

# APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by  
**The Government of Nigeria**

for  
Measles follow-up campaign; Measles 1st  
and 2nd dose routine and Yellow fever  
preventive mass vaccination campaign



Reach Every Child  
[www.gavi.org](http://www.gavi.org)

# 1 Gavi Grant terms and conditions

## 1.2 Gavi terms and conditions

### 1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

### GAVI GRANT APPLICATION TERMS AND CONDITIONS

#### **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

The applicant country ("Country") confirms that all funding provided by Gavi 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 Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

#### **AMENDMENT TO THE APPLICATION**

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

#### **RETURN OF FUNDS**

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been 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 Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

#### **SUSPENSION/ TERMINATION**

Gavi 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 programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

#### **NO LIABILITY**

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

## **INSURANCE**

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

## **ANTI-CORRUPTION**

The Country confirms that funds provided by Gavi 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.

## **ANTI-TERRORISM AND MONEY LAUNDERING**

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

## **AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi 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 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 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 Gavi in connection with any audit.

## **CONFIRMATION OF LEGAL VALIDITY**

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

## **COMPLIANCE WITH GAVI POLICIES**

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

### **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 Gavi 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 Gavi 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 Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: Gavi 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.

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

## **1.3 Gavi Guidelines and other helpful downloads**

### **1.3.1 Guidelines and documents for download**

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

## 2 Review and update country information

### 2.1 Country profile

#### 2.1.1 Country profile

##### **Eligibility for Gavi support**

Eligible

##### **Co-financing group**

Accelerated transition

##### **Date of Partnership Framework Agreement with Gavi**

9 January 2014

##### **Country tier in Gavi's Partnership Engagement Framework**

1

##### **Date of Programme Capacity Assessment**

September 2016

#### 2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

##### **What was the total Government expenditure (US\$) in 2016?**

See JAR 2017

**What was the total health expenditure (US\$) in 2016?**

See JAR 2017

**What was the total Immunisation expenditure (US\$) in 2016?**

42,932,266.7

**Please indicate your immunisation budget (US\$) for 2016.**

See JAR 2017

**Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).**

37,823,337.43 (2017)  
42,401,326.52 (2018)

[2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:](#)

**The government planning cycle starts on the**

1 January

The current National Health Sector Plan (NHSP) is

From

2018

To

2022

**Your current Comprehensive Multi-Year Plan (cMYP) period is**

2016-2020

**Is the cMYP we have in our record still current?**

Yes

No

If you selected "No", please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From

2016

To

2021

**If any of the above information is not correct, please provide additional/corrected information or other comments here:**

The plan for YF is for a three year period 2019 - 2021. The Addendum is attached amongst other documents

#### 2.1.4 National customs regulations

**Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.**

The country procures her vaccines from UNICEF using WHO pre qualified firms. This makes the country to have waivers on pre delivery inspection.

#### 2.1.5 National Regulatory Agency

**Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.**

The country National Regulatory Agency is the National Agency for Food and Drugs Administration. Vaccines come in from WHO pre qualified firms through UNICEF. The country has a yearly waiver from Ministry of Finance because vaccines are classified as items of National Security. For quality assurance NAFDAC samples some vials for check regularly

## 2.2 National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	7,663,000	7,395,110	7,647,787	7,469,336	7,678,750

#### MenA Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)		2,787,917	4,383,836	6,071,802	
Gavi support (US\$)		3,264,500	2,263,000	2,873,992	

#### PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	14,093,028	40,351,667	50,681,641	63,644,294	
Gavi support (US\$)	18,608,500	36,087,500	31,072,000	10,969,728	

#### Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	5,292,576	17,557,932	18,950,214	18,424,131	
Gavi support (US\$)	1,976,000	4,173,500	3,533,500	2,635,272	

#### Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	6,743,901	13,450,799	21,965,591	21,073,327	
Gavi support (US\$)	21,726,500	16,363,500	12,698,000	6,220,472	

#### Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	26,129,505	74,148,315	95,981,282	109,213,554	



Total Gavi support (US\$)	49,974,000	67,284,110	57,214,287	30,168,800	7,678,750
Total value (US\$) (Gavi + Country co-financing)	76,103,505	141,432,425	153,195,569	139,382,354	7,678,750

## 2.3 Coverage and Equity

### 2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to

improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

As described in the Draft JAR of 2018, Using Penta 3 coverage as an indicator with reference to MICS 2011 and 2016, It was observed that Penta 3 performances although not up to the set target for reference year were lower in the Northern part of the country compared to the southern part. The north west and north-east zones have the lowest coverage of 14% and 28% respectively. Families in higher economic quintile had better coverage than those in lower economic quintile. The MIC/NICS 2016 report shows that children of women with higher educational qualifications and age received more vaccination than those of lower educational and socioeconomic status. A reduction in the coverage in previously high performing zones such as the South East and South West has also been observed from the 2016 MICS/NICS survey. Low immunization coverage persists in riverine and mountainous areas and amidst migrant populations and security challenged areas. The dismal performance of the MICS/NICS 2016 of 33% Penta3 coverage led to the emergence of the National Emergency Routine Immunization Coordinating Center (NERICC) in July 2017. NERICC identified eighteen poorest performing states using set criteria as Polio High Risk, NDHS 2013, SMART 2015, MICS/NICS 2016, proportion of planned sessions conducted and security situations. Equity issues include human resource constraints at the primary healthcare level, high concentration of healthcare workers in the urban facilities, low female healthcare workers available in the primary health care centers and use of volunteers or ad-hoc vaccinators for immunization. This corroborates with the findings from the equity assessment in 2017 which showed that gender bias in human resources deployment as there were more males than females in the PHCs and dispensaries. Husbands were opposed to their wives and children accessing services which led to lowered coverage in those states. Relevant sections of the JAR addresses this section appropriately.

