



Field Operational Guideline Direct Disbursement Mechanism (DDM)

To support Supplementary Immunization Activities (SIAs) in Nigeria

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LIST OF ACRONYMS

AA	-	WHO Administrative Assistant
AO	-	Administrative Officer
Accounting firm	-	The firm that will be contracted out to perform accounting services for WHO
CBN	-	Central Bank of Nigeria
CCO	-	Cold Chain Officer
CSVC	-	Campaign Support Verification Card
DDM	-	Direct Disbursement Mechanism
EPI	-	Expanded Programme on Immunization
FGoN	-	Federal Government of Nigeria
HE	-	Health Educator
HR	-	(Polio) High Risk (states)
VHR	-	(Polio) Very High Risk (states)
ICC	-	Inter-Agency Coordination Committee
SIAs	-	Immunization Plus Days
LGA	-	Local Government Authority
LGPCHD	-	Local Govt Primary Health Care Director
LIO	-	Local Government Immunization Officer
LQAS	-	Lot Quality Assurance System
LSN	-	List of Supervisors Names
MOH	-	Ministry of Health
MOLG	-	Ministry of Local Government and Chieftaincy Affairs
PEI	-	Polio Eradication Initiative
PHC	-	Primary Health Care
Paying bank	-	The bank that will be contracted out to conduct disbursement on behalf of WHO
SIAs	-	Supplementary Immunization Days
SIO	-	State Immunisation Officer
SPHCD	-	State Primary Health Care Director
SMS	-	Short Messaging System
STF	-	State Technical Facilitator
STM	-	State Team Member
UNICEF	-	United Nations Children's Fund
WCO	-	World Health Organization Country Office
WFSAC	-	Ward Focal Supervisor Activity Card
WHO/HQ	-	World Health Organization Headquarters in Geneva
WR	-	WHO Country Representative

1. BACKGROUND

The World Health Organization (WHO) and partners provide technical and financial support to Nigeria's national immunization programme.

Disbursement of payments to a large number of payees and activities (e.g. supplementary immunization activities (SIAs) throughout the country down to Local Government Area (LGA) levels is an enormous administrative responsibility in a country the size of Nigeria. For this reason, since the beginning of 2004, WHO has put in place an innovative arrangement called Direct Disbursement Mechanism (DDM) to ensure transparent and secured funding arrangements throughout the country.

As new developments emerge in the financial and regulatory landscape, with technical support from the Central Bank of Nigeria (CBN) and other stakeholders, WHO is exploring potential areas of improvement by systematically introducing new modes of payment such as mobile money and other electronic means to facilitate the payment for vaccination personnel that support various supplementary immunization activities.

In order to ensure maximum control and accountability, financial services will be outsourced to a reputable firms. The responsibility for disbursing funds is de-linked from accounting and reporting.

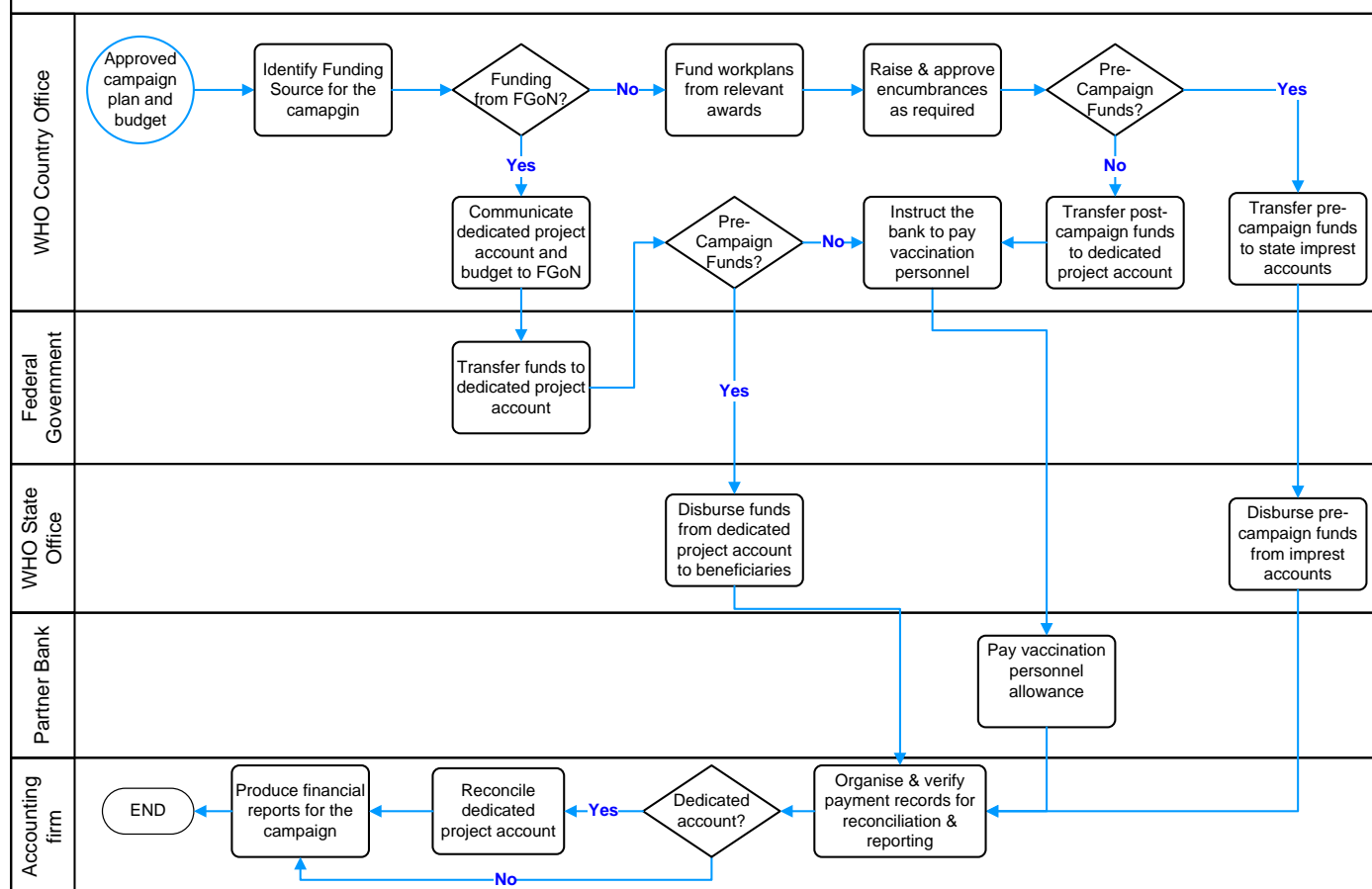
The required funds will be transferred by WHO directly to the field state offices for campaign activities. The bank is responsible to disburse the stipends/allowances to the vaccination personnel through its network branches or those of affiliated banks or payment agents or using electronic means or designated payment sites throughout Nigeria as per the specific instruction from WHO.

