



Annual Progress Report 2009

Submitted by

The Government of

[**NIGERIA**]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: **14th May 2010**

Deadline for submission: 15 May 2010

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

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.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about :

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

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

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of [NIGERIA].....

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

Minister of Health (or delegated authority):

Minister of Finance (or delegated authority):

Title: Prof Onyebuchi Chukwu

Title: Olusegun Aganga

Signature:

Signature:

Date:

Date:

This report has been compiled by:

Full name Dr A J Oteri Position...Assistant Director/GAVI Focal Point, NPHCDA Abuja..... Telephone+2348033090404..... E-mail...josephoteri@yahoo.co.uk.....	Full name Position..... Telephone..... E-mail.....
Full name Position..... Telephone..... E-mail.....	Full name Position..... Telephone..... E-mail.....

ICC Signatures Page

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Prof Onyebuchi Chukwu	Hon Minister Fed Min. Of Health		
Dr Muhammad Ali Pate	NPHCDA		
Dr Mohammed Lecky	FMOH		
Dr Peter Eriki	WHO		
Dr Suomi Sakai	UNICEF		
Rot. Busuyi Onabolu	ROTARY		
Dr Anthony Ayeke	EC Delegation		
Dr Ben Anyene	PRRINN (DFID)		

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

This report was reviewed by the Inter Country support team of the West Africa block of WHO at a peer review meeting in Dakar Senegal 3rd – 5th May 2010.

HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date
Prof Onyebuchi Chukwu	Hon Minister		
Dr M Lecky	FMOH		
Dr M A Pate	NPHCDA		
Dr P Eriki	WHO		
Dr S Sakai	UNICEF		
Ms J Miller	DFID		
S Eistein	USAID		

HSCC may wish to send informal comments to: apr@gavialliance.org
 All comments will be treated confidentially

Comments from partners:

.....

Comments from the Regional Working Group:

This report was reviewed by the Inter Country support team of the West Africa block of WHO at a peer review meeting in Dakar Senegal 3rd – 5th May 2010.

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

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

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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List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
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1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

Provide justification for any changes in births:

The figures in this APR and the WHO-UNICEF JRF 2009 have been harmonized; however there is some discrepancies in the figures contained in the cMYP and previous APR. The discrepancies is as a result of the following:

- The figures of birth is gotten from projection of the 2006 National census
- Population projections used for the cMYP and previous APR was made with an average National growth rate of 3.2% which is an error as each State has different growth rate.
- The current projection took individual States growth rates

Provide justification for any changes in surviving infants:

Same issues above apply for the surviving infants population.

Provide justification for any changes in Targets by vaccine:

The vaccine targets for Yellow Fever have been adjusted from what is on the 2009 -2014 cMYP based on the performance of 2009.

Provide justification for any changes in Wastage by vaccine:

1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

In 2009, targets set for achievement from the previous year include:

- Submission of application for introduction of New Vaccines (Pentavalent, April 2010 and Pneumococcal, Jan 2011)
- Scaling down of the Mid Level Management Training(MLM) to Zones and States
- Improvement of data management by conduct of Data Quality Self Assessment among others
- Training on vaccine management
- Achieving 80% coverage for all antigens

The country started the year with a National review meeting of 2008 activities and

planning for 2009 in January. All the States Directors of Public Health, immunization Officers as well as stakeholder with Partner Agencies from National and Regional Offices were in attendance. Dissemination of the revised GAVI ISS disbursement guidelines as well as the previously conducted NICS was carried out in that meeting. A National Data Quality Self-Assessment was carried out in March to verify the 2008 administrative data.

In order to meet up the submission of the New vaccine introduction proposal, the Country cMYP was updated to 2009 – 2014 and the National immunization policy was revised. The proposal for GAVI support for New Vaccine introduction was submitted. The planned cascade of the MLM was conducted from April to September 2009 in the six geopolitical zones across the Country.

To increase routine immunization uptake, a National RI Stakeholders meeting was carried out in 2009.

For effective data, vaccines and stores management a National TOT on DVD-MT/SMT/IRP was held in November 2009. Refresher training on REW micro plan was also conducted. These trainings were cascaded to the Zones and State levels. States were able to develop RI operational plans; this was one of the conditions for continuous support from the GAVI ISS funds.

A pilot study for risk assessment and analysis for uptake of polio vaccines was also carried out in 2009.

In terms of achievement vis a vis set coverage targets, the projected and achieved are listed below:

ANTIGEN	SET TARGET	ACHIEVED
BCG	80%	75%
DPT3	80%	79%
OPV3	80%	70%
HEPB3	80%	72%
YELLOW FEVER	80%	69%
MEASLES	80%	90%
TT2	80%	48%

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

Though antigen coverage targets were not reached in some of the antigens, there is a

progressive increase in coverage when compared to the previous years. Towards the end of last year there was a stock out of OPV and TT and that played a role in not reaching the set target for those antigens.

Planned supportive supervision at National level could not be achieved due to competing activities.

Similarly planned cascade of the Mid Level Management training to State level could not be achieved due to fund constraints

1.3 Data assessments

- 1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)¹.

