



# Annual Progress Report 2008

Submitted by

The Government of

**THE REPUBLIC OF COTE D'IVOIRE**

Reporting on year: \_\_2008\_\_

Requesting for support for the year: \_2010/2011\_

Date of submission: 15 May 2009

**Deadline for submission: 15 May 2009**

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: [apr@gavialliance.org](mailto:apr@gavialliance.org)

A hard copy may be sent to:

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CH 1202 Geneva,  
Switzerland**

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, its collaborators and the general public.

## **Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)**

Please note that Annual Progress Reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health and the Minister of Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of the Republic of the Côte d'Ivoire

### **Minister of Health:**

Title: Deputy Director of Cabinet

Signature: .....

Date: .....

### **Minister of Finance:**

Title: Technical Advisor

Signature: .....

Date: .....

### *This report has been compiled by:*

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## IACC Signatures Page

*If the country is reporting on ISS, INS, NVS support*

We, the undersigned members of the Inter-Agency Coordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of the reports on country performance. It is based on regular government audit requirements as detailed in the Banking form.

The IACC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

<b>Name/Title</b>	<b>Agency/Organisation</b>	<b>Signature</b>	<b>Date</b>
Dr ALLAH KOUADIO Rémi <b>Minister of Health and Public Hygiene</b>	Ministry of Health and Public Hygiene		
Pr ANONGBA Danho Simplicé <b>Managing Director of Health</b>	Ministry of Health and Public Hygiene		
Dr N'DOLLI Kouakou <b>Focal Point of the External Departments</b>	Ministry of Health and Public Hygiene		
Mr KONAN Yao Simplicé <b>Director of the Financial Affairs of the Ministry of Health and Public Hygiene</b>	Ministry of Health and Public Hygiene		
Mr TRA Bi Yrié Denis <b>Director of the Infrastructures, Equipment and Maintenance</b>	Ministry of Health and Public Hygiene		
Mr LOUKOU Dia <b>Director Human Resources</b>	Ministry of Health and Public Hygiene		
Dr ASSAOLE N'Dri David <b>Director of Community Health</b>	Ministry of Health and Public Hygiene		
Pr AKE Michelle Emma Dominique <b>Director of Pharmacy Affairs and Drugs</b>	Ministry of Health and Public Hygiene		
Dr KOUASSI-GOHOU Adri Valérie <b>Director of Information, Planning and Evaluation</b>	Ministry of Health and Public Hygiene		
Commissioner Nambala TOURE <b>Director Health Establishments and Professions</b>	Ministry of Health and Public Hygiene		
Pr ODEHOURI Koudou Paul <b>Director of the National Institute of Public Hygiene</b>	Ministry of Health and Public Hygiene		
Dr DOSSO Souaré <b>Managing Director of the Public Health Pharmacy</b>	Ministry of Health and Public Hygiene		
Pr KOUAKOU Dinard <b>Director of the National Institute of Public Health</b>	Ministry of Health and Public Hygiene		
Dr OUATTARA Siguiyofa Coulibaly <b>Coordinating Director of the Enlarged Programme on Immunization</b>	Ministry of Health and Public Hygiene		
Pr SAMBA Mamadou <b>Head of the Department of the Prospecting and Strategy Unit</b>	Ministry of Health and Public Hygiene		

Dr Bassalia DIAWARA <b>Head of the Support Department for the External and Deconcentrated Departments</b>	Ministry of Health and Public Hygiene		
Mr N'DA Siméon <b>Head of the Communication and Public Relations Department</b>	Ministry of Health and Public Hygiene		
Mr ADJA David <b>Financial Controller at the Ministry of Health and Public Hygiene</b>	Ministry in charge of the Economy and Finance		
Dr ANOUAN N'Guessan Jean <b>Country Coordinator of the EPIVAC National Network</b>	Ministry of Health and Public Hygiene		
Mrs LATTROH Marie <b>Technical Advisor to the Minister of Economy and Finance</b>	Ministry in charge of the Economy and Finance		
Representative from the Ministry in charge of Internal Affairs	Ministry of Internal Affairs		
Mrs DREESSEN Joséphine A. <b>Representative from the Ministry in charge of Communication</b>	Ministry of Communication		
Pr Dosso Mireille <b>Director of the Ivory Coast Pasteur Institute</b>	Ivory Coast Pasteur Institute		
Pr Dagnan N'Cho Simplicie <b>Director of the Training and Research Units of Health Sciences</b>	Training and Research Units of Health Services		
Dr KOMLA SIAMEVI <b>WHO Representative</b>	World Health Organization		
<b>Mrs MAARIT Hirvonen</b> UNICEF Representative	The United Nations International Children's Emergency Fund		
Dr Senouci Kamel <b>Representative of the Partner Agencies involved in immunization (AMP)</b>	Association for Preventive Medicine		
Mrs Marie Irène Richmond Ahoua <b>ROTARY Representative</b>	ROTARY Club International		
<b>Representative from the NGOs involved in immunization</b>			

