

| 2020 TCA | | | Milestones | | | GPI Indicator code | | Milestones | |
|----------|--|--|----------------|--|---|---|---|---|--------------|
| Country | Programmatic Area | Activity | Partner | Jun-20 | Nov-20 | Jun-21 | If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked | Expected Outcome | TOTAL |
| Nigeria | Health Information Systems (Data) | In collaboration with Nigeria under a One TA plan, CDC/DCD proposes the following activities to leverage and strengthen case-based surveillance for multi-disease VPD program monitoring, early detection of disease epidemics to guide equitable deployment of emergency meningococcal stockpile vaccines: 1) provide epidemiological support and tools to ensure efficient data/specimen collection, management, and country-level analysis to accurately assess the burden of bacterial meningitis in the context of vaccine implementation and integration into broader health information systems; 2) integrate with other national disease priorities to ensure data triangulation between immunization and disease surveillance; 3) reinforce the country's capacity for epidemic detection and response. Efforts will be harmonized and coordinated with other regional/global activities and partners (i.e. MenAMNet, WHO ICG Vaccine Stockpile), 4) technical support for preparation and participation in Annual Meeting of Meningitis Belt Countries | CDC Foundation | Evaluation of data management system efficiency and integration status | Complete epidemic preparedness plan and Attend the Annual Meeting of Meningitis Belt countries | Consistent weekly reporting of meningitis cases and testing of CSF obtained from participating districts; and generation of weekly meningitis surveillance bulletins/reports for MDH and key partners to monitor trends in meningitis disease and early detection of epidemics. | | Detection and reporting of meningitis surveillance health districts, triangulation of multi-disease surveillance and immunization data to inform vaccine implementation decisions, trained country staff on detection and data management to facilitate correlation between immunization and surveillance data-driven activities. | |
| Nigeria | Health Information Systems (Data) | In collaboration with Nigeria under OneTA plan, CDC/DCD proposes the following activities to strengthen laboratory systems, vaccine preventable diseases surveillance and early detection of disease epidemics to guide equitable deployment of emergency meningococcal stockpile vaccines: 1) provide epidemiological support and tools to strengthen the detection of bacterial meningitis pathogens for meningitis surveillance; 2) reinforce quality control programs and supervision visits to ensure laboratory proficiency within the national lab network; 3) improve lab data management, analysis, and reporting practices. | CDC Foundation | Reinforce laboratory systems through improving state lab capacity for meningitis detection and specimen referral in at least 8 states at high risk for meningitis. Prepare/develop training materials for training on detection of bacterial meningitis using the latest technology and on data management and analysis processes. | Complete training of national and 8 state referral labs on detection of bacterial meningitis using the latest effective technology. Implement in-country quality programs to ensure lab testing proficiency within the lab network. Complete analysis of >80% of specimens collected between Jan-Aug 2020 | Complete trainings on data management and analysis processes. Complete supervision visits at least 5 sites; Complete analysis >90% of specimens collected in 2020. | IR-C 8.3, IR-C 8.4 | Detection and reporting of confirmed meningitis cases, improved specimen referral to the national reference lab and testing of CSF from the participating states with high proficiency. Regular data sharing with MDH and key partners to monitor trends in meningitis disease and epidemics. | \$ 504,964 |