Nigeria official country estimate for 2008 for DPT3 was 57%. This was gotten from a nation-wide verification of the administrative data during the national DQS 2009. This government official estimate compares favourably with the WHO-UNICEF best estimates for the country which was 54% for DPT3 in 2008.

- 1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / NO]. If YES:

Please describe the assessment(s) and when they took place.

After the DQA of October 2006, it was concluded that administrative data must be evaluated annually to verify the coverage. A data quality self assessment was carried out in 2008/2009 in all the States of the Federation. Full reports attached as documents no 1 & 2

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

Trainings on data management is done during the monthly review meeting of Local Immunization Officers organized by the State team made up of Government and Partners working in the States. Data Quality checks (DQC) and Data quality self assessment (DQS) are other activities carried out to ensure quality data management. Data management is also a component of the supportive supervisory visits carried out at all levels.

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

Monthly DQC to ensure consistency of all components of RI administrative data, institutionalize DQS at national and state levels and refresher trainings on data

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

management.

1.4 Overall Expenditures and Financing for Immunisation

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

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ²	11,852,349	16,778,523	
New Vaccines			
Injection supplies with AD syringes			
Injection supply with syringes other than Ads			
Cold Chain equipment		10,402,685	
Operational costs	25,562,920	28,179,617	
Other (please specify) Polio campaigns, measles and MNTE interventions	32,382,550.34		
Total EPI	69,797,819		
Total Government Health	1,037,365,726	1,208,051,980	

Exchange rate used	₦149= 1USD
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Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

- Financing of the immunization programme in this country is mainly by the Government of Nigeria at various levels.
- Over the years, government has been consistent in providing financing of Traditional vaccines based on the yearly forecast. The amount has been on a steady increase for some years now. (Doc 3 Min of Health 2009 budget)
- The Country has also spent a lot of funds on cold chain rehabilitation in anticipation of new vaccine support from GAVI in April 2010.
- The co-financing funds for YF which will commence in 2011 is to be secured in the 2011 budget.
- 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.

² 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.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? .2.....

Please attach the minutes (**Document N° 4 & 5**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

- Officially endorsed and approved the Country's application request for GAVI New Vaccines introduction into the routine Immunization schedule by April 2010.
- Endorsed the New vaccine introductory work plan and to ensure that Government makes provision to meet the co - financing support portion by Jan 2010
- The immediate take off of the HSS grant with the ICC having an oversight function.
- Conduct of consultative/stakeholders meeting
- Continuous disbursement of ISS funds to States
- Revision of the National Immunization policy
- PEI Planned activities for 2010
- Engagement of Routine Immunization Consultants to support States

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

List CSO member organisations:

1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011?
Are they linked with cMYP?

The Country's main objective and priority actions for its EPI programme for 2010-2012 are listed below and they are linked to the Country cMYP: <ul style="list-style-type: none">• Improving immunization coverage.• Introduction of New vaccines into the National schedule• Sustain the progress made in Polio eradication and achievement of certification• Sustaining the availability of bundled vaccines at service delivery levels• Expansion of the cold chain to accommodate the new vaccines• Strengthening Health Management Information system
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2 Immunisation Services Support (ISS)

1.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$.0.....
Remaining funds (carry over) from 2008: US\$.18,299,498.14
Balance carried over to 2010: US\$ 16,836,421.70

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

Following the revision of the ISS funds disbursement guidelines to States in 2008, a National Review and Planning meeting was held in January and the new guidelines were disseminated to the States. States prepared their RI work plans for the assessment of the funds. States carried out the following activities to strengthen immunization activities in 2009 <ul style="list-style-type: none">• Supportive supervision at all levels• Monthly review meeting at the Local Government level where service delivery is carried out• States undertook RI micro planning and ensured that 2 health facilities per ward carry out outreach services monthly• Imprest for minimal cold chain maintenance at all levels is now provided• RI jingles are aired at State radio stations on continuous and regular basis• Training of health workers using the Basic guide for service delivery and the REW operational guide

1.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? [**IF YES**] : please complete **Part A** below.

[**IF NO**] : please complete **Part B** below.

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

A GAVI FMA was conducted in August 2009. An aide memoire is yet to be signed.

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use. (GAVI ISS Guidelines Doc no 7)

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

As in previous years, the GAVI ISS fund is domiciled at the Union Bank of Nigeria Abuja branch and conversion into Naira was carried out using the prevailing Central Bank of Nigeria exchange rate when required to effect a transfer to the States. The ISS fund does not reflect in the National budget since it can be mopped up as unspent funds by the Federal government at the end of the financial year.

The revised GAVI ISS disbursement guideline (Doc no 7) became effective in 2009 after the dissemination meeting of the revised guideline. The main highlights of the revised guidelines are:

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

On receipt of the State RI workplan, the amount of support based on the number of health facilities carrying out RI is calculated and disbursed to the State quarterly after clarification of the state bank account details.

The ICC had earlier given approval for disbursement of funds to States.