The required documentation will be made available by those responsible for the payments to the accounting firm to timely produce the required financial/management reports to WHO.

Details of disbursement procedures are provided for each type of expenditure to ensure that payment procedures are standardized and consistent across all States and that all partners are aware of the procedures to be applied.

The high level workflow of the DDM process is depicted by the diagram below:

Direct Disbursement Mechanism (DDM)-high level workflow



2. BASIC CRITERIA FOR ENGAGEMENT OF VACCINATION PERSONNEL

The composition, rates of allowances, number of the vaccination personnel and duration of engagement are determined as per the orientation of the EPI/PEI partners in Nigeria. These basic criteria are subject to revision from time to time. The table below shows the current rates for polio campaign in polio high risk states. The criteria for other immunization campaigns such as measles, yellow fever or meningitis are different from these.

Table-1- Composition of typical polio SIAs vaccination team

Level	Category of vaccination personnel	Unit	No.	Days	Daily stipend rate (Naira)	Remark
1	State team	Person per state	5	6	1,200	

Level	Category of vaccination personnel		Unit	No.	Days	Daily stipend rate (Naira)	Remark
2	LGA team		Person per LGA	4	6	1,200	
3	Ward Focal Supervisor		Person per Ward	1	6	1,100	
4	Fixed Post	Health Worker Vaccinator	Person per team	1	4	900	
5		Recorder	Person per team	1	4	700	
6	Special Team	Vaccinator	Person per team	1	4	700	
7		Recorder	Person per team	1	4	700	
8		Town announcers	Person per team	1	4	700	
9	House-to-House	Vaccinator	Person per team	1	4	700	
10		Recorder	Person per team	1	4	700	
11		Supervisor	Person per team	1	6	1,000	
12		Community Leader	Person per team	1	4	700	
13	State Technical Facilitator		Person per LGA	1	21	2,500	
14	Independent monitor	In-process monitors - transport allowance during implementation	Person per LGA	4	4	1,000	N 4,000 advance before the round as transport allowance during implementation and N 5,000 stipend payable after round
		In-process monitors - Stipend		4	4	1,250	
15	Independent monitor	End-process monitors - transport allowance during implementation	Person per LGA	4	2	2,000	N 4,000 advance before the round as transport allowance during implementation and N 5,000 stipend payable after round
		End-process monitors - Stipend		4	2	2,500	
16	Group Supervisor	Group supervisor - Transport Allowance during implementation	1 per 2 teams	1	6	4,000	N 4,000 advance before the round as transport allowance during implementation and N

Level	Category of vaccination personnel	Unit	No.	Days	Daily stipend rate (Naira)	Remark
	Group supervisor - Stipend		1	6	5,000	5,000 stipend payable after round

**Level 2-12 are provided with an average of N700/person as transport rate for collection at the payment site*

3. CATEGORIES OF OPERATIONAL FUNDS FOR SIAs

Broadly, the categories of payment for SIAs can be divided into two: payment for campaign activities and payment of allowances/stipends for vaccination personnel.

4. PAYMENT FOR CAMPAIGN ACTIVITIES

Payments for campaign activities are often disbursed before the beginning of the implementation of campaign.

4.1 Major categories of campaign activities

The following activities constitute the major budget lines in a typical supplementary immunization activity particularly polio.

- 4.1.1 Micro-planning - includes funds required to conduct micro-planning training and process at various administrative structures.
- 4.1.2 Training - includes training materials, refreshment, meeting venue hall rent.... at State, LGA and ward levels
- 4.1.3 Intensified funds - are to be allocated based on high risk operational plans at LGA level to stopgap funding requirements for critical interventions such as purchase of pluses, advocacy with religious leaders (Qoranic schools) to address non-compliance, access to very hard to reach areas, etc.
- 4.1.4 Logistics (usually disbursed by UNICEF) - includes vehicle hire for vaccination teams movement, kerosene for burning (waste disposal) and fuel for generating set for cold chain. If WHO is required to disburse for this activity under certain circumstances. the following procedure will be applied:
 - 4.1.4.1 The funds will be made available to the State/LGA via WHO States offices. WHO State office ensures that the SIO/LIO signs certifying receipt of the funds.
 - 4.1.4.2 The SIO/LIO along with the Logistics committees formed at State/LGA level are responsible for distributing the funds for implementation as per the approved plan-of-action.
 - 4.1.4.3 Receipts for vehicle hired and fuel purchased should be obtained and countersigned by each respective supervisor.
 - 4.1.4.4 These receipts should be submitted to the WHO State office by the respective SIOs/LIOs within a week of completion of the activity.

- 4.1.5 Social mobilization (usually disbursed by UNICEF) - to support activities led by State and LGA-level Health Educators who will receive and utilize the funds allocated for this purpose. Under limited circumstances, some instances WHO may be required to disburse for this activity. In such cases, the following procedure would be applied:
- 4.1.5.1 Three weeks before the round, a plan-of-action and budget should be submitted by the State/LGA social mobilization committee, (made up, in part, by the PHC Director, the SIO/LIO and the Health Educator) to the WHO State office.
 - 4.1.5.2 The WHO State Coordinator, in conjunction with the UNICEF State officers (where applicable), should approve the plan-of-action for social mobilization and the
 - 4.1.5.3 WHO State office should make sure that the total amount fits within the allocated budget.
 - 4.1.5.4 After confirmation that the plan-of-action has been received and approved, WHO State office will trigger electronic payment.
 - 4.1.5.5 Receipts of relevant expenditures, signed by the State/LGA personnel, should be made to the WHO State office within a week following the implementation of the planned activity.
- 4.1.6 Engagement of traditional leaders - to assist in planning, implementation and monitoring, traditional leaders at various levels are engaged particularly at the high risk states. Provision is made to facilitate meetings, advocacy, and field supervision undertaken by members of the traditional leadership hierarchy in selected States. There is a special arrangement for disbursement of funds for engagement of traditional leaders as negotiated with the national authorities and Northern Traditional Leaders Committee for PEI and primary health care development (see Appendix I)
- 4.1.7 Office running - limited amount to support state offices to supplement communication (mobile air time) and stationery/photocopy requirement for increased activities arising from the campaigns
- 4.1.8 Supervision - for provision of transport allowance for in-process monitors
- 4.1.9 Monitoring - for procurement of implementation and monitoring materials such as chalks, stationery (pen), etc.
- 4.1.10 End- process monitoring - transport allowance for end-process monitors
- 4.1.11 Lot quality assessment (LQA) surveys - material and transport facilities for personnel responsible to conduct LQAs surveys