| Nigeria | | 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 summary/presentation 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 lab 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 investigations with reports completed | OK-C 1.4.2; OK-C 2.4; IR-C 2.5; IR-C 1.4.2 | Functional Surveillance and lab network for measles, rubella and yellow fever with 2 zonal labs performing diagnostic testing and the 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 | WBG uses its convening power to regularly interact with parliamentarians, Ministry of Finance, Budget and National Planning to ensure that the GOM maintains its commitment to PHC, including immunization, through the BHCFP. WBG will also support a Joint Annual Review of the National Strategic Health Development Plan II (NSHDP II). This document has a long term view plan for the health sector and is critical for increasing investment in health. | WBG support to high-level mission and high-level events provided. WBG dialogue on financing for health and social sectors, to prevent substitution of the statutory transfer. | IO-1, IO-6, IO-2 | 1. Joint Annual Review of the National Strategic Health Development Plan Perfomed and shared with partners. 2. GOM stays committed to its financial obligations under the GSI transition plan, evidenced by budgetary appropriations and releases. 3. Increased availability of operational funds at the frontlines. 4. Increased financing for vaccines coming from the domestic budget. | | |
| Nigeria | Health Financing/Sustainability | 2. Provide technical support to the implementation of the BHCFP to improve readiness of states to accept funds for primary health care through trainings, and technical support to states. | World Bank | Trainings on BHCFP at the state level and ongoing technical support to ensure and track state readiness through the PHC readiness tracker. | All states are disbursing BHCFP funds in line with operational manual | IO-1, IO-6, IO-2 | More predictable funding for PHC, vaccines and immunization as a result of improved planning and budgeting. | \$ 500,000 | |
| Nigeria | Health Financing/Sustainability | 3. Technical assistance to the Vaccine Financing Working Group at NPHCDA for the development of the vaccine financing plan on an annual basis. | World Bank | Vaccine financing plan developed and agreed with stakeholders on an annual basis | Vaccine financing plan to transition from loans developed and agreed with stakeholders | IO-1, IO-6, IO-2 | More predictable funding for PHC, vaccines and immunization as a result of improved planning and budgeting | | |
| Nigeria | Programme Management/ LMC | 1. Provide technical support, coordination and partnership for the implementation of NSPSS focusing on contributions to strategic technical decisions of the Technical Management Team of: • NERICC (RED/OHRS), • New Vaccine Introduction • Accelerated Disease Control Interventions, and • NIGI TAG • VPD surveillance, aiming at strengthening and improving routine immunisation and PHC 2. Support the coordination and conduct of JA and other partnership reviews | WHO | 1. Annual workplans developed 2. Training guidelines for the introduction of Rota vaccine 3. Strategic plan developed by NERICC 4. 100% implementation of MICS3 at all states 5. PCS for Sika | 1. 80% of States with Pent3 coverage of 80% 2. Development of IPV proposal 3. Joint Appraisal Report on One TA plan developed 5. NICS report | 1. 80% of States with Pent3 coverage of 80% 2. 80% of States with Pent3 coverage of 80% 3. NIT reports on capacity building | 1) Coverage (Penta, PCV, IPV, MCV1, MCV2) OK-C 1.1 - 1.8 - coverage OK-C 4.1.2.8.4 - drop out 2. Equity OK-C 6.1.2 (LGA with >80% Pent3 coverage 3) SIA OK-C 2.4, 7, & 8 | 1. At least 15% increase number of LGA with acceptable in the 18 priority states, with acceptable LGAS results at >80% 2. 80% of States achieving 80% of Pent3 coverage (DHS2) | |
| Nigeria | Programme Implementation/Coverage & Equity | 1. Provide technical support to the Service Delivery Team in NERICC to guide the development and assessment of operational plans of states 2. Manage the conduct of RI-LQAS dictated by NERICC and facilitating compilation of relevant reports 3. Support the implementation of training interventions to build the capacity of lower level staff on immunisation | WHO | 1) At least 50% of service delivery strategies implemented 2) Updated guidelines for LQAS 3) 90% of updated REW Microplans 4) Updated guidelines for LQAS | 1) At least 10% increase number of LGA 18 priority states, with acceptable LGAS results at >80% 2) At least 60% of service delivery strategies developed and implemented 3) NIT reports on capacity building | 1) At least 80% of service delivery strategies implemented 2) NIT reports on capacity building | 1) Coverage (Penta, PCV, IPV, MCV1, MCV2) OK-C 1.1 - 1.8 - coverage OK-C 4.1.2.8.4 - drop out 2. Equity OK-C 6.1.2 (LGA with >80% Pent3 coverage 3) SIA OK-C 2.4, 7, & 9 | 1. At least 15% increase number of LGA with acceptable in the 18 priority states, with acceptable LGAS results at >80% 2. 80% of States achieving 80% of Pent3 coverage (DHS2) | |