The State bank accounts are commercial banks and details of fund utilization with receipts are sent to the headquarters in their reports before replenishment.

Compared to other years, States have started accessing their ISS funds and retiring promptly. There has been marked improvement in the ability of the States to develop work plans.

1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N° 6**). (Terms of reference for this financial statement are attached in Annex 2).

Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

1.4 Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.³ (Filled Doc no 12)

³ The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.
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3 New and Under-used Vaccines Support (NVS)

3.6 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
YF	5,507,100	8th Sept 2008	8,173,100*	

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

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

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)	<ul style="list-style-type: none"> • None
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	<ul style="list-style-type: none"> •

3.7 Introduction of a New Vaccine in 2009 **Not Applicable**

3.7.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> •

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

Funds of Vaccines Introduction Grant received: US\$	Receipt date:
---	---------------

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

Please describe any problems encountered in the implementation of the planned activities:

--

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]

If YES, how much? US\$.....

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

--

3.7.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.8 Report on country co-financing in 2009 (if applicable) Not Applicable

Table 5: Four questions on country co-financing in 2009

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 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$		Total Amount in Doses
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation 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 take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9__Co_Financing_Default_Policy.pdf

--

3.9 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 2008/2009, please attach the report. (**Document N°**.....)

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

Was an action plan prepared following the EVSM/VMA? [YES / NO]

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

When is the next EVSM/VMA* planned? [**2011**]

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

3.10 Change of vaccine presentation **Not Applicable**

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Please attach the minutes of the ICC meeting (**Document N°**.....) that has endorsed the requested change.

3.11 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010 (**Not Applicable YF Support ends in 2015 though co-financing will start in 2011**)

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for[vaccine type(s)] vaccine for the years 2011-.....[end year]. At the same time it commits itself to co-finance the procurement of

...[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of[vaccine type(s)] vaccine support is in line with the new cMYP for the years [1st and last year] which is attached to this APR (**Document N°.....**).

The country ICC has endorsed this request for extended support of[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.....**)

3.12 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination does the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm] / [NO, I don't]

If you don't confirm, please explain:

4 Injection Safety Support (INS)

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

4.6 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [YES/NO] or supplies [YES/NO]?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
Safety boxes	704,827	Arrived at different periods
BCG Syringes	2,152,400	mixed together between
AD Syringes	63,097,500	February and Sept 2009
5ml Syringes	3,507,100	

Please report on any problems encountered:

None

4.7 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringes	GAVI through INS support
Measles	AD Syringes	
TT	AD Syringes	
DTP-containing vaccine	AD Syringes	

Please report how sharps waste is being disposed of:

Burn and bury

Does the country have an injection safety policy/plan? [YES / NO]

If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

If NO: Are there plans to have one? (Please report in box below)

There was no transitional plan and the injection safety policy is still in draft form

4.8 Statement on use of GAVI Alliance injection safety support in 2009 (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:

Fund from GAVI received in 2009 (US\$):
Amount spent in 2009 (US\$):.....
Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	

5 Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study⁴ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

⁴ All available at <http://www.gavialliance.org/performance/evaluation/index.php>

5.6 Information relating to this report

- 5.6.1 Government fiscal year (cycle) runs from ...**January** to ...**December**.
- 5.6.2 This GAVI HSS report covers 2009 calendar year from January to December
- 5.6.3 Duration of current National Health Plan is from **January 2010** to **December 2015**
- 5.6.4 Duration of the current immunisation cMYP is from **January 2009** to **December 2014**
- 5.6.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for 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
<i>Government focal point to contact for any programmatic clarifications:</i>			
Dr Tolu Fakeye	Federal Ministry of Health	GAVI HSS Focal Point in the Federal Ministry of Health	tolu_fakeye@yahoo.co.uk , +2348033143791
<i>Focal point for any accounting of financial management clarifications:</i>			
Dr Avuwa J Oteri & Mr Yibis Gotar	NPHCDA NPHCDA	GAVI Focal Point GAVI Project Accountant	josephoteri@yahoo.co.uk , +2348033090404 sritgak@yahoo.com , +2348055515186
<i>Other partners and contacts who took part in putting this report together:</i>			
Dr Edward Dede	WHO	Provided Technical Support and was involved in proposal drafting and implementation	dedee@who.int , +2348036591334

- 5.6.6 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 (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

UPDATED INCEPTION REPORT (AUGUST 2010)

NIGERIA GAVI HSS INCEPTION REPORT

Nigeria's proposal to the Alliance for Health System Strengthening support was approved after clarification in 2007. The GAVI HSS fund for the first year activities was received in the last Quarter of 2008. A coordinating committee made up of Government (FMOH & NPHCDA), and Partners (WHO, UNICEF, HERFON) was set up. 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.

Nigeria got a new Minister of Health in December 2008 after a period that the Labour Minister oversaw the activities of the Ministry for almost a year having lost the two Honourable Ministers, Permanent Secretary and key directors. A new Executive Director for National Primary Health Care Development Agency where most of the HSS activities are domiciled was appointed in November 2008.

