



Annual Progress Report 2008

Submitted by

The Government of

[Name of Country]

NIGERIA

Reporting on year: **JANUARY** __ **DECEMBER** 2008 __

Requesting for support year: __2010/2011__

Date of submission: _____ **15TH MAY 2009** _____

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

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

Minister of Health:

Title

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

This report has been compiled by:

Full name: **DR AVUWA JOSEPH OTERI**.....

Position: **ASSISTANT DIRECTOR ROUTINE IMMUNIZATION/GAVI FOCAL POINT**.....

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.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
PROF BABATUNDE OSOTIMEHIN	HON MINISTER		
DR MUHAMMAD ALI PATE	NPHCDA		
DR PETER ERIKI	WHO		
DR SUOMI SAKAI	UNICEF		
ROT BUSUYI ONABOLU	ROTARY		

Comments from partners:

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

All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: y/n

... Y

..

HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
PROF B OSOTIMEHIN	FMOH		
DR J JIYA	FMOH		
DR M LECKY	FMOH		
DR M A PATE	NPHCDA		
DR P ERIKI	WHO		
DR S SAKAI	UNICEF		

Comments from partners:

You may wish to send informal comment to: apr@gavialliance.org

All comments will be treated confidentially

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

NOT APPLICABLE

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

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

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 fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	5967669	6158634	6355710	6559093	6768984	6985591	7209130	
Infants' deaths	513220	529643	508457	491932	473829	454063	432548	
Surviving infants	5454449	5628991	5847253	6067161	6295155	6531528	6776582	
Pregnant women	7459586	7698293	7944638	8198866	8461230	8731989	9004427	
Target population vaccinated with BCG	4426214	4618976	5084568	5575229	6092086	6287032	6488217	
BCG coverage*	74%	75%	80%	85%	90%	90%	90%	
Target population vaccinated with OPV3	3641237	4221744	4677803	5157087	5665640	5878375	6098924	
OPV3 coverage**	67%	75%	80%	85%	90%	90%	90%	
Target population vaccinated with DTP (DTP3)***	4241146	4221744	4677803	4853729	5665640	5878375	6098924	
DTP3 coverage**	78%	75%	80%	80%	90%	90%	90%	
Target population vaccinated with DTP (DTP1)***	4923888	4784643	1820148	5460445	6169252	6400897	6641051	
Wastage ¹ rate in base-year and planned thereafter	35%	30%	5%	5%	5%	5%	5%	
Wastage factor in base – year and planned thereafter (%)	1.54	1.43	1.05	1.05	1.05	1.05	1.05	
Target population vaccinated with 3 rd dose of DTP-HepB-Hib			3508352	4853729	5665640	5878375	6098924	
Target population vaccinated with 1 st dose of DTP-HepB-Hib			4093078	5460445	6169252	6400897	6641051	
DTP-HepB-Hib Coverage			60%	80%	90%	90%	90%	
Wastage ¹ rate in base-year and planned thereafter			5%	5%	5%	5%	5%	
Target population vaccinated with 3 rd dose of pneumococcal				3033581	3462335	4245493	4743608	
Target population vaccinated with 1 st dose of pneumococcal				3640297	4091851	4898646	5421266	
Pneumococcal Coverage	0	0	0	50%	55%	65%	70%	
Target Population Vaccinated with Yellow Fever	3805102	4618976	5084568	5575229	6092086	6287032	6488217	
	64%	75%	80%	85%	90%	90%	90%	
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles	5150648	4618976	5084568	5575229	6092086	6287032	6488217	
Target population vaccinated with 2 nd dose of Measles								

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. For new vaccines check table α after Table 7.1.

Measles coverage**	86%	75%	80%	85%	90%	90%	90%	
Pregnant women vaccinated with TT+	3676310	5773720	6355710	6969036	7615107	7858790	8110272	
TT+ coverage****	49%	75%	80%	85%	90%	90%	90%	
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	14%	12%		11%	8%	8%	8%	
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of 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

Table B: Updated baseline and annual targets SAME AS ABOVE

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births								
Infants' deaths								
Surviving infants								
Pregnant women								
Target population vaccinated with BCG								
BCG coverage*								
Target population vaccinated with OPV3								
OPV3 coverage**								
Target population vaccinated with DTP (DTP3)***								
DTP3 coverage**								
Target population vaccinated with DTP (DTP1)***								
Wastage ² rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles								
Target population vaccinated with 2 nd dose of Measles								

² 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. For new vaccines check table α after Table 7.1.

