GAVI Alliance

Annual Progress Report 2014

Submitted by

The Government of

Nigeria

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **16/06/2015**

Deadline for submission: 27/05/2015

Please submit the APR 2014 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	Not selected	2014
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Preventive Campaign Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Not selected	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID	2018

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

IPV second preferred presentation: **IPV, 5 dose(s) per vial, LIQUID**

IPV third preferred presentation: **IPV, 1 dose(s) per vial, LIQUID**

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016	2020
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2018
Routine New Vaccines Support	IPV, 10 dose(s) per vial, LIQUID	2019	2020

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available here.

2. Signatures

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

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

For the Government of Nigeria

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Khaliru Alhassan	**Name**	Ngozi Okonjo-Iweala
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
Dr Ado J.G Muhammad	Executive Director	+2348033139096	dradojg@yahoo.com
Dr Bassey Okposen	Chief Medical Officer	+2348032373794	basenokng@yahoo.com

2.2. ICC signatures page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr Ado J.G Muhammad	NPHCDA		
Dr Rui Gama Vaz	WHO		

Jean Gough	UNICEF		
Garba Abdu	CHAI		
Marit Van Strien	USAID		
Ruth Lawson	DFID		
Ike Joshua Chuka	Embassy of Japan		
Emiko Mikani	JICA		
Dr Lora Davis	VSCDC		
Yahaya Hamza	MDG		

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

All comments will be treated confidentially

Comments from Partners:

The members of the ICC on Tuesday 12th May 2015 reviewed and endoreded this APR for submission. The comments made by the ICC were collected and reflected in this document

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 0 , 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/Organization	Signature	Date

0	0		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Nigeria is not reporting on CSO (Type A & B) fund utilisation in 2015

3. Table of Contents

This APR reports on Nigeria's activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	7,227,082	7,227,082	7,458,349	7,458,349		7,697,016		7,943,321		8,197,507
Total infants' deaths	361,354	361,354	261,042	261,042		415,639		413,053		409,875
Total surviving infants	6865728	6,865,728	7,197,307	7,197,307		7,281,377		7,530,268		7,787,632
Total pregnant women	9,033,853	9,033,853	9,322,936	9,322,936		9,621,270		9,929,151		10,246,884
Number of infants vaccinated (to be vaccinated) with BCG	6,865,728	7,036,351	7,197,307	7,234,599		7,466,105		7,705,025		7,951,581
BCG coverage*[1]*	95 %	97 %	97 %	97 %	0 %	97 %	0 %	97 %	0 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	6,522,442	6,583,918	6,981,388	7,125,334		7,062,936		7,304,360		7,554,003
OPV3 coverage*[2]*	95 %	96 %	97 %	99 %	0 %	97 %	0 %	97 %	0 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	0	6,991,624	0	7,053,361		7,135,750		7,379,663		7,631,880
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	0	6,389,932	0	6,909,415		6,990,122		7,229,058		7,476,127
DTP3 coverage*[2]*	0 %	93 %	0 %	96 %	0 %	96 %	0 %	96 %	0 %	96 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	25	25	25	25		25		25		25
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.33	1.33	1.33	1.33	1.00	1.33	1.00	1.33	1.00	1.33
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	6,385,127	6,991,624	6,934,550	7,053,361		7,135,750		7,379,663		7,631,880
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	6,385,127	6,389,932	5,973,183	6,909,415		6,990,122		7,229,058		7,476,127
DTP-HepB-Hib coverage*[2]*	93 %	93 %	83 %	96 %	0 %	96 %	0 %	96 %	0 %	96 %
Wastage*[5]* rate in base-year and planned thereafter (%) *[6]*	25	25	25	25		25		25		25
Wastage*[5]* factor in base-year and planned thereafter (%)	1.33	1.33	1.33	1.33	1	1.33	1	1.33	1	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	5,629,897	6,473,644	6,261,651	6,837,441						

Yellow Fever coverage*[2]*	82 %	94 %	87 %	95 %	0 %	0 %	0 %	0 %	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%)	30	10	30	10						
Wastage*[5]* factor in base-year and planned thereafter (%)	1.43	1.11	1.43	1.11	1	1	1	1	1	1
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0 %	40 %	0 %	40 %	0 %	40 %	0 %	40 %	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	4,324,221	1,209	3,009,004	3,430,344		0		0		0
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	0	0	3,009,004	2,744,275		0		0		0
Pneumococcal (PCV10) coverage*[2]*	0 %	0 %	42 %	38 %	0 %	0 %	0 %	0 %	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%)	10	10	10	10		0		0		0
Wastage*[5]* factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with IPV		0	0	6,477,576	4,300,702	6,553,239		6,777,247		7,000,886
Wastage*[5]* rate in base-year and planned thereafter (%)		0	30	30	30	30		30		30
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1.43	1.43	1.43	1.43	1	1.43	1	1.43
Maximum wastage rate value for IPV, 10 dose(s) per vial, LIQUID (see note above)	0 %	50 %	0 %	50 %	0 %	50 %	0 %	50 %	0 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	6,581,099	6,637,216	6,581,099	7,197,307		7,204,407		7,379,663		7,631,879
Measles coverage*[2]*	96 %	97 %	91 %	100 %	0 %	99 %	0 %	98 %	0 %	98 %
Pregnant women vaccinated with TT+	7,385,169	5,334,168	8,086,220	81,109,544		8,659,143		8,936,235		9,222,195
TT+ coverage*[7]*	82 %	59 %	87 %	870 %	0 %	90 %	0 %	90 %	0 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	2,415,883	1,680,282	0	1,881,605	N/A	2,082,928	N/A	2,284,251	N/A	2,485,574
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	9 %	0 %	2 %	0 %	2 %	0 %	2 %	0 %	2 %

Number	Targets (preferred presentation)			
	2019		2020	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births		8,509,012		8,832,355

Total infants' deaths		406,722		403,221
Total surviving infants		8,102,290		8,429,134
Total pregnant women		10,626,880		111,021,080
Number of infants vaccinated (to be vaccinated) with BCG		8,172,670		8,322,000
BCG coverage*[1]*	0 %	96 %	0 %	94 %
Number of infants vaccinated (to be vaccinated) with OPV3		7,762,304		7,982,624
OPV3 coverage*[2]*	0 %	96 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*		7,940,244		8,260,551
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*		7,778,199		8,091,969
DTP3 coverage*[2]*	0 %	96 %	0 %	96 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP		25		25
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.00	1.33	1.00	1.33
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib				
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib				
DTP-HepB-Hib coverage*[2]*	0 %	0 %	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%) *[6]*				
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever				
Yellow Fever coverage*[2]*	0 %	0 %	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%)				
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0 %	40 %	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)		0		0
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0		0
Pneumococcal (PCV10)	0 %	0 %	0 %	0 %

coverage*[2]*				
Wastage*[5]* rate in base-year and planned thereafter (%)		0		0
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with IPV		7,225,360		7,445,978
Wastage*[5]* rate in base-year and planned thereafter (%)		30		30
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1.43	1	1.43
Maximum wastage rate value for IPV, 10 dose(s) per vial, LIQUID (see note above)	0 %	50 %	0 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		7,834,670		7,988,270
Measles coverage*[2]*	0 %	97 %	0 %	95 %
Pregnant women vaccinated with TT+		9,584,680		9,922,620
TT+ coverage*[7]*	0 %	90 %	0 %	9 %
Vit A supplement to mothers within 6 weeks from delivery		0		0
Vit A supplement to infants after 6 months	N/A	2,689,543	N/A	2,876,545
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %	0 %	2 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

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

[6] GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014.** The numbers for 2015 - 2015 in Table 4 Baseline and Annual Targets 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 fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  No changes

- Justification for any changes in **surviving infants**

  The sudden rise in infant mortality from 261,042 in 2015 to 415,639 in 2016 was as a result of the findings from the MDG survey of 2014, which revealed an IMR of 58/1000 live birth. The infant mortality rate in 2015 was a mere projection from cMYP 2011-2015. If the proposed interventions (e.g New Vaccine introduction, Intensification of RI activities in poor performing LGAs e.t.c) in the country's plan are effectively carried out, then IMR of 35/1,000 live births would be expected at the end of 2015, which we could not achieve going by the finding of the 2014 MDG Survey finding.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.** For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.