| Nigeria | Programme Management/ LMC | 1. Ensure that the Data Management Team of NERICC are technically guided to provide data management and analysis 2. Support the development and implementation of operational plans to meet objectives of the Data Quality Improvement Plans (DQIP) 3. Provide technical support in the review and analysis of RI Supportive Supervision, RI-LQAS | WHO | 1) Data Analysis reports on RISS, DHS2 2) updated ORIS implementation dashboards 3) RI-LQAS data reports | 1) Data Analysis reports on RISS, DHS2 2) updated ORIS implementation dashboards 3) RI-LQAS data reports | 1) Data Analysis reports on RISS, DHS2 2) updated ORIS implementation dashboards 3) RI-LQAS data reports | 1) Coverage (Penta, PCV, IPV, MCV1, MCV2) OK-C 1.1 - 1.8 - coverage OK-C 4.1.2.8.4 - drop out 2. Equity OK-C 6.1.2 (LGA with >80% Pent3 coverage 3) SIA OK-C 2.4, 7, & 10 | 1. At least 15% increase number of LGA with acceptable in the 18 priority states, with acceptable LGAS results at >80% 2. 80% of States achieving 80% of Pent3 coverage (DHS2) | |
| Nigeria | Programme Implementation/Coverage & Equity | 1. Provide Technical Support to the PM to Coordinate and Monitor Quality Implementation of ORIS strategies 18 low performing and 19 medium and high performing states | WHO | 1. At least 50% of the 18 low performing states receiving real time support and onsite supervision from National Teams 2. Updated reports on SERICC TA performance reports for NPHCDA | 1. At least 60% of the 18 low performing states receiving real time support and onsite supervision from National Teams 2. 40% of 19 medium to high performing states serialised on ORIS and NERICC approach | 1. At least 80% of the 18 low performing states receiving real time support and onsite supervision from National Teams 2. 60% of 19 medium to high performing states serialised on ORIS and NERICC approach | 1) Equity OK-C 6.1.2 (LGA with >80% Pent3 coverage 2) RED IRC - 9.3 Supervision | 1. At least 35% increase number of LGA with acceptable in the 18 priority states, with acceptable LGAS results at >80% 2. 80% of States achieving 80% of Pent3 coverage (DHS2) | |
| Nigeria | Programme Implementation/Coverage & Equity | 1. Provide State specific Technical and Operational support for the management and coordination of SERICC to improve RI performance in the 8 Gavi Focus States (Kebbi, Zamfara, Katsina, Gombe, Jigawa, Taraba, Niger and Bayelsa) | WHO | 1. At least 80% increase number of LGAs in the 18 priority states, with acceptable LGAS results at >80% | 1. At least 90% increase number of LGA 18 priority states, with acceptable LGAS results at >80% 2. 80% of States with Pent3 coverage of 80% | 1. At least 90% increase number of LGA 18 priority states, with acceptable LGAS results at >80% 2. 80% of States with Pent3 coverage of 80% | 1) Coverage (Penta, PCV, IPV, MCV1, MCV2) OK-C 1.1 - 1.8 - coverage OK-C 4.1.2.8.4 - drop out 2) RED IRC - 9.3 Session conducted IRC - 9.3 Supervision | 1. At least 15% increase number of LGA with acceptable in the 18 priority states, with acceptable LGAS results at >80% 2. 80% of States achieving 80% of Pent3 coverage (DHS2) | \$ 1,378,714 |

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| Nigeria | Health Information Systems (Data) | 1. Provide technical and operational support for the conduct of quarterly LGAs and Routine Data Analysis at NERICC. 2. Support Real-time AEFI reporting 3. Conduct JRF estimates for states | WHO | 1. Report on functionality of SMS server 2. Protocol for AEFI reporting on ODK developed 3. Support capacity building for the use for scaling up of DHIS at Sub national levels | 1. Improved response time of SMS server 2. Improved capacity in utilization and reporting on DHIS2 platform in 60% of states | 1. Report on SMS systems server evaluation | Data: IR-C 5.1 VPD Surveillance IR-C 7.2 | 1. Quality NERICC Monitoring Dashboard that informs decision making and planning; 2. 100% implementation of targeted LQAs 3. AEFI reporting on ODK institutionalized 4. State Specific WUENIC estimated developed to guide programming | |