## 2.4 Country documents

### 2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

## Country and planning documents

- ✓

**Country strategic multi-year plan**

Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan

[18.04.2018Nigeria Strategy for Immunization and PHC StrengtheningFinal 29-10-18 22.21.18.pdf](#)
  - ✓

**Country strategic multi-year plan / cMYP costing tool**

[NSIPSS System Support Costs 29-10-18 22.24.52.xlsx](#)
  - ✓

**Effective Vaccine Management (EVM) assessment**

[EVMA2017reportv8 track 02-11-18 16.56.24.doc](#)
  - ✓

**Effective Vaccine Management (EVM): most recent improvement plan progress report**

[EVM Improvement Plan Update 02-11-18 17.00.26.xlsx](#)
  - ✓

**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**

[Preliminary report 2013 DQS Final 03-11-18 16.07.45.docx](#)
  - ✓

**Data quality and survey documents: Immunisation data quality improvement plan**

[Preliminary report 2013 DQS Final 03-11-18 18.02.39.docx](#)
  - ✓

**Data quality and survey documents: Report from most recent desk review of immunisation data quality**

[Preliminary report 2013 DQS Final 03-11-18 16.09.34.docx](#)
-

✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [Preliminary report 2013 DQS Final\\_03-11-18\\_16.10.29.docx](#)

**Human Resources pay scale** **No file uploaded**

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

### Coordination and advisory groups documents

✓ **National Coordination Forum Terms of Reference** [Terms of Reference of the ICC HSCC\\_29-10-18\\_22.26.27.docx](#)

ICC, HSCC or equivalent

✓ **National Coordination Forum meeting minutes of the past 12 months** [Minutes of ICC meetings\\_02-11-18\\_20.22.53.zip](#)

### Other documents

✓ **Other documents (optional)** [PostMeaslesCampaignCoverageSurveyReport17October2018\\_05-11-18\\_00.06.01.docx](#)  
Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available. [Nigeria Joint Appraisal 2017 October HLRP\\_02-11-18\\_17.27.19.pdf](#)  
[MICS5 SFR REVISED EditionFeb 2018\\_02-11-18\\_17.23.16.pdf](#)  
[Nigeria NICS Report 201617\\_02-11-18\\_17.22.34.pdf](#)

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## 3.1 Measles follow-up campaign

### 3.1.1 Vaccine and programmatic data

#### 3.1.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

*Note 3*

Measles follow-up campaign

Preferred presentation M, 10 doses/vial, lyo

Is the presentation licensed or registered? Yes  No

2nd preferred presentation M, 5 doses/vial, Lyophilised

Is the presentation licensed or registered? Yes  No

Required date for vaccine and supplies to arrive 1 August 2019

Planned launch date 12 September 2019

Support requested until 2019

#### 3.1.1.2 Vaccine presentation registration or licensing

**If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.**

No Response

### 3.1.1.3 Vaccine procurement

**Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?**

Yes

No

If you have answered yes, please attach the following in the document upload section:\* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.\* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

### 3.1.2 Target Information

#### 3.1.2.1 Targets for campaign vaccination

Please describe the target age cohort for the measles follow-up campaign:

*Note 4*

From	9	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>
To	59	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>

	2019
Population in target age cohort (#)	22,246,689
Target population to be vaccinated (first dose) (#)	21,134,355
Estimated wastage rates for preferred presentation (%)	10

#### 3.1.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is

already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2019
Population in the target age cohort (#)	7,890,060
Target population to be vaccinated (first dose) (#)	5,207,440
Number of doses procured	5,207,258

### 3.1.3 Co-financing information

#### 3.1.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles follow-up campaign

	2019
10 doses/vial, Lyophilised	0.32

Commodities Price (US\$) - Measles follow-up campaign (applies only to preferred presentation)

	2019
AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.02

#### 3.1.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

*Note 5*

	2019
Country co-financing share per dose (%)	5.36
Minimum Country co-financing per dose (US\$)	0.02

Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.02
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### 3.1.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

#### Measles follow-up campaign

	2019
Vaccine doses financed by Gavi (#)	22,459,300
Vaccine doses co-financed by Country (#)	999,900
AD syringes financed by Gavi (#)	22,257,000
AD syringes co-financed by Country (#)	990,900
Reconstitution syringes financed by Gavi (#)	2,470,600
Reconstitution syringes co-financed by Country (#)	110,000
Safety boxes financed by Gavi (#)	272,025
Safety boxes co-financed by Country (#)	12,125
Freight charges financed by Gavi (\$)	783,368
Freight charges co-financed by Country (\$)	34,877

2019



Total value to be co-financed (US\$) Country	399,000
Total value to be financed (US\$) Gavi	8,958,500
Total value to be financed (US\$)	9,357,500

### 3.1.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 6

	2019
Minimum number of doses financed from domestic resources	5,207,258
Country domestic funding (minimum)	1,593,421

### 3.1.3.5 Co-financing payment

**Please indicate the process for ensuring that the co-financing payments are made in a timely manner.**

All co financing commitments for vaccines and devices are fulfilled by direct transfer to UNICEF as soon as the National budget is passed

**If your country is in the accelerated transition phase for Gavi support, please answer the following question:**

**Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.**

No co-financing default has been registered so far since Nigeria started co financing her vaccines. For the MCV 2 introduction, it has been provided for in the National budget. The JAR

2018 report explained this in the introduction thus "Nigeria has a national plan that is backed by law (i.e. Fiscal Responsibility Act 2007), which makes provision for 3 year rolling plan, which is updated every year to capture all significant government programmes including: health, immunization and PHC. It has consistently met her co-financing obligation, even though the government revenue dipped in the last five years. The government has been able to bridge the funding gap arising from the shortfall in revenue with the world bank additional financing and other credit sources".

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

March

The payment for the first year of co-financed support will be made in the month of:

Month

June

Year

2019

### 3.1.4 Financial support from Gavi

#### 3.1.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign

#### Population in the target age cohort (#)

*Note 7*

22,246,689

#### Gavi contribution per person in the target age cohort (US\$)

0.45

#### Total in (US\$)

10,011,010.05

Funding needed in country by

4 May 2019

### 3.1.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

#### **Total amount - Gov. Funding / Country Co-financing (US\$)**

7,567,510

#### **Total amount - Other donors (US\$)**

0

#### **Total amount - Gavi support (US\$)**

9,696,253

#### **Amount per target person - Gov. Funding / Country Co-financing (US\$)**

0.34

#### **Amount per target person - Other donors (US\$)**

0

#### **Amount per target person - Gavi support (US\$)**

0.45

### 3.1.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

Procurement, storage and distribution of bundled measles SIA vaccine  
Vaccine supply chain management; Cold chain equipment update and replacement  
Strengthening of waste management system; Repairs and purchase of incinerators  
Advocacy, Communication and Social mobilisation activities; printing of flyers/banners, airing of jingles, media appearances, training and development of communication plans  
Capacity building of health workers; training of team members  
Planning; micro-planning validation and verification  
Monitoring and supervision  
Strengthening pharmaco-vigilance

#### 3.1.4.4 Financial management procedures

**Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.**

As with previous SIAs, funds are disbursed to WHO and UNICEF to carry out activities allocated to them. Similarly, government funding related to any activity allocated to WHO and UNICEF are transferred to them as well.