Comments from partners:

You may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: y/n

## HSCC Signatures Page

*If the country is reporting on HSS, CSO support*

We, the undersigned members of the National Health Sector Coordinating Committee, (HSCC) ..... (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

(See appendix)

Comments from partners:  
 You may wish to send informal comment to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
 All comments will be treated confidentially

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**Signatures Page for GAVI Alliance CSO Support (Type A & B)**

This report on the GAVI Alliance CSO Support has been completed by:

Name: .....  
 Post: .....  
 Organization:.....  
 Date: .....  
 Signature: .....

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and IACC) and those involved in mapping SCOs (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: .....  
 Post: .....  
 Organization:.....  
 Date: .....  
 Signature: .....

We, the undersigned members of the National Health Sector Coordinating Committee, ..... (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organizations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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*The text boxes given in this report are only given as an indication. Please feel free to add text beyond the space provided.*





**Table A: Latest baseline data and annual targets (From the most recent submissions to GAVI)**

Number	Achievements as per the Joint Reporting Form on Immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	710 305	733 518	757 958	782 971	808 809	835 499	863 070	891 552
Infants' deaths	83 106	85 822	88 681	91 608	94 631	97 753	100 979	104 312
Surviving infants	627 199	647 696	669 277	691 363	714 178	737 746	762 091	787 240
Pregnant women	1 063 048	1 098 097	1 134 334	1 171 567	1 210 471	1 250 416	1 291 680	1 334 306
Target population vaccinated with BCG	572 396	595 880	635 813	656 795	678 469	700 859	723 986	747 878
BCG coverage*	91%	92%	95%	95%	95%	95%	95%	95%
Target population vaccinated with the three doses of OPV	362 054	638 160	682 162	704 673	727 928	751 949	776 763	802 396
OPV3 coverage**	58%	87%	90%	90%	90%	90%	90%	90%
Target population vaccinated with DTP (DTP3)***	467 148	638 160	682 162	704 673	727 928	751 949	776 763	802 396
DTP3 coverage**	74%	87%	90%	90%	90%	90%	90%	90%
Target population vaccinated with DTP (DTP1)****	557 514	696 842	720 060	743 822	768 368	793 724	819 917	846 974
Wastage <sup>1</sup> rate in base-year and planned thereafter	9%	5%	5%	5%	5%	5%	5%	5%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of DTP HepB+Hib		563 496	602 349	622 227	642 760	663 971	685 882	708 516
DTP HepB+Hib Coverage**		87%	90%	90%	90%	90%	90%	90%
Target population vaccinated with 1 <sup>st</sup> dose of .....		615 311	635 813	656 795	678 469	700 859	723 986	747 878
Wastage <sup>1</sup> rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with 1 <sup>st</sup> dose of the vaccine against Measles	394 174	623 490	682 162	704 673	727 928	751 949	776 763	802 396
Target population vaccinated with 2 <sup>nd</sup> dose of the vaccine against Measles								
Measles coverage**	63%	85%	90%	90%	90%	90%	90%	90%
Pregnant women vaccinated with tetanus toxoid (TT+)	430 101	856 516	964 184	1 054 410	1 089 424	1 125 375	1 162 512	1 200 875
TT+ coverage****	40%	78%	85%	90%	90%	90%	90%	90%
Vitamin A supplement	Mothers (<6 weeks before delivery)	ND	ND	ND	ND	ND	ND	ND
	Infants (>6 months)	ND	ND	ND	ND	ND	ND	ND

1 The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Where: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table  $\alpha$  after Table 7.1.

Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$	16%	10%	10%	10%	10%	10%	10%	10%
Annual Measles Drop out rate (for countries applying for the vaccine against the yellow fever)								

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

\*\*\* Indicate the total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

**Table B: Updated baseline data and annual targets**

Number	Achievements as per the Joint Reporting Form on Immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	710 305	998 957	1 031 923	1 065 976	1 101 153	1 137 491	1 175 029	1 213 804
Infants' deaths	83 106	372 160	370 477	382 702	395 331	408 377	421 854	435 775
Surviving infants	627 199	626 797	661 446	683 274	705 822	729 114	753 175	778 029
Pregnant women	1 063 048	1 098 097	1 134 334	1 171 567	1 210 471	1 250 416	1 291 680	1 334 306
Target population vaccinated with BCG	572 396	595 880	635 813	656 795	678 469	700 859	723 986	747 878
BCG coverage*	91%	92%	95%	95%	95%	95%	95%	95%
Target population vaccinated with the three doses of OPV	362 054	545 313	602 577	622 463	643 004	664 223	686 142	708 784
OPV3 coverage**	58%	87%	91%	91%	91%	91%	91%	91%
Target population vaccinated with DTP (DTP3)***	467 148	501 438	602 577	622 463	643 004	664 223	686 142	708 784
DTP3 coverage**	74%	80%	91%	91%	91%	91%	91%	91%
Target population vaccinated with DTP (DTP1)***	557 514	595 457	628 374	649 110	670 531	692 658	715 516	739 128
Wastage <sup>2</sup> rate in base-year and planned thereafter	9%	5%	5%	5%	5%	5%	5%	5%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of DTP HepB+Hib		501 438	602 577	622 463	643 004	664 223	686 142	708 784
DTP HepB+Hib Coverage**		87%	91%	91%	91%	91%	91%	91%
Target population vaccinated with 1 <sup>st</sup> dose of .....		595 457	628 374	649 110	670 531	692 658	715 516	739 128
Wastage <sup>1</sup> rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with 1 <sup>st</sup> dose of the vaccine against Measles	394 174	649 322	928 730	959 378	991 038	1 023 742	1 057 526	1 092 424

<sup>2</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Where: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table  $\alpha$  after Table 7.1.

Target population vaccinated with 2 <sup>nd</sup> dose of the vaccine against Measles									
Measles coverage**		63%	65%	90%	90%	90%	90%	90%	90%
Pregnant women vaccinated with tetanus toxoid (TT+)		430 101	549 049	964 184	1 054 410	1 089 424	1 125 375	1 162 512	1 200 875
TT+ coverage****		40%	50%	85%	90%	90%	90%	90%	90%
Vitamin A supplement	ND	ND	ND	ND	ND	ND	ND	ND	ND
	ND	ND	ND	ND	ND	ND	ND	ND	ND
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$		16%	16%	4%	4%	4%	4%	4%	4%
Annual Measles Drop out rate (for countries applying for the vaccine against the yellow fever)		31%	15%	15%	15%	15%	15%	15%	15%

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

\*\*\* Indicate the total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

## 1. Immunization Programme Support (ISS, NVS, INS)

### 1.1 Immunization Services Support (ISS)

Were the funds received for ISS recorded in the budget in 2008? (are they in the Ministry of Health and/or Ministry of Finance budget): **NO**

If yes, please explain in detail how the GAVI Alliance ISS funding is shown in the Ministry of Health / Ministry of Finance budget in the box below.

If not, please explain why the GAVI Alliance ISS funding is not shown in the Ministry of Health / Ministry of Finance budget and whether the country intends to record the ISS funding in the budget in the near future?

A cash flow plan is submitted each year for endorsement by the IACC. The said cash flow plan lays down the entire budget lines on which activities are to be conducted in the presence of the representatives from the Ministry of Economy and Finance and the Director of Financial Affairs at the Ministry in charge of Health.

#### 1.1.1 Management of ISS Funds

*Please describe the mechanism for the management of ISS funds, including the role of the Inter Agency Co-ordinating Committee (IACC).*

*Please report on any problems that have been encountered involving the use of these funds, such as delays in the availability of the funds for the completion of the programme.*

##### ***Problems raised with regard to immunization strengthening support:***

Difficulties linked to the disbursement of funds: the procedure requires the activity to be completed before payment is made. Moreover, the Directorate of EPI Coordination was informed late of the actual arrival of the funds for the year 2008.

##### ***Mechanism for the management of ISS funds, including the role of the Inter Agency Coordinating Committee (IACC):***

**1<sup>st</sup> stage:** The Directorate of EPI Coordination develops the annual expenditure cash flow plan and submits it for approval to the Inter Agency Coordinating Committee (IACC).