Measles coverage**								
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$								
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of 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. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/**No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The ISS funds received in 2008 was 16,686,960 USD. This was the first tranche of the reward received based on the 2006 Annual Progress Report. The fund was received on the 4th of February 2008.

The fund came in after the National budget had been passed. The bulk of the ISS funds are sent to the States for supporting the implementation of States' routine Immunization work – plans. The ISS funds cannot reflect in the Federal Ministry of Health budget since the bulk is for the States. Support meant for States don't reflect in the Federal budget.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The GAVI ISS fund is received into a dedicated NPHCDA/GAVI ISS domiciliary account at the Union Bank of Nigeria Abuja Branch. As was applicable in previous years, conversion into Naira was carried out using the prevailing Central Bank of Nigeria exchange rate when required. Disbursement to States is on approval of the ICC. On receipt of the GAVI ISS reward in 2008, the Routine Immunization working group made up of Partner Agencies and Government recommended a revision of the GAVI ISS disbursement guidelines to States. The new Guidelines requires re confirmation of the States GAVI ISS account signatories to ensure that the State WHO/UNICEF Coordinator is a mandatory signatory to the account. Specific activities were selected to be supported with the fund. These are activities that the RI working group identify as areas that will create maximum impact. Some of these are areas of supportive supervision at all levels, vaccine collection, review meetings at the Local Govt levels, social mobilization and community linkages as well as support outreaches in the health facilities. States were asked to do their work plans in line with the suggested areas of support. The ICC approved the revised guidelines and was communicated to the States in a retreat in January 2009. The revised guidelines is attached as one of the support documents for this APR. Few States just sent their work plans based on a sample template that was developed and sent to them and disbursement will commence soon. The inability of the States to prepare work plans affected the disbursement of GAVI ISS funds to the States.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 **16,686,960 USD**

Remaining funds (carry over) from 2007 **2,387,358.03 USD**

Balance to be carried over to 2009 **18,362,538.76 USD**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	989,433.66				
Remaining funds for next year:	18,362,530.76				

The 989,433.66USD spent in 2008 was sent to States for their various immunization activities. Since most States have different immunization priorities, it is difficult to differentiate the exact amount used for the above listed activities in the table. The exchange rate for 2008 varied from month to month. The GAVI Zonal Consultants were equally paid from the ISS fund. The attached bank statement shows the various transactions that took place during the reporting year.

1.1.3 ICC meetings

How many times did the ICC meet in 2008? 3

Please attach the minutes (DOCUMENT N°1) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **[Yes/No]**
if yes, which ones?

List CSO member organisations

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

In 2006, Nigeria adapted the Reach Every Ward (REW) approach to improve routine immunization coverage. In 2008, there was a continuation of REW training at States and Local Govt levels. States mostly Southern also conducted Local Immunization Days (LIDs) or Child Health Weeks (CHWs) to boost the RI coverages as well as the OPV coverage.

The country scheduled to scale down the Mid Level Management (MLM) training done in 2007 to Zones and States in 2008. This was not done due to competing interest and funding issues.

Training on data management as well as conduct of Data Quality Self Assessment (DQS) was also conducted Nationwide.

Nation-wide assessment of the Reach Every Ward (REW/RED) Approach

Nationwide supportive supervision was conducted in some States from the National level.

New Vaccine introduction mission was undertaken in 2008 to map a road map for the introduction of the pentavalent vaccine in the 2nd Quarter of 2010

A Nationwide Integrated measles campaign was also done in 2008 in 2 Stages Northern and Southern.

Data tools were revised, developed and distributed to States.

Series of training on basic guide on immunization was conducted in all the states of the federation.

Specific vaccine management trainings were also conducted in some States

Problems Encountered

- Sustained and regular provision of immunization services at both public and private health facilities and outreach services to hard to reach settlements due to lack of regular imprest funding for immunization services at LGA and State levels.
- Political instability affected service delivery in some States
- Weak data management system at health facility levels and in some LGAs and States, which affect completeness and timeliness of immunization data reporting and collation.

-Funding constraints and competing immunization activities (IPDs, LIDs/CHWs and IMC).
- Infrequent ICC meeting during the reporting period due to changes in Leadership at the Federal Ministry of Health.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°2) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°3) spent during the reporting year (2008).
- d) Revised GAVI ISS Disbursement guidelines (DOCUMENT N°4)
- e) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations

There was no DQA but the Country has been doing a data quality self Assessment (DQS) to correct the Admin data from the States.