4.2 Procedure for allocation of funds from central to the field level for campaign activities

- 4.2.1 Funds for campaign activities should be sent two weeks before implementation
- 4.2.2 The allocation of funds will be based on standard SIAs funds distribution plan as laid out in the ICC Finance budget for the round.
- 4.2.3 Funds are electronically transferred from the main imprest account to the state imprest accounts for WHO award related funding or appropriate expenditure

limits will be set for the various states when using the project account for FGoN related funding as the case may be.

4.3 Mode of disbursement to implement activities

- 4.3.1 Upon receiving the necessary approval from WHO country office, the WHO State office disburses to support activities as per agreed operational plan at state level.
- 4.3.2 Each disbursement request should be initiated by the Administrative/Finance Assistant and approved by State Coordinator.
- 4.3.3 Taking into consideration the bankable profile of payees, the preferred mode of payment should be in the following order; electronic transfer, cheques/drafts and cash in unavoidable situations.
- 4.3.4 States should strive to procure implementation materials and other supplies centrally and pay providers directly.
- 4.3.5 To reduce the volume of payments processed in state offices, established and major bankable providers may be paid by the Global Service Centre where appropriate.

4.4 Retirement and accounting for the advance disbursements

- 4.4.1 All the funds disbursed through the State Office should be accounted for and retired in line with established WHO financial rules and practices.
- 4.4.2 Funds are expected to be utilized judiciously and for the intended purpose. Request for re-programming should be submitted to and cleared by the central office
- 4.4.3 Every advance made to support activities must be retired as follows:
 - 4.4.3.1 For cash payment of individual beneficiaries at the LGA/ward levels, the signature of the end beneficiaries form evidence of payment
 - 4.4.3.2 For procurement of goods and services, the original receipt/invoice from the supplier form evidence of payment
- 4.4.4 All expenditure invoices and payment sheets must be duly verified by the AA and endorsed by the State Coordinator

4.5 Closure

- 4.5.1 Within four weeks after the conclusion of the campaign, any unspent balances arising from the activities for the particular round will be liquidated against the committal document raised if the funds are transferred via Imprest account
- 4.5.2 If the funds are transferred through dedicated project account, the unspent balances should be returned to the respective central project account within four weeks after the end of the campaign.

4.6 Reporting

- 4.6.1 The state /country office should provide all financial documents and summary financial report for expenditures incurred through the project account

- 4.6.2 If expenditures were incurred through the imprest account, the following documents will be provided to the accounting firm
- a. Bank statement
 - b. Detailed expenditure record exported from e-Imprest (WHO 412)
 - c. Duly signed financial report summary (prepared by AA and verified by SC)
- 4.6.3 The accounting firm should prepare detailed financial report based on documents made available to it by WHO.
- 4.6.4 The supporting documents will be retained with WHO's monthly imprest returns.

5. PAYMENT FOR VACCINATION PERSONNEL

The number and stipend rates of vaccination teams per state is approved centrally by the responsible inter agency coordination committee. The total number of vaccination teams per State is generally established according to the estimated number of target population and as per workload analysis. Any requests for changes to the numbers of vaccination teams should be addressed to the central level for approval.

Once the accepted number of vaccination teams is notified to the States, the breakdown and distribution of vaccination teams per LGA must be communicated as soon as possible to WHO Abuja in order to allow the preparation of related payment instructions in due time.

Various tools of payments will be used depending on availability of banking infrastructure, mobile phone communication facility and other factors. Broadly, payment for vaccination personnel will be made using the most appropriate form of payment taking into consideration the above variables (banking infrastructure, availability of alternative electronic forms of payment eg mobile money, pre loaded cards, point of sale etc, bankable demographics of payees, cost effectiveness etc). A combination of the following forms of payment will be utilized;

- a) cheque payment,
- b) cash payment, and
- c) electronic payment

5.1 Cheque payments

Cheque payments will be used in the event that the beneficiaries are not banked yet. Cheque payments are to be prepared in the name of beneficiaries. In the event that cheque payments are used the following procedures will be followed:

- 5.1.1 WHO State office should establish a consolidated list of the beneficiaries. This list is required to be sent to the Direct Disbursement Mechanism (DDM) Unit, WHO Abuja via email: DDM@ng.afro.who.int. The names are submitted via formal correspondence to the paying bank by WCO and using a specified form (**template___**) serving as a payment instruction with the amount indicated per name.

- 5.1.2 WCO raises instructions for the bank to issue cheques in the names of the beneficiaries and forwarded to each WHO State office where they can be picked up by the beneficiaries.
- 5.1.3 The cheques are sent by the bank to the WHO State offices, accompanied with an acknowledgment letter addressed to the state office. The state office acknowledges receipts of the draft and forward same back to the bank by mail copying DDM unit.
- 5.1.4 WHO state office releases the cheques to the corresponding beneficiary upon presentation of an official ID card with a picture. (eg. drivers license, government ID card, or national passport). The
- 5.1.5 The beneficiary signs a receipt voucher certifying payment, while the counter foils of each cheque given to the beneficiary is retained and handed over to the accounting firm.
- 5.1.6 If beneficiaries do not retrieve their payment within two weeks after notification, their cheques will be returned to the bank through the WCO.
- 5.1.7 Once payment has been completed, WHO State office will turn over the payment vouchers to the accounting firm representative, along with a formal cover letter copying WCO.
- 5.1.8 The accounting firm representative will sign on the letter confirming the receipt of the payment vouchers.