The earlier prepared work plan for commencement of implementation of GAVI HSS activities had some delays in endorsement by the Honourable Minister of Health. Parts of the delays were as a result of disagreement with the implementation arrangement of the HSS grant. The Honourable Minister prescribed a central means of procurement which was not acceptable to NPHCDA where the bulk of the activities were to take place, as it could be misinterpreted as lack of competence on the part of NPHCDA. On the instance of the Honourable Minister of Health a meeting was called between the department of planning, Federal ministry of Health and NPHCDA on the 21st of September 2009. The outcome of the meeting resolved the issue of central procurement and NPHCDA was mandated to take responsibility for procurement that is implied in its own section of the workplan. This was approved by the Honourable Minister of Health and also recommended the conduct of baseline assessment of Health facilities where the HSS support will be implemented for impact assessment on a later date. (Doc. No 9)

The Federal Ministry of Health developed the Health strengthening system initiative where all related health system strengthening supports in the Country are pulled under one support platform and governed by the Health system forum

which is the Technical arm of the Health Partners Coordinating Committee. Other Health system strengthening supports are; Global funds, Millennium Development Goal and PATHS 2 (Dfid). Other supports are to use the GAVI HSS as an implementation platform.

The implementation of Objectives 1 & 2 was approved for a two year period and based on this the first year will be in 499 wards (formerly 480 in the HSS proposal but was reselected using emerging criteria) in thirty-eight LGAs, while the others will be implemented in the second year of implementation.

A baseline assessment of the health facilities in the 499 wards of thirty eight Local government areas where GAVI HSS intervention were to take place was undertaken between October 7th and 21st 2009. The assessment looked at the status of the building, the manpower and service delivery in the facilities with the view of:

- A. Preparing a status report of all the PHC Health Facilities in the selected LGAs
- B. Selection of one Health facility per ward in the selected LGAs for intervention; and
- C. Implementation of the approved GAVI HSS work plan as in the 2007 HSS proposal.

This assessment aided the selection of facilities for renovation, equipping and provision of seed stock of drugs as in objective two of the GAVI HSS proposal. The assessment was undertaken by the National Primary Health Care Development Agency with staff from the Federal Ministry of Health, NPHCDA, State Ministry of Health and building Consultants drawn from outside. The cost of the assessment was Fifty-three million, one hundred and eighty-Three Thousand Six Hundred Naira (N53, 183, 600) equivalent to Three Hundred Sixty-six thousand Seven Hundred and eighty-three US dollars (\$366,783.45) and it was funded by the Government of Nigeria through the NPHCDA. The report of the assessment is attached as Document no 8

Following the presentation of the report of the assessment to Health system forum, approval was given to commence implementation of objective two of the proposal.

A team of building consultants was appointment to supervise the renovation of the approved health facilities to ensure compliance with agreed standards.

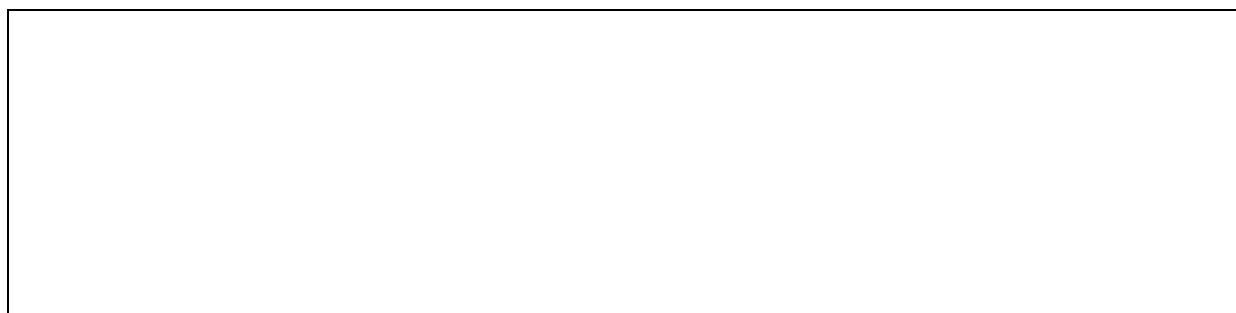
In addition Objective 5 (Strengthen the Logistics System and Infrastructure at National/State/LGA/ward Level) took off in May 2010. As at end of July 2010, 75% of the renovation/rehabilitation had been completed and it is hoped all will be completed in September. Similarly contracts for the supply of equipment to the renovated health facilities (which is activity 2 of the second objective) were awarded in June 2010. The list and quantity of the approved medical equipment is attached. As at end of July 2010, over 75% of the medical equipment has been supplied. To check that uniform prescribed equipment were supplied; the National Primary Health Care Development Agency engaged the services of independent equipment verifiers to cross check the quality and quantity of equipment supplied

by the Contractors. The reactivation, reorientation of the Ward Development Committees in the 499 wards using the Participatory Learning and Action model was also undertaken by the National Primary Health Care Development Agency. The exercise was carried out in 2 phases in the Country. The Southern States exercise was carried out from the last week of June. It was a ten day exercise. The Northern States exercise commenced a week after the conclusion of the South. Detailed report of the exercise is still being compiled for the 499 wards. Provision of seed stock of drugs for the Health Facilities is still pending as the formed Ward Development Committee members are supposed to be involved in the management of the drugs.

