coordinating body for immunisation in Nigeria and includes members of the HSCC. The ICC is responsible for the approval and implementation of annual work-plans for the implementation all GAVI Programme and other related activities. It is chaired by the Federal Minister of Health, which guarantees some political commitment to ICC decisions.

The ICC met six times in 2013 and includes representation from NPHCDA, WHO, UNICEF, USAID, DFID, FMOH, CHAI, BMGF, CDC, EU, JICA, DFATD, MDGS, Rotary International, Red Cross Society, and the Health Reform Foundation of Nigeria. While the ICC does meet regularly, meetings are largely focused on Gavi activities, instead of larger RI coordination and priority setting. There is an opportunity to further strengthen the ICC to inform the direction of RI in Nigeria overall.

NITAG

A NITAG is in development and is expected to be operational in early 2015.

5. Programme Management

Yellow Fever

Nigeria reported a coverage rate of 82 percent for 2013 (admin data). Due to a carry-over of YF vaccines from 2012 to 2013, Nigeria received 750,600 doses as opposed to the 774,400 doses contained in the Gavi decision letter. However, Nigeria still reported stock outs of YF vaccine in two states and consequently split the 2013 campaign into two parts as a result. The country also experienced YF stock outs in 2012 during a global shortfall, yet it reports a wastage rate of 40 percent in 2013 for which the country needs to provide further explanation.

In July 2013, in exchange for Measles SIA campaign support, Nigeria agreed to fully finance YF vaccines for routine immunisation in 2014 and 2015, and further integrate YF financing into its national planning and budget cycles for 2014/15. Gavi will continue to provide support for YF campaigns, contingent on global supply availability. The Secretariat is following up with NPHCDA and UNICEF Supply Division to ensure that sufficient YF vaccine is being procured for routine vaccination activities.

Pentavalent

Nigeria completed the national introduction of pentavalent vaccine in December 2013, and reported a coverage rate of 93 percent for Penta 3 and 89 percent for DTP3 in 2013. This is in stark contrast to the WUENIC DTP3 coverage estimate of 58 percent (2013).

Nigeria purchased 11,074,410 excess doses of Penta in 2013 in anticipation of a global shortage. In June 2012, the first phase of the introduction began in 13 states and the FCT with a September in-country PIE in 12 states. In 2013, phases 2 and 3 of the introduction occurred in July and December - accelerated due to an anticipated global vaccine shortage. The APR reports that the introduction provided an opportunity for the first comprehensive national RI trainings since 2009.

PCV10

PCV supply constraints delayed the originally planned 2013 launch. The country is adjusting its introduction plan to match supply availability, now planned for December 2014. The VIG is yet to be disbursed by Gavi pending the establishment of grant agreements with WHO and UNICEF to manage the funds (see Section 8.0).

Men A campaign

Nigeria conducted a preventive campaign in 8 states in 2013, with an 11 percent wastage rate and no reported AEFI. The country received 22,886,000 doses and reported immunizing 22,796,829 individuals. Campaign dates were changed based on vaccine availability and the country reported that targets were exceeded.

Another Men A campaign is planned for Q4 2014.

Measles

Due to a measles resurgence, Nigeria conducted an SIA in 2013, integrated with polio immunization. The country reported 105 percent coverage, having exceeded targets. All operational costs and 32,941,100 doses of vaccine were supported by Gavi. AEFI reported were 7,739 mild and 498 serious cases.

Higher numbers of children were vaccinated in some areas compared to other rounds. However, the technical report indicated several LGAs with $\geq 20\%$ of children missed and that polio coverage was less than measles coverage. The discrepancies in the two vaccines' coverage results indicate a data quality issue.

The technical report for the 2013 Measles SIA indicated that in states with a history of refusals for the polio vaccine, a similar refusal trend was observed during the campaign. Gavi recommended that the country conduct repeat vaccinations in the LGAs with $\geq 20\%$ missed children by

December 2013. Nigeria is eligible for another SIA in 2015, and Gavi has emphasized the importance of implementing plans to correct problems identified in the technical report, integrating the activity with polio immunization, and ensuring a reliable post campaign coverage survey.