| Nigeria | Health Information Systems (Data) | Provision of technical support to state to regularly map and optimally distribute health workers | WHO | | 1. HRH assessment protocol developed 2. HRS assessment implemented in 2 states | 1. 50% of recommendation of HRH assessment implemented in selected states | Not directly: 2) RED IRC - 9.1 Session conducted IRC - 9.3 Supervision | Improve on Human Resource utilization within states to improve service availability | |
| Nigeria | Supply Chain & Procurement | 1. Provide Technical Support for the implementation and monitoring of EVM, cIPs and R2C2 recommendations. 2. Provide technical support for system re-design and CCEOP implementation. 3. Support NLWG to strengthen capacity and coordination | WHO | 1. EVM assessment report 2. Development and 10% implementation of the continuous Improvement Plan (cIP) 3. Immunization supply chain data collection tools reviewed and system re-design assessment conducted 4. Validation report of Cold Chain Inventory in line with CCEOP. | 1. Improved of EVM score from 57% in 2017 to 75% in 2020 2. Improvement in the level of cIP implementation by 40% at national level | 1. EVM composite score of 80% 2. Improvement in the level of cIP implementation by 70%. 3. A report on assessment of status of scaling up of Push plus (targeted at least -50% of the states implementing push plus) | 1) Effective Vaccine Management IR-C 3.1, 2 (National Composite score) 2) Indicators pertaining cold chain IR-C 4.1.1, 2, 3; IR-C 4.2 | 1. Improve vaccine management based on holistic and coordinated planning and forecasting 2. Reduce stockout of vaccines at service delivery points 3. Improve visibility into stock data and improve accountability of vaccines | |
| Nigeria | Health Information Systems (Data) | 1. Provide Technical Support for the implementation of accelerated disease control activities focusing on Measles, Yellow Fever and MNT | WHO | 1. Conduct of Yellow Fever, Meningitis and Measles Risk assessment report. 2. Development of SIA proposals for reactive/preventive campaigns for Measles and Yellow Fever (including submission of ICG request) | 1. Timely submission of proposals (Yellow Fever, Meningitis and Measles SIA) 2. Development of PCE protocols | 1. Training materials developed and used by 90% of trained personnel for SIA | 1) At least 80% of targeted states with SIA with PCE coverage of 95% for Measles and YF IR-C 2.4.1 IR-C 2.7.1 IR-C 2.8.1 | 1. Reduced number of laboratory confirmed outbreaks of Measles, YF and meningitis 2. Reduced incidence of measles, YF and Meningitis. | |
| Nigeria | Programme Management - General | Provide programme support on financial management | WHO | 1. Budgets developed in line with WHO standard procedures 2. Provide operational (provisional) utilization updates of grants | 1. Report on status of PO utilization at the sub-national level | Financial updates on grants utilization in line with established standards | N/A | 1. The usage of Gov funds in procurement of essential commodities and national plans for immunization planning and forecasting of funding needs 2. Funds are managed in a transparent and accountable manner and donated funds are used for the intended purpose | |
| Nigeria | Programme Management - LMC | 1. Provide day-to-day technical support to the NERICC and oversight to the sub national levels on routine immunization. | UNICEF | 1. 5% improvement in the proportion of LGAs having >80% children appropriately immunized for age in NERICC Focus states. Collective accountability. (Baseline 40% of LGAs in priority states achieved >80%. | 10% improvement in the proportion of LGAs having >80% children appropriately immunized for age in NERICC Focus states. | 20% improvement in the proportion of LGAs having >80% children appropriately immunized for age in NERICC Focus states | OH-C | IR-C 4 | Equity informed 2020 EPI plan implemented. NERICC annual plan developed and implemented and needed support provided to the priority states. NPI plan implemented and vaccines introduced. |