The GAVI HSS Project Implementation Coordinating Committee (PICC) has resumed their monthly meeting to oversee the implementation of the various activities by the implementing Agencies/Departments. During the last meeting which took place on the 10th of August detailed reports from the various implementing Agencies and Departments was requested. A major decision taken was the verification of the completed work presented by the National Primary Health Care Development Agency in selected some selected sites using a random sampling method that addresses all the areas. Minutes of the August 2010 meeting is attached. The Food and drugs department of the Federal Ministry of Health driving the 5th objective have commenced their activities by establishment of a core group to review the existing logistics system. The Stakeholders have commenced their activities.

The HMIS division of the department of Planning Federal Ministry of Health that is driving the 4th objective has gotten approval to start their activities but are awaiting the procurement unit to provide the tools. This was presented at the last PICC meeting and a letter is to be sent to the Permanent Secretary to fast track the procurement process.

[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.*]



5.6.7 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?

5.6.8 Health Sector Coordinating Committee (HSCC)

How many times did the **HPCC** meet in 2009?

Please attach the minutes (**Document N°10 & 11**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report. **As stated in the inception report, the GAVI HSS implementation had delays in 2009 till the last quarter of the year. The HealthPartners Coordinating Committee and the Health system forum (Technical arm of HPCC) are the larger bodies where issues related to the HSS are discussed. The minutes of the 2010 HSF and HPCC are attached as document no 10 & 11**

Latest Health Sector Review report is also attached (**Document N**).

5.7 Receipt and expenditure of HSS funds in the 2009 calendar year **No fund was used from the GAVI HSS funds in 2009 (Doc no 13) However the current bank statements where the HSS funds are domiciled is attached to this update**

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)									
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year									
Total expenditure during the calendar year									
Balance carried forward to next calendar year									
Amount of funding requested for future calendar year(s)									

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (*For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement*):

There was no delayed disbursement from GAVI. Delays experienced in implementation of GAVI HSS activities have been explained in the inception report above.

5.8 Report on HSS activities in 2009 reporting year **No activity except the baseline assessment done during the last quarter of 2009**

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 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:		
Activity 3.2:		

5.9 Support functions

*This 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?*

5.9.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

5.9.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

5.9.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the 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 application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1: To re-vitalise the Ward Development Committees in those 960 wards	Objective 1: To re-vitalise the Ward Development Committees in those 499 wards.	2,343,619		0	
Activity 1.1 Reactivate and re-orientate Ward Development Committees in 960 Wards over 2 years	Activity 1.1 Reactivate and re-orientate Ward Development Committees in 499 Wards	166,476		0	
Activity 1.2: Develop a Ward Health Plan (WHPs), 2008- 2010, in 960 wards over 2 years	Activity 1.2: Develop a Ward Health Plan (WHPs), 2008- 2010, in 499 wards	2,177,143		0	
Activity 1.3: Implement Ward Health Plans (WHPs) based on micro-planning in 960 Wards over 2 years.	Activity 1.3: Implement Ward Health Plans (WHPs) based on micro-planning in 499 Wards over 2 years.	0		0	
Objective 2: To rehabilitate and equip 960 health facilities (1/ward) to deliver PHC minimum health package	Objective 2: To rehabilitate and equip 499 health facilities (1/ward) to deliver PHC minimum health package	11,428,572		0	
Activity 2.1 Rehabilitate 960 existing PHC facilities, one per ward over 2 years	Activity 2.1 Rehabilitate 499 existing PHC facilities, one per ward	5,714,286		0	

Activity 2.2: Equip 960 existing PHC facilities with minimum equipment package one per Ward over 2 years	Activity 2.2: Equip 499 existing PHC facilities with minimum equipment package one per Ward	3,809,524		0	
Activity 2.3 Provide seed stock of essential drugs to 960 existing PHC facilities, over 2 years	Activity 2.3 Provide seed stock of essential drugs to 449 existing PHC facilities.	1,904,762		0	
Objective 3: To train PHC workers in those 960 wards on managerial capacity, and technical skills for integrated service delivery by 2010.	Objective 3: To train PHC workers in those 960 wards on managerial capacity, and technical skills for integrated service delivery by 2010.	5,066,660			
Activity 3.1: Training and re-training of all PHC workers in 960 wards on integrated service delivery, managerial and team building skills and resource mobilization. (Each training activity will be institution-based and for 2weeks)	Activity 3.1: Training and re-training of all PHC workers in 960 wards on integrated service delivery, managerial and team building skills and resource mobilization. (Each training activity will be institution-based and for 2weeks)	4,853,333		0	
Activity 3.2: Providing monitoring and supportive supervision of trained PHC workers	Activity 3.2: Providing monitoring and supportive supervision of trained PHC workers	213,333		0	
Objective 4: To strengthen the NHMIS for programme monitoring and management in 100 LGAs by 2010	Objective 4: To strengthen the NHMIS for programme monitoring and management in 100 LGAs by 2010	1,084,705		0	
Activity 4.1: Provision of data management tools and equipment in the LGAs covering the target wards	Activity 4.1: Provision of data management tools and equipment in the LGAs covering the target wards	530,970.4		0	
Activity 4.2: Facilitate data flow using ward focal persons	Activity 4.2: Facilitate data flow using ward focal persons	87.301		0	
Activity 4.3: Training of 2(HF service provider per ward) and 2 staff from the LGA(774) on quality assurance and data management	Activity 4.3: Training of 2(HF service provider per ward) and 2 staff from the LGA(774) on quality assurance and data management	87,862.6		0	