Rotavirus

Nigeria had planned to introduce RV in September 2014; however the review of the application by the IRC was delayed due to the absence of the signature of the Minister of Finance. The signature has since been secured and the application will be reviewed at the November 2014 IRC.

Country Tailored Approach (2014-2018)

The CTA is focused on five areas:

1. *Improving access to new vaccine support* through support by using state coverage data as eligibility criteria and applying phased introductions with detailed plans to improve capacity in states with less than 70 percent coverage.
2. *Supporting improvements in supply chain of vaccines and devices* by earmarking up to 50 percent of HSS support for critical supply chain activities coordinated with the National Logistics Working Group.
3. *Supporting improvements in data quality* by allocating up to 25 percent of performance-based funding under the HSS 2 grant to data quality improvement and the undertaking of annual independent data quality assessments (IDQAs).
4. *Strengthening transparency and accountability and leveraging additional public and private sector resources for routine immunisation* by supporting the establishment and functioning of State PHC Boards.
5. *Leveraging PEI surge capacity to improve RI in high risk Local Government Authorities (LGAs)*.

Progress to date includes:

- Approval of the phased introduction of PCV
- Approval of a national IPV application
- Submission of an application for the phased introduction of RV
- Increased engagement by Gavi in the National Logistics Working Group
- Provisional approval of the HSS 2 grant with a strong focus on supply chain and data quality improvement
- Preparations underway for an IDQA
- On-going installation of 1,656 solar direct drive refrigerators under the HSS 1 grant
- Technical assistance to selected states by Johns Hopkins University (as part of VITAC) to develop State PHC Boards and to develop a scorecard to assess their progress

Going forward, further progress is expected to be inhibited due to the cash program audit which has resulted in HSS implementation delays (see Sections 9 and 11).

6. Programme Delivery

Vaccine management

An EVM Assessment was conducted in 2011 and an improvement plan was developed for each tier of the supply chain. Progress is reported in the APR, particularly at the national level, but many challenges remain.

National Level:

- Most zonal stores have sufficient dry storage capacity and contingency plans; 50% provide PPE.
- Significant improvement in maintenance, including contracts in place for preventive maintenance and emergency repairs.

State Level:

- 54% of tasks achieved, 22% partly achieved, 12% in progress, 12% not achieved.
- 41% of states still lacking sufficient dry storage capacity, 82% lacking adequate shelving.
- PPE not provided in 76% of states.
- Accurate recording of wastage remains an issue, temperature monitoring has improved.
- Storage capacity is being addressed under the introduction plan of new vaccines.
- 41% of state stores conduct regular preventive maintenance; 91% of states have developed distribution plans, 82% of states conduct supportive supervision at the LGA level.

LGA Level:

- 69% of tasks achieved, 21% in progress and 10% not achieved.
- Dry storage capacity remains an issue, supportive supervision has improved.
- Vaccine storage capacity remains a challenge, but will be addressed with plan to procure battery and solar refrigerators for each ward (underway with Gavi HSS support).
- Vaccine management training underway.

Health Facility Level

- 56% of tasks achieved, 19% partly achieved, 10% in progress, 6% not achieved.
- Repair of solar refrigerators and development of job aids partly achieved.
- Training on vaccine management, development of preventive maintenance policies and vaccine disposal SOP in progress.
- Renovation of health facilities (poor drainage systems, other infrastructure inadequacies) remains a challenge.

The next EVM assessment will take place in October 2014.

Post introduction evaluations

An external pentavalent PIE for phase I was conducted in March 2013, and an internal PIE for phase 2 states was conducted in September 2013. Following the external PIE, a new Vaccines Strategic Group was formed to implement the evaluations' recommendations. Recommendations included improving supervision of health workers, strengthening the network for vaccine supply and distribution, increasing CC capacity, developing information systems, building capacity for use of data for action, and improving AEFI surveillance and reporting.