| Nigeria | Programme Management - Financial Management | 2. 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. Technical support for strategic management of immunization financing | UNICEF | Recruitment completed | 25% of identified NPHCDA and SPHCDA finance staff from priority states trained on HACT and fiduciary risk control 80% Programme Monitoring Visits (Financial) completion rate (annualized) in NERICC states | 50% of identified NPHCDA and SPHCDA finance staff trained on HACT and fiduciary risk control 50% Programme Monitoring Visits (Financial) completion rate (annualized) | PR-6B | Nigeria country office procurement institutional capacity built at the Grant Compliance and Coordinating Office (GCCO) and Technical visits of finance team for NPHCDA and states strengthened in Harmonised approach to cash transfer and overall financial management. | |
| Nigeria | Demand Promotion & ACSM | 3. 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 | Communication plans regularly updated in 13 high-risk states/selected communication plans implemented in at least three states | 25% increase in awareness of immunization through community based channels | 50% increase in awareness of immunization through community based channels | PR-T | 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 | 3. 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 | Communication plans regularly updated in 13 high-risk states Revised communication plans implemented in at least three states | 25% increase in awareness of immunization through community based channels | 50% increase in awareness of immunization through community based channels | | | |
| Nigeria | Demand Promotion & ACSM | 4. TA to support Community engagement strategy and conduct line-listing of newborns and eligible children in every settlement | UNICEF | CE strategy 80% of LGAs in focus states implementing line listing | Line listing completed in focus state | Line listing used for action | | same as above | |
| Nigeria | Supply Chain & Procurement | 5. Support state specific forecasting in line with the revised immunization coverage targets for states | UNICEF | 100% Procurement and distribution of vaccines and devices in line with 2019 forecast 50% quarterly Forecast accuracy monitoring and evaluation completed | 100% completion of 2021 State-specific forecast, for 36 states + FCT and national Shipment Plan for Vaccines and Devices, based on 2021 Forecast, completed | 100% Procurement and distribution of vaccines and devices in line with 2020 forecast 100% Forecast accuracy monitoring and evaluation (quarterly) | | Improved availability and quality of vaccines and other public health commodities at the health facility level | |
| Nigeria | Supply Chain & Procurement | 6. Technical liaisons between the NLWG and SLWGs, within/national catchment areas, for implementation of annualized NLWG work plan at state level | UNICEF | 50% completion of annualized NLWG projects to be implemented at the state level | 380% completion of annualized NLWG projects to be implemented at the state level | 50% completion of annualized NLWG projects to be implemented at the state level | | Project deliverables fully achieved | |
| Nigeria | Demand Promotion & ACSM | 7. Communication support in the implementation SIAc (Men A, Measles and Yellow Fever campaigns and New Vaccines Introduction (MCV2) in the northern states and rota vaccine introduction nationwide. Supports disease outbreak response and supervision of state-level community engagement for routine immunization. | UNICEF | MCV2 introduced, planned campaigns conducted | Planned campaigns successfully conducted | Rota vaccine introduced | | Quality campaign and introductions conducted | |
| Nigeria | Supply Chain & Procurement | 8. Conduct of vaccine management training in 19 non-NERICC states Targeted capacity building for NPHCDA/SPHCDA logisticians (national and subnational levels) | UNICEF | Vaccine Management Training completed at national level and in local states NPHCDA/SPHCDA Logisticians training plan developed | | | | Improved knowledge and capacity of ISC managers and vaccine handlers, on vaccine management | |
| Nigeria | Supply Chain & Procurement | 9. EVM 2.0 Onboarding and Assessment EVM continuous improvement plan | UNICEF | EVM 2.0 Onboarding and Assessment completed | | | | | |
| Nigeria | Supply Chain & Procurement | 10. Physical Stock Counting Exercise | UNICEF | Physical stock counting (PSC) exercise completed | PSC Report submitted | | | PSC data used ahead of issuance of Country Decision Letter on 2021 vaccine allocation | |
| Nigeria | Supply Chain & Procurement | 11. Technical support for the CCEOP deployment and implementation | UNICEF | 50% completion of CCEOP PMT workplans across implementing states (annualized) | 50% completion of CCEOP PMT workplans across implementing states (annualized) | 50% completion of CCEOP PMT workplans across implementing states (annualized) | | Increased cold chain capacity at LGA and ward levels | |