#### 3.1.4.5 Fiduciary management

**Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.**

- o **UNICEF Tripartite Agreement: 5%**
- o **UNICEF Bilateral Agreement: 8%**
- o **WHO Bilateral Agreement: 7%.**

Approved funds are transferred through the Alliance Partners. Funds are not transferred to Nigeria but through WHO and UNICEF.  
The country has mechanisms on ground to ensure that funds meant for activities of the introduction are put to use judiciously. Monitoring of utilization are done using all available means at all levels. Lessons learnt from the last measles campaign where the officers of the Directorate of State services monitored covertly fund disbursement will also be applied to strengthen the fiduciary mechanisms during the measles SIA.

#### 3.1.4.6 Use of financial support to fund additional Technical Assistance needs

**Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are**

identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

*Note 8*

See JAR (2018) section

### 3.1.5 Strategic considerations

#### 3.1.5.1 Rationale for this request

**Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.**

Measles SIAs application, page, section 2.2

#### 3.1.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

**Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.**

NSIPSS\_Measles SIA section

#### 3.1.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

**Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.**

**If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.**

**In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.**

The NITAG endorsed the approach for moving toward the measles elimination in 2028 and also included the MR catch-up campaign in 2023 in the country's agenda. It's only afterward, the NMYTCC moved toward developing the strategic timeframe. In addition, the ICC endorsed this

application as the Core Group, technical advisory body of the ICC, went through the same process in reviewing and endorsing the present application.

#### 3.1.5.4 Financial sustainability

**Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?**

Usually, the counterpart funding comes from the national and state levels. The same can be applied for this campaign. However, due to the unforeseen circumstances linked to the 2019 elections, it is unpredictable to ascertain the availability of any counterpart funding

#### 3.1.5.5 Programmatic challenges

**Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.**

Ref Measles Strategic Plan 2019-2023, chapter 3, SWOT analysis

#### 3.1.5.6 Improving coverage and equity of routine immunisation

**Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.**

The present application will enable the expansion of immunization activities to reach hard-to-reach populations in remote areas including the worst wealth quintile group. This will restore the equity and address the coverage issue with the staggering plan. The budget, will make a cost saving in the area of micro-planning, health workforce capacity building, supervision and monitoring.

#### 3.1.5.7 Synergies

**Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.**

*Note 9*

The planned SIA covers all Nigeria Northern States where, in 2019, Katsina State will also implement the Yellow Fever Preventive Mass Vaccination Campaign. To capitalize on the two programmes, the microplanning validation/verification including the training for the health workers and the monitoring processes will be conducted concurrently in the State.

### 3.1.5.8 Indicative major measles and rubella activities planned for the next 5 years

**Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles-rubella follow up campaign, etc.).**

The Measles follow-up campaign will be conducted in the Northern Zones during the fourth quarter 2019 then same period in 2021 and 2022 before the nationwide MR catch-up campaign targeting children 9 months to less than 10 years in Q4\_2023/Q1\_2024. These campaigns will move along in strengthening the routine immunization in the area of microplanning, training, monitoring and evaluation including cold chain and logistics reinforcement and boosting the surveillance and lab. systems network.

## 3.1.6 Report on Grant Performance Framework

### 3.1.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

#### Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

#### Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to [countryportal@gavi.org](mailto:countryportal@gavi.org).



### 3.1.7 Upload new application documents

#### 3.1.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

#### Application documents



	<b>New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist &amp; activity list and timeline</b>	<a href="#">MSIA Amended Final_03-12-18_14.54.22.docx</a> <a href="#">MeaslesSIA2019Timeline_04-11-18_22.35.09.xlsx</a> <a href="#">Nigeria Measles Elimination Strategic plan for 2019202803Nov2018_03-11-18_20.14.14.docx</a>
	If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.	
	<b>Gavi budgeting and planning template</b>	<a href="#">Budgeting and Planning TemplateMeasles SIA Nigeria07.Nov.2018corrected_07-11-18_20.57.50.xlsm</a>
	<b>Most recent assessment of burden of relevant disease</b>	<b>No file uploaded</b>





If not already included in detail in the Introduction Plan or Plan of Action.

**Campaign target population (if applicable)** **No file uploaded**

### Endorsement by coordination and advisory groups

-  **National coordination forum meeting minutes, with endorsement of application, and including signatures**  
The minutes of the national coordination forum meeting should mention the domestic funding of MCV1  
[PROPOSAL ENDORSEMENT MTG\\_03-11-18\\_20.16.23.pdf](#)  
[ICC ProposalEndorsementMinutes01112018\\_03-11-18\\_20.16.01.pdf](#)
  
-  **NITAG meeting minutes**  
with specific recommendations on the NVS introduction or campaign  
[NITAG\\_02-11-18\\_17.50.24.zip](#)

### Vaccine specific

-  **cMYP addendum**  
Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP  
[cMYP Addendum\\_03-11-18\\_20.17.08.docx](#)
  
-  **Annual EPI plan**  
Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget  
[MeaslesSIA2019Timeline\\_05-11-18\\_00.00.22.xlsx](#)  
[MCV220192020Timeline\\_04-11-18\\_23.59.50.xlsx](#)  
[Revised 2018 NERICC Workplan Jan. 2018\\_03-11-18\\_19.09.30.xlsx](#)  
[Updated2018 NERICC RI Workplan with Funding Gaps\\_03-11-18\\_19.09.53.xlsx](#)

[NERICCPrioritized workplan for Gavi 1\\_03-11-18\\_19.27.41.xlsx](#)

**MCV1 self-financing commitment letter**

No file uploaded

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.