The APR reports that a plan of action with a timeline was developed based on the PIE recommendations, some of which are already implemented, including: all phase 3 states have developed implementation plans and conducted CC capacity assessments. An external PIE for all phase 3 states was planned for June 2014.

Data management

Nigeria is in the process of deploying an Enterprise Resources Planning (ERP) system to track vaccine stock and stock movements in real time down to state level and support better timing of shipments.

Injection safety and surveillance

The country has an injection safety plan, and has procured 41 incinerators with Gavi support and installed them in 12 states. There is a national dedicated vaccine pharmacovigilance capacity, a national AEFI expert review committee, and a risk communication strategy to address vaccine crises. Nigeria shares its vaccine safety data with other countries, and conducts sentinel surveillance and special studies for RV and paediatric pneumococcal disease.

7. Monitoring and Evaluation, Surveillance and Data Quality

There are significant discrepancies between administrative coverage data and WUENIC coverage estimates for 2013 across all vaccines (see Annex C). Administrative data consistently reports higher coverage than WHO and UNICEF estimates, with a 30 percentage point discrepancy between DTP3 administrative data and WUENIC for 2013 (NB: One-star grade of confidence on DTP3 WUENIC 2013 estimates). The last reported survey was conducted in 2012 (DHS) and follow-up is needed to ensure plans move forward for another survey is 2016.

The denominator for RI continues to be a challenge. Reportedly, the NPHCDA and National Population Commission are trying to resolve the problem. A DQSA was conducted for the 2013 admin data, with a correction factor of 95%. This report of high accuracy contradicts coverage estimate discrepancies.

Nigeria has an administrative immunization data reporting system that is currently separate from the HMIS (though efforts are underway to bring the two systems together). The March 2013 pentavalent PIE indicated that only 36% of health facilities recorded prior doses of DTP in registers, and only 56% reported updating registers with information from a child's immunization card.

According to the APR, activities undertaken to improve data quality in 2013 included: the establishment of a data harmonization committee, the decision to integrate EPI data into the Federal Ministry of Health DHIS2 data platform, related data management training, monthly data quality checks, improved supportive supervision, efforts to correct denominator problems, and sustained production/distribution of data tools. All targeted health facilities for phase 1 pentavalent introduction were provided with computers for electronic data capture. Training on DHIS was conducted for M&E officers in all supported LGAs.

Gavi is providing support to Nigeria to conduct an objective data quality assessment. A Gavi country visit in June 2014 to participate in the IDQA training revealed many deficiencies in the assessment's planning. Consequently, Gavi support to the IDQA was suspended pending revisions to the management and planning of the assessment by NPHCDA. The Secretariat is following up with NPHCDA and partners to determine the best way forward. The goal of the objective data quality assessment is to document key strengths and weaknesses of the data collection/reporting system and help develop an evidence-based data quality improvement plan which would be aligned with the HSS work plan.

8. Global Polio Eradication Initiative, if relevant

The APR reported that intensification of RI activities in 234 high priority LGAs in polio endemic states or where there are high numbers of unimmunized children in polio-free states led to a reduction in the number of WPV cases in 2013. The country also conducted 8 rounds of standalone Polio SIAs averaging 96% coverage and reported planning for more integration into RI. WPV cases have reduced from 103 in 2012 to 53 in 2013, and the number of states with WPV cases has declined from 13 in 2012 to 9 in 2013.

Nigeria's application for IPV introduction was approved in September 2014 and a national introduction is planned for December 2014. However, the VIG is not disbursed for similar reasons as the PCV10 VIG (see Section 5).

9. Health System Strengthening

Nigeria's HSS1 application was reviewed by the IRC in November 2007. The grant was approved for 2008-2010 with a total grant amount of \$44,704,000. The country submitted a reprogramming request that was reviewed in August 2012. \$40,366,964 was reprogrammed.