  PCV introduction was delayed since 2013 and targets had to be revised based on vaccine availability into 3 phases spread over 3 years – 2014 for phase 1 in 11 States, phase 2 in 10 States and phase 3 in 2017. The revised phased approach brought the 2014 target to 1,880,424. Initial dates were set for November but was only introduced in late December in one State only and could not be eventually rolled out to all the 11 States. This explains the limited number of children and final target for 2014. A further reason for this delay was the late release of the VIG funds and the health worker strike from November 2014.

- Justification for any changes in **wastage by vaccine**

  No changes

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
National Health Demographic Survey 2013	2012	39.4%	37.4%

5.2.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

From the survey report, the discrepancy in coverage between boys and girls is insignificant at ratio 1:1

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

The country is transiting towards the DHISplatform which now captures all RI indicators. It has commenced this DHIS pilot in Kano with expected roll out in other states. When fully implemented, the newdata collection format will disaggregate coverage by gender because some donors are requesting for immunization report to be by gender.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 168	Enter the rate only; Please do not enter local currency name

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	CHAI	0	0
Traditional Vaccines*	23,082,051	23,082,051	0	0	0	0	0	0
New and underused Vaccines**	67,780,000	14,145,000	53,635,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	118,031,410	114,108,557	0	3,922,853	0	0	0	0
Cold Chain equipment	10,833,190	0	6,616,250	2,970,331	0	1,246,609	0	0
Personnel	43,761,629	1,665,771	0	3,942,154	36,365,526	1,788,178	0	0
Other routine recurrent costs	65,622,048	7,130,147	0	9,521,720	47,370,889	1,599,292	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	205,569,313	30,772,705	0	59,954,212	114,842,396	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	534,679,641							
Total Government Health		190,904,231	60,251,250	80,311,270	198,578,811	4,634,079	0	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **5**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.3 Overall Expenditures and Financing for Immunisation

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Health Reform Foundation of Nigeria (HERFON)
Clinton Health Access Initiative (CHAI)
Rotary International
Red Cross

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

The country has 11 major priority areas for its EPI program implementation as follows:

1. Increasing and sustaining routine immunization coverage for all antigens; and reducing morbidity and mortality from VPDs.
2. Reaching the hard-to- reach LGAs / communities
3. Sustaining availability of bundled vaccines at service delivery sites
4. Introducing new and underutilized vaccines (PCV, Rotavirus, HPV and IPV) into the country's immunization schedule.
5. To sustain and expand the cold-chain at all levels
6. To sustain interruption of wild polio virus transmission and eradicate polio in the country
7. Measles morbidity and mortality reduction
8. Maternal and neonatal tetanus elimination
9. Strengthening Health Management Information System.
10. To strengthen the PHC system (through wards /community structures & participation)
11. Improving budget allocation and execution for RI at federal, states, LGA and ward levels.
12. Planned introduction of Men A into the EPI schedule
13. MNTE campaigns

13 Yellow Fever campaigns

5.6. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringes	GoN/GAVI INS
Measles	AD Syringes	GoN/UNICEF
TT	AD Syringes	GoN/GAVI
DTP-containing vaccine	AD Syringes	GoN/GAVI
IPV	AD Syringes	GAVI/UNICEF
Men A	AD syringes	GAVI

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

Main challenge is inadequate funding at all levels to fully implement the country waste management plan (2012-2016). The country has also been faced with challenges with procurement and installation of incinerators with the funds provided by GAVI.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Currently, sharp medical waste disposal at the health facility level in most instances is by the burn and bury. In 2013 twenty four (24) incinerators were procured for 8 states by NPHCDA while in 2014 31 incinerators were procured for 9 states by UNICEF. All these incinerators were procured using Men A campaign funds from GAVI.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Nigeria is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Nigeria is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Nigeria is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI commun

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

Please also include any deliveries from the previous year received against this Decision Letter

	[A]	
Vaccine type	**Total doses for 2014 in Decision Letter**	**To**
Pneumococcal (PCV10)	4,000,000	
DTP-HepB-Hib	22,242,000	
IPV		
Yellow Fever	6,355,200	

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  1. Very low utilization of PCV in 2014 (due to delay in the introduction of the vaccine in December and the nationwide health w introduction).

  2. Shipment of Biological-E manufactured DTP-HepB-Hib arrived Nigeria in VVM stage 2. This same antigen from Biological-E

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine ship

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being ship wastage, coverage and cost.

  1. Shipment plans are regularly shared from the supply division with the Agency through UNICEF country office. This provides

  2. Dashboard has been developed and currently operational for monthly feedbacks on vaccine stock up to the LGA (district) le

  3. Vaccine Management training has also been conducted down to state level for LGA staff.
  maintenance plan has also been developed.
  5. The country is in the process of deploying an Enterprise Resources Planning (ERP) system to track vaccine stock and stock
  incoming vaccine shipments.
  6. Nigeria would like to stick to one presentation for Pentavalent toavoid confusion at facility level but also for stora

  7. The country started the push system to avoid stock outs as lower levelfacilities – States and LGAs specifically often failed to
  nation wide

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stoc

Stock out was experienced in Benue and Nasarawa states during the first quarter, because the state did not go to pick the vaccin

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	Yes	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Phases 2 and 3 pentavalent vaccine introduction were accelerated and completed in December 2013 instead of 2014 as earlier approved. The accelerated introduction was due to the anticipated global shortage of DPT.

When is the Post Introduction Evaluation (PIE) planned? **June 2014**

IPV, 5 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	11/02/2015
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Was earlier planned for Q4 2014; but postponed to Q1 2015 for the following reasons: delay in the release of the IPV VIG, proposed introduction of PCV same Q4 2014 and other competing activities during that period.

When is the Post Introduction Evaluation (PIE) planned? **September 2015**

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Nationwide introduction	No	22/12/2014
Phased introduction	Yes	22/12/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV VIG was not available on time for the pre-implementation activities to commence. Also vaccine could not be released until after the readiness assessment report.

When is the Post Introduction Evaluation (PIE) planned? **August 2015**

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	Yes	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **September 2015**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

The country conducted External PIE for pentavalent phase I introduction states (March 2013); and Internal PIE for phase 2 states (September 2013). There was no plan for external PIE for phase II and internal PIE for phase 3 states in 2013.

PIE for Phase 3 state was conducted in June 2014.

Following the external PIE for phase 1 states, New Vaccines Introduction Strategic Group (NVSG) was constituted to implement the recommendations. A Plan of Action was developed with time line for implementing the recommendations. The following recommendations from the PIE have been implemented: (1). All Phase 3 introducing states developed their **DTP-HepB-Hib**. Introduction plan, (2). The NPHCDA Operations room monitored the implementation of state specific plans, (3). Contract for printing of data tools for phase3 states was awarded on time, (4) Phase 3 states conducted cold chain capacity assessment to determine gaps, and (5). And an additional one (1) day was added for **DTP-HepB-Hib** training at the Health facility level as recommended in the PIE.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	40,881,757	7,971,942,714
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	40,881,757	7,971,942,714
Total Expenditures in 2014 (D)	24,394,036	4,756,837,145
Balance carried over to 2015 (E=C-D)	16,487,721	3,215,105,569

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI

Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

1. Conducted DQS in March 2014 to obtain correction factor for Pentavalent vaccine introduced in 2012/2013.
2. Conducted National level TOT, State level TOT and LGA (district) level training for health workers for the PCV introduction in 12 states, namely; Adamawa, Yobe, Kaduna, Katsina, Plateau, Kogi, Anambra, Ebonyi, Edo, Rivers, Osun and Ondo. Rivers state only participated at the National TOT, but yet to cascade the training and introduce because of the prolonged health workers strike in the state. Over 18,000 health workers were trained, other activities included the development, printing and distribution of IEC materials and training manuals, sensitization of stakeholders (including traditional, religious and opinion leaders), supervision of sub national training by NPHCDA and partners, PCV readiness assessment in phase 1 states.
3. Participation of national facilitators for the cascading of the PCV training to sub national levels.
4. Planning meetings were conducted for IPV introduction but the vaccine could not be introduced due to other competing activities.