<p>Activity 4.4: To conduct monitoring and supportive supervisory visits to strengthen NHMIS programme implementation at all levels:</p> <p>4.4.1: 2 Officers per zone (2 X 6 persons) to conduct supervision of M & E activities quarterly at state level for 3 days</p> <p>4.4.2: 5 State Officers per State (37 X 5 persons) to conduct supportive supervision to LGAs – quarterly for a period of 5 days</p> <p>4.4.3: 2 LGA officers to conduct supportive supervision -monthly for 5 days</p>	<p>Activity 4.4: To conduct monitoring and supportive supervisory visits to strengthen NHMIS programme implementation at all levels:</p> <p>4.4.1: 2 Officers per zone (2 X 6 persons) to conduct supervision of M & E activities quarterly at state level for 3 days</p> <p>4.4.2: 5 State Officers per State (37 X 5 persons) to conduct supportive supervision to LGAs – quarterly for a period of 5 days</p> <p>4.4.3: 2 LGA officers to conduct supportive supervision -monthly for 5 days</p>	<p>59,048</p> <p>214,285</p> <p>95,238</p>		<p>0</p> <p>0</p> <p>0</p>	
<p>Objective 5: To strengthen the logistics system and infrastructure at the National/State/LGA/Ward levels by the end of 2010</p>	<p>Objective 5: To strengthen the logistics system and infrastructure at the National/State/LGA/Ward levels by the end of 2010</p>	<p>2,136,389</p>		<p>0</p>	
<p>Activity 5.1: Development of a harmonized logistic system for all health commodities in the country by:</p> <p>5.1.1: Establishing a core group to review existing systems and to develop a draft manual to harmonize them</p> <p>5.1.2: Convening a Stakeholders meeting /workshop to consider and approve the harmonized manual for the logistics of health commodity system (one person per state and 20 national officers including partner agencies for 2 days)</p>	<p>Activity 5.1: Development of a harmonized logistic system for all health commodities in the country by:</p> <p>5.1.1: Establishing a core group to review existing systems and to develop a draft manual to harmonize them</p> <p>5.1.2: Convening a Stakeholders meeting /workshop to consider and approve the harmonized manual for the logistics of health commodity system (one person per state and 20 national officers including partner agencies for 2 days)</p>	<p>54,524</p> <p>12,579</p>		<p>0</p> <p>0</p> <p>0</p>	

Activity 5.2: Develop an architectural design to serve as prototype storage facility in line with international specifications to be adopted by the states and LGAs for the harmonised logistics system. (to be outsourced)	Activity 5.2: Develop an architectural design to serve as prototype storage facility in line with international specifications to be adopted by the states and LGAs for the harmonised logistics system. (to be outsourced)	7,937		0	
Activity 5.3: Training of LGA logistic personnel, 2/LGA (1548) on the harmonized logistic system	Activity 5.3: Training of LGA logistic personnel, 2/LGA (1548) on the harmonized logistic system	480,794		0	
Activity 5.4: Training and provision of maintenance kits, 2 per state and FCT (74).	Activity 5.4: Training and provision of maintenance kits, 2 per state and FCT (74).	64,365		0	
TOTAL COSTS		20,582,183		0	

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1: To re-vitalise the Ward Development Committees in those 960 wards	Objective 1: To re-vitalise the Ward Development Committees in those 461 wards.	2,343,619		
Activity 1.1 Reactivate and re-orientate Ward Development Committees in 960 Wards over 2 years	Activity 1.1 Reactivate and re-orientate Ward Development Committees in 461 Wards	166,476		
Activity 1.2: Develop a Ward Health Plan (WHPs), 2008- 2010, in 960 wards over 2 years	Activity 1.2: Develop a Ward Health Plan (WHPs), 2010- 2012, in 461 wards	2,177,143		
Activity 1.3: Implement Ward Health Plans (WHPs) based on micro-planning in 960 Wards over 2 years.	Activity 1.3: Implement Ward Health Plans (WHPs) based on micro-planning in 461 Wards over 2 years.	0		
Objective 2: To rehabilitate and equip 960 health facilities (1/ward) to deliver PHC minimum health package	Objective 2: To rehabilitate and equip 461 health facilities (1/ward) to deliver PHC minimum health package	11,428,572		
Activity 2.1 Rehabilitate 960 existing PHC facilities, one per ward over 2 years	Activity 2.1 Rehabilitate 461 existing PHC facilities, one per ward	5,714,286		