5.2 Cash payments

Payments take place at selected sites (payment forums) within the States. Dates and locations of the payment forums will be communicated during the course of the SIAs. Detailed payment plans are developed for each State to ensure smooth payment forums. In addition, detailed operational plan will be developed in collaboration with the disbursing bank for the organization of payment sites, including crowd control.

Vaccination personnel stated as level 2 to 12 in Table 1 collect their corresponding payments directly from designated payment sites at the LGA-level. These individuals will be paid upon presentation of a serially-numbered "activity card" that will have been endorsed by their supervisors and who will have been already identified to the Bank. A single Activity Card will be distributed to each member of a vaccination team group.

5.2.1 Payment procedures for vaccination personnel

- 5.2.1.1 WHO State offices are to forward to WCO, the breakdown of vaccination team composition, three week before the activity.
- 5.2.1.2 After distribution of activity cards, WHO state offices forward the distribution activity cards and the specimen signature activity cards to the disbursing paying bank branch.
- 5.2.1.3 The number of Vaccination Teams to be paid will be communicated to paying bank by WHO two weeks ahead of the implementation of the SIAs via a signed payment instruction by WHO country office.

- 5.2.1.4 Two weeks before the implementation of the activity, at the ward-level trainings, the vaccinator team members will receive their activity cards from the vaccination team supervisors. A signed photograph of the participant by the supervisor should be stapled to the top right corner of the activity card to certify its authenticity. The team supervisors would have received the activity cards from the ward focal supervisors who received them at the LGA-level training and briefing meetings, at the same time that they received their individual activity cards, from the STFs/LIOs. The vaccinator signs his/her Activity cards and the supervisor countersigns on each one.
- 5.2.1.5 During the SIAs, the supervisor or either one of the LGA-level PHC Director, LIO or CCO will sign against each day worked by the vaccinator.
- 5.2.1.6 In the course of SIAs implementation, the LGA officials will be issued a verification forms which would be given to actual implementers (vaccination personnel) of the SIAs campaign. The vaccination personnel are to affix their passport to the form endorsed by their various supervisors. The LGA facilitator or consultants collects all the verification form issue to their LGAs and turns it over to the Administrative Assistant. The verification form would be used to check against the payment activity cards issued out to the vaccination personnel.
- 5.2.1.7 The payment forum will take place at selected sites within seven (7) days after implementation, that is after end-process and last for a period of two (2) weeks. The vaccination team members would have been informed of the payment date from either the supervisor or one of the authorized signatories to their activity cards during the course of the SIAs.
- 5.2.1.8 On the day of payment, the bank will arrange to be present with the cash at the agreed-upon locality for the appropriate payments to be made to the vaccination teams. The cashiers will have with them the serial numbers corresponding to the activity cards used in that LGA, as well as the specimen signature of the supervisor assigned to those activity cards. The specimen signatures of each of the LGA authorized signatories to the activity cards would also have been provided to the cashier beforehand, in order that they may cross-check against those on the activity cards when one of them signed in the place of the supervisor.
- 5.2.1.9 Payment will be calculated on the basis of each day worked that has been signed off by one of the authorized signatories. The vaccination team member would then be requested to sign for receipt of the corresponding amount paid to him/her on the activity card, which will then be retained by the cashier. One of the authorized signatories to the activity card should also sign off on the activity card upon receipt of the funds by the vaccination team member.
- 5.2.1.10 Payment by proxy is not allowed except in states that are granted special approval. Therefore, all participants are to be present at the payment centers with their cards duly signed by the LGA official responsible.

5.2.2 Payment procedure for ward focal supervisors

- 5.2.2.1 Three weeks before the implementation of the SIAs, at the LGA-level training and briefing meetings, the supervisors receive their activity cards from the STFs/ LGA team members. STFs/ LGA team members would have received the activity cards at the State-level training and briefing meetings (which take place several days prior to the LGA-level meetings) and/or WHO State offices. Before releasing the activity cards, the WHO state office notes down the corresponding serial numbers of the cards that are issued to the STFs using the ward focal supervisors activity cards (WFSACs) list form. Each supervisor's WFSACs has a serial number. The supervisor will sign his/her WFSAC and the LGA team member will countersign and take down the serial number corresponding to that supervisor's WFSAC. The name, serial number and signature of the supervisors receiving WFSACs will be filled out.
- 5.2.2.2 The STF/ LGA team member sends the names and signature of all the supervisors in their respective LGA to the WHO state office, who in turn submits them (once they have all been consolidated) with the corresponding WFSAC list form to the paying bank. This will permit the bank to have a record of the supervisors' signatures against which they can cross-check against payments.
- 5.2.2.3 The supervisor will obtain the signature of either the STF, LGA-level CCO, PHC Director or LIO for each day worked, against which he/she will be paid.
- 5.2.2.4 Payment forums will take place within two weeks at the end of the SIAs. The supervisors must be informed of the payment date from one of the authorized signatories to their activity cards during the course of the SIAs who, in turn, will be informed via communications from the WHO State office, who are responsible for confirming the use of the LGA facilities for that purpose on the specified date. WHO State office will agree on payment dates and sites with the local bank branch and communicate to all concerned.
- 5.2.2.5 On the day of payment, the bank is expected to be present with the cash at the agreed-upon payment site for appropriate payments to be made to the vaccination team members who are expected to be physically present at the payment centre. Each team supervisor must be at the payment point to identify his/her team members when payment is being made. Specimens of the signatures of each of the LGA authorized signatories to the activity cards will be with the cashiers to cross-check signatures against those on the activity cards being submitted by the respective supervisors. The cashiers is also expected to cross-check the signature of the supervisor by making reference to the corresponding list of supervisors names (LSNs) that is with them at the payment forums.

5.2.2.6 Payment will be calculated on the basis of each day worked that has been signed off by one of the authorized signatories. The supervisor will sign the receipt of the corresponding amount paid to him/her on the Activity Card, which will then be retained by the cashier. One of the authorized signatories to the Activity cards should also countersign on the paid activity card.