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

Several activities listed in 2014 work plan were approved for implementation during the ICC meeting of 27th march 2014. Two weeks after the approval the country received put on hold letter to stop further implementation of approved activities. This affected implementation of planned activities including the new vaccine introduction activities. As a way forward an approval was received from GAVI HQ for the transfer of funds to UNICEF for the implementation of selected activities. There was also challenge of whether UNICEF and WHO could receive the funds from GAVI: followed by delays in the signing of the MOU, this contributed to the delay receipt of decision letter for VIG for PCV and IPV introduction. Delay in recepit of VIG led to reschedulling of PCV introduction from september 2014 to December 2014: and shifting of IPV introduction from Q4 2014 to Q1 2015. Most of the pre implementation activities was prefunded as a way forward.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Balance from PCV VIG has so far been used to finance the national TOT for the PCV phase 2 states. The remaining balance is not enough to carry out other pending pre-implementation activities for the PCV phase 2 states. Balance is being proposed for supportive supervision to the phase 1 states to ensure utilization of the PCV vaccine; and also the conduct of DQS / Cluster survey in Q2 2015.

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	5,380,241	2,761,000
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*	0	6,500,000
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	764,689	225,600
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	9195000	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing	

	vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	402,759	2,173,900
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*	0	0
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	35,311	228,500
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	August	GoN
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*	September	GoN
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	August	GoN
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	January	0
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	High level advocacy is being done to the partners and presidency to ensure early release of funds taking into consideration the planned election in2015	

*__Note:__ co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2014**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

The EVM process is about entrenching sustainable good storage and distribution practices. The package has been designed to be used both as an assessment tool for the systematic analysis of strengths and weaknesses across the immunization supply chain and as a supervisory aid to monitor and support the long-term progress of individual facilities.

Significant progress has been made on the implementation of the 2010 EVMA improvement plan particularly at National level. The status of implementation of the 2010 EVMA improvements plans have been monitored over the year and are detailed as follows:

National Level Progress:

At the National level, significant progress has been made with 86% of activities fully achieved, 9% partly achieved and 5% in progress. A major concern is the slow progress in the construction of the dry storage facility in the South West Zonal Cold store (SWZCS), which is the hub for dry materials receipt in the country.

State Level Progress

Improvements at the state level received some boost with 63% of tasks achieved, 24% partly achieved, 11% in progress and only 2% not achieved. Activities to improve the dry storage capacity in states are ongoing and with recent trainings conducted, vaccine management processes have improved quite significantly. With key indicators such as wastage rate monitoring being incorporated into data collection tools and ultimately DHIS2. Temperature monitoring has improved, with a number of activities underway, including a temperature monitoring study. Job aids have been developed and await review and production.

LGA Level Progress:

Implementation of improvement plans at the LGA level dramatically improved from 69% of tasks achieved in 2013 to 80%in 2014. With 7% partly achieved, and only 10% in progress as opposed to 21% in2013. Also only 3% have not been achieved as against 10% in 2013. The procurement of solar direct drive equipment and vaccine management trainings made this progress possible.

Health Facility Level Progress:

At the Health Facility level, a modest improvement was recorded compared to 2013 (63% up from 56%) oft asks achieved. Partly achieved improved to 13% while work in progress also improved to 18% from 10% in 2013. However, not achieved still remains 6%. Other high impact activities which had not been captured in the improvement plan but was critical to the overall achievement in the supply chain is the procurement of 1,656 SDDs and 6,000 Fridge Tag temperature monitoring devices from the GAVI reprogrammed funds. Supportive supervision at the HFs had also significantly improved with partner agencies supporting this process and also the national real time integrated supportive supervision and feedback now entrenched.

Subsequent to the EVM Assessment conducted in 2010 a follow up EVM assessment was conducted in 2014and improvement plans were developed based on the EVMA recommendations to systematically address weaknesses in the vaccine supply chain in Nigeria with activities assigned to each tier of the supply chain.

The 2014 EVMA seeks to consolidate and build on the achievements of the implementation of the 2010 EVMA improvement plans, a deliberate policy to ensure continuity in the overall implementation and improvements being made. The 2014 improvement plan costing thus incorporated ongoing activities from the 2010 EVMA improvement plans and this is awaiting endorsement from government and partners for implementation.

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Yellow Fever Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**

0	16/04/2014	0

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

We did not conduct yellow fever campaign in 2014. A post campaign coverage survey was conducted.

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

Not applicable

7.6.2. Programmatic Results of Yellow Fever preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
0	0	0	0	0	0	0	0	0

*If no survey is conducted, please provide estimated coverage by indepenent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

Yellow fever campaign was planned but there was a global shortage of vaccines to conduct the campaign

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

Not applicable

What lessons have you learned from the campaign?

Not applicable

7.6.3. Fund utilsation of operational cost of Yellow Fever preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
0	0	0
Total	**0**	**0**

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningococcal type A Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
30602500	21/10/2014	1,668,000 (each on 26 & 28 Aug 14), 1,664,000 (5 Sep 14), 1,668,000 (8 Sep 14), 3,335,000 (11 Sep 14), 3,331,000 (12 Sep 14), 1,666,000 (13 Sep 14), 1,500,000 (each on 16, 17, 23, 24, 25 & 26 Sep 14), 2,168,000 (27 Sep 14), 802,000 (28 Sep 14), 804,000 (29 Sep 14), 812,500 (30 Sep 14) and 2,016,000 (01 Oct 14).

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

No reason was given

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

Campaign was conducted as planned

7.6.2. Programmatic Results of Meningococcal type A preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
Nine states	21 - 30 october 2014	27968596	28997903	104	88	3	4030	0

*If no survey is conducted, please provide estimated coverage by indepenent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

Campaign was conducted as planned

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

The administrative coverage for the campaign was 104%. This was attributed to vaccination of over aged population and double vaccination.

What lessons have you learned from the campaign?

1. In process monitoring should be used to guide implementation and monitors must give feedback during the daily evening review

2.. Harmonization of activities reduces friction and also enhances acceptance, efficiency and reach of the programmes

3. Training should be more practical with demonstrations and feedback from participants to ensure correct procedures and processes are implemented

4. Engagement with the key political and community stakeholders is important for selection of the right personnel and improved quality of the campaign.

7.6.3. Fund utilsation of operational cost of Meningococcal type A preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Men A campaign operational fund	1067408055	5418315
Total	**1067408055**	**5418315**

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2014, 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. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **IPV, 10 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° **27**) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 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 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2015 to 2020 for the following vaccines:

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2015 to 2020, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID							
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID							
Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED							
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID							
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018	2019	2020
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4.00 %	3.50 %	4.60 %	5.20 %	5.20 %	5.20 %	5.20 %
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID		11.10 %	11.10 %	11.10 %	11.10 %	11.10 %	11.10 %
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID		5.30 %	5.30 %	6.60 %	6.60 %	8.90 %	8.80 %
Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	12.50 %						
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2.90 %	3.00 %	3.00 %	3.00 %	3.10 %	3.10 %	3.10 %
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	6.80 %						

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	6,865,728	7,197,307	7,281,377	7,530,268	7,787,632	36,662,312
	Number of children to be vaccinated with the first dose	Parameter	#	6,385,127	6,934,550	7,135,750	7,379,663	7,631,880	35,466,970

	Number of children to be vaccinated with the third dose	Parameter	#	6,385,127	5,973,183	6,990,122	7,229,058	7,476,127	34,053,617
	Immunisation coverage with the third dose	Parameter	%	93.00 %	82.99 %	96.00 %	96.00 %	96.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.33	1.33	1.33	1.33	1.33	
	Stock in Central Store Dec 31, 2014		#	9,552,150					
	Stock across second level Dec 31, 2014 (if available)*		#	9,552,150					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.30	0.49	0.68	0.86	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		3.50 %	4.60 %	5.20 %	5.20 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

NA

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

3

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2014	2015	2016	2017	2018
Minimum co-financing	0.26	0.30	0.49	0.68	0.86
Recommended co-financing as per APR 2013			0.49	0.68	0.86
Your co-financing	0.26	0.30	0.49	0.68	0.86