The principal objectives of the re-programming proposal focused on demand creation, improving accountability, building capacity of frontline health workers and EPI managers, strengthening the National Health Management Information System [NHMIS], and improving access to quality vaccines and adequate storage in the Pentavalent vaccine introduction states. The re-programmed activities are specifically targeting 14 States where there were plans for new vaccine introduction at an accelerated rate of introduction. 25% of the reprogrammed budget was reallocated to cold chain systems.

A delay in Nigeria's submission of external audit reports for 2009 to 2012 led to the delayed release of the outstanding HSS1 balance in 2013. According to the APR, audit reports were ready by April 2013; however, the country experienced another delay related to changes in bank accounts for ISS and HSS funds. As a result, the HSS balance was not received from Gavi until October 2013 and implementation was minimal between October and December 2013 beyond the reactivation of some Ward Development Committees and limited training activities. This led to an extension of HSS1 reprogramming through to June 2014 (and now into 2015). Implementation was further delayed in 2014 due to the late approval of the work plan by the ICC (approved 27 March 2014).

Implementation in 2014 continues to be delayed due to ICC approvals and the Gavi cash program audit (see below), and the grant is expected to continue well into 2015. The one significant exception is the procurement and installation of 1,656 solar direct drive refrigerators that began in August 2014 which the Secretariat is monitoring closely.

In April 2014, cash-based support to NPHCDA was frozen pending the outcome of the 2013 cash program audit (see Section 11). Subsequently, priority activities were identified from the HSS1/ISS workplan and funds were transferred from NPHCDA to UNICEF to manage. This process encountered delays and was completed only in August 2014. Thus activities are only now (September 2014) beginning to be implemented - further inhibited by the additional administrative arrangements required now that funds are being channelled through partners. It is likely that most priority activities will only be completed by mid-2015 and decisions still need to be taken regarding the remaining approved HSS activities and funds that remain frozen, in addition to the provisionally approved HSS 2 grant (US\$ 83,904,306) that was reviewed in February 2014.

Table 2. Breakdown of HSS funds in-country (by commitment)

Description	Amount (US\$)
Estimated cash balance at end of 2013	24,437,501
Payment made to Dometic: 15% of contract value upon signature (complete)	2,161,300
First priority activities, funds committed and transferred to UNICEF⁴	9,575,836
Second priority activities, funds <u>frozen</u> pending resolution of CPA	8,820,964
Last payment 35% to Dometic (due soon)	5,050,000
Forecasted Balance at end 2015	- 1,170,599⁵

Table 3. Breakdown of HSS funds held by Gavi (by disbursement)

Description	Amount (US\$)
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⁴ The first priority re-programmed ISS and HSS activities and the respective budgets in the amount of US\$15,425,943 is object of a Letter of Agreement between the Government of Nigeria / NPHCDA and UNICEF. The latter will support country in the implementation of identified activities and in the management of financial resources as stipulated in the Agreement for the period from 1 July 2014 to 30 June 2015.

⁵ The estimated shortfall of ISS & HSS funds in country for the implementation of re-programmed activities until the end of 2015 can be filled from the balance of last tranche of HSS1 fund still with Gavi.

Last tranche of HSS1 held by Gavi at end of 2013	10,203,051
Payment of McKenzie invoice (1 of 2)	500,000
Payment of McKenzie invoice (2 of 2)	100,000
Payment of Dometic invoices (50% of contract value)	7,338,398
Balance with Gavi (August 2014)	2,264,653

10. Use of non-HSS Cash Grants from GAVI

ISS

ISS funds supported states to strengthen CC maintenance, conduct supportive supervision, social mobilization activities, LGA review meetings, vaccine collection and distribution, and outreach services. They also provided a transport allowance for a RI Gavi consultant in each of the 36 states plus FCT. ISS funds were also used to partly fund the second and third phases of the pentavalent introduction as the Gavi Secretariat took the decision to delay disbursement of the VIG given the high amount of HSS and ISS funds already held in-country (and not being used in a timely manner).