5.2.2.7 All of the paid activity cards and the payment summary reports should be turned over by the bank to the WHO State office so that they may be retrieved by the accounting firm's representative within five working days following the payment forum, along with a cover letter which the WHO state office will sign confirming receipt.

5.2.2.8 Special attention should be made to educate the vaccination supervisors SACs on the need to make the activity cards for other vaccinators available whenever they are coming to the payment forum.

5.2.3 Payment procedure LGA-level (PHC Directors, LIOs, CCOs, Health Educators)

5.2.3.1 Activity cards for LGA authorities will be issued and sent along with ward focal supervisors' and vaccination team Activity cards to the WHO State offices. These will be presented at the payment forums for payment.

5.2.3.2 The activity cards for LGA authorities will be handed out by the STFs at the state-level trainings; both will sign on the slips once they have been issued.

5.2.3.3 A specimen of their signatures is, in any case, taken during the training.

5.2.3.4 LGA authorities will be paid at the payment forum upon presentation of their activity card.

5.2.3.5 At the payment forums, LGA-level personnel are also expected to sign the payment summary report of the disbursements made for their corresponding LGAs, which will serve as a receipt for their payment.

5.2.3.6 At locations having the paying bank branch, the branch may be used as a payment site. In all other areas, the LGA head office is preferred to be used as the payment site location.

5.2.4 Reporting on cash payments for vaccination personnel

5.2.4.1 All activity cards duly signed by beneficiaries and their supervisors should be turned over by the paying bank to the accounting firm's representative in the presence of WHO administrative focal point, within two weeks upon completion of the payment exercise.

5.2.4.2 The payment site monitoring reports produced by WHO state office for each payment site (template __) are to be submitted to DDM Unit within one week after completion of each payment forum

5.2.4.3 The joint payment site report (template __) produced by the accounting firm to be discussed and signed off by field DDM partners (i.e. WHO State office, paying bank and accounting firm) at the payment site shared with

central DDM unit by the accounting firm within one week after the completion of the payment exercise.

5.2.4.4 Payment summary report (**template__**) are to be submitted by the paying bank and shared with the accounting firm within one week after the completion of the payment exercise.

5.2.4.5 The accounting firm verifies the payment cards and prepare financial report as per the agreed format and level of details

5.2.4.6 The verified payment cards will eventually be handed over to WHO Lagos office by the accounting firm to be kept for required period of five years according to the WHO internal financial rules and regulations.

5.3 Electronic payment

In as much as possible, WHO encourages the use of electronic mode payment to the beneficiaries as a cost-effective and secured means. Direct electronic payment is already being used for some beneficiaries of pre-implementation activities. Depending on the banking and mobile communication infrastructure accessibility, mobile banking, debit card, and other tools will be utilized. Based on preliminary assessments, mobile money is believed to be the preferred mode of payment for mass beneficiary. This new tool will be piloted in a controlled environment and scaled up after thorough assessment on its performance.

The complete guideline on the procedures for use mobile money as mode of disbursement for mass vaccination personnel will be developed once a service provider is identified. In the meantime, general framework is developed and attached as Appendix II

Appendix - I

Operational guidelines for administration of funds for engagement of traditional leaders for polio eradication initiative and routine EPI In Nigeria

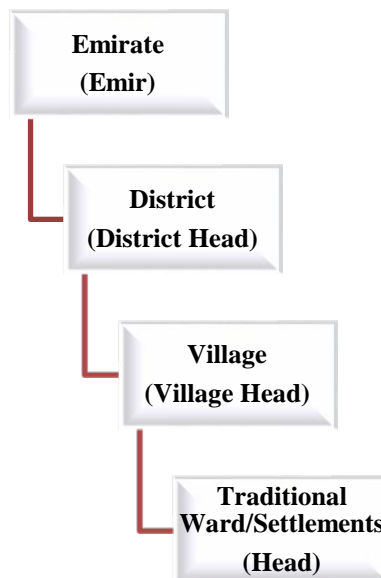
1. Introduction:

The Federal Government of Nigeria (FGoN) has been taking various initiatives aimed at improving the quality and coverage of the polio supplementary immunization activities in Nigeria. The engagement of traditional leaders to support polio eradication in Nigeria has played a key role in the progress registered in the country.

Following the joint proposal developed by FGoN, World Health Organization and Bill & Melinda Gates Foundation (BMGF) to sustain the engagement of traditional leaders in support of PEI, BMGF has released funds to be channelled through WHO system.

The objective of this brief operational guideline to administer these funds is to ensure adequate control, accountability and transparency in the management of the funds for engagement of Traditional Leaders.

The following diagram depicts the generic structure of the traditional administrative system in Northern Nigeria. The structure may vary from Emirate to Emirate.



2. General applicable rules, guidelines and reference materials

For funds that are to be administered through WHO internal Imprest system, the WHO internal financial rules and procedures are applicable. For funds to be channelled

through the Direct Disbursement Mechanism (DDM), the field guideline of DDM is applied.

The detailed budget breakdown and budget narrative for the engagement of traditional leaders also form part of this guideline.

3. Disbursement modalities

3.1. General provisions and requirements

The rates and budget ceilings indicated in the detailed breakdown of the grant agreement should be applied.

In the interest of transparency and accountability, the funds allocated for each State for each round is communicated officially to the State Ministry of Health, the office of the Traditional Leader and any other relevant offices notifying them on the operational funds allocated for each round for the engagement of traditional leaders. The office of the Traditional Leader officially designates officers who will be the focal points for the disbursement of payments at District, Village, and other levels as the case may be. The office of the traditional leader also officially communicates four weeks before the SIAs implementation days regarding the comprehensive list of the Traditional Leaders staff be engaged for each round at all levels.

Upon disbursement, the attached payment schedule template (Template 2) should be duly completed which will be attached with the retirement summary (Template 1). For procurements of materials, the original receipts should be attached with Template 1.

The financial retirement reports should be examined by WHO State Office and signed by WHO State Coordinator.

The release of new advance is subject to the retirement of previous advances, unless exceptionally approved by WHO, Country Office, Abuja.