**Measles (and rubella) strategic plan for elimination**

[Nigeria Measles Elimination Strategic plan for 2019202803Nov2018\\_03-11-18\\_20.17.44.docx](#)

If available



**Other documents (optional)**

[Proposal for the Conduction of assessment of mothers\\_03-12-18\\_15.15.57.docx](#)

[Rapid assessment preliminary results\\_03-12-18\\_15.14.26.pdf](#)

[Nigeria Joint Appraisal 2017 October HLRP\\_04-11-18\\_23.56.38.pdf](#)

[2018 JA Report 25Oct2018\\_07-11-18\\_14.18.16.docx](#)

[DSA rates IP\\_07-11-18\\_14.18.50.pdf](#)

[NGAGAVIModeling2018\\_04-11-18\\_23.51.04.docx](#)

## 3.2 Measles 1st and 2nd dose routine

### 3.2.1 Vaccine and programmatic data

#### 3.2.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

*Note 10*

Measles 1st and 2nd dose routine

Preferred presentation	M, 10 doses/vial, lyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	M, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Required date for vaccine and supplies to arrive	1 September 2019
Planned launch date	1 October 2019
Support requested until	2020

#### 3.2.1.2 Vaccine presentation registration or licensing

**If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.**

The country's agency in charge of the approval of the importation of vaccines is NAFDAC. Even with WHO qualified/licensed product, any one imported in the country requires testing from NAFDAC. To get a waiver for the importation of any vaccine in country, takes time as the Agency must go through different procedures for giving that waiver

### 3.2.1.3 Vaccine procurement

**Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?**

Yes

No

If you have answered yes, please attach the following in the document upload section:\* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.\* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

## 3.2.2 Target Information

### 3.2.2.1 Targets for routine vaccination

Please describe the target age cohort for the Measles 1st dose routine immunisation:

*Note 11*

9

weeks

months

years

Please describe the target age cohort for the Measles 2nd dose routine immunisation:

15

weeks

months

years

	2019	2020
Population in the target age cohort (#)	7,810,724	8,060,668
Target population to be vaccinated (first dose) (#)	7,210,141	7,440,865
Population in the target age cohort for last dose (#)	2,800,701	6,795,116
Target population to be vaccinated for last dose (#)	1,400,004	2,400,000

Estimated wastage rates for preferred presentation (%)	40	40
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### 3.2.3 Co-financing information

#### 3.2.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles routine, 1st and 2nd dose

	2019	2020
10 doses/vial, Lyophilised	0.32	0.32

Commodities Price (US\$) - Measles routine, 1st and 2nd dose (applies only to preferred presentation)

	2019	2020
AD syringes	0.04	0.04
Reconstitution syringes	0.04	0.04
Safety boxes	0.47	0.47
Freight cost as a % of device value	0.02	0.02

#### 3.2.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

Note 12

	2019	2020
Country co-financing share per dose (%)	62.89	73.9
Minimum Country co-financing per dose (US\$)	0.2	0.23
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2	0.24

### 3.2.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles routine, 1st and 2nd dose

	2019	2020
Vaccine doses financed by Gavi (#)	6,290,800	3,898,000
Vaccine doses co-financed by Country (#)	11,682,900	13,050,100
AD syringes financed by Gavi (#)	4,698,900	2,619,800
AD syringes co-financed by Country (#)	8,726,500	8,770,500
Reconstitution syringes financed by Gavi (#)	692,000	428,800
Reconstitution syringes co-financed by Country (#)	1,285,200	1,435,600
Safety boxes financed by Gavi (#)	59,325	33,550
Safety boxes co-financed by Country (#)	110,150	112,275
Freight charges financed by Gavi (\$)	213,101	130,844
Freight charges co-financed by Country (\$)	395,761	438,050
	2019	2020
Total value to be co-financed (US\$) Country	4,531,000	5,017,000

Total value to be financed (US\$) Gavi	2,440,000	1,498,500
Total value to be financed (US\$)	6,971,000	6,515,500

### 3.2.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 13

	2019	2020
Minimum number of doses financed from domestic resources	8,986,839.5	8,474,035.5
Country domestic funding (minimum)	2,749,973	2,593,055

### 3.2.3.5 Co-financing payment

**Please indicate the process for ensuring that the co-financing payments are made in a timely manner.**

Nigeria has not defaulted in her co-financing obligations in the past. This is stated in the JAR 2018 "Nigeria has a national plan that is backed by law (i.e. Fiscal Responsibility Act 2007), which makes provision for 3 year rolling plan, which is updated every year to capture all significant government programmes including: health, immunization and PHC. It has consistently met her co-financing obligation, even though the government revenue dipped in the last five years. The government has been able to bridge the funding gap arising from the shortfall in revenue with the world bank additional financing and other credit sources."

**If your country is in the accelerated transition phase for Gavi support, please answer the following question:**

**Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.**

For the Measles second dose introduction, it has been captured in the NSIPSS document detailing the country's commitment for her vaccines till 2018. The 2019 budget which addresses the first year of the MCV2 introduction has not been concluded. However, the Minister of Health while chairing the ICC meeting that endorsed the proposal instructed that it must be captured in the National budget

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

July

The payment for the first year of co-financed support will be made in the month of:

Month

July

Year

2019

### 3.2.4 Financial support from Gavi

#### 3.2.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

#### Live births (year of introduction)

2,800,007

#### Gavi contribution per live birth (US\$)

0.6

#### Total in (US\$)

1,680,004.2

Funding needed in country by

5 May 2019



### 3.2.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

#### **Total amount - Gov. Funding / Country Co-financing (US\$)**

15588572

#### **Total amount - Other donors (US\$)**

0

#### **Total amount - Gavi support (US\$)**

4,042,023

#### **Amount per target person - Gov. Funding / Country Co-financing (US\$)**

2.29

#### **Amount per target person - Other donors (US\$)**

0

#### **Amount per target person - Gavi support (US\$)**

0.59

### 3.2.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

## Cost Driver Inputs Assumptions

1. Planning, coordination and programme guidance
  - 1.1 Coordination and stakeholder engagement Stakeholders engagement obtained
  - 1.2 Revising Policy on Immunisation Policy revised
  - 1.3 Review and dissemination of operational guidelines for MCV Ops guidelines reviewed and disseminated
  - 1.4 Pre-introduction planning and preparations Early pre-introduction and preparations made accordingly
  - 1.5 RI strengthening & establishment of 2YL Platform The 2YL platform established to benefit the targeted population
2. Procurement and distribution of vaccines
  - 2.1 Procure additional MCV to meet MCV2 introduction requirements Additional MCV procured to meet the demand
  - 2.2 Distribution of vaccines Distribution plan available for vaccine and devices and use efficiently
3. Effective Vaccine Supply Chain Management
  - 3.1 Cold chain Equipment update and inventory to meet demands of MCV2 Introduction CCE up to date
  - 3.2 Review/Amend Distribution Plans for MCV and devices Distribution plan available for vaccine and devices and use efficiently
4. Strengthen Waste Management system
  - 4.1 Support Disposal of used MCV injection materials Waste management plan available and used efficiently
5. Establish & Strengthen vaccination in the second year of life (2YL)
  - 5.1 Undertake service delivery planning for 2YL platform 2YL platform service delivery available to all on an equity manner
  - 5.2 Support to implementation of 2YL platform 2YL platform service delivery available to all on an equity manner
6. Strengthening monitoring and supervision system
  - 6.1 Revision of data management systems & forms Data management system revised and adapted
  - 6.2 Supportive supervision of MCV2 implementation Supportive supervision implemented accordingly
  - 6.3 Evaluation of MCV2 implementation MCV2 PIE implemented
7. Training and Capacity building
  - 7.1 Develop training guidelines for health personnel at the service delivery level HW training guidelines developed and up to date
  - 7.2 Training and capacity building for health workers HW trained
  - 7.3 Training and capacity building on implementation supervision, data analysis and reporting supervision, data analysis and reporting training effected
8. Undertaking communication and advocacy activities
  - 8.1 Demand creation activities for MCV2 Introduction Demand creation for MCV2 introduction generated on time
  - 8.2 Enhance capacity of civil society, community groups & networks Civil society, community groups & networks trained and enrolled
  - 8.3 Monitoring and Supervision of ACSM Strategy for MCV2 ACSM activities implemented
9. Strengthening surveillance and pharmaco-vigilance systems
  - 9.1 Intensify measles surveillance Measles surveillance system reinforced with lab network
  - 9.2 Surveillance for Adverse Effects Following Immunisation (AEFI) Adverse Effects Following Immunisation (AEFI) surveillance followed up regularly

#### 3.2.4.4 Financial management procedures

**Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.**

Nigeria accesses Gavi Campaign support and Vaccine introduction grants through WHO and UNICEF for the operational cost. In addition, vaccines and devices are procured for the country through UNICEF supply division. Similarly, the govt of Nigeria allocated funds for specific activities are transferred to the relevant Agency operational fund assigned that function. The ACSM activities funds are transferred from the govt account to UNICEF

#### 3.2.4.5 Fiduciary management

**Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.**

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

Approved funds are transferred through the Alliance Partners. Funds are not transferred to Nigeria but through WHO and UNICEF.

The country has mechanisms on ground to ensure that funds meant for activities of the introduction are put to use judiciously. Monitoring of utilization are done using all available means at all levels. Lessons learnt from the last measles campaign where the officers of the Directorate of State services monitored covertly fund disbursement will also be applied to strengthen the funds utilization.

#### 3.2.4.6 Use of financial support to fund additional Technical Assistance needs

**Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.**

*Note 14*

Refer to the JA Report

### 3.2.5 Strategic considerations

#### 3.2.5.1 Rationale for this request

**Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.**

Ref. Executive Summary of the MCV2 proposal -attached

#### 3.2.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

**Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.**

This request is aligned with the comprehensive multi year plan and it is also in line with the recently approved Nigeria Strategy for Immunization and PHC Strengthening.

#### 3.2.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

**Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.**

**If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.**

**In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.**

Nigeria has a NITAG and the decision to introduce was done in their meeting of July 24th and 25th 2018 (Minutes attached)

The country has an ICC that governs immunization Agenda in Nigeria – Roles and Terms of Reference are attached.

The ICC meeting of 1st November 2018, chaired by the Honorable minister of Health endorsed the submission of the proposal

#### 3.2.5.4 Financial sustainability

**Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?**

The Country plans towards financing the introduction of MCV2 into her immunization schedule with options opened to the country are well outlined in Section 8 of the NSIPSS document attached

#### 3.2.5.5 Programmatic challenges

**Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.**

See JAR 2018

#### 3.2.5.6 Improving coverage and equity of routine immunisation

**Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.**

See JAR 2018

#### 3.2.5.7 Synergies

**Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.**

*Note 15*

Synergies are described in the Measles SIA and YF applications. In terms of programmatic risk the country EPI program is working hand in hand with Global Partners who have the capacity and experience to manage such. Financial risk is also mitigated as the implementation is mainly through the Partners financial system. The Partners are being able to devolve mechanism (Direct Disbursement Mechanism) to respond for such high level of activities. For example Direct Disbursement Mechanism used to pay the service providers.

### 3.2.5.8 Indicative major measles and rubella activities planned for the next 5 years

**Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles follow up campaign, etc.).**

See Measles Rubella Strategic Plan

## 3.2.6 Report on Grant Performance Framework

### 3.2.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

#### Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
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1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
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If you have any questions, please send an email to [countryportal@gavi.org](mailto:countryportal@gavi.org).

## 3.2.7 Upload new application documents

### 3.2.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

#### Application documents

- ✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline**
- [Measles new vaccine introduction planFINAL301118\\_30-11-18\\_21.43.19.docx](#)
- [An Introduction Plan for MCV2Nigeria\\_03-11-18\\_20.08.51.docx](#)

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.

- ✓ **Gavi budgeting and planning template**
- [Budgeting and Planning TemplateMCV2 VIG Nigeria07.Nov.2018Corrected\\_07-11-18\\_12.52.20.xlsm](#)

**Most recent assessment of burden of relevant disease**

**No file uploaded**

If not already included in detail in the Introduction Plan or Plan of Action.

#### Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures**
- [ICC ProposalEndorsementMinutes01112018\\_02-11-18\\_21.18.47.pdf](#)
-

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1



### **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

[NITAG Endorsement meeting July 24th and 25th minutes17402\\_02-11-18\\_21.17.33.docx](#)

[Scan 1 Nov 2018 at 14.22 1\\_02-11-18\\_21.17.10.pdf](#)

## **Vaccine specific**



### **cMYP addendum**

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

[cMYP Addendum\\_03-11-18\\_20.01.50.docx](#)



### **Annual EPI plan**

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

[Updated2018 NERICC RI Workplan with Funding Gaps\\_03-11-18\\_20.04.37.xlsx](#)

[NERICC Action Plan\\_03-11-18\\_20.03.47.xlsx](#)

[MCV220192020Timeline\\_03-11-18\\_20.02.38.xlsx](#)

### **MCV1 self-financing commitment letter**

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

**No file uploaded**



### **Measles (and rubella) strategic plan for elimination**

[Nigeria Measles Elimination Strategic plan for 2019202803Nov2018\\_03-11-18\\_19.27.09.docx](#)



If available



### Other documents (optional)

[PROPOSAL ENDORSEMENT MTG 03-11-18 20.07.25.pdf](#)

[An Introduction Plan for MCV2Nigeria 03-11-18 20.05.13.docx](#)

## 3.3 Yellow fever preventive mass vaccination campaign

### 3.3.1 Vaccine and programmatic data

#### 3.3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

*Note 16*

Yellow fever preventive mass vaccination campaign

Preferred presentation

Is the presentation licensed or registered?  Yes  No

2nd preferred presentation

Is the presentation licensed or registered?  Yes  No

Required date for vaccine and supplies to arrive

Planned launch date

Support requested until

### 3.3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

No Response

### 3.3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes

No

If you have answered yes, please attach the following in the document upload section:\* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.\* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

## 3.3.2 Target Information

### 3.3.2.1 Targets for campaign vaccination

Gavi will provide 100% of the doses needed to vaccinate the population in the target age cohort. Please describe the target age cohort for the Yellow fever preventive mass vaccination campaign:

*Note 17*

From

9

weeks

months

years

To

44

weeks

months

years

2019

2020

2021

Population in target age cohort (#)	20,841,741	26,994,761	26,272,479
Target population to be vaccinated (first dose) (#)	18,757,567	24,295,285	23,645,231
Estimated wastage rates for preferred presentation (%)	10	10	10

### 3.3.3 Co-financing information

#### 3.3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Yellow fever preventive mass vaccination campaign

	2019	2020	2021
10 doses/vial, Lyophilised	1.17	1.18	1.18

Commodities Price (US\$) - Yellow fever preventive mass vaccination campaign (applies only to preferred presentation)

	2019	2020	2021
AD syringes	0.04	0.04	0.04
Reconstitution syringes	0	0	0
Safety boxes	0	0	0
Freight cost as a % of device value	0.05	0.05	0.05

#### 3.3.3.2 Estimated values to be financed by the country and Gavi for the procurement of supply

Yellow fever preventive mass vaccination campaign

	2019	2020	2021
Vaccine doses financed by Gavi (#)			
AD syringes financed by Gavi (#)			

Reconstitution syringes financed by Gavi (#)			
Safety boxes financed by Gavi (#)			
Freight charges financed by Gavi (\$)			
	2019	2020	2021
Total value to be financed (US\$) Gavi			
Total value to be financed (US\$)			

### 3.3.4 Financial support from Gavi

#### 3.3.4.1 Campaign operational costs support grant(s)

Yellow fever preventive mass vaccination campaign

#### Population in the target age cohort (#)

*Note 18*

20,841,741

#### Gavi contribution per person in the target age cohort (US\$)

0.45

#### Total in (US\$)

9,378,783.45

Funding needed in country by

5 May 2019

#### 3.3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign. Please ensure to upload the

completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

**Total amount - Gov. Funding / Country Co-financing (US\$)**

3,655,444

**Total amount - Other donors (US\$)**

0.0

**Total amount - Gavi support (US\$)**

5,592,756

**Amount per target person - Gov. Funding / Country Co-financing (US\$)**

0.18

**Amount per target person - Other donors (US\$)**

0.0

**Amount per target person - Gavi support (US\$)**

0.2

**3.3.4.3 Key Budget Activities**

**List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.**

Vaccines Devices & Nutrition Costs  
Vaccination personnel allowances  
Planning, training and evaluation  
Data tools and other printing materials  
Social mobilization  
Logistics and cold chain management

Surveillance and coverage survey Vaccination personnel allowance includes personnel costs for vaccination team members, ward focal persons, LGA and state teams, independent monitors and state technical facilitators. It also includes transport allowances for team members for collection of their monies.

Planning, training and evaluation includes all microplanning and training activities in addition to review meetings, review of data tools and technical consultants personnel costs.

Data tools and other printing materials include central production of all pre-implementation and implementation data tools in addition to field guides, operational guidelines for teams and vaccination cards. The required number of the forms are calculated based on the target population and the number of vaccination posts.

Social mobilization activities include all national, state, LGA and Ward engagements/stakeholder sensitization meetings; national media engagements; IEC materials, pre-implementation tracking and KAPB studies.

Logistics and cold chain management activities include procurement of walk in cold rooms and incinerators, injection safety, waste management and movement of vaccines.

Surveillance and coverage survey activities include sample transportation, clinicians sensitization and post campaign coverage survey. WHO

#### 3.3.4.4 Financial management procedures

**Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.**

Campaign operational funds would be transferred to WHO and Unicef who would serve as fiduciary managers. The funds are expected in the country by 6 May, 2018.

#### 3.3.4.5 Fiduciary management

**Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.**

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

Campaign operational funds would be transferred to WHO and Unicef who would serve as fiduciary managers. The funds are expected in the country by 6 May, 2018.

#### 3.3.4.6 Use of financial support to fund additional Technical Assistance needs

**Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is**

contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

*Note 19*

There is provision for technical assistance already in the "One TA plan".