Similar to the HSS grant, ISS funds in-country are frozen pending the resolution of the cash program audit. Some funds were transferred to UNICEF to continue priority activities, as mutually agreed by NPHCDA, Gavi, and partners. The ISS activities are facing the same challenges as the HSS activities as described in Section 9, in addition to the slow retiring of funds by states which leads to delays in further disbursements and an accumulation of funds at the national level.

Nigeria is not eligible for an ISS reward in 2013.

Table 4. Breakdown of ISS funds held in-country by commitment

Description	Amount (US\$)
Estimated cash balance at end 2013	7,235,570
First priority activities, funds committed and transferred to UNICEF	5,850,106
Second priority activities, funds <u>frozen</u> pending resolution of CPA	2,428,397
Forecasted Balance at end 2015	- 1,042,933

CSO support and engagement

Nigeria is not reporting on CSO Type A or B support.

No CSOs currently receive direct funding from Gavi; however, CSOs such as the Christian Health Association of Nigeria, Health Reform Foundation of Nigeria, Rotary International, and others, are represented on the ICC.

Nigeria's HSS 2 proposal includes provision for the solicitation of a CSO to conduct the end-of-grant assessment. CSO activities in the new proposal account for 4.3 percent of the total proposed budget (US\$ 3,636,881). This includes CSO support under the first objective for the formation/reactivation of the Ward Development Committees (WDC) to stimulate community demand for services through increased awareness.

Campaign operational costs

Reporting is outstanding for COS for YF and measles SIA.

11. Financial Management

A Gavi FMA was conducted in 2011 and an aide memoire was signed in August 2012. Nigeria reports that all requirements under the aide memoire are implemented. According to the aide memoire, dedicated bank accounts are opened for all Gavi funds, approved by the ICC and managed by NPHCDA with signatories from NPHCDA, FMOH and UNICEF.

A procurement committee mandated by Gavi was constituted to handle all procurement of items under Gavi funding and is expected to help address HSS1 activity delays. Per the APR, a No Objection request is to be forwarded to Gavi before major procurements, especially of CC equipment.

ISS and HSS funds are not included in the National Health Sector Plans and Budget.

In late 2013, Gavi began a cash program audit of its Nigeria Program, examining a selection of transactions covering the period 2011-2013. The audit concluded in the final week of September 2014 and the final report is pending. Upon receipt of the audit's preliminary findings in April 2014 that suggested poor internal controls leading to the possible misuse of Gavi funds, Gavi management decided to freeze all cash-based support in Nigeria and withhold any further disbursements to the government. To ensure critical activities continued while the audit was finalized, US\$15 million of HSS 1 support was transferred to UNICEF in August 2014. Campaign operational support for a Men A campaign in October 2014 was disbursed to WHO and UNICEF. Negotiations are underway with partners to also manage the vaccine introduction grants for PCV and IPV which are scheduled to be introduced in December 2014. This is a short term solution, to be replaced with the installation of a Gavi fiduciary agent in 2015.

Financial reporting for 2013 is currently outstanding (See Annex D).

12. NVS Targets

Penta

There are discrepancies between the 2013 closing stock balances reported in the APR (11m) and an assessment completed by the Secretariat in February 2014 (17m). The country was asked to clarify but reaffirmed its reported stock balance of 11m. The Secretariat is following up for further discussion.

Yellow fever

Nigeria is responsible for procuring and self-financing its YF routine vaccines needs for 2015. A recent update from NPHCDA reported that there is an inadequate stock balance at the national level and efforts are ongoing with UNICEF to determine the balances at the sub-national level and to procure the shortfall for the rest of the year. This is an issue for the Secretariat to watch closely.

PCV

The introduction is planned for December 2014 and the revised decision letter was issued in late September to reflect an increase in available doses from 3m to 4m in 2014.

IPV

Introduction is planned for December 2014 and the decision letter was issued in October 2014.

