

2019 TCA				Milestones				
Country	Programmatic Area	Activity	Partner	Jun-19	Nov-19	Jun-20	Expected Outcome	TOTAL
Nigeria	Health Financing/Sustainability	Technical Assistance on the Implementation of Financial Commitments for the Gavi Transition Plan	CHAI		1. Forecasting for 2020 FGON Budget completed and conducted training and mentoring of NPHCDA staff on vaccines and financial forecasting. 2. Adequate budgetary allocation for vaccines in the approved 2019 FGON budget. 3. Secured buy-in from National Assembly & Presidency to commence process for First Line Charges for Vaccines. 4. Gavi Transition Plan incorporated into Nigeria's Aid Transition Plan			\$628,180
Nigeria	Vaccine Specific Support	Extended Support for 2018/2019 Yellow Fever Campaign	CHAI					
Nigeria	Supply Chain & Procurement	Conduct of a wastage study assessment	CHAI		1. Finalization of Data collection across the 14 implementing states 2. Completion of Data Analysis of Quantitative and Qualitative data collected 3. Peer Review of Result 4. Final Report Developed 5. Dissemination meeting held			
Nigeria	Health Information Systems (Data)	strengthening of national health information system (HIS) and establishing of robust and sustainable integrated systems focusing on implementation of tools and building capacity for better use and use of immunisation data	University of Oslo					\$18,850
Nigeria	Programme Management - LMC	Provide day-to-day technical support to the NERICC and UNICEF on the sub national levels on routine immunization.	UNICEF	Reverse Immunization strategy to improve coverage and address the inequity. Mid-year review of Immunisation programme.	NERICC/SERICC mechanisms reviewed and documentation of lessons learned	Review of NERICC/SERICC mechanisms and lessons learned documented	- Equity-informed 2019 EPI work plan implemented - Revised NUJ proposal submitted for approval. NERICC annual plan implemented and needed support provided to the priority states.	\$2,896,786
Nigeria	Programme Management - Financial Management	Design and implement financial management strengthening strategies at federal, state and sub-state levels to improve efficiency of fund distribution and availability at the last-mile	UNICEF	Financial management strategy developed	NPHCDA and SPHCDA finance staff from 5 priority states trained in HACT modalities	Finance personnel from the 18 priority states trained in HACT modalities and fiduciary risk control	Institutional capacity built at the Grant Compliance and Coordinating Office (GOCO) and Technical capacity of finance team for NPHCDA and states strengthened in Harmonised approach to cash transfer and overall financial management	
Nigeria	Demand Promotion & ACSM	Provide technical support and guidance in the formulation and management of programme communication strategies and plans of action for social and behavioural change in support of routine immunization program.	UNICEF	Formative researches commenced. CAD plans implemented. Assessment of practices towards RI completed.	CAD plans implemented. Assessment of practices towards RI completed.		1. Caregivers understand the benefits of vaccines and demand (seek, support, advocate for) immunization services as a right and responsibility. 2. Health service providers understand the importance of interpersonal communication with caregivers and promote the delivery of important key messages. 3. Key influencers, religious, traditional, and community leaders understand the importance of fully immunizing every child and use their positions of influence to be vocal advocates and social mobilizers to achieve full immunization for every child.	
Nigeria	Demand Promotion & ACSM	Conduct line-listing of newborns and eligible children in every settlement	UNICEF	Methodology and guides developed and training commenced	Line listing commenced in the settlement of ferrugintoyin	Line listing institutionalised and done for all the settlements of priority states	Same as stated under row 10	
Nigeria	Supply Chain & Procurement	Support state specific forecasting in line with the revised immunization coverage targets for states	UNICEF	(a) Nationwide physical stock count completed ahead of 2020 Vaccine and Devices Forecast Exercise	(a) 2020 State-specific forecast, for 36 states + FCT and national, completed (b) 2020 Shipment Plan for Vaccines and Devices completed	(a) Procurement and distribution of vaccines and devices in line with 2020 forecast (b) Forecast accuracy monitoring and evaluation (quarterly) (c) Physical stock count ahead of 2021 forecast	Improved availability and quality of vaccines and other public health commodities at the health facility level	
Nigeria	Programme Implementation/Coverage & Equity	Communication support in the implementation SIA with 30 consultants for 09 months: Measles (20 states); Men A campaign (25 states); MCV2 (17 states) Campaigns cut across states. Consultants in the north will support Men A introduction, Men A campaign and Measles SIAs while the remaining 12 consultants will support MCV2, Men A campaign/introduction in the south)	UNICEF	Planning started	SIAs implemented	SIAs implemented	Quality SIAs implemented as per established schedule	
Nigeria	Programme Management - LMC	1. Support Strategic Planning, partnership and coordination of Immunization 2. Technical support to NERICC for coordination and programme planning 3. Technical support to enhancing service delivery strategies for coverage improvement 4. Provide Technical Support to Strengthen Coordination of the Disease Control and Immunisation Directorate 5. Support the conduct of MLM Training	WHO	1. At least 20% increase number of LGA 18 priority states, with acceptable LQAS results at >80% 2. 80% of States with Penta3 coverage of 80%	1. At least 30% increase number of LGA 18 priority states, with acceptable LQAS results at >80% 2. 80% of States with Penta3 coverage of 80%	1. At least 35% increase number of LGA 18 priority states, with acceptable LQAS results at >80% 2. 80% of States with Penta3 coverage of 80%	1. At least 35% increase number of LGA 18 priority states, with acceptable LQAS results at >80%. 2. 80% of States achieving 80% of Penta3 coverage (DHIS2)	\$1,441,422