Regular DQS especially at the first Quarter of every Year is now recommended for correction of administrative data before the submission of WHO/UNICEF JRF

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

Data Quality Self Assessment (DQS)
Assessment of REW implementation

List challenges in collecting and reporting administrative data:

Late reporting in some LGAs

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008 **NOT APPLICABLE**

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

Nigeria receives Yellow Fever support as an under-utilized vaccine. There is a planned introduction of HiB vaccine (Pentavalent) in the 2nd quarter of 2010. An application has been submitted for GAVI Co-Financing support

[List new and under-used vaccine introduced in 2008]

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Yellow Fever	10	1,651,300		05/03/2008
Yellow Fever	10	1,651,300		05/06/2008
Yellow fever	10	666,500		07/09/2008
Yellow fever	10	666,500		13/09/2008
Yellow fever	10	666,500		16/09/2008
Yellow fever	10	666,500		16/09/2008
Yellow fever	10	1,253,200		15/01/2009
Yellow fever	10	1,412,800		15/01/2009
Yellow fever	10	1,266,000		26/02/2009
Yellow fever	10	348,900		9/04/2009
Yellow fever	10	267,200		13/04/2009
Yellow fever	10	587,400		16/04/2009
Yellow fever	10	632,200		20/04/2009

Please report on any problems encountered.

[List problems encountered]

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

[List activities]

1. A new Vaccine introduction cluster visited the country to chart a road map for the New Vaccine introduction
2. Laboratory assessment for sentinel surveillance for PBM
3. Rapid assessment of National Strategic Cold Store and the zonal cold stores
4. Determination of cold chain capacities for at all levels for the introduction of pentavalent and pneumococcal vaccines

5. Revision of the Immunization policy to accommodate New Vaccines introduction
6. Determination of the cold chain capacity requirements and expansion of capacities at all levels for NVI.
7. Revision of the cMYP to accommodate NVI

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: [dd/mm/yyyy]

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy] **August 2003**

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations]

- ✓ Establish standard operating procedures
- ✓ Implement computerised cold chain management
- ✓ Conduct regular self assessments
- ✓ Conduct maintenance and vehicle assessment
- ✓ Implement active waste factor management
- ✓ Implement active volume management
- ✓ Install generator auto cut-in

Was an action plan prepared following the EVSM/VMA? **Yes/No**

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

- ✓ Drafting of standard operating procedures ongoing

- ✓ Computerised cold chain management system implemented
- ✓ There was a planned cold chain assessment for the 2nd quarter of 2008

When will the next EVSM/VMA* be conducted? [mm/yyyy] **Third Quarter of 2009**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Pentavalent	
Anticipated stock on 1 January 2010	0
Vaccine 2: Pneumococcal	
Anticipated stock on 1 January 2010	0
Vaccine 3: Yellow Fever	
Anticipated stock on 1 January 2010	1,206,870

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?

SUPPLIES.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
0.5ml syringe	1,339,200	22/05/2008
0.5ml syringe	1,339,200	23/05/2008
0.5ml syringe	1,339,200	24/05/2008
0.5ml syringe	1,339,200	24/05/2008
0.5ml syringe	1,339,200	24/05/2008
0.5ml syringe	1,339,200	25/05/2008
0.5ml syringe	1,339,200	25/05/2008
0.5ml syringe	1,339,200	26/05/2008
0.5ml syringe	1,339,200	28/05/2008
0.5ml syringe	1,339,200	28/05/2008
0.5ml syringe	806,400	28/05/2008
0.5ml syringe	1,339,200	29/05/2008
0.5ml syringe	1,339,200	30/05/2008
0.5ml syringe	1,339,200	30/05/2008
0.5ml syringe	1,339,200	01/06/2008
0.5ml syringe	1,339,200	02/06/2008
0.5ml syringe	1,339,200	06/06/2008
0.5ml syringe	1,339,200	06/06/2008
0.5ml syringe	1,360,800	13/07/2008
Safety boxes	57,350	12/07/2008
Safety boxes	72,000	12/07/2008
Safety boxes	72,000	12/07/2008
Safety boxes	65,200	12/07/2008
Safety boxes	72,000	13/07/2008
Safety boxes	25,950	13/07/2008
BCG syringes	1,444,000	20/07/2008
BCG syringes	1,719,200	21/07/2008
5 ml syringe	662,400	13/07/2008
5 ml syringe	455,400	19/07/2008
2 ml syringe	632,600	19/07/2008
5 ml syringe	313,100	31/07/2008
0.5ml syringe	1,312,800	28/02/2009
0.5ml syringe	1,312,800	4/03/2009
0.5ml syringe	1,312,800	6/03/2009
0.5ml syringe	1,312,800	8/06/2009
0.5ml syringe	1,312,800	10/03/2009
0.5ml syringe	1,312,800	17/04/2009
0.5ml syringe	1,308,000	18/04/2009
0.5ml syringe	1,312,800	19/04/2009
0.5ml syringe	1,312,800	19/04/2009
0.5ml syringe	1,312,800	19/04/2009