13. Immunisation Financing and Sustainability

Co-financing

Nigeria has indicated a commitment to co-finance PCV10, pentavalent and YF vaccines in 2015.

In 2013, an agreement was reached between NPHCDA and Gavi regarding YF routine vaccine procurement. Specifically, Gavi agreed to pay the last minute operational costs of the 2013 measles campaign in exchange for Nigeria covering the full costs of YF vaccine for routine immunisation in 2014 and 2015. Gavi will continue to support the procurement of YF vaccine for campaigns (pending vaccine availability), which is not subject to the Gavi co-financing policy.

Sustainability

The Gates Foundation recently supported the NPHCDA to complete a routine immunisation and polio financing forecast (2014-2020) that shows a significant funding gap for RI. The forecast projects an annual budget of US\$426M for RI by 2020 if the country introduces new vaccines as planned (this includes Nigeria's tentative plans to apply for HPV, MR, Men A routine). The 2014 RI budget (US\$13M) currently makes up 11 percent of NPHCDA funding, and approximately one percent of the FMoH budget. An additional US\$20M was raised ad-hoc. Nigeria reports having completely covered its traditional vaccine requirements in 2013.

Per ICC minutes, discussions are underway with the World Bank to contribute to RI financing. ICC minutes note risks in 2015 of possible government budget delays related to February 2015 presidential elections. The ICC is working to ensure sufficient funds through Q3 2015 and has identified potential funding sources as GoN Budget office, Private Sector Health Alliance, individual foundations and National Health Insurance Scheme.

Most recently, the Federal Minister of Finance was engaged on the issue of RI financing sustainability. The forecast was used as the basis for discussions. She has committed to taking action, but specific plans remain unclear at this time. The first priority will be to address the expected \$50M deficit for 2015 alone.

Graduation

In July 2014, Nigeria re-based its Gross National Income, placing it beyond Gavi's eligibility threshold with a GNI per capita of US\$ 2,760 in 2013. Consequently, Nigeria now enters Gavi graduation in 2015 (as opposed to the anticipated date of 2018). The country was officially informed of its changed status in the Secretariat in September 2014, and a graduation assessment is planned for Q1 of 2015.

14. Technical Assistance

GAVI supported technical assistance was provided through Johns Hopkins University's International Vaccine Access Center (IVAC) (supported through the VITAC Program) to support the development of the National Routine Immunisation Strategic Plan (NRISP) and to develop the HSS2 proposal. IVAC has worked in close collaboration with NPHCDA and other partners. IVAC has also supported development of State Primary Health Care Boards and the scorecard to assess progress of the Boards.

In addition GAVI has also supported Nigeria with TA from McKinsey to develop the Supply-Chain redesign pilot in Kano and Lagos, and to oversee the procurement process of cold chain equipment funded with GAVI HSS1 funds. The McKinsey consultants worked very closely with the MoH in Lagos and Kano, and with the Supply Chain Working Group in NPHCDA.

15. Recommendations for the Review Panel

TOPIC	RENEWAL RECOMMENDATION
NVS	Renewal of Penta with no changes in presentation

TOPIC	RENEWAL RECOMMENDATION
NVS	Renewal of YF campaign support pending submission of 2013 post-campaign coverage survey and campaign actual expenditure report.
NVS	Renewal of PCV10 support with no change in presentation