| Nigeria | Supply Chain & Procurement | 12. Support review of the LMS and implementation of an optimized LMS | UNICEF | Business and Technical Requirements for EPI LMS developed Baseline LMS maturity assessment completed | Optimized LMS identified | | | Real time data availability and stock management, at all ISC levels, and use of data for action by EPI managers | |
| Nigeria | Supply Chain & Procurement | 13. Technical support for ISC systems redesign, including warehousing and distribution optimization Other activities related to ISC mission | UNICEF | >25% completion of ISC systems redesign optimization plan (annualized) | >50% completion of ISC systems redesign optimization plan (annualized) | >25% completion of ISC systems redesign optimization plan (annualized) | | Improved ISC efficiency at national and subnational levels vis-à-vis warehousing and last mile availability of bundled vaccines | |

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| Nigeria | Supply Chain & Procurement | 14. Support operationalization of 3 hubs (focus on Kano and Abuja hubs) | UNICEF | Recruitment of TA to support 3 Hub operationalisation completed | Standard Operating Procedures (SOP) for operationalization of the hubs developed Human Resources Plan (including job descriptions for core staff), to anchor the redesigned hubs, developed | SOPs disseminated and personnel trained on revised processes | | Improved ISC efficiency at national level (including zones) vis-à-vis warehousing |
| Nigeria | Supply Chain & Procurement | 15. TA to support development of ISC Roadmap (Year 2) | UNICEF | | ISC Roadmap finalized and 2021 annualized NLWG work plan developed | | | Robust ISC Roadmap, and Accountability Framework that is aligned with the NSPSS |
| Nigeria | Programme Implementation/Coverage & Equity | 16. Provide technical support to the states in the NSPSS implementation and improving RI coverage, conducting successful NPSiAs, and introducing new vaccines | UNICEF | All priority states supported in developing annual workplan and introducing rota vaccine | NPSiAs successfully conducted and rotavaccine introduced | The states are supported in conducting ORIS visits. | | Lagos state implemented annual work plan including reaching urban slums. New vaccines successfully introduced and NPSiAs successfully conducted |
| Nigeria | Programme Implementation/Coverage & Equity | 16. Provide technical support to the states in the NSPSS implementation and improving RI coverage, conducting successful NPSiAs, and introducing new vaccines | UNICEF | All priority states supported in developing annual workplan and introducing rota vaccine | NPSiAs successfully conducted and rotavaccine introduced | The states are supported in conducting ORIS visits. | | NERICC annual plan fully implemented. New vaccines successfully introduced and NPSiAs successfully conducted |
| Nigeria | Programme Implementation/Coverage & Equity | 16. Provide technical support to the states in the NSPSS implementation and improving RI coverage, conducting successful NPSiAs, and introducing new vaccines | UNICEF | All priority states supported in developing annual workplan and introducing rota vaccine | NPSiAs successfully conducted and rotavaccine introduced | The states are supported in conducting ORIS visits. | | The states supported in implementing their RI annual plans. ORIS visits successfully conducted. New vaccines successfully introduced and NPSiAs successfully conducted |
| Nigeria | Programme Implementation/Coverage & Equity | 16. Provide technical support to the states in the NSPSS implementation and improving RI coverage, conducting successful NPSiAs, and introducing new vaccines | UNICEF | All priority states supported in developing annual workplan and introducing rota vaccine | NPSiAs successfully conducted and rotavaccine introduced | The states are supported in conducting ORIS visits. | | New vaccines successfully introduced and NPSiAs successfully conducted |
| Nigeria | Health Information Systems (Data) | Implementation Support | | | | | | \$ 17,129 |
| Nigeria | Health Information Systems (Data) | Implementation Support | University of Oyo | | | | | |