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015	2016	2017	2018
Number of vaccine doses	#	19,481,000	22,842,500	17,783,200	18,010,300	13,576,900
Number of AD syringes	#	15,338,600	19,325,600	14,352,100	15,878,700	11,970,100
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	170,275	212,600	195,625	198,125	149,350
Total value to be co-financed by GAVI	$	40,804,500	38,447,000	26,965,000	24,206,500	18,248,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015	2016	2017	2018
Number of vaccine doses	#	2,761,000	4,955,000	8,490,400	18,443,300	24,122,200
Number of AD syringes	#	2,173,900	4,191,800	6,852,300	16,260,400	21,267,400
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	24,150	46,125	93,400	202,900	265,350
Total value to be co-financed by the Country *[1]*	$	5,783,000	8,339,500	12,874,500	24,788,500	32,421,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	6,385,127	6,934,550		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	6,385,127	6,934,550		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	19,155,381	19,448,123		
E	**Estimated vaccine wastage factor**	*Table 4*	1.33	1.33		
F	**Number of doses needed including wastage**	*D x E*		25,866,003		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation ≤ wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.25* • *else: (F - D - ((F - D) of previous year original approved)) x 0.25 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.25)*				
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	3,455,120	9,552,150		
H3	**Shipment plan**	*Approved volume*		27,797,500		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		27,797,500		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value*				

		(fv)				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2014		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*			
B	**Number of children to be vaccinated with the first dose**	*Table 4*	7,135,750	2,305,945	4,829,805
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	6,990,122	2,258,884	4,731,238
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	21,201,915	6,851,478	14,350,437
E	**Estimated vaccine wastage factor**	*Table 4*	1.33		
F	**Number of doses needed including wastage**	*D X E*	28,198,547	9,112,466	19,086,081
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.25* • *else: (F - D - ((F - D) of previous year original approved)) x 0.25 >= 0*	583,136	188,443	394,693
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.25)*	2,508,440	810,612	1,697,828
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*	9,476,682	3,062,426	6,414,256
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	26,273,500	8,490,380	17,783,120
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	21,204,273	6,852,240	14,352,033
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	289,009	93,395	195,614
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	37,177,003	12,013,888	25,163,115
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	949,952	306,981	642,971
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	1,573	509	1,064
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,710,143	552,640	1,157,503
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	39,838,671	12,874,015	26,964,656
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	12,874,015		

V	**Country co-financing % of GAVI supported proportion**	*U / T*	32.32 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	50.59 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	7,379,663	3,733,654	3,646,009
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	7,229,058	3,657,458	3,571,600
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	21,926,636	11,093,525	10,833,111
E	**Estimated vaccine wastage factor**	*Table 4*	1.33		
F	**Number of doses needed including wastage**	*D X E*	29,162,426	14,754,388	14,408,038
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.25* • *else: (F - D - ((F - D) of previous year original approved)) x 0.25 >= 0*	7,290,607	3,688,598	3,602,009
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.25)*			
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	36,453,500	18,443,221	18,010,279
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	32,138,968	16,260,335	15,878,633
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	400,989	202,876	198,113
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	45,202,340	22,869,594	22,332,746
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	1,439,826	728,464	711,362
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	2,182	1,104	1,078
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	2,350,522	1,189,220	1,161,302
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	48,994,870	24,788,380	24,206,490
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	24,788,380		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	50.59 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	63.99 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	7,631,880	4,883,358	2,748,522
B1	Number of children to be vaccinated with the third dose	*Table 4*	7,476,127	4,783,697	2,692,430
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	22,676,029	14,509,551	8,166,478
E	Estimated vaccine wastage factor	*Table 4*	1.33		
F	Number of doses needed including wastage	*D X E*	30,159,118	19,297,702	10,861,416
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.25* • *else: (F - D - ((F - D) of previous year original approved)) x 0.25 >= 0*	7,539,780	4,824,426	2,715,354
H	Stock to be deducted	*H1 - (F (2015) current estimation x 0.25)*			
H1	Calculated opening stock	*H2 (2015) + H3 (2015) - F (2015)*			
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*Approved volume*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	37,699,000	24,122,193	13,576,807
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	33,237,390	21,267,374	11,970,016
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	414,690	265,345	149,345
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	46,746,760	29,911,519	16,835,241
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,489,036	952,779	536,257
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	2,256	1,444	812
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	2,430,832	1,555,400	875,432
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	50,668,884	32,421,140	18,247,744
U	Total country co-financing	*I x country co-financing per dose (cc)*	32,421,140		
V	Country co-financing % of GAVI supported proportion	*U / T*	63.99 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	6,865,728	7,197,307	7,281,377	7,530,268	7,787,632
	Number of children to be vaccinated with the first dose	Parameter	#	4,324,221	3,009,004	0	0	0
	Number of children to be vaccinated with the third dose	Parameter	#	0	3,009,004	0	0	0
	Immunisation coverage with the third dose	Parameter	%	0.00 %	41.81 %	0.00 %	0.00 %	0.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.00	1.00	1.00
	Stock in Central Store Dec 31, 2014		#	847,040				
	Stock across second level Dec 31, 2014 (if available)*		#	847,040				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		2	2	2	2
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.23	0.83	1.43	2.03
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		3.00 %	3.00 %	3.00 %	3.10 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

NA

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.23	0.83	1.43	2.03
Recommended co-financing as per APR 2013			0.83	1.43	2.03
Your co-financing	0.20	0.23	0.83	1.43	2.03

	2019	2020
Minimum co-financing	2.63	3.38
Recommended co-financing as per APR 2013	2.63	3.38
Your co-financing	2.63	3.38

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	4,324,221	3,009,004		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	12,972,664	9,027,012		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D x E*		10,019,984		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	847,040		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		9,081,600		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2014		
			Total	Government	GAVI
A	Country co-finance	*V*			
B	Number of children to be vaccinated with the first dose	*Table 4*	6,553,239	0	6,553,239
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	6,553,239	0	6,553,239
E	Estimated vaccine wastage factor	*Table 4*	1.43		
F	Number of doses needed including wastage	*D x E*	9,371,132	0	9,371,132
G	Vaccines buffer stock	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	1,646,444	0	1,646,444
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	- 4,481,676	0	- 4,481,676
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	15,499,800	0	15,499,800
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	13,949,495	0	13,949,495
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	170,498	0	170,498
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	13,949,820	0	13,949,820
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	624,938	0	624,938
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	928	0	928
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,548,431	0	1,548,431
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	16,124,117	0	16,124,117
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated	*Table 4*	6,777,247	0	6,777,247
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	6,777,247	0	6,777,247
E	Estimated vaccine wastage factor	*Table 4*	1.43		
F	Number of doses needed including wastage	*D x E*	9,691,464	0	9,691,464
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	643,218	0	643,218
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	10,335,600	0	10,335,600
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	8,162,512	0	8,162,512
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	113,692	0	113,692
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	9,302,040	0	9,302,040
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	365,681	0	365,681
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	619	0	619
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,032,527	0	1,032,527
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	10,700,867	0	10,700,867
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated	*Table 4*	7,000,886	0	7,000,886
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	7,000,886	0	7,000,886
E	Estimated vaccine wastage factor	*Table 4*	1.43		
F	Number of doses needed including wastage	*D x E*	10,011,267	0	10,011,267
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	1,774,263	0	1,774,263
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	11,786,400	0	11,786,400
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	9,652,664	0	9,652,664
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	129,651	0	129,651
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	10,607,760	0	10,607,760
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	432,440	0	432,440
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	706	0	706
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,177,462	0	1,177,462
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	12,218,368	0	12,218,368
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated	*Table 4*	7,445,978	0	7,445,978
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	7,445,978	0	7,445,978
E	Estimated vaccine wastage factor	*Table 4*	1.43		
F	Number of doses needed including wastage	*D x E*	10,647,749	0	10,647,749
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	1,885,211	0	1,885,211
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	12,533,400	0	12,533,400
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	10,264,308	0	10,264,308
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	137,868	0	137,868
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	11,280,060	0	11,280,060
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	459,841	0	459,841
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	751	0	751
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,252,087	0	1,252,087
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	12,992,739	0	12,992,739
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.1: Specifications for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