3.2. For activities to be implemented at the Federal Level

3.2.1. Disbursement

- The request for procurement of goods or services and any activities to be handled at Abuja level should be communicated in writing by NPHCDA in line with the terms of the grant agreement. Such budget lines include, but are not limited to, the following:
 - o Coordinating, monitoring and supporting the implementation of the project
 - o Monitoring and evaluation missions by the NPHCDA consultants
 - o Final evaluation of the project
 - o Procurement of office equipment, stationery and office supplies
- Payments are made directly to the service provider or goods supplier identified by NPHCDA in writing.

3.2.2. Retirement

- Original payment receipts or payment confirmation sheets will be handed over to WHO by the supplier or service provider.

3.3. Allowance for supportive supervisions

Most of the activities under this budget category are expected to be implemented at LGA and Ward level. They include, but are not limited to, the following major budget items:

- o Emir's supervision
- o District heads monitoring and supervision
- o Supportive supervision to improve immunization activities in high risk (HR) and very high risk (VHR) LGAs
- o Deployment of district level announcer during measles campaign
- o Track and line list religious leaders for targeted advocacy

3.3.1. Disbursement

- Funds will be released through the WHO State Office for each round
- For the activities to be conducted at State or, where possible, at Emirate levels, the WHO Office directly administers the payments
- For activities to be conducted below the Emirate levels:
 - o The Office of the Traditional Leader formally submits a letter to the WHO State Office designating a responsible officer who will administer the funds in line with the agreed budget lines at District, Village, and other levels as the case may be.
 - o WHO State office disburses to the designated officers who will sign on Template 2 confirming the collection of the cheques/cash
 - o The designated officer will disburse the payments as per approved budget and as per the authorization from the office of the Traditional Leader using Template 2

3.3.2. Retirement

- The designated responsible officer of the office of the Traditional Leader retires officially within two weeks after the completion of the activity using Template 1 and by attaching duly completed Form B and other supporting documents which should be verified by the office of the TL by signing on Template 1 & 2. WHO State Office compiles the retirements from the representatives of the Traditional Leader and submits a summary report to WHO Abuja within three weeks after the completion of the activity by using Template 1 and attaching all the supporting documents.

3.4. For training and meetings

These activities could be held at National, State, Emirate or lower administrative structure levels. They include, but are not limited, to the following major budget items:

- o Religious leaders sensitization and mobilization meetings
- o Emirate level review meeting
- o Emirate committee meeting
- o District committee meetings

- Ward committee meeting
- Quarterly meeting of the traditional leaders committee on PHC delivery.

3.4.1. For trainings and meetings at the State and Emirate levels

3.4.1.1. Disbursement

The WHO State Office directly administers the payment for the training in collaboration with the local bank as necessary.

3.4.1.2. Retirement

WHO State Office sends retirement report within one week after the end of the training to DDM Unit, WHO Abuja.

3.4.2. For trainings and meetings at the lower than Emirate level

3.4.2.1. Disbursement

- Funds will be released through the WHO State Office for each round
- The Office of the Traditional Leader formally submits a letter designating a responsible officer who will administer the funds in line with the agreed budget lines
- WHO State office disburses funds to the designated officer who will sign confirming the collection of the cheques/cash on Template 2.
- The designated officer will disburse the payments as per approved budget and rates using Template 2.

3.4.2.2. Retirement

- The designated responsible officer of the office of the Traditional Leader retires officially within two weeks after the completion of the activity using Template 2 and attaching Template 2 and other invoices, if any.
- The retirements by the designated officer are verified by the office of the Traditional leader by signing on Template 2.
- WHO State Office compiles the retirements from the offices of the Traditional Leaders and submit a summary report using Template 1 to DDM Unit, WHO Abuja within three weeks after the completion of the activity.

4. National and/or field NPHCDA office and partners shall orient the state Officials and Traditional Leaders Forum on this new payment mechanism for smooth implementation of the guideline
5. For payments at lower than district level, the representatives of the TL, NPHCDA and WHO cluster supervisors shall ensure the timely disbursement of the funds for the intended purpose
6. This operational guideline will be reviewed as and when necessary

Template– 1

STATEMENT OF EXPENDITURE

Activity: _____

S/N	Expenditure Head	Advance collected NGN	Actual expenditure NGN	Unspent balance (NGN)
	TOTAL			
Unspent balance, if any, to be refunded to WHO				

TECHNICAL REPORT

Duration of the activity: _____

Brief on results achieved

Reported by:

Signature: _____

Name: _____

Title: _____

Date _____

Verified by

Signature: _____

Name: _____

Title: _____

Date _____

Appendix -II

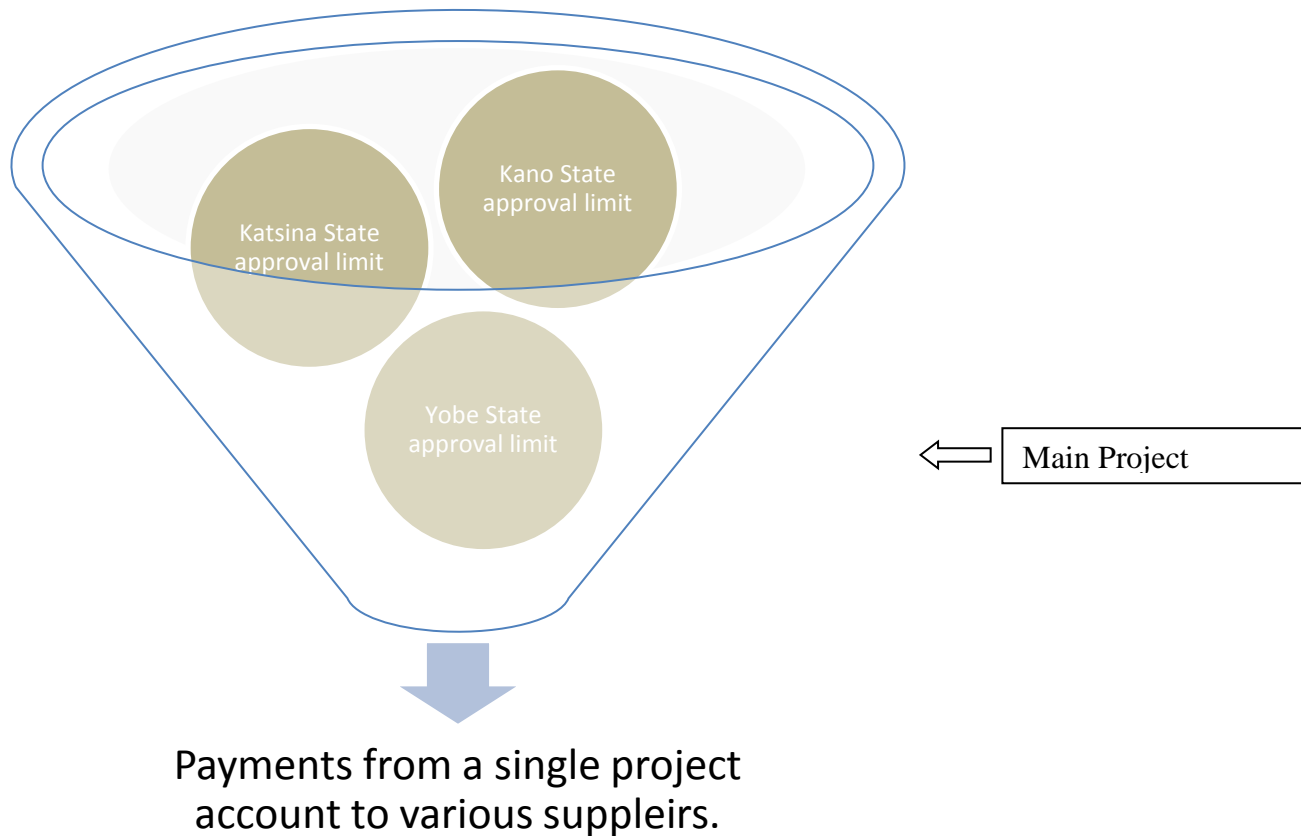
SCHEMATICS FOR DDM PAYMENTS

A. DDM PROJECT ACCOUNT FOR PRE-CAMPAIGN PAYMENTS

Payments for Supplementary Immunization Activities (SIAs) are made for every round in every implementing State to a varied number of participants. Treasury risks do not favour a proliferation of accounts which could be opened at state levels. Reconciliation and reporting from multiple accounts can also be daunting. Given this scenario, the most acceptable framework will be one that ensures:

- i. Operating from a single account at the central level per round which can service all the States
- ii. Set up mirror/shadow accounts for each State from the Central Project account such that each State can initiate and approve transactions at that level and undertake cashment where necessary
- iii. Transactions from all States are charged from the central account but with identifiers
- iv. reconciliation is done on the central project account for all transactions

This concept is represented in the schematic below:



Operational Requirements:

1. One main project account
 - a. Users to be profiled for central level approvers
 - b. Users to be profiled for state level approvers
 - i. Ceilings for total state expenditures to be set.
 - ii. Payments made from main project account.

Payment modes:

1. Initiation of various electronic payments (single and bulk payments)
2. Raising of drafts/cheques at state level
3. Raising of cheques or instructions for across the counter cashment.

Analysis of volume of transactions:

For a typical National round involving 36 states and FCT where Micro-planning is also undertaken, the total pre-campaign funds disbursement is about N686,516,609.00 Whereas it is about 233,608,868 excluding micro-planning for the 11 high risk mostly in the north. Payments are made at State/LGA levels using any of the following modes:

National Round (All 36 States + FCT)

S/No	Type of transaction	Possible Number of transactions	Amount (NGN)
1	E payments	11,600	237,658,500
2	Cheques/Drafts	100	117,898,904
3	Cash payments	Uncertain	330,958,205

12 High Risk States

S/No	Type of transaction	Possible Number of transactions	Amount (NGN)
1	E payments	7,000	50,204,632
2	Cheques/Drafts	70	67,718,255
3	Cash payments	Uncertain	26,019,432

B. PAYMENT FOR VACCINATION PERSONNEL

Ad-hoc personnel are engaged by national/state authorities in collaboration with partners during immunization campaigns under different categories ranging from Ward Focal supervisors to Community Leaders. These activities are implemented at all strata of Nigeria including the remotest villages where the personnel are usually selected from. A large percentage of these vaccinators fall in the demographic of those with low access to financial services. The average payment per person is about N3,000. So far, the most practicable means of payment has been cash-based, done at designated locations close enough to the beneficiaries.

In order to mitigate potential security risks and address operational challenges coupled with the need to comply with the new financial regulatory environment, WHO has been exploring emerging modes of payment for the vaccination personnel.

The introduction of Mobile Money in Nigeria which comes with a bouquet of offerings to provide cash-out alternatives to various groups with different reach opens up new opportunities to explore.

1. Profile and location of vaccination personnel

S/N	State	No. of LGAs	No. of Payment site	Number of Beneficiaries
1	Abia	17	5	6,359
2	Adamawa	21	9	5,432
3	Akwa Ibom	31	5	7,410
4	Anambra	21	5	7,340
5	Bauchi	20	10	23,639
6	Bayelsa	8	3	2,018
7	Benue	23	8	6,577

8	Borno	27	11	11,854
9	C/River	18	4	4,517
10	Delta	25	6	8,295
11	Ebonyi	13	3	4,251
12	Edo	18	7	5,862
13	Ekiti	16	3	3,010
14	Enugu	17	5	6,161
15	FCT	6	4	1,894
16	Gombe	11	6	4,421
17	Imo	27	9	11,372
18	Jigawa	27	7	15,892
19	Kaduna	23	11	23,770
20	Kano	44	10	40,023
21	Katsina	34	7	20,277
22	Kebbi	21	10	14,220
23	Kogi	21	8	7,514
24	Kwara	16	7	5,320
25	Lagos	20	12	19,930
26	Nasarawa	13	5	4,847
27	Niger	25	15	16,064
28	Ogun	20	3	6,650
29	Ondo	18	6	5,012
30	Osun	30	3	6,004
31	Oyo	33	8	9,935
32	Plateau	17	7	4,807
33	Rivers	23	4	6,971
34	Sokoto	23	9	11,465
35	Taraba	16	10	6,884
36	Yobe	17	6	7,679
37	Zamfara	14	9	11,057
	Total	774	260	364,733

2. Mobile Payment Alternatives;

A random survey of beneficiaries has indicated that about 30-40 percent of vaccinators may have access to financial services which makes them amenable to both cash account and bank account based mobile payment methods. Estimates have also shown that mobile phone usage among participants may fall between 60-70 percent. Payments methods should be designed to accommodate this demographics. Available payment scenarios may include:

- a. *SMS based transactional payments* - SMS codes for transactions are sent to beneficiaries for cash-out at various options. This is suitable for beneficiaries with mobile phones.