| Nigeria | Health Financing/Sustainability | Technical Assistance on the Implementation of Financial Commitments for the Gavi Transition Plan | | | | | | \$ 859,714 |
| Nigeria | Supply Chain & Procurement | Conduct of a wastage study assessment | | | | | | |
| Nigeria | Vaccine-Specific Support | Extended Support for 2018/2019 Yellow Fever Campaign | CHAI | | | | | |
| Nigeria | Health Financing/Sustainability | Technical Assistance on the Implementation of Financial Commitments for the Gavi Transition Plan | | | | | | |
| Nigeria | Supply Chain & Procurement | Assessment to generate evidence | | | | | | |
| Nigeria | | Contractor will support the Country Programmes Team in the provision of financial expertise and support throughout the grant management process, specifically working with the Senior Country Manager and Programme Officer designated to Nigeria, as well as the Programme Finance focal point for Anglophone Africa | Independent Contractor | Contractor will provide documented assurance that: - Fiduciary risk in Gavi's grant portfolio in Nigeria is effectively managed; - Fiduciary arrangements and reporting by Nigeria grant implementers are effectively monitored; - Financial transactions are correctly and timely processed; - Financial monitoring missions are carried out and action taken as needed; - Countries' financial performance is regularly analysed; - GAVI grant management processes are sufficiently supported, particularly as concerns financial management arrangements; - Contributions to cross-functional initiatives where Programme Finance team's input is required are delivered in a timely manner. | | | | \$ 99,409 |
| Nigeria | Programme Management/ Financial Management | Fiscal Space Analysis | HSCL | Situational Analysis reports for the three states. Fiscal Space Analysis reports for the three states; submission of State Programme Rationale (PSR) for the three states and final process report. | | | | \$ 68,994 |
| Nigeria | | * Work closely with the Gavi Senior Country Manager (SCM), the office of the Executive Director and other directors and staff of the NPHQDA to ensure timely delivery of any tasks, as guided by the SCM. Provide critical technical support (as may be required) on all Gavi-funded interventions. Lead the development of state-specific plans for improving RI and PHC, in line with the NSPSS as well as support states to develop Local Government Area (LGA)-specific plans to improve RI and PHC. Support the development and costing of annual/quarterly operational plans in line with the HSS proposal and NSPSS. Monitor and track progress on the accountability framework. Provide support to the New Vaccines Strategic Task Team (NVSTT) in the development of requisite documents for new vaccine introductions. Support the Supplementary Immunization Activities (SIA) team in the development and submission of required documents for planned campaigns (Yellow fever, Measles, Meningitis A, Maternal and Neonatal Tetanus Elimination). Support implementation of key NERICC and National Logistics Working Group (NLWG) priority activities, as approved by the SCM. Support development and timely submission of relevant data and documents from NPHQDA to Gavi as may be required. Monitor reporting to Gavi and proactive reporting on specific issues and/or identified risks | | | Progress report submitted to the Partner Portal detailing: - Engagement of 8 Gavi focal states successfully conducted - Development of state HSS proposals completed - Address R/C clarifications on State HSS proposals in a timely manner - Harmonized HSS and NERICC workplans developed - Quarterly report on implementation status of NERICC workplan developed and shared with Gavi - Joint Appraisal Review successfully conducted - High-level review of Accountability Framework results conducted | | \$ 210,656 | |