ID		Source		2014	2015	TOTAL
	Number of surviving infants	Parameter	#	6,865,728	7,197,307	14,063,035
	Number of children to be vaccinated with the first dose	Parameter	#	5,629,897	6,261,651	11,891,548
	Number of doses per child	Parameter	#	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.43	1.43	
	Stock in Central Store Dec 31, 2014		#	948,000		
	Stock across second level Dec 31, 2014 (if available)*		#	948,000		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		10	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		Yes	
	Safety boxes required	Parameter	#		Yes	
cc	**Country co-financing per dose**	Parameter	$		1.23	
ca	**AD syringe price per unit**	Parameter	$		0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	
cs	**Safety box price per unit**	Parameter	$		0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%			
fd	**Freight cost as % of devices value**	Parameter	%			

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

NA

Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Graduating

	2014	2015
Minimum co-financing	1.11	1.16
Recommended co-financing as per APR 2013		
Your co-financing	1.11	1.23

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	4,324,221	3,009,004		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	12,972,664	9,027,012		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D x E*		10,019,984		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	847,040		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		9,081,600		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2014		
			Total	Government	GAVI
A	**Country co-finance**	*V*			
B	**Number of children to be vaccinated with the first dose**	*Table 4*	6,553,239	0	6,553,239
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	6,553,239	0	6,553,239
E	**Estimated vaccine wastage factor**	*Table 4*	1.43		
F	**Number of doses needed including wastage**	*D x E*	9,371,132	0	9,371,132
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	1,646,444	0	1,646,444
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	- 4,481,676	0	- 4,481,676
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	15,499,800	0	15,499,800
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	13,949,495	0	13,949,495
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	170,498	0	170,498
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	13,949,820	0	13,949,820
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	624,938	0	624,938
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	928	0	928
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,548,431	0	1,548,431
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	16,124,117	0	16,124,117
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated	*Table 4*	6,777,247	0	6,777,247
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	6,777,247	0	6,777,247
E	Estimated vaccine wastage factor	*Table 4*	1.43		
F	Number of doses needed including wastage	*D x E*	9,691,464	0	9,691,464
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	643,218	0	643,218
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	10,335,600	0	10,335,600
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	8,162,512	0	8,162,512
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	113,692	0	113,692
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	9,302,040	0	9,302,040
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	365,681	0	365,681
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	619	0	619
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,032,527	0	1,032,527
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	10,700,867	0	10,700,867
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated	*Table 4*	7,000,886	0	7,000,886
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	7,000,886	0	7,000,886
E	Estimated vaccine wastage factor	*Table 4*	1.43		
F	Number of doses needed including wastage	*D x E*	10,011,267	0	10,011,267
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	1,774,263	0	1,774,263
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	11,786,400	0	11,786,400
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	9,652,664	0	9,652,664
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	129,651	0	129,651
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	10,607,760	0	10,607,760
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	432,440	0	432,440
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	706	0	706
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,177,462	0	1,177,462
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	12,218,368	0	12,218,368
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated	*Table 4*	7,445,978	0	7,445,978
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	7,445,978	0	7,445,978
E	Estimated vaccine wastage factor	*Table 4*	1.43		
F	Number of doses needed including wastage	*D x E*	10,647,749	0	10,647,749
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	1,885,211	0	1,885,211
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	12,533,400	0	12,533,400
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	10,264,308	0	10,264,308
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	137,868	0	137,868
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	11,280,060	0	11,280,060
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	459,841	0	459,841
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	751	0	751
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,252,087	0	1,252,087
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	12,992,739	0	12,992,739
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.1: Specifications for IPV, 10 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	6,865,728	7,197,307	7,281,377	7,530,268	7,787,632
	Number of children to be vaccinated	Parameter	#	0	0	6,553,239	6,777,247	7,000,886
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.00	1.43	1.43	1.43	1.43
	Stock in Central Store Dec 31, 2014		#	323,340				
	Stock across second level Dec 31, 2014 (if available)*		#	323,340				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		11.10 %	11.10 %	11.10 %	11.10 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Co-financing tables for IPV, 10 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

	2019	2020
Minimum co-financing	0.00	0.00
Recommended co-financing as per	0.00	0.00
Your co-financing	0.00	0.00

8. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:

   a. Progress achieved in 2014

   b. HSS implementation during January – April 2015 (interim reporting)

   c. Plans for 2016

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 8.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2014 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

8. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

Please provide data sources for all data used in this report.

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b.

8.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **83904305** US$

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	21439754	1165238				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	22098490				12402439	0
Remaining funds (carry over) from previous year (*B*)	22098490	22098490	13026864	10432232	5059733	12412460
Total Funds available during the calendar year (*C=A+B*)	22098490	22098490	22098490	13026864	17462172	21404960
Total expenditure during the calendar year (*D*)		9267669	2495772	5372499	7411757	12660661
Balance carried forward to next calendar year (*E=C-D*)	22098490	13026864	10432232	5059733	11181531	14625980
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (*as 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 (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	3002851945	173235933				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	3095114509				1922378045	
Remaining funds (carry over) from previous year (*B*)	3095114509	3285382508	2034796157	1619812663	784258615	2445254620
Total Funds available during the calendar year (*C=A+B*)	3095114509	3258538250	3451784138	2022681173	2706636660	4216777120
Total expenditure during the calendar year (*D*)		1377824350	389839586	834187920	1148822335	2494150217
Balance carried forward to next calendar year (*E=C-D*)	3095114509	1936703871	1689514638	785624743	183137305	2881318060
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (*as 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 (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	130.75	147.6	148.67	156.2	155.26	196
Closing on 31 December	140.06	148.67	156.2	155.27	155	197

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original

application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Training of health workers on Integrated PHC services	Training of health workers on Integrated PHC services	0	Administrative
Procurement of remaining cold chain equipment (lot numbers 2013; 2-9)	Procurement of remaining cold chain equipment (lot numbers 2013; 2-9)	100	Administrative
Training of cold chain officers / HWs on cold chain maintenance and repairs	Training of cold chain officers / HWs on cold chain maintenance and repairs	100	Adminstartive
Management support to PIT through Solina Health	Management support to PIT through Solina Health	100	Administrative
Continous disbursement of ISS to states for service delivery	Continous disbursement of ISS to states for service delivery	27	Administrative
Operational funds to NSCS for cold chain maintenance and transportation of vaccines from national through zonal and state cold stores.	Operational funds to NSCS for cold chain maintenance and transportation of vaccines from national through zonal and state cold stores.	100	Adminstrative
Stock performance management dashboard	Stock performance management dashboard	100	Adminstrative
Payment of state Accountants	Payment of state Accountants	0	No report
National TOT for microplanning (MNTE)	National TOT for microplanning (MNTE)	100	Administrative report (a total of about 1168 health workers were trained)
State level microplanning training (MNTE)	State level microplanning training (MNTE)	100	Adminsitrative report
LGA level microplananing training (MNTE)	LGA level microplananing training (MNTE)	100	Adminsitrative report
Implementation materials-State level (MNTE)	Implementation materials-State level (MNTE)	100	Adminsitrative report
YF post campaign coverage survey	YF post campaign coverage survey	100	Adminsitrative report
MenA post campaign Coverage Survey	MenA post campaign Coverage Survey	100	Adminsitrative report
Measles Post Campaign Coverage Survey	Measles Post Campaign Coverage Survey	100	Adminsitrative report
Provision of data management tools and equipment in 14 phase one Penta States (HMIS minimum package)	Provision of data management tools and equipment in 14 phase one Penta States (HMIS minimum package)	100	Administrative report
Training of health facility and LGA staff on paper based and electronic	Training of health facility and LGA staff on paper based and electronic capture	100	Administrative report

capture			
Facilitate quarterly mentoring support to LGAs on electronic data capture by Consultants for 4 days	Facilitate quarterly mentoring support to LGAs on electronic data capture by Consultants for 4 days	50	Administrative report