- b. *Mobile Wallets* - Digital wallets are created for beneficiaries from which they can either cash out or undertake direct transactions from their wallet. Such wallets can be either account based or non-account based. This is also suitable for beneficiaries with mobile phones.
- c. *Mobile Credit Card/Card Driven Payments* - Credit cards, debit cards and pre-paid cards can also be tied to wallet accounts or could be used as stand-alone. This is especially important with some beneficiaries who may not have mobile phones.

3. **Mobile Money Processes**

A typical mobile money payment process is understood and described in the following steps:

STEP 1.

A mobile phone user with registered SIM approaches a certified mobile money service provider or agent in order to register for the service. This enables him to possess an electronic wallet that can be accessed via his mobile line. He can also load his wallet with electronic value by giving the agent an equivalent amount in cash in exchange.

STEP 2.

The agent logs in the user's details on the mobile money IT solution provided by the licensed scheme provider. This solution immediately interfaces with the scheme provider and registers the user who is also credited with the equivalent of his cash deposit in electronic value.

STEP 3.

The IT solution provides the user with a unique ID and encrypts his log in details and security parameters. The user is now electronically recognized and classified by the scheme provider.

STEP 4

The scheme provider now communicates the status of the user to him via his registered GSM infrastructure provider. The GSM provider can also avail a unique gateway (USSD) for the service provider to enable user self service requests.

STEP 5

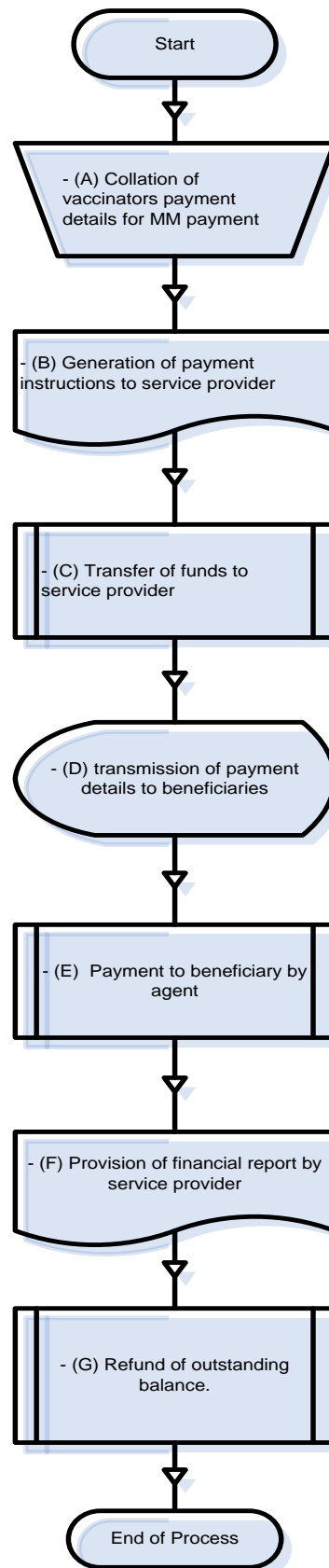
The user is now ready to transact. With his load e-wallet, he can access the mobile money service via his registered GSM line by logging into the IT solution with his electronic credentials. Therein, he can make transfers, payments and send e-money to a beneficiary's mobile line; who can cash-out the value at an agent location.

Process Flow Adapted to WHO Operations

The above scenario when adapted to intended vaccinators payment will is described below:

S/N	Activity	Action to be taken by	Time line
A	DATA UPDATE		
1	Receipt of beneficiary details by WHO	Ward supervisors/WHO state office	1 week before implementation
2	Upload/transmission of beneficiary details	WHO/Service provider	3 days after receipt of details
3	Activation of beneficiary mobile money wallets	Service provider	4 days after receipt of details
B	PAYMENT		
4	receipt of updated beneficiary details & beneficiary payment details	Ward supervisors/WHO state office	1 week after implementation
5	Transfer of funds to service providers pool account	WHO	3 days after receipt of payment details
6	Upload of updated beneficiary payment details & crediting of payee e-account	WHO/Service provider	24 hrs after transfer of funds to pool account
7	Transmission of credit/payments details to beneficiaries mobile phones (SMS).	Service provider	24hrs after crediting wallet
8	Payment of beneficiaries by agents	Service provider/Agents	24/48 hrs after transmission of payment SMS details
C	RECONCILIATION		
9	Reconciliation & Reporting	WHO/Service provider	11 days after commencement of payment
10	Transfer of balances to WHO main account	Service provider	48hrs after receipt of reconciliation report Total estimated time – 5 Weeks

PROCESS FLOW MOBILE
MONEY PAYMENT CYCLE TO
VACCINATORS



NB: Process E – G : Designing the process of payment by agents to beneficiaries (Information Required)

- Mode of beneficiary identification
- Justification evidencing payment by agent
- Time frame for paying beneficiaries by agents
- Process for paying no shows

4. Current payment site locations

Under the current cash payment arrangement, about 260 payment sites are organized across the country, grouping LGAs into each of these locations for payment. The ultimate expectations is for beneficiaries to be able to cash out in their neighborhoods which extends down to the wards and villages. However, we are aware of the current level of development of the mobile money environment in Nigeria, and our minimum expectation at this point is for beneficiaries to be able to cash out at least in each of the LGAs.

5. Project implementation enquiry for scheme provider selection.

- What experience does the scheme provider have in operating in northern Nigeria?
- Has the scheme provider undertaken any similar large scale disbursements in the past?
- What is your current agency spread and concentration?
- Where do you have agents with adequate capacity (financial and technical) to undertake large scale disbursements?
- How will you handle areas where there is inadequate GSM network coverage?
- How informative and user friendly is your platform, does it come in local languages?
- Are your alerts customized in such a way that only eligible beneficiaries can make claims?
- How fast can you grow your agent network in areas of need?
- Do you have USSD for beneficiaries with low capacity phones?
- How does your platform ensure centralized monitoring and instant reports?
- How can transactions be cancelled?
- What form of insurance cover do you have for your agents and customers?