0.5ml syringe	1,312,800	19/04/2009
0.5ml syringe	1,312,800	20/04/2009
0.5ml syringe	1,312,800	20/04/2009
0.5ml syringe	1,312,800	21/04/2009
0.5ml syringe	1,312,800	21/04/2009
0.5ml syringe	1,312,800	21/04/2009
0.5ml syringe	1,312,800	25/04/2009
0.5ml syringe	1,308,000	28/04/2009
0.5ml syringe	1,308,000	28/04/2009
0.5ml syringe	1,308,000	29/04/2009
0.5ml syringe	1,308,000	29/04/2009
0.5ml syringe	1,308,000	29/04/2009
0.5ml syringe	1,250,400	4/04/2009
0.5ml syringe	1,308,000	2/05/2009
0.5ml syringe	1,312,800	2/05/2009
0.5ml syringe	1,060,800	2/05/2009
0.5ml syringe	1,312,800	2/05/2009
5ml syringe	1,090,000	11/04/2009
5ml syringe	1,100,000	11/04/2009
5ml syringe	1,000,000	12/04/2009
Safety box	16,900	28/04/2209
Safety box	72,000	30/04/2009
Safety box	72,000	30/042009
Safety box	50,575	30/04/2009
Safety box	72,000	30/042009
Safety box	72,000	30/04/2009
Safety box	72,000	30/04/2009
Safety box	72,000	1/05/2009
Safety box	25,950	2/05/2009
Safety box	16,900	2/05/2009
Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

No custom duty waiver for the commodities so there was slight delay in clearance of the commodities at the ports

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

Injection safety Support is for 2008 and 2009. In an effort to sustain the injection safety in the Country all vaccines are now procured bundled. In the cMYP, maintenance of 100% bundled vaccine is one of our National priority

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

National Govt
GAVI INS(Supplies)

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Burn and bury

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

1. The National Health Care Waste Management Plan has not been passed into law, so no standard for safe disposal of health care waste and by extension injection and sharp wastes disposal for immunization.
2. Inadequate infrastructure for injection waste disposal; burn and bury method still the method of choice nationwide for immunization waste disposal
3. Implementing levels do not have plans and budget for safe injection and sharps waste disposal.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution) **NOT APPLICABLE**

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

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	17,000,000	19,224,096	17,692,773
New Vaccines	0	0	45,520,266
Injection supplies	7,664,302	10,150,363	11,851,092
Cold Chain equipment	4,227,713	8,751,587	15,422,862
Operational costs <i>including campaigns</i>	132,069,229	106,873,149	146,631,452
Other (please specify) <i>Shared Health System cost</i>	197,508,442	219,611,010	279,947,603
Total EPI	446,768,013	469,083,454	635,410,330
Total Government Health	263,938,975	294,118,693	370,047,095

Exchange rate used	126
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Please describe trends in immunization 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 immunization program over the next three years; whether the funding gaps are manageable, challenge, 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.

This is logical as the major cost of immunization rests mainly on personnel and capital costs. However many development partners are very strategic in funding most of the activities that move immunization in Nigeria.

There is guaranteed increasing budgetary allocation to Primary Health Care as a proportion of total health budget in the soon to be passed National Health bill

Future Country Co-Financing (in US\$)

Nigeria planned the introduction of pentavalent vaccine in the 2nd Quarter of 2010. An application has been sent to GAVI for co-Financing support. Approval has not been received yet

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine:</i> .		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3^d vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008) NOT APPLICABLE

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

Previous data used were projections from 1999 National census. Nigeria conducted a National census in 2006 and the actual results became operational in 2007.