8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Training of health workers on Integrated PHC servi	Plans were concluded for the training of 7, 350 health worker on integrated PHC services when the put on hold order was received from Gavi on activities implementation. The activity was later in the year selected as one of the priority activities to be implemented through UNICEF., there after there was a delay in the signing of MOU between GoN and UNICEF and other several competing activities led to the rescheduling of implementation to Q3 2015.
Procurement of remaining cold chain equipment (lot	1756 Solar Direct Drive were procured and installed with wards with large population.
Training of cold chain officers / HWs on cold chai	This activity has been completed
Management support to PIT through Solina Health	Solina is still giving the PIT support needed
Continous disbursement of ISS to states for servic	On going through UNICEF
Operational funds to NSCS for cold chain maintenan	still on going
Stock performance management dashboard	A combination of excel based dashboard and navision is being used
Payment of state Accountants	State accountants are yet to be recruited
National TOT for microplanning (MNTE)	Maternal Neonatal Tetanus Elimination (MNTE) phase 1 campaign conducted in 5 states (Ondo, Osun, Imo, Enugu and Ebonyi). Target of 2,100,345 with coverage of 2,332,649 (110%)
State level microplanning training (MNTE)	Maternal Neonatal Tetanus Elimination (MNTE) phase 1 campaign conducted in 5 states (Ondo, Osun, Imo, Enugu and Ebonyi). Target of 2,100,345 with coverage of 2,332,649 (110%)
LGA level microplananing training (MNTE)	Maternal Neonatal Tetanus Elimination (MNTE) phase 1 campaign conducted in 5 states (Ondo, Osun, Imo, Enugu and Ebonyi). Target of 2,100,345 with coverage of 2,332,649 (110%)
Implementation materials-State level (MNTE)	Maternal Neonatal Tetanus Elimination (MNTE) phase 1 campaign conducted in 5 states (Ondo, Osun, Imo, Enugu and Ebonyi). Target of 2,100,345 with coverage of 2,332,649 (110%)
Measles Post Campaign Coverage Survey	Coverage survey indicated a national coverage of 74.5%
MenA post campaign Coverage Survey	Coverage survey indicated a national coverage of 88%.
YF post campaign coverage survey	Coverage survey indicated a national coverage of 76.75%
Provision of data management tools and equipment i	All equipment and tools have been procured and distributed to the selected LGAs and facilities.
Training of health facility and LGA staff on pape	100% of LGAs trained on electronic data capture; paper-based training was conducted in 2014. The challenges were: 1) poor knowledge of computer application among participants prior to the training 2) Security challenge in the North East 3) health workers strike in Rivers State Actions taken: computer training conducted prior to the data management training, pooling of participants to a safe location to conduct the training, and negotiation with the Labour Union leaders to allow health workers participate in training.
Facilitate quarterly mentoring support to LGAs on	50% of the activity has been done Major challenge activity was stopped following the stop order and was not included among the priority activities to be implemented.

8.2.2 Explain why any activities have not been implemented, or have been modified, with references.

The implementation of the planned HSS activities in 2014 could not start on time, first because of the delay in the approval of the 2014 work-plan. The 2014 HSS work-plan was approved during the second ICC meeting on 27th March 2014. Plans were on-going for the implementation of the approved activities by ICC, when a 'Put on Hold' notice was received from GAVI headquarters following the recent CPA provisional audit report. This affected implementation of all the proposed HSS, ISS and New vaccine introduction activities. This caused a further delay in the commencement of the implementation of the planned activities in 2014.

Following a visit by the GAVI team some time during 2nd quarter 2014, an approval was received from GAVI Headquarters for the implementation of a few selected priority activities from the 2014 work-plan that was approved by the ICC in March 2014. There was initially the challenge of whether UNICEF and /or WHO should be responsible for the implementation of the selected activities. An approval was later received from GAVI HQ for the transfer of funds to UNICEF for the implementation of the selected priority activities (from the list of the 2014 work plan approved by ICC). There was also delay in the signing of the MOU between GAVI, UNICEF and GoN for the transfer of funds and implementation of the selected activities. This also contributed to the delay in the receipt of decision letter and VIG for PCV and IPV introduction. The delay in the receipt of the VIGs for PCV and IPV introductions led to the re-scheduling of PCV introduction from September 2014 to December 2014; and also shifting of IPV introduction from Q4 2014 to Q1 2015. As a way forward, most of the pre implementation activities were pre-funded by UNICEF and WHO.

Several other activities were listed in the 2014 work plan approved by the ICC that were affected by the "put on hold"notice from the GAVI headquarters. For instance, plans were concluded for the training of 7, 350 health worker on integrated PHC services when the put on hold order was received and so implementation had to be suspended. The activity was later in the year selected as one of the priority activities to be implemented through UNICEF. This was followed by further delay in the signing of MOU between GAVI, UNICEF and GoN and other several competing activities,which resulted in the rescheduling of the training implementation to Q3 2015.

Mentoring support to LGAs on electronic data capture by Consultants, monitoring and supervision on use of monitoring checklist and DQA tools as well as enhanced capacity to utilize data for informed decision making were not done because they were not captured as priority activities in the approval received from GAVI. However, some other activities, namely; MNTE pre-implementation activities, Men A / YF / Mealses coverage surveys, PIT support by SOLINA Health and support for vaccine distribution that were not in the initial list approved by ICC were included in the priority activities approved by GAVI

8.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

1. Introduction of new vaccines provided opportunity for training of health workers. Cold chain management training also provided opportunity for the training of cold chain officers on vaccine management and cold chain maintainance.
2. Support for the development of the HSS phase 2 proposal provided opportunity for national staff to improve their skills on proposal development.
3. Capacity for supportive supervision was also improved through the support for monitoring of new vaccine introduction.

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
Proportion of	45	Administrative		100							

health workers trained on integrated PHC service delivery											
Measles post campaign coverage survey conducted	0	Administrative		90					75	Survey	Inadequate micro planning, inadequate social mobilization and insufficient vaccines
Men A post campaign coverage survey conducted	0	Administrative		95					88	Survey	Poor integration at operational level due to inadequate preparations, inadequate social mobilization, insufficient vaccines and vaccination above target age
Yellow Fever post campaign coverage survey	0	Administrative		90					78	Survey	Poor micro planning, inadequate social mobilization and insufficient vaccines
Proportion of health workers trained on MNTE micro planning at LGA level	40	Administrative		60							
orkers trained on MNTE microplanning at State level	50	Administrative		70							
Proportion of health workers trained on MNTE micro planning at the National	60	Administrative		80					100	Administrative (a total of about 1168 health workers were trained)	
Proportion of accountants paid	0	Administrative		100							
Percentage of LGAs whose routine HMIS returns meet minimum requirement for data quality standard for informed decision making by 2014.				58.7							
Percentage of LGAs in the phase 1 penta states having HMIS minimum package	100	Administrative		100					100	Administrative	
Percentage of LGAs sending qualitative paper based data	18.7	DHIS 2	100	80			18.7	41.2	58.7	DHIS 2	

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Major accomplishments included the following:
1. Data quality validation: High administrative coverage was observed for all antigens in 2013. DQS with conducted with HSS funds to validate the immunization data. Correction factor obtained from the excercise was used as one of the parameters to determine the country immunization coverage (JRF) for 2013. Procurement of computers for Penta phase 1 states as well as provision of revised HMIS data tools with mentoring of M& E officers in States /LGAs enhanced data capture in states.
2. Improvement in the cold chain storage capacity/ maintenance: a) Procurement of cold chain equipment, 1756 direct solar drive refrigerators which increased the storage capacity at lower levels with training of cold chain officers and health workers on cold chain mainteinance and repairs. b) operational funds for cold chain mainteinance and transportation of vaccines from national to zonal and state stores provided opportunity to enhance vaccine availability at service delivery points.c) availability of stock performance management dash board.
3. ISS support to states that have fully retired previous payments through unicef for the following activities: Supportive supervision, Cold chain maintenance, jingles, vaccine collection and conduction of out reach services. The ISS to states have contributed to immunization service delivery in benefiting states
4. HSS funds provided during the year assisted in implementation of MNTE planning and pre implementation activities in 5 states (Ondo, Osun, Imo, Enugu and Ebonyi) states

8.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

2014 HSS work plan approval was received on 27th March 2014. Two weeks after the country received put on hold order from GAVI HQ following the CPA audit excercise. Later in the year, approval was received for only few priority activities from the list of the approved activities for implementation for 2014. There was delay in the commencement of the implementation of these selected activities due to delay in the signing of MOU between GAVI, UNICEF and GoN. Implementation of these activities are on going though there is still slow disbursement of ISS funds to states. Some of the earlier planned HSS activities for implementation in 2014 were excluded from the priority list from GAVI.
As a way forward funds were transfered to UNICEF for implementation of priority activities pending resolution of GAVI CPA audit report. There is need for early validation of country response to GAVI CPA audit querry and early conclusion of audit excercise itself, so that activities can resume normally.