Nigeria	Programme Implementation/Coverage & Equity	1. Provide Technical Support to Coordinate and Monitor Quality Implementation of ORS strategies 18 high priority states including scaling up in 19 more states	WHO	1. At least 50% of the 18 low performing states receiving real time support and onsite supervision from National Teams 2. 10% of 19 medium to high perform states sensitised on ORIS and NERICC approach	1. At least 60% of the 18 low performing states receiving real time support and onsite supervision from National Teams 2. 60% of 19 medium to high perform states sensitised on ORIS and NERICC approach	1. At least 60% of the 18 low performing states receiving real time support and onsite supervision from National Teams 2. 60% of 19 medium to high perform states sensitised on ORIS and NERICC approach	1. At least 35% increase number of LGA with acceptable in the 18 priority states, with acceptable LQAS results at >80%. 2. 80% of States achieving 80% of Penta3 coverage (DHIS2)	
Nigeria	Programme Implementation/Coverage & Equity	1. Provide State specific Technical and Operational support for the management and coordination of SERCCs to improve RI performance in the 18 high priority states	WHO	1. At least 20% increase number of LGA 18 priority states, with acceptable LQAS results at >80% 2. 80% of States with Penta3 coverage of 80%	1. At least 30% increase number of LGA 18 priority states, with acceptable LQAS results at >80% 2. 80% of States with Penta3 coverage of 80%	1. At least 35% increase number of LGA 18 priority states, with acceptable LQAS results at >80% 2. 80% of States with Penta3 coverage of 80%	1. At least 35% increase number of LGA with acceptable in the 18 priority states, with acceptable LQAS results at >80%. 2. 80% of States achieving 80% of Penta3 coverage (DHIS2)	
Nigeria	Health Information Systems (Data)	1. Provide technical and operational support for the conduct of quarterly LQAs and Routine Data Analysis at NERICC. 2. Support Real time AEFI reporting 3. Conduct JRF estimates for states	WHO	1. timely update of Dash boards; and preparations and implementation of LQAS 2. Protocol for AEFI reporting on ODK developed 3. Development of Concept Note and ToR 4. HRH assessment protocol developed	1. timely update of Dash boards; and preparations and implementation of LQAS 2. Updated dashboards with AEFI reporting 3. State specific estimates developed for decision making	1. timely update of Dash boards; and preparations and implementation of LQAS 2. 10% of health facilities reporting AEFI on ODK 3. State specific estimates developed for decision making	1. Quality NERICC Monitoring Dashboard that inform decision making and reporting; 2. 100% implementation of targeted LQAS 3. AEFI reporting on ODK institutionalized 4. State Specific VUEVIC estimated developed to guide programming	
Nigeria	Programme Management - LMC	Provision of technical support to state to regularly map and optimally distribute health workers	WHO	1. HRH assessment protocol developed	1. HRH assessment implemented in 2 states	1. 50% of recommendation of HRH assessment implemented in selected states	Improve on Human Resource utilisation within states to improve service availability	
Nigeria	Programme Implementation/Coverage & Equity	Leveraging findings from a targeted EPI program assessment in 3 states planned for January 2019, we will provide technical support for the planned introduction of MCV2 in Nigeria in 2019. This will include operations research to identify and mitigate barriers to uptake of second year of life (2YL) services (e.g. MCV2), and recording/reporting of vaccines doses delivered in 2YL, development and roll-out of training materials for 2YL, with emphasis on use of MCV2 as an opportunity to catch-up children on vaccinations that were missed during the first year of life; communications messaging to increase awareness and demand for MCV2	CDC Foundation	Funding received, IRB protocol developed and submitted for review, reference materials gathered, best practices materials gathered from other countries	Development of tailored materials to facilitate rapid 2YL uptake (e.g. training materials, communications materials, job aids), 2YL content contract extended into 2020 to ensure continuity through phased MCV2 introduction	Assessment of materials conducted and tools adapted as needed for in-country needs. Materials included in planning for phased MCV2 introduction.	MCV2 uptake increases steadily; HCW sensitized to 2YL coverage with other antigens improved after strengthening of 2YL	\$484,394
Nigeria	Health Information Systems (Data)	Nigeria has experienced several <i>Neisseria meningitidis</i> serogroup C (NMC) outbreaks in 2013-16. In 2017, Nigeria responded to the largest epidemic of serogroup C meningococcal disease ever reported globally with 14,518 meningitis cases. However, only a low proportion of specimens (1339, 9%) were collected and tested from suspected meningitis patients. The laboratories experience many challenges including specimen transport and management, and lack of confirmatory testing capacity. Therefore, our planned activities include: 1. Strengthening specimen processing and testing for meningitis disease at high risk states for epidemic response. 2. Reinforce culture and molecular testing capacity at the national level with regard to laboratory disease detection and surveillance reporting	CDC Foundation	Delivered culture workshop to priority states	Refresher training given as needed based on post-test training quiz offered	Evaluated impact of training offered in selected states through review of surveillance and laboratory data	Improvements in specimen testing at the state and national laboratories. CSF collected are confirmed at NPHCDA microbiologists trained on culture identification of bacterial meningitis pathogens	