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

Provide justification for any changes **in Targets by vaccine**:

Provide justification for any changes **in Wastage by vaccine**:

Vaccine 1: Pentavalent Vaccine (DPT – HBV – Hib)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	3,508,352	4,853,729	5,665,640	5,878,375	6,098,924	
Target immunisation coverage with the third dose	<i>Table B</i>	#	60%	80%	90%	90%	90%	
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	4,093,078	5,460,445	6,169,252	6,400,897	6,641,051	
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.30	0.40	0.40	0.40	0.40	
	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	11,051,308	15,289,246	17,846,764	18,516,882	19,211,610	
Number of AD syringes	#	11,051,308	15,289,246	17,846,764	18,516,882	19,211,610	
Number of re-constitution syringes	#						
Number of safety boxes	#	116,039	160,537	187,391	194,427	201,722	
Total value to be co-financed by GAVI	\$	48,757,500	49,762,500	50,388,500	39,949,500	36,146,500	

Vaccine 2: Pneumococcal 10 valent vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#		3,033,581	3,462,335	4,245,493	4,743,608	
Target immunisation coverage with the third dose	<i>Table B</i>	#		50%	55%	65%	70%	
Number of children to be vaccinated with the first dose	<i>Table B</i>	#		3,640,297	4,091,851	4,898,646	5,421,266	
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#		1.05	1.05	1.05	1.05	
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$		0.00	0.20	0.20	0.20	

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#		9,555,779	10,906,356	13,373,304	14,942,363	
Number of AD syringes	#		9,555,779	10,906,356	13,373,304	14,942,363	
Number of re-constitution syringes	#						
Number of safety boxes	#		100,336	114,517	140,420	156,895	
Total value to be co-financed by GAVI	\$		110,604,500	99,380,000	121,738,500	132,514,000	

Vaccine 3:

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

5. Health Systems Strengthening (HSS)

Nigeria's proposal to the Alliance for Health System Strengthening support was approved after clarification in 2007. The GAVI HSS funds for the first year activities was received in the last Quarter of 2008. A one year POA was developed and presented to the GAVI mission that visited the country by the acting Honourable Minister of Health in August 2008. By GAVI arrangement, the department of planning FMOH was asked to take the lead role in the development of the HSS proposal. With the approval of the proposal, relevant agencies and departments were asked to prepare activity plans that are related to their functions. The 2008 approved GAVI HSS fund has not been used for any activity and a scanned Bank Statement will be sent to the Alliance.

2008 was a challenging year for the Federal Ministry of Health as they lost the two Honourable Ministers, Permanent Secretary and key directors. An acting Minister was appointed to oversee the Ministry in addition to his function as Minister of Labour. A substantive Minister was appointed in December 2008.

The prepared work plan is awaiting the Honourable Minister of Health approval for commencement of implementation. However the National Primary Health Care Development Agency has written to inform the States and selected LGAs to send the list of Health Facility per ward for renovation, provision of seed stocks of drugs, and selection of Health workers for training as it is in the approved proposal.

Because of irregular meetings of the Health Sector Coordinating Committee, the first ICC meeting of 2009 (April 3rd) approved that ICC should have oversight function of the activities of the HSS.

It is hoped that HSS activities will commence as soon as the States and LGAs respond to the mail sent to them by the National Primary Health Care Development Agency
The GAVI HSS focal point in the Ministry is Dr Tolu Fakeye and can be reached on +2348033143791

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent

back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.

5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- a) Fiscal year runs from(month) to(month).
- b) This HSS report covers the period from **Jan 2008**(month/year) to **December 2008**(month year)
- c) Duration of current National Health Plan is from(month/year) to(month/year).
- d) Duration of the immunisation cMYP: **2006 – 2010, Has been updated to 2009 - 2014**
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed
Annual Progress Report 2008

Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- b) *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

- a) *Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.*

- b) *Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 th May	
Reporting Period (consistent with previous calendar year)		Jan – Dec 2008
Government signatures		
ICC endorsed		
ISS reported on	Yes	
DQA reported on	Yes	
Reported on use of Vaccine introduction grant		NA
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)		NA
HSS reported on		Summary as no
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	No	

7. Comments

ICC/HSCC comments:

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.

The Govt of the Federal Republic of Nigeria and Partners appreciate the effort of the GAVI Alliance towards improving the Immunization activities and Health System of the the Country.
With the revised ISS disbursement guidelines and the response from States, judicious utilization of the ISS fund is expected to take place soon and maximal impact of the support will be felt.
The HSS design creates room for bureaucracy that slows the implementation of the activities.

~ End ~