### 3.3.5 Strategic considerations

#### 3.3.5.1 Rationale for this request

**Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.**

Please refer to section 2.2.4 - Situation analysis of current yellow fever outbreak in Nigeria, 2.2.5 - yellow fever surveillance performance indicators and section 3.1.1 - routine immunization (justification for campaign)

#### 3.3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

**Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.**

This current yellow fever preventive mass vaccination campaign proposal, 2019 - 2021 was developed in line with the 3 year Eliminating Yellow Fever Epidemics (EYE) Strategy plan, 2019 - 2021 which in turn is derived from the 2017 - 2025 EYE Strategy document. The Nigeria Strategy for Immunization and PHC System Strengthening (NSIPSS) 2018 - 2028 document was aligned with the EYE Strategy document. The robust engagements with key global Partners (WHO, Unicef, Gavi) created opportunities for significant inputs through several country engagement framework workshops held from May, 2017 to xxxxxx. The annual SIA cost projections and co-financing requirements (measles) for vaccines and operational costs from 2018 to 2028 were estimated using information from the EYE Strategy plan 2018 to 2025 as found in the NSIPSS document. There was no co-financing for yellow fever campaigns in the NSIPSS document.

### 3.3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

**Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.**

**If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.**

**In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.**

The Core Group of Immunization partners on behalf of the ICC has as its mandate to review and recommend to ICC proposals and budgets developed by functional subgroups for ICC approval. They also integrate the inputs from functional working groups and provide them routine, ongoing oversight on behalf of the ICC. During the development of this proposal the Core Group had on several occasions reviewed inputs made from the working groups (logistics working group, ACSM working group, RIWG, M&EWG and finance working group) in all the following thematic areas: advocacy communication and social mobilization, logistics and vaccines management and budget before recommendation to the ICC for approval. The ICC during one of its meetings reviewed the proposal and endorsed the document. There was wide stakeholder endorsement of the proposal during the ICC meeting with country representatives of development partners present.

The NITAG were actively involved in the development of the proposal. Approval was secured for the phased campaigns in line with the EYE Strategy and evidence based recommendations made to NPHCDA.

### 3.3.5.4 Financial sustainability

**Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?**

Nigeria is approaching a very critical election year in 2019 hence the required programme support from Government may not be fully guaranteed. This is also very significant considering the prevalent economic challenges

### 3.3.5.5 Programmatic challenges

**Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/**



**community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.**

Some of the key challenges limiting coverage for the campaign include barriers affecting coverage and equity: poor accessibility due to difficult hard to reach wards and settlements (river-rine and mountainous settlements, natural disasters eg. flooding); health worker strikes affecting service delivery and implementation; rising insecurity especially in the North East and North Central states affecting coverage and inadequate supervision and monitoring of the campaign by states due to poor logistics support from states. some of the vaccine supply chain challenges include inadequate cold chain space especially at the lower levels considering the simultaneous implementation of MCV2 in the Southern states, inadequate fast cold chain equipment and inadequate incinerators. Key demand generation challenges include inability to reach the adolescent age groups. Some data quality challenges include inaccurate denominator values leading to either underestimation or overestimation of target populations that could lead to wrong administrative data. Other data quality challenges include loss of vaccination cards during the post campaign coverage survey. The implementation of the yellow fever campaigns in some of the Southern states will hold simultaneously with MCV2 introduction in those states. There is likely going to be an obvious strain of the health workforce at the state and LGA levels since the same manpower will be used to implement and supervise the campaign. Inadequate health workers is also a challenge that could lead to poor quality campaign. Other management and coordination challenges include clashing of campaign implementation dates due to poor planning/coordination and several competing priorities. This is very critical since same EPI programme officers at the national and state levels are directly involved in the implementation and coordination of the campaigns.

Some of the recommended plans for addressing the observed challenges include supplementary budget from states to take care of logistics challenges regarding access; specially phased campaigns in the security compromised states based on LGA risk assessment; updated cold chain inventory, identification of satellite cold stores to be used to temporarily store vaccines in view of the limited cold chain space due to other competing needs such as MCV2 introduction. Mapping of the incinerators in the country which will serve both for yellow fever SIAs, measles SIAs and MCV2 introduction and signing of MoU for operation of incinerators with facilities in both states implementing and neighboring states not implementing. The use of social media channels to reach those adolescents will help improve demand for the vaccine. The triangulation of population data from various data sources based on realistic estimates viz projected 2006 population census, GIS estimates and the 2017/2018 measles adjusted coverage estimates. The planned integration of some key activities eg. trainings, ACSM activities, waste management will address the inadequate time and availability of both facilitators and participants during these activities. Finally staggering of the campaigns across LGAs would help solve the problem of inadequate health workforce since LGAs could implement using health workers from neighboring LGAs not yet implementing.

#### **3.3.5.6 Improving coverage and equity of routine immunisation**

**Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.**

Please refer to "strengthening routine immunization using SIA point of entry"

### 3.3.5.7 Synergies

**Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.**

*Note 20*

The integrated implementation of the yellow fever SIAs and MCV2 introduction within the routine schedule in the 4th quarter of 2019 has taken into account the EPI workforce at the state and LGA level that will implement and supervise the campaign implementation. In view of the above and in order to save cost and time there are plans to integrate the microplanning, training, and social mobilization activities while the implementation would be programme specific. Waste management, logistics management are one time activities that are cross cutting for both programmes since the impact positively on both SIAs and MCV2 introduction. The cold chain challenge associated with multiple introductions shall be mitigated through temporary storage points in states and LGAs and staggering of the campaigns to allow for utilization of manpower across LGAs.

### 3.3.5.8 Yellow fever vaccine routine vaccination

**Gavi requires that countries requesting support for preventative mass campaigns, that have not yet introduced yellow fever vaccines into the routine EPI, commit to introducing routine immunisation within 6 to 12 months after conducting the campaign. Has a yellow fever vaccine already been introduced nationally on a routine basis?**

Yes

No

If you have not already introduced yellow fever nationally on a routine basis, you should provide evidence that the country plans to introduce yellow fever vaccine into the routine programme in your Plan of Action.

## 3.3.6 Report on Grant Performance Framework

### 3.3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

#### Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

### Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to [countryportal@gavi.org](mailto:countryportal@gavi.org).

## 3.3.7 Upload new application documents

### 3.3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

### Application documents

- 
**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline**
  - [YF Application proposal Final VersionPre IRCscreening\\_04-12-18\\_12.52.42.docx](#)
  - [YF PMVCPoA 2019 to 2021\\_02-11-18\\_21.41.26.xlsx](#)

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be

combined into one document to minimise duplication.