Nigeria	Vaccine-Specific Support	4 CDC epidemiologist staff to provide TA for 30 days each to ensure high quality preparation, implementation and monitoring for measles follow up SIA and MCV2 introduction planned in QTR 4 2019 4 CDC Data management staff to provide TA for 30 days each for measles follow-up SIA and MCV2 introduction to assure timely monitoring of measles SIA and MCV2 to allow rapid resolution to issues.	CDC	SIA and MCV2 data collection tools and system design completed	Completed readiness assessment from at least 2 sub-districts and/or 2 districts; completed independent monitoring forms/analysis from at least 5 vaccination sites; completed RCM in at least 5 catchment areas Data managements systems functioning with daily reports of SIA and MCV2 rollout progress	Completed readiness assessment from at least 2 sub-districts and/or 2 districts; completed independent monitoring forms/analysis from at least 5 vaccination sites; completed RCM in at least 5 catchment areas Data managements systems functioning with daily reports of SIA and MCV2 rollout progress	MR Follow Up SIA will be of high coverage and quality in areas monitored. MCV2 introduction will result in rapid increase in MCV2 coverage	\$455,080
Nigeria	Health Information Systems (Data)	Support NCDC in development of national surveillance and lab network for measles, rubella and yellow fever diagnostic testing to include: 1) Conduct lab training for lab staff to build their capacity on the testing for various vaccine preventable diseases to include measles, rubella, and yellow fever 2) 1 year Epidemiologist consultant to develop and refine protocols for surveillance, including case investigation and classification and outbreak response for measles and yellow fever, and laboratory epi data harmonization including data cleaning, data management, and summarization of data 3) 1 year information strategy support for laboratory information management system 4) Outbreak investigation for measles, rubella and yellow fever including CDC support to conduct root cause analysis of outbreaks.	CDC	1) Lab training completed for 14 national staff 2) Epidemiologist consultant hired 3) Lab information consultant hired 4) Outbreak response plans updated	1) All labs performing Measles, rubella and YF testing 2) Needs assessment of surveillance systems completed 3) needs assessment of lab information system completed 4) At least one outbreak investigated with outbreak report completed	1) All labs have applied for WHO certification 2) Surveillance system revisions in place with standardized weekly epidemiology reports 3) Laboratory information management system optimized with routine harmonizations with epi data 4) At least 2 outbreak investigated with reports completed	Functional Surveillance and lab network for measles, rubella and yellow fever with 6 zone labs performing diagnostic testing and national reference lab providing quality assurance and PCR testing. Integrated and harmonized epi and lab surveillance data systems with weekly epi reports.	
Nigeria	Health Financing/Sustainability	1. Mobilizing more resources for primary health care and the immunization programme, including vaccine procurement through coordinated high-level advocacy	World Bank	Stakeholder mapping to identify key players and entry points in the new governments at the national and state level to advocate for continuing prioritization of PHC and commitment to NSPSS	At least one, high-level advocacy event completed with one of the following policy bodies - The economic management team, the national economic council, and the senate committee on health	At least 2 advocacy events completed, including a media dialogue event to continue to promote and highlight increased funding to the frontlines	1. GON stays committed to its financial obligations under the Gavi transition plan, evidenced by budgetary appropriations and releases. 2. Increased availability of operational funds at the frontlines	\$500,000
Nigeria	Health Financing/Sustainability	2. Reprioritizing health to focus on frontline services through better planning, budgeting and financial management	World Bank	Continuing support for implementation of MTEF recommendations including identified TA needs	Functional review of fundflow to the frontline through the BHC/PF gateways analysed and reports discussed with stakeholders	Number of facilities receiving operational costs from BHC/PF has expanded beyond hotspot sites	More predictable funding for PHC, vaccines and immunization as a result of improved planning and budgeting	
Nigeria	Transition	3. Technical support for strategic management of immunization financing	World Bank	1. A steering committee on vaccine financing set up with agreed TOR. 2. Milestones and targets of the AF collaboratively developed	Vaccine financing plan developed and agreed with stakeholders	1. Report on performance of health finance indicators of the accountability framework developed 2. Progress report on strategic vaccine financing developed and discussed with stakeholders	More predictable funding for PHC, vaccines and immunization as a result of improved planning and budgeting	