Activity 2.2: Equip 960 existing PHC facilities with minimum equipment package one per Ward over 2 years	Activity 2.2: Equip 461 existing PHC facilities with minimum equipment package one per Ward	3,809,524		
Activity 2.3 Provide seed stock of essential drugs to 960 existing PHC facilities, over 2 years	Activity 2.3 Provide seed stock of essential drugs to 461 existing PHC facilities.	1,904,762		
Objective 3: To train PHC workers in those 960 wards on managerial capacity, and technical skills for integrated service delivery by 2010.	Objective 3: To train PHC workers in those 960 wards on managerial capacity, and technical skills for integrated service delivery by 2010.	5,066,660		
Activity 3.1: Training and re-training of all PHC workers in 960 wards on integrated service delivery, managerial and team building skills and resource mobilization. (Each training activity will be institution-based and for 2weeks)	Activity 3.1: Training and re-training of all PHC workers in 960 wards on integrated service delivery, managerial and team building skills and resource mobilization. (Each training activity will be institution-based and for 2weeks)	4,853,333		
Activity 3.2: Providing monitoring and supportive supervision of trained PHC workers	Activity 3.2: Providing monitoring and supportive supervision of trained PHC workers	213,333		
Objective 4: To strengthen the NHMIS for programme monitoring and management in 100 LGAs by 2010	Objective 4: To strengthen the NHMIS for programme monitoring and management in 100 LGAs by 2010	1,084,705		
Activity 4.1: Provision of data management tools and equipment in the LGAs covering the target wards	Activity 4.1: Provision of data management tools and equipment in the LGAs	87,301	530,970.4	

	covering the target wards			
Activity 4.2: Facilitate data flow using ward focal persons	Activity 4.2: Facilitate data flow using ward focal persons	457,143	87,301	
Activity 4.3: Training of 2(HF service provider per ward) and 2 staff from the LGA(774) on quality assurance and data management	Activity 4.3: Training of 2(HF service provider per ward) and 2 staff from the LGA(774) on quality assurance and data management	121,690	97,862.6	
Activity 4.4: To conduct monitoring and supportive supervisory visits to strengthen NHMIS programme implementation at all levels: 4.4.1: 2 Officers per zone (2 X 6 persons) to conduct supervision of M & E activities quarterly at state level for 3 days 4.4.2: 5 State Officers per State (37 X 5 persons) to conduct supportive supervision to LGAs – quarterly for a period of 5 days 4.4.3: 2 LGA officers to conduct supportive supervision -monthly for 5 days	Activity 4.4: To conduct monitoring and supportive supervisory visits to strengthen NHMIS programme implementation at all levels: 4.4.1: 2 Officers per zone (2 X 6 persons) to conduct supervision of M & E activities quarterly at state level for 3 days 4.4.2: 5 State Officers per State (37 X 5 persons) to conduct supportive supervision to LGAs – quarterly for a period of 5 days 4.4.3: 2 LGA officers to conduct supportive supervision -monthly for 5 days	59,048 264,285 95,238	214,285	
Objective 5: To strengthen the logistics system and infrastructure at the National/State/LGA/Ward levels by the end of 2010	Objective 5: To strengthen the logistics system and infrastructure at the National/State/LGA/Ward levels by the end of 2010	2,136,389		

Activity 5.5: Provision of solar refrigerators for storage of vaccines in 960 Wards over 2 years	Activity 5.5: Provision of solar refrigerators for storage of vaccines in 499 Wards.	1,440,000		
Activity 5.6 Provision of maintenance support for solar refrigerators	Activity 5.6 Provision of maintenance support for solar refrigerators	76,190		
TOTAL COSTS		21,439,754		

5.10 Programme implementation for 2009 reporting year **Details in the Inception Report above**

5.10.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

5.10.2 Are any Civil Society Organisations 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.

No

5.11 Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES]** : please complete **Part A** below.
[IF NO] : please complete **Part B** below.

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

Aide memoire yet to be signed but it is hoped it will be signed soon based on discussion with GAVI during the peer review of this proposal at Dakar Senegal where Nigeria FMA current status was brought up.

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.
Doc no 14

The GAVI HSS fund is domiciled at UBA PLC Abuja. The signatories to the account are as approved in an ICC meeting of Feb 28 2008 are:

A1. The Executive Director NPHCDA

A2. The Director of Finance and Accounts NPHCDA

B. The Director of Health Planning Research and Statistics Fed Min of Health

C. WHO Country Rep in Nigeria/ Country Rep UNICEF Nigeria

The mandate is A B and C. It is not a cheque account and transfers are based on signed instructions.

The GAVI fund has been in same account since it was transferred from the GAVI Finance division in August 2008.

Due to delays in implementation of the GAVI HSS program in Nigeria, no fund was drawn out of the account till May 2010.