8.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

The GAVI HSS funded activities are over seen at the national level by the Inter-agency coordinating committee (ICC). This body is also responsible for validating and overall monitoring of the GAVI activities.Regular updates on the GAVI grant implementation are also provided to the Health Partners Coordinating Committee (HPCC) which meets quarterly. Senior management staff are also usually assigned to monitor specific funded HSS activities, in addition RI consultants (formally called GAVI consultants) were engaged for monitoring and supervision at state and LGA levels.

End of programme evaluation was planned for 2014 but not conducted because it was not among the priority activities.

The outcome indicators will be monitored using the routine HMIS, where possible or through the Nigeria DHS, multiple indicator cluster survey and other surveys as may be necessary.

8.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual

sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

GAVI HSS utilizes routine HMIS to report on key outcome or impact indicators like the ante natal care coverage or routine immunization coverage. Since objective 4 of the GAVI HSS is focused on strengthening the HMIS, this means the strengthened HMIS provides better data on GAVI activities. HMIS data reporting is web based so indicators can be accessed real-time online.

Data obtained from states are discussed during the quarter / annual review meetings. Some times there is no funding support to these review meetings. There is need for continous support of these review meetings as the contribute to the improvement of the reporting system of the programme in the country.

8.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

The key stakeholders in the health sector, which include development partners (both bilateral agencies and multilateral agencies) and their subsidiary projects, various civil society organizations, are members of the Inter Agency Coordinating Committee (ICC), which oversee the implementation of the HSS proposal. As such, they review and validate what the implementing units have carried out and reported.

Key stakeholders in the health partners coordinating committee include development partners like WHO, UNICEF, UNFPA, USAID, DFID, BMG and Rotary International as well as the Health Reform Foundation of Nigeria(HERFON), a civil society organization, EU, USAID, CIDA, World Bank, CHAI, JICA

8.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

CSOs like the Christian Health Association ofNigeria (CHAN) and Rotary International as well as the Health Reform Foundation of Nigeria (HERFON) as stated above are members of the ICC that oversees the implementation of the HSS proposal. They review and validate what the implementing units have carried out and reported. No CSO is receiving direct funding for implementation of GAVI funded activities.

The specific roles of the CSOs are shown below:

A. Christian Health Association of Nigeria (CHAN):

Faith-Based Organization

1. Member of ICC and HPCC

2. Review and validate the implementation

3. Endorses the APR before submission

B. Rotary International:

Non Governmental Organization

1. Member of ICC and HPCC

2. Review and validate the implementation

3. Endorses the APR before submission

4. Signatory to the GAVI account

C. Health Reform Foundation of Nigeria (HERFON):

Civil Society Organization

1. Member of ICC, HPCC and PICC

2. Member of advisory committee

D. Clinton Health Access Initiative (CHAI):

International CSO

1. Review and validate the implementation

2. Endorses the APR before submission

3. Member of ICC

E. Other NGOs/Faith Based Organizations

Civil Society Organizations

8.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

Earlier in the year 2014, GAVI funds management was domiciled in NPHCDA. After the put on hold order funds for implementation of priority activities was transfered to UNICEF for implementation of selected activities.
Systemic weaknesses identified during the audit excercise are been addressed. Several measures have been taken to improve internal fund disbursement. Processes to open dedicated accounts for program accountants in the Agency for management of partners funds is on going. The plan to recriut GAVI state accountant to manage GAVI funds at state/LGA levels to improve retirement GAVI funds released to states is ongoing. This will improve the retirement of funds released to the states.

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Training of health workers on integrated PHC service delivery	yes	4071787	0			
Training of cold chain officers/HWs on cols chain maintainance and repairs	yes	1769876				
Continous disbursement of ISS to the states for service delivery	Yes	1523809	249794			
Operational funds to NSCS for cold chain	Yes	1864355				

maintainance and transportation of vaccines from national through zonal and state cold stores						
taock management dashboard	Yes	374285				
Payment of state accountants	Yes	513417	0			
Data Quality Self assessment	Yes	442105				
National Immunization Coverage Survey	Yes	1161295				
Post Introduction Evaluation for PCV and IPV	Yes	126315				
Quarterly Supportive Supervision to follw up new vaccines introduced	Yes	168421				
Maternal Neonatal Tetanus Elimination campaign in 6 states	Yes	2852146				
End of Prgramme Review meeting with States	yes	529032				
		15396843	249794			0

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	**Planned Activity for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2016** (if relevant)
Mid level management training for frontline EPI managers at state and LGA levels	Mid level management training for frontline EPI managers at state and LGA levels	1152708	NA	NA	NA
Train frontline health workers on integrated	Train frontline health workers on integrated PHC service	1550000	NA	NA	NA

PHC service delivery including EPI	delivery including EPI				
Support the engagement of town announcers for sensitization of community members prior to outreach services in 960 wards for two years	Support the engagement of town announcers for sensitization of community members prior to outreach services in 960 wards for two years	205800	NA	NA	NA
Support WDCs meetings for 18 months to institute sustainability and community ownership in 960 Wards	Support WDCs meetings for 18 months to institute sustainability and community ownership in 960 Wards	256680	NA	NA	NA
Conduct participatory learning activities to reactivate and reorient WDCs in 960 wards	Conduct participatory learning activities to reactivate and reorient WDCs in 960 wards	747604	NA	NA	NA
Provision of data management tools in health facilities in 36 states and the FCT	Provision of data management tools in health facilities in 36 states and the FCT	950000	NA	NA	NA
Provision of computer equipments in 23 States (phase two & three Penta states) in 360 LGAs	Provision of computer equipments in 23 States (phase two & three Penta states) in 360 LGAs	0	NA	NA	NA
Training on DHIS 2 with integration of EPI database into the DHIS 2 (HMIS database)	Training on DHIS 2 with integration of EPI database into the DHIS 2 (HMIS database)	121688	NA	NA	NA
Setting up of 4 additional and the maintenance of the existing 6 sentinel sites for Paediatric Bacterial Meningitis	Setting up of 4 additional and the maintenance of the existing 6 sentinel sites for Paediatric Bacterial Meningitis	228197	NA	NA	NA
Commission existing NHMIS Software consultant to provide mentoring support to the LGAs on electronic data capture.	Commission existing NHMIS Software consultant to provide mentoring support to the LGAs on electronic data capture.	493970	NA	NA	NA
Commission	Commission	9030	NA	NA	NA

State and LGA M&E staff to provide supportive supervision to the LGAs/HFs	State and LGA M&E staff to provide supportive supervision to the LGAs/HFs				
Conduct annual Data Quality Self assessment	Conduct annual Data Quality Self assessment	305662	NA	NA	NA
Conduct LGA EPI/PHC reviews	Conduct LGA EPI/PHC reviews	654924	NA	NA	NA
Conduct zonal EPI/PHC reviews	Conduct zonal EPI/PHC reviews	332451	NA	NA	NA
Conduct annual AEFI review meetings	Conduct annual AEFI review meetings	70660	NA	NA	NA
Provide Server Hosting and 4 servers for Data Bank at national	Provide Server Hosting and 4 servers for Data Bank at national	35783	NA	NA	NA
Procure 1,034 PQS standard direct drive solar refrigerators (50L) (for HFs / wards)	Procure 1,034 PQS standard direct drive solar refrigerators (50L) (for HFs / wards)	1649194	NA	NA	NA
Conduct vaccine management trainings	Conduct vaccine management trainings	532471	NA	NA	NA
Establish cold chain maintenance contract for new CCEs at national level	Establish cold chain maintenance contract for new CCEs at national level	37670671	NA	NA	NA
Supportive supervision	Supportive supervision	68684	NA	NA	NA
Annual review of LMIS and development of work plan	Annual review of LMIS and development of work plan	67987	NA	NA	NA
Establish cold chain maintenance contract for new CCEs at LGA and HF level beyond warranty period	Establish cold chain maintenance contract for new CCEs at LGA and HF level beyond warranty period	363236	NA	NA	NA
Quarterly store management overheads	Quarterly store management overheads	815480	NA	NA	NA
Conduct refresher trainings for cold chain technicians in curative maintenance and PPM at state and LGA levels	Conduct refresher trainings for cold chain technicians in curative maintenance and PPM at state and LGA levels	132077	NA	NA	NA

