

Strengthening the GAVI system

through sound financial management

The challenge: accessing the GAVI funds

Since 2001, GAVI has provided support to Nigeria for immunisation and the introduction of new vaccines. However, despite the urgent need for immunisation, the GAVI funds available were not being used fully because formal processes were not in place to release and retire the money correctly.

PRRINN-MNCH carried out an assessment in Jigawa, Katsina, Yobe and Zamfara which showed that all four states had accessed and used their first allocation of funding. However, because the states were unable to retire this first tranche of funds they could not release the next allocation.

The response: improving financial management systems

After the initial assessment, the PRRINN-MNCH team met with the senior management of the National Primary Health Care Development Agency (NPHCDA) to discuss the operations and management of GAVI funds. Between them they agreed that PRRINN-MNCH would work in the four project states to clarify the situation and put in place effective procedures for managing and retiring the GAVI funds. This included:

- A review of existing procedures with high-level management officials

Key messages: Training for accounts staff and new financial procedures have helped release Global Alliance for Vaccines and Immunisation (GAVI) funds for routine immunisation.

- 1 Lack of established financial procedures hampered access to GAVI funds for immunisation support frozen in bank accounts.
- 2 PRRINN-MNCH worked with accounts staff to develop the Financial Management Guidelines for GAVI funds which were then harmonised with existing accounting procedures.
- 3 Sound financial management and transparency are improving access to GAVI funds. The new procedures are leading directly to a rise in immunisation and therefore improved child and maternal survival rates.

- Visits to selected local government areas (LGAs) to review accounting books and records

- Clarification of the inflow and outflow of GAVI funds to date and reconciliation with bank statements

- Provision of support to retire outstanding releases to the NPHCDA

- Capacity-building of relevant accounts staff so that they were able to record and account for funds received at both state and LGA levels.

The results: increased funding and more immunisation

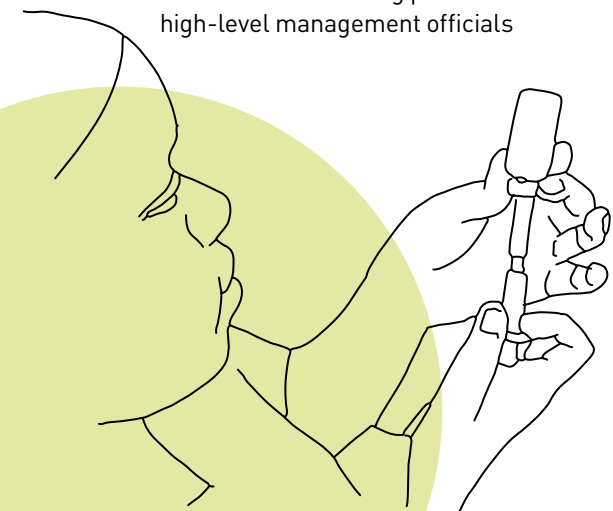
Initial scepticism was replaced with a recognition that improved transparency in fund management would ensure efficient use of and easier access to the GAVI fund.

Before 2009, none of the states had accessed more than one tranche of the funding. However, as Fig 1 shows, the disbursement of GAVI (ISS) funds to PRRINN-MNCH focal states between 2009 and 2012 increased significantly.

Fig 1: GAVI fund disbursement to programme states

	2009	2010	2011	2012
Jigawa	£29,176	-	£58,351	-
Katsina	£41,235	£41,235	£41,235	£82,471
Yobe	£18,693	£18,693	-	£37,387
Zamfara	£18,227	£18,227	£36,454	£36,454
Total	£107,332	£78,156	£136,041	£156,312
Total for the FCT and 36 States	£977,542	£1,004,459	£773,106	£936,868

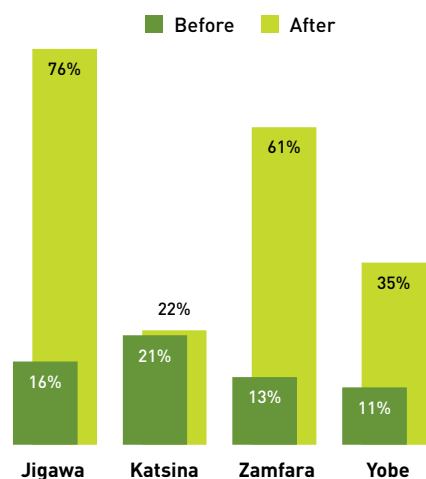
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In addition, the increasing fund disbursement has been one of the factors contributing to the rise in immunisation coverage in the programme states (Fig 2).

Fig 2: Immunisation of one year olds

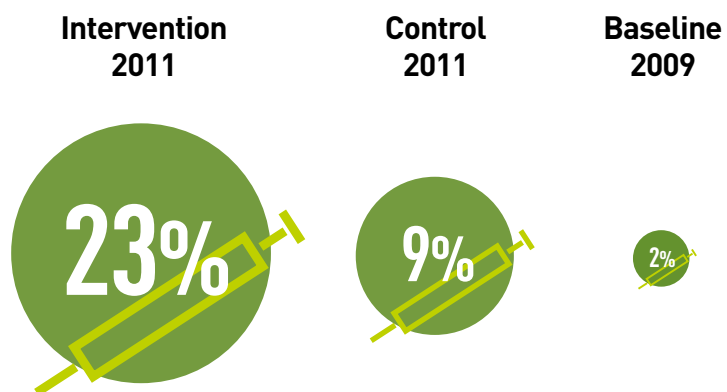
Source: 2006 and 2010 NICS Survey results



This data is supported by the PRRINN-MNCH household survey data (Fig 3) which showed significant increase in immunisation coverage, particularly in the intervention sites.

Fig 3: Percentage of one year olds fully immunized

Source: PRRINN-MNCH household survey



Policy implications

Guidelines: PRRINN-MNCH worked with the NPHCDA accounts staff to develop the Financial Management Guidelines for GAVI funds which were harmonised with existing internal accounting procedures.

The guidelines outline:

- The responsibilities of stakeholders
- Receipt and banking procedures
- Expenditure control and payment procedures
- Financial reporting
- Monitoring and evaluation.
- They also include financial recording tools and retirement documents.

Training: NPHCDA accounts staff in the PRRINN-MNCH states were trained on the use of the guidelines. A Training Guide for trainers was also developed, along with workshops for NPHCDA staff. In October and November 2012, two sets of training workshops were conducted for Accountants-in-Charge of GAVI fund and State Immunisation Officers (SIOs) in all the 36 states of the country.



Crucially, the NPHCDA is now considering further nationwide roll-out of the training on the use of the guidelines to the LGA accounts staff who are the ultimate managers of the funds.

Conclusion

This programme has shown that good financial management helps to improve access to routine immunisation by:

- Helping states access and reconcile GAVI funds
- Keeping funding transparent and ensuring the money is spent on planned activities
- Assuring fund providers that funds are safeguarded
- Increasing reliability and predictability of funding
- Ensuring sustainability of operational costs.

With a standardised and effective approach to financial management, the NPHCDA, states and LGAs can now organise, plan, and make informed decisions on immunisation activities and the best way to use GAVI funding to reach immunisation goals. Ultimately, this results in increased immunisation coverage and improved maternal and child survival.



The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative



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