The GAVI HSS activities are domiciled in National Primary Health Care Development Agency (NPHCDA), department of Planning Research and Statistics, Federal Ministry of Health and Department of Food and Drugs Federal ministry of Health. Activities in objective 1, 2 & 3 are carried out by NPHCDA while activities in Objectives 4 & 5 are carried out by departments of Planning research & statistics (HPR&S) and Food and drugs (F&D) respectively.

A project implementation committee made up of Government and Partners are meant to oversee the day to day running of the HSS grant. All the implementers of various objectives of the HSS grant have membership in the Project implementation committee. The committee is to review work plans of the various agencies and departments on a monthly basis and recommends to the Health System forum {which is the technical arm of the Health Partners Coordinating committee (HPCC)} for release of funds for approved work plans. At the HPCC meeting, the decisions of the Health system forum are presented.

Once approval of work plan has been given and endorsed by the Honourable Minister of Health, the concerned agency or department applies for the approved fund and this is paid from the GAVI HSS account. If the request is in Local currency, the bank is instructed to convert the amount using the apex bank prevailing exchange rate.

Financial reports of the activities are sent to the GAVI desk which forms the basis of the Country financial statement forwarded to the Alliance Secretariat during the Annual Progress Report.

Update

Based on the approval of the commencement of the NPHCDA activities, the amount meant for the objectives 1 and 2 was drawn from the main GAVI HSS account in UBA PLC. Amount transferred was 13,772,191 USD. The amount drawn from the NPHCDA GAVI account was used to pay for the activities carried. The bulk of the Contractors are yet to be paid due to pending verification process which takes some time before payment is done. The bank account statements from the main and sub accounts are attached in this update.

5.12 Detailed expenditure of HSS funds during the 2009 calendar year No fund was used out of the GAVI HSS fund in 2009

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N° 12**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°**).

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

5.13 General overview of targets achieved Not applicable since implementation of GAVI HSS activities was delayed as explained in the inception report.

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1:						
1.1						
1.2						
Objective 2:						
2.1						
2.2						

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

Provide justification for any changes in **the denominator**:

Provide justification for any changes in **data source**:

Table 16: Trend of values achieved

Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i>	2007	2008	2009	Explanation of any reasons for non achievement of targets
1.1				
1.2				
2.1				
2.2				

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.14 Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal

6 Strengthened Involvement of Civil Society Organisations (CSOs)

Not Applicable

6.6 *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 support⁵

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:

6.6.1 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 describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°**.....).

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

6.6.2 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.

6.6.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US\$.....
Remaining funds (carried over) from 2008: US\$.....
Balance to be carried over to 2010: US\$.....

6.7 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 support⁶

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:

6.7.1 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).

⁶ 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 change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

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.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.7.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US\$.....
Remaining funds (carried over) from 2008: US\$.....
Balance to be carried over to 2010: US\$.....

6.7.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [**IF YES**] : please complete **Part A** below.
[**IF NO**] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

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

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

6.7.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°**.....). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.7.5 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.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	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.

7 Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR	Y	Y	Y	N
2	Signature of Minister of Finance (or delegated authority) of APR	Y	Y	Y	
3	Signatures of members of ICC/HSCC in APR Form	Y	Y	Y	
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	Y	Y	Y	
5	Provision of complete excel sheet for each vaccine request		Y		
6	Provision of Financial Statements of GAVI support in cash		N		
7	Consistency in targets for each vaccines (tables and excel)		Y		
8	Justification of new targets if different from previous approval (section 1.1)		Y		
9	Correct co-financing level per dose of vaccine		N		
10	Report on targets achieved (tables 15,16, 20)			N	
11	Provision of cMYP for re-applying				
OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		Y		
13	Consistency between targets, coverage data and survey data	Y			
14	Latest external audit reports (Fiscal year 2009)	N		N	N
15	Provide information on procedure for management of cash	Y		Y	
16	Health Sector Review Report				
17	Provision of new Banking details	N	N	N	N
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		N		
19	Attach the CSO Mapping report (Type A)				

8 Comments

Comments from ICC/HSCC Chairs:

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

This report was endorsed at the HPCC meeting of May 11th 2010

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND
NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in USD⁷
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification⁸ – GAVI ISS							
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD	
Salary expenditure							
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174	
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949	
Non-salary expenditure							
Training	13,000,000	27,134	12,650,000	26,403	350,000	731	
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

⁷ An average rate of CFA 479.11 = USD 1 applied.

⁸ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in USD⁹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹⁰ – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR ACTIVITY 1.1	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854

⁹ An average rate of CFA 479.11 = USD 1 applied.

¹⁰ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES							
Non-salary expenditure							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTAL FOR ACTIVITY 1.2	18,000,000	37,570	11,792,132	24,613	6,207,868	12,957	
TOTALS FOR OBJECTIVE 1	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

GAVI ANNUAL PROGRESS REPORT ANNEX 4

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD¹¹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹² – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR CSO 1: CARITAS	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

¹¹ An average rate of CFA 479.11 = USD 1 applied.

¹² Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN		18,000,000	37,570	11,792,132	24,613	6,207,868	12,957
TOTALS FOR ALL CSOs		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811