16. Programmatic Actions for Other Stakeholders

TOPIC	ACTION POINT	RESPONSIBLE	TIMELINE
PFO	Country to submit all outstanding 2012 and 2013 financial and activity reporting (See Annex D). <u>No further cash disbursement to take place until this action is completed.</u>	NPHCDA	ASAP
NVS	Country to clarify 2013 YF wastage rate.	NPHCDA	ASAP
NVS	Country to confirm sufficient YF routine stock for 2014 and 2015.	NPHCDA	ASAP
NVS	Country to submit 2014 YF post-campaign coverage survey report and campaign actual expenditure report.	NPHCDA	ASAP
NVS	Secretariat to closely monitor YF routine procurement and stock levels	SCM/VI	On-going
NVS	Country to clarify 2014 opening stock balance for pentavalent	NPHCDA	ASAP
HSS	Secretariat to work with country and partners to determine way forward for already committed and remaining HSS 1 / ISS activities.	SCM/HSS	ASAP
HSS	Secretariat to work with country and partners to determine way forward on HSS 2 grant.	SCM/HSS	Q1 2015
IFS	Secretariat to undertake graduation mission to carry out an assessment and develop a graduation plan in coordination with country and partners.	SCM/IFS	Q1 2015

Annex A

Nigeria baseline and annual targets, APR 2013

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	7,002,987	7,002,987	7,227,082	7,227,082	7,458,349	7,458,349
Total infants' deaths	420,179	420,179	361,354	361,354	261,042	261,042
Total surviving infants	6582808	6,582,808	6,865,728	6,865,728	7,197,307	7,197,307
Total pregnant women	8,753,733	8,722,121	9,033,853	9,033,853	9,322,936	9,322,936
Number of infants vaccinated (to be vaccinated) with BCG	5,462,329	6,614,771	5,926,207	6,865,728	6,488,763	7,197,307
BCG coverage	78 %	94 %	82 %	95 %	87 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	5,134,590	6,076,321	5,629,897	6,522,442	6,261,657	6,981,388
OPV3 coverage	78 %	92 %	82 %	95 %	87 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,828,558	1,069,973	0	0	0	0
Number of infants vaccinated (to be vaccinated) with DTP3	1,645,702	972,169	0	0	0	0
DTP3 coverage	25 %	15 %	0 %	0 %	0 %	0 %
Wastage^[1] rate in base-year and planned thereafter (%) for DTP	25	25	25	25	25	25
Wastage^[1] factor in base-year and planned thereafter for DTP	1.33	1.33	1.33	1.33	1.33	1.33
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	3,873,729	5,413,227	6,385,127	6,385,127	6,693,495	693,455
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	3,873,729	4,918,416	6,385,127	6,385,127	6,261,657	5,973,183
DTP-HepB-Hib coverage	59 %	75 %	93 %	93 %	87 %	83 %
Wastage^[1] rate in base-year and planned thereafter (%) ^[2]	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
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	5,134,590	5,658,051	5,629,897	5,658,051	6,261,657	6,261,651

Yellow Fever coverage	78 %	86 %	82 %	82 %	87 %	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
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40 %	40 %	40 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	0	0	3,819,800	611,795		6,477,576
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	0	0	3,819,800	360,279		5,397,980
Pneumococcal (PCV10) coverage	0 %	0 %	56 %	5 %		75 %
Wastage[1] rate in base-year and planned thereafter (%)	10	1	10	1		1
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.01	1.11	1.01		1.01
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	5,134,590	6,581,099	5,629,897	6,581,099	6,261,657	6,581,099
Measles coverage	78 %	100 %	82 %	96 %	87 %	91 %
Pregnant women vaccinated with TT+	6,807,090	4,630,899	7,385,169	7,385,169	8,086,220	8,086,220
TT+ coverage	78 %	53 %	82 %	82 %	87 %	87 %
Vit A supplement to mothers within 6 weeks from delivery	45,194	0	49,302	0	53,410	0
Vit A supplement to infants after 6 months	2,214,560	0	2,415,883	2,415,883	2,617,206	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	9 %	0 %	0 %	0 %	0 %

Annex B

WHO and UNICEF Estimates of National Immunization Coverage, Nigeria 2013

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	25	29	33	36	40	42	53	63	54	30	26	58
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	38	NA	72	NA	57	NA	74	61	57	65
Administrative	NA	NA	NA	38	77	69	71	79	85	63	58	89
Survey	*	NA	NA	54	30	35	NA	68	45	NA	25	NA