| Nigeria | | * Proactively monitor the execution of activities and utilization of Gavi funds by the RI and SIA teams, for NPHQDA and partners and provide weekly reports to the Gavi SCM and NPHQDA leadership. Support NERICC and other teams (where necessary) in the development of appropriate workplans and budgets for Gavi-funded activities. Track utilization of Gavi funds for the intended purposes and flag any potential issues related to execution of Gavi funds to Gavi teams. Provide strategic efforts towards harmonisation, integration, when feasible, and ensure complementarities across the multiple programmes and/or projects funded by Gavi and by other partners. Support identification and implementation of synergistic approaches that will deliver maximum impact and value for money in the roll-out of health system strengthening plans. Strengthen cross-communication and collaboration among Gavi-funded organizations (WHO, UNICEF, US-CDC, etc.) Provide systematic support in optimization of planned activities to eliminate/minimize wastage of resources. Proactively flag any delays in implementation or releases of funds and provide options to address the bottlenecks and improve the absorption of funds. Support NERICC and the National Measles Technical Coordinating Committee (NMTCC) to report on execution of activities, Gavi grants and fund utilization and absorption to the Core Group, the Inter Agency Coordinating Committee (ICC) and the Gavi Secretariat. Support the development of state-specific plans for improving RI and PHC, in line with the NSPSS as well as support states to develop LGA-specific plans to improve RI and PHC. Monitor reporting to Gavi and proactive reporting on specific issues and/or identified risks | Sydani Initiative | | Progress report submitted to the Partner Portal detailing: - Financial reports of utilization of Gavi funds across Gavi supported programmes, including state budget, submitted every quarter (or as required) - Report on execution of activities and funds including the absorption rate per budget item - Request for reprogramming or reallocation submitted to Gavi in a timely manner - Timely submission of request for funding to WHO and UNICEF - Full costed HSS plans for states developed - Harmonization of HSS and NERICC workplans conducted - Required budgets for NERICC, NLWG, Non-Polio Sika and other programmes developed, agreed with WHO and UNICEF finance teams and submitted on time | | | |

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| Nigeria | | <p>DIENG: 1. Support the implementation of Gavi's strategy of support to the Government of Nigeria (GoN) for strengthening immunization and PHCs. 2. Participate in strategic meetings of the National Emergency Routine Immunization Coordination Centre (NERICC) and other technical working groups such as the National Measles Technical Coordinating Committee (NMTCC) in line with the operationalization of the National Strategy for Immunization and PHC System Strategy (NSIPSS). 3. Develop a workplan detailing Gavi activities to support immunization (measles, yellow fever, meningitis, CCEOP and routine) and the primary health care system in Nigeria. 4. Provide technical support to the GoN through the National Primary Health Care Development Agency (NPHCDA) to assess the current needs in the primary health care system including immunisation. 5. Oversee all Gavi efforts for the control of measles elimination, control of yellow fever and control of type A meningitis; implementation of the CCEOP and for routine immunisation in the country. 6. Support Gavi focused States in boosting the immunisation programme. Serve as the liaison person between NERICC and NMTCC for the linkage between routine immunisation, vaccine introduction and campaigns. 7. Support the GoN to respond effectively and efficiently to any emerging vaccine preventable disease threat (this may include epi analyses and coordination of activities between GoN, partners and NGOs). 8. Monitoring the wastage study on behalf of Gavi and represent Gavi at related critical meetings with the National Logistics Working Group (NLWG). 9. Provide timely reports to Gavi Secretariat. 10. Support Gavi at relevant activities in the country and at international activities. 11. Provide strategic advisory support to the Director of Disease Control and Immunization, if and when required.</p> | Independent Contractor | Progress report submitted to the Partner Portal | | | | \$ | 271,061 |
| Nigeria | Programme Management/ Financial Management | Programmatic support to states and fiscal space analysis | Solina | Situational Analysis reports for the three state | | | | \$ | 81,028 |
| Nigeria | Programme Management/ Financial Management | Programmatic support to states and fiscal space analysis | | Fiscal Space Analysis reports for the three states | | | | | |
| Nigeria | Programme Management/ Financial Management | Programmatic support to states and fiscal space analysis | | Submission of State Programme Rationale (PSR) for the three states and final process report | | | | | |