Conduct targeted advocacy visits for establishment of State Primary Health Care Boards (SPHCB) in the 10 states that are yet to constitute the board	Conduct targeted advocacy visits for establishment of State Primary Health Care Boards (SPHCB) in the 10 states that are yet to constitute the board	97215	NA	NA	NA
Conduct quarterly meetings between the Executive Secretaries of SPHCBs and the NPHCDA for better coordination of PHC service delivery including immunization	Conduct quarterly meetings between the Executive Secretaries of SPHCBs and the NPHCDA for better coordination of PHC service delivery including immunization	334176	NA	NA	NA
Provide financial resources for state level Supportive supervision for two staff monthly	Provide financial resources for state level Supportive supervision for two staff monthly	55500	NA	NA	NA
Provide financial resources for LGA level supportive supervision for two staff monthly	Provide financial resources for LGA level supportive supervision for two staff monthly	580500	NA	NA	NA
Operations costs for the GAVI desk in NPHCDA	Operations costs for the GAVI desk in NPHCDA	10800	NA	NA	NA
Engagement of accountants at state level for improved financial management	Engagement of accountants at state level for improved financial management	303494	NA	NA	NA
Conduct of external audit of HSS funds	Conduct of external audit of HSS funds	55255	NA	NA	NA
Conduct of service availability and readiness assessment and DQRC development for monitoring of intermediate results and outcomes annually	Conduct of service availability and readiness assessment and DQRC development for monitoring of intermediate results and outcomes annually	660000	NA	NA	NA
Hiring of M&E specialist to support the GAVI unit in programme management	Hiring of M&E specialist to support the GAVI unit in programme management	46006	NA	NA	NA
Conduct	Conduct	100000	NA	NA	NA

community-based assessment including KAP to ascertain the level of community knowledge	community-based assessment including KAP to ascertain the level of community knowledge				
Provide financial resources for Routine Consultants Logistics	Provide financial resources for Routine Consultants Logistics	416250	NA	NA	NA
Provide financial resources for transport for outreach services	Provide financial resources for transport for outreach services	1432500	NA	NA	NA
Provide financial resources for vaccine collection	Provide financial resources for vaccine collection	716250	NA	NA	NA
Provide financial resources for support to private providers involved in RI for vaccine collection	Provide financial resources for support to private providers involved in RI for vaccine collection	111320	NA	NA	NA
Management costs for technical expertise to support vaccine introduction and switch	Management costs for technical expertise to support vaccine introduction and switch	138000	NA	NA	NA
Management costs to support quality assurance of trainings	Management costs to support quality assurance of trainings	27600	NA	NA	NA
		53499823			

8.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
EU SIGN	1070000	6 years	Capacity building
Global Fund for AIDS, TB and Malaria	120000	5 years	facility rehabilitation, HMIS strengthening, community strengthening, logistics system harmonization

MDG Debt Relief Gains	3380000	5 years	Capacity building

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

8.9. Reporting on the HSS grant

8.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Administrative reports (DVD MT, monthly RI feed back)	Community surveys	Denominator issues (population projections) , data not disaggregated by gender, insufficient data tools. No funds to conduct NICS
HMIS reports	Surveys (DHS)	Wide disparities between administrative and survey results, in completeness of reports
Operational research (surveys)	Independent assessors	Inadequate funding for operational research

8.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

1. There was delay in securing funds to organize the three (3) workshop needed to fill in the 2014 JRF & APR by all Partners. This delayed the commencement of work on the APR.There is need for early financial support for the necessary workshops needed to complete the APR and JRF.

2. Initially, the Nigeria HSS section (online) was closed, but later opened close to time of submission of the APR to ICC for endorsement. Trying to get the different implementing units together to complete the section (taking into consideration other on-going activities like IPDs, AVW, IPV training) before presentation to the ICC was stressful. There is need to open all relevant sections of the portal on time.

3. Also capacity building of key stakeholders on filling of the APR and support for regular evaluation would be very useful in future. There will also be need for funding of operational research. This will help in obtaining useful information for the reports.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?2

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

9. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

9.1. TYPE A: Support to strengthen coordination and representation of CSOs

Nigeria **has NOT received GAVI TYPE A CSO support**

Nigeria is not reporting on GAVI TYPE A CSO support for 2014

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

Nigeria **has NOT received GAVI TYPE B CSO support**

Nigeria is not reporting on GAVI TYPE B CSO support for 2014

10. 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

11. Annexes

11.1. Annex 1 – Terms of reference ISS

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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS *1*

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	ICC Signature.pdf **File desc:** **Date/time :** 15/05/2015 11:16:53 **Size:** 1 MB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	ICC Signature.pdf **File desc:** **Date/time :** 15/05/2015 11:18:12 **Size:** 1 MB
3	Signatures of members of ICC	2.2	✓	Attendance ICC meeting.pdf **File desc:** **Date/time :** 15/05/2015 11:25:38 **Size:** 2 MB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Minutes to be compiled and sent.docx **File desc:** **Date/time :** 15/05/2015 11:41:48 **Size:** 9 KB
5	Signatures of members of HSCC	2.3	✓	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:55:44 **Size:** 9 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	HSCC meeting did not hold to endorse the APR rather ICC meeting was held on 12th May 2015 minutes to be sent when endorsed.docx **File desc:** **Date/time :** 15/05/2015 11:43:49 **Size:** 10 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	To be sent.docx **File desc:** **Date/time :** 15/05/2015 11:55:20 **Size:** 9 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:53:07 **Size:** 9 KB

9	Post Introduction Evaluation Report	7.2.1	✗	REPORT OF POST INTRODUCTION EVALUATION Phase 3.docx **File desc:** **Date/time :** 15/05/2015 11:22:55 **Size:** 465 KB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	To be sent.docx **File desc:** **Date/time :** 15/05/2015 11:54:16 **Size:** 9 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US$ 250,000	7.3.1	✓	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:52:14 **Size:** 9 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Nigeria_EVM_report_31Oct2014_D2.docx **File desc:** **Date/time :** 15/05/2015 11:21:56 **Size:** 5 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM Improvement plan 2014.xlsx **File desc:** **Date/time :** 15/05/2015 11:26:10 **Size:** 82 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	To be sent.docx **File desc:** **Date/time :** 15/05/2015 11:44:55 **Size:** 9 KB
16	Valid cMYP if requesting extension of support	7.8	✓	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:51:45 **Size:** 9 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:51:18 **Size:** 9 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:50:49 **Size:** 9 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in	8.1.3	✓	To be sent.docx **File desc:** **Date/time :** 15/05/2015 11:47:22

	the Ministry of Health			**Size:** 9 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	To be sent.docx **File desc:** **Date/time :** 15/05/2015 11:50:08 **Size:** 9 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:49:20 **Size:** 9 KB
22	HSS Health Sector review report	8.9.3	✓	To be sent.docx **File desc:** **Date/time :** 15/05/2015 11:48:20 **Size:** 9 KB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:49:43 **Size:** 9 KB
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:48:51 **Size:** 9 KB
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:48:02 **Size:** 9 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	To be sent.docx **File desc:** **Date/time :** 15/05/2015 11:45:11 **Size:** 9 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:45:32 **Size:** 9 KB
28	Justification for changes in target population	5.1	✗	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:45:55

				Size: 9 KB
	Other		✕	Not applicable.docx **File desc:** **Date/time :** 15/05/2015 11:46:15 **Size:** 9 KB