Annex C

Overall expenditures and financing for immunisation, 2013 APR

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	CDC	CHAI	EU
Traditional Vaccines*	28,539,102	28,539,102	0	0	0	0	0	0
New and underused Vaccines**	45,225,406	12,090,406	33,135,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	3,068,681	0	0	2,420,295	0	0	648,386	0
Personnel	4,249,868	1,514,337	286,451	1,271,499	0	0	1,177,581	0
Other routine recurrent costs	5,796,978	477,327	0	1,811,500	1,840,375	0	1,538,744	129,032
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	188,842,454	185,842,454	0	0	0	0	0	3,000,000
BMGF: Polio SIAs: 30,268,135 AFP Surveillance: 4,943,843 RI: 1,300,000 Polio Lab.: 126,096 Surge Capacity: 13,000,000 KFW: Polio SIAs: 18,789,099 CIDA: Polio SIAs: 9,709,780 RI: 150,000 DFID: Polio SIAs: 1,707,885 AFP Surveillance: 4,476,760 Surge Capacity: 3,303,374 AusAid: Polio SIAs:3,804,612 USAID: Polio SIAs: 3,000,000 Korea: AFP Surveillance: 934,579 GAVI : Routine EPI: 280,000 SWISS: MenafriVac: 211,382 UNF: Measles Surveillance: 595,000 and Measles SIAs: 947,000		0	0	0	0	0	0	0

Total Expenditures for Immunisation	275,722,489							
Total Government Health		228,463,626	33,421,451	5,503,294	1,840,375	0	3,364,711	3,129,032

* 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.

Annex D

Outstanding financial reporting

HSS

Country to address all the clarifications requested in the previous DLs.

1. Provide revised section 9.1.3a and 9.1.3b of 2012 APR showing closing balance and total expenditure consistent with the same in 2012 unaudited financial statements
2. Submit the bank statement showing the 2012 opening and closing balance
3. Address the issues of VAT raised in Gavi's letter of review of the 2008-2011 audit reports

For the 2013 APR, the country is requested to furnish addition information and clarification to the below:

1. Submit 2013 audit report
2. Provide 2013 financial statements
3. Review the financial figures reported in the 2013 APR, explain and reconcile the following variances:
 - a. Closing fund balance reported in 2013 APR is US\$11,181,531 compared to the closing fund balance in the bank statement of US\$839,299.95.

ISS

The country to address all the clarifications requested in the previous DLs.

1. Provide revised section 6.1 of 2012 APR showing closing balance and total expenditure consistent with the same in 2012 unaudited financial statements
2. Submit the bank statement showing the 2012 opening and closing balance
3. Address the issues of VAT raised in GAVI's letter of review of the 2008-2011 audit reports.

For the 2013 APR, the country is requested to furnish addition information and clarification to the below:

1. Submit 2013 audit report
2. Provide 2013 financial statements
3. Review the financial figures reported in 2013 APR, explain and reconcile the following variances:
 - a. Opening fund balance in 2013 APR (NT946,351,151) vs closing fund balance in 2012 APR (NT 955,501,562)
 - b. Cash receipts in 2013 APR (US\$55,861,134).

NVS

Country to address all the clarifications requested in the previous DLs.

1. Submit 2012 financial statement and 2012 audit report
2. Provide detailed analysis of expenditures incurred in 2012
3. Provide bank statement showing the closing fund balance as of 31 December 2012.

For the 2013 APR, the country is requested to furnish addition information and clarification to the below:

1. Submit 2013 audit report
2. Provide 2013 financial statements and bank statement showing the closing fund balance as of 31 December 2013
3. Review the financial figures reported in APR, explain and reconcile the variance in opening fund balance in 2013 APR (nil) vs closing fund balance in 2012 APR (US\$2,036,000).

Measles / Meningitis A / Yellow Fever – Campaign operational costs

The country is request to submit:

1. 2013 audit report.
2. 2013 financial statements and bank statement showing the closing fund balance of the respective grants as of 31 December 2013.