**Gavi budgeting and planning template**

[Budgeting and Planning Template YF SIA Nigeria 07.Nov.2018 Corrected\\_07-11-18\\_14.03.21.xlsm](#)



**Most recent assessment of burden of relevant disease**

[YF RISK ASSESSMENT TOOLS\\_03-11-18\\_16.15.20.xlsx](#)

If not already included in detail in the Introduction Plan or Plan of Action.

**Campaign target population (if applicable)** **No file uploaded**

**Endorsement by coordination and advisory groups**



**National coordination forum meeting minutes, with endorsement of application, and including signatures**

[ICC Proposal Endorsement Minutes 01112018\\_03-11-18\\_19.01.20.pdf](#)



**NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

[Copy of NGI TAG FEB MEETING MINUTES draft 1\\_03-11-18\\_21.22.19.docx](#)

**Vaccine specific**



**Risk assessment report**

[Day 2 attendance at Barcelona lockdown\\_03-11-18\\_21.20.20.pdf](#)

[Day One lockdown attendance barcelona\\_03-11-18\\_21.19.58.pdf](#)

[Risk Assessment Report Lock Down\\_03-11-18\\_21.19.30.docx](#)



**Consensus meeting report**

[PROPOSAL ENDORSEMENT MTG\\_03-11-18\\_16.59.57.pdf](#)



**Other documents (optional)**

[Nigeria EYE Strategy Country Plan2018 to 2020\\_02-11-18\\_15.53.59.docx](#)

## 4 Review and submit application

### 4.1 Submission Details

#### Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

#### Active Vaccine Programmes

*Note 21*

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	7,663,000	7,395,110	7,647,787	7,469,336	7,678,750

MenA Routine

2018	2019	2020	2021	2022
------	------	------	------	------

Country Co-financing (US\$)	2,787,917	4,383,836	6,071,802
Gavi support (US\$)	3,264,500	2,263,000	2,873,992

#### PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	14,093,028	40,351,667	50,681,641	63,644,294	
Gavi support (US\$)	18,608,500	36,087,500	31,072,000	10,969,728	

#### Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	5,292,576	17,557,932	18,950,214	18,424,131	
Gavi support (US\$)	1,976,000	4,173,500	3,533,500	2,635,272	

#### Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	6,743,901	13,450,799	21,965,591	21,073,327	
Gavi support (US\$)	21,726,500	16,363,500	12,698,000	6,220,472	

#### Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	26,129,505	74,148,315	95,981,282	109,213,554	
Total Gavi support (US\$)	49,974,000	67,284,110	57,214,287	30,168,800	7,678,750
Total value (US\$) (Gavi)	76,103,505	141,432,425	153,195,569	139,382,354	7,678,750

+ Country  
co-  
financing)

### New Vaccine Programme Support Requested

Measles 1st and 2nd dose routine

	2019	2020
Country Co-financing (US\$)	4,531,000	5,017,000
Gavi support (US\$)	2,440,000	1,498,500

Measles follow-up campaign

	2019	2020
Country Co-financing (US\$)	399,000	
Gavi support (US\$)	8,958,500	

Yellow fever preventive mass vaccination campaign

	2019	2020	2021
Country Co-financing (US\$)			
Gavi support (US\$)			

	2019	2020	2021
Total country co-financing (US\$)	4,930,000	5,017,000	
Total Gavi support (US\$)	11,398,500	1,498,500	
Total value (US\$) (Gavi + Country co-financing)	16,328,500	6,515,500	

### Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2018	2019	2020	2021	2022
Total country co-	26,129,505	79,078,315	100,998,282	109,213,554	

financing (US\$)					
Total Gavi support (US\$)	49,974,000	78,682,610	58,712,787	30,168,800	7,678,750
Total value (US\$) (Gavi + Country co-financing)	76,103,505	157,760,925	159,711,069	139,382,354	7,678,750

### Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Dr Avuwa Joseph OTERI	Director Special Duties & Chairman NMYFTCC	+2348033090404	joseph.oteri@nphcda.gov.ng	
Dr Obi Kizito Emelife	Head Non Polio SIA Dept of DCI	+2348033242548	obi.emelife@nphcda.gov.ng	

### Comments

Please let us know if you have any comments about this application

These proposals were put together by the government of Nigeria with her immunization Partners. The team had support and inputs from the international Country working Group (CWG), the Measles Rubella Initiative and the EYE Strategy Group. The states and relevant stakeholders made up of Academia, Professional Bodies, NGOs endorsed the proposals after studying and discussing it. The documents were endorsed by the Inter Agency Coordinating Committee in their meeting of 1st November 2019 for submission to Gavi



## **Government signature form**

The Government of Nigeria would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles follow-up campaign; Measles 1st and 2nd dose routine and Yellow fever preventive mass vaccination campaign

The Government of Nigeria commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.*

*We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).*

*We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.<sup>1</sup>*

**Minister of Health (or delegated authority)**

Name

Date

Signature

**Minister of Finance (or delegated authority)**

Name

Date

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

**Minister of Education (or delegated authority)**

Name

Date

Signature

---

<sup>1</sup> *In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.*

## Appendix

### NOTE 1

The new cMYP must be uploaded in the country document section.

### NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

### NOTE 3

\* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

\* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

\* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

\* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

\* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

### NOTE 4

\* The population in the target age cohort represents 100% of people in the specified age range in your country.

\* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

\* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

\* The wastage rate applies to first and last dose.

#### **NOTE 5**

Co-financing requirements are specified in the guidelines.

#### **NOTE 6**

\*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.\*\* This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

#### **NOTE 7**

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

#### **NOTE 8**

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

#### **NOTE 9**

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

#### **NOTE 10**

\* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

\* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

\* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

\* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

\* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

#### **NOTE 11**

\* The population in the target age cohort represents 100% of people in the specified age range in your country.

\* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

\* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

\* The wastage rate applies to first and last dose.

#### **NOTE 12**

Co-financing requirements are specified in the guidelines.

#### **NOTE 13**

\*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.\*\* This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

#### **NOTE 14**

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

#### **NOTE 15**

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

#### **NOTE 16**

\* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

\* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

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\* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

\* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

#### **NOTE 17**

Please enter the target age cohort as a whole number in either weeks, months or years and then select Week(s), Month(s) or Year(s) accordingly.

**NOTE 18**

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

**NOTE 19**

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

**NOTE 20**

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

**NOTE 21**

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.