**2<sup>nd</sup> stage:** The IACC analyzes and validates the cash flow plan.

**3<sup>rd</sup> stage:** The Directorate of EPI Coordination issues the payment orders for the fulfilment of the activities programmed and the said orders are transmitted to the Director of Financial Affairs.

**4<sup>th</sup> stage:** The Director of Financial Affairs at the Ministry of Health and Public Hygiene orders the various expenditures and submits them to the financial controller at the said Ministry.

**5<sup>th</sup> stage:** The Director of Financial Affairs at the Ministry of Health and Public Hygiene sends the cheque to the accounting manager at the Ministry of Economy and Finance for payment.

It should be noted that in the GAVI funds expenditure process, as recommended by the IACC, the cheques issued out of the funds must be co-signed by a representative from the development partners, in this case WHO, and by the accounting manager designated for this purpose at the Public Treasury.

Provisions at the periphery: The Public Treasury Manager in each district manages the funds in collaboration with the Health Director for the Department. The Head of the District Mobilization and Resource Management Department receives the cheque for the funding of the quarterly expenditure programme and puts it into the account which has been opened for this

purpose.

The former keeps the District Medical Officer and the Regional Director, through the intermediary of the Head of the Administrative and Financial Management Department of the Regional Directorate, formally informed.

The District Medical Officer commits the expenditure prepared by the Head of the District Mobilization and Resource Management Department. They order the expenditure and co-sign the cheque which has already been signed by the Head of the District Mobilization and Resource Management Department.

Each month the Head of the District Mobilization and Resource Management Department sends their activity report to the Head of the Administrative and Financial Management Department of the appropriate Regional Directorate.

### 1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities were funded using the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: **346 521 600 CFA Francs**

Remaining funds (carry over) from 2007: **253 629 284 CFA Francs, in other words US \$ 529 940**

Balance to be carried over to 2009: **568 742 149 CFA Francs, in other words US \$ 1 142 351**

**Table 1.1: Use of funds during 2008\***

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0	0	0	0
Injection supplies	0	0	0	0	0
Personnel	0	0	0	0	0
Transportation	0	0	0	0	0
Maintenance and overheads	0	0	0	0	0
Training	0	0	0	0	0
IEC / social mobilization	17 397	0	0	17 397	0
Outreach	27 794	0	0	27 794	0
Supervision	0	0	0	0	0
Monitoring and evaluation	20 047	0	0	20 047	0
Epidemiological surveillance	0	0	0	0	0
Vehicles	0	0	0	0	0
Cold chain equipment	0	0	0	0	0
Other ..... (please specify)	0	0	0	0	0
<b>Total:</b>	<b>65 238</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Remaining funds for next year:</b>	<b>1 142 351</b>				

NB: US \$ 1 = 97.87 CFA Francs

### 1.1.3 IACC meetings

How many times did the IACC meet in 2008? 2 \_\_\_\_\_

The IACC met on **two** occasions during 2008, on the 6 February 2008 and on the 15 October 2008.

**Please attach the minutes (DOCUMENT N° 1 and 2) from all the IACC meetings held in 2008 and in particular the minutes of the IACC meeting when the allocation and utilization of funds were discussed.**

Are any Civil Society Organizations members of the IACC: **[Yes]**  
if yes, which ones?

List CSO member organisations ROTARY Club International

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

<ul style="list-style-type: none"><li>– Posters, image boxes and booklets were prepared and placed at the disposal of all districts so as to facilitate the change in behaviour of mothers and fathers and consequently encourage them to attend the immunization centres regularly;</li><li>– EPI management tools were developed and placed at the disposal of all districts to facilitate the collection of information and ensure feedback to the central level;</li><li>– Petrol to conduct advanced strategy immunization activities was procured and placed at the disposal of the districts in order to enable them to vaccinate populations who are difficult to access from a geographical point of view.</li></ul>
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#### Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the IACC meeting that endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the IACC meeting when the financial statement was presented to the IACC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of the **account(s)** to which the GAVI ISS funds were transferred.
- c) A detailed Financial Statement of (DOCUMENT N°.....) the funds spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller at the Ministry of Health and/or Ministry of Finance and by the chair of the IACC, as indicated below:

### 1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was conducted in 2007 or 2008 please list the recommendations below:

<b>Recommendations at the central level:</b> <ul style="list-style-type: none"><li>• Place the new registers of infant and pregnant women vaccinations at the disposal of the health facilities;</li><li>• Utilize appropriate denominators to calculate vaccination coverage in the health districts;</li><li>• Improve the completeness of the monthly reports;</li></ul>
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- Replace the reports faxed and information received by telephone by reports which are sent in proper and due form;
- Date and sign all the information prepared and represented in the tables;
- File the reports chronologically each month; Utilize a sufficient number of pallets to store the vaccines in the warehouses.

**Recommendations at the district level:**

- Implement an efficient system to save data;
- Train the personnel at the health facilities to complete the EPI documents and the vaccination schedule;
- Systematically monitor stock shortages;
- For all documents displayed, indicate the date it is printed and the date graphs and tables are created;
- Systematically date and sign the health facility reports as soon as the health district receives them;
- Display the health area map of the health district on the board;

**Recommendations at the health facility level:**

- Create an infant and pregnant women vaccination register;
- Pinpoint the infants and pregnant women who have missed the antigens;
- Indicate the date a document is printed or the date graphs and tables are created;
- Systematically include the batch numbers and use-by dates of the antigens on the stock management sheet.



Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

*This is not applicable as a separate plan was not prepared. The recommendations were included in the annual plan.*

**Please highlight in which IACC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]**

*Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys, household surveys, etc).*

*List studies conducted:*

- a) *Dr KOUADIO Kouadio Nestor Jean Claude, Evaluation of the surveillance system of the EPI target diseases in the Republic of the Côte d'Ivoire from 2005 to 2007, EPIVAC 2008 dissertation;*
- b) *Dr GOUESSE Jean Théo, Contribution of the performance contracts in the Health Districts in a crisis situation: the case of the Health District of Katiola, EPIVAC 2008 dissertation.*

*List the problems encountered in collecting and reporting administrative data:*

The promptness of the data sent to the central below is below the expected 80% figure. This weakness is due to inadequate / insufficient reporting equipment (breakdowns or a lack of fax machines etc.) and the inadequate development of the system at regional level.

## 1.2. GAVI Alliance New or Under-used Vaccines Support (NVS)

### 1.2.1. Receipt of new or under-used vaccines during 2008

*When was the new or under-used vaccine introduced? Please include any changes in doses per vial and changes to the presentation of the vaccines, (e.g. DTP + HepB mono to DTP-HepB)*

[List new and under-used vaccine introduced in 2008]

*It was not possible to introduce the pentavalent in all the country's health districts in 2008.*

[List any change in doses per vial and change in presentation in 2008]

**Not applicable**

*Dates the vaccines supplies were received in 2008.*

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTP Hep B + Hib	One dose	955 000		13 June 2008

*Where applicable, please report on any problems encountered.*

The presence of a stock of DTP-HepB at central level was the main reason for the postponement of the introduction of the pentavalent vaccine.

### 1.2.2. Major activities

*Please outline major activities that were or will be undertaken, in relation to introduction, phasing-in, service strengthening, etc. and report on the possible problems encountered.*

#### **Activities completed**

- *Improvement in the management of vaccines, logistics and injection safety*
  - ✓ Replace of the faulty cold chain equipment at district level;
  - ✓ Forecasts and ordering of the vaccines and injection supplies within deadlines;
- *Improvement of the access to immunization services*
  - ✓ Integration of the EPI in the other programmes relating to infants' overall survival (Malaria, Nutrition, Integrated Care of Infant Diseases ...)
- *Supervision and monitoring system strengthening*
  - ✓ Organization of 3 quarterly monitoring meetings with the districts and regions
  - ✓ Organization of 2 operational research activities to improve the performance levels of the programme

#### **Activities to be undertaken**

- *Improvement in the management of vaccines, logistics and injection safety*
  - ✓ Implementation of a computer tool to monitor the utilization of the vaccines and immunization consumables in the 83 districts;
  - ✓ Construct an incinerator with a large destruction capacity;
  - ✓ Train and supervise the personnel in charge of the management of the incinerators;
  - ✓ Distribute the immunization inputs to the regions, districts and health facilities.
- *Strengthening of personnel capacities*
  - ✓ Review and update the manuals and other EPI training documentation in order to include

<ul style="list-style-type: none"> <li>the introduction of the pentavalent vaccine;</li> <li>✓ Conduct the training of the trainers, health districts and health facilities in EPI management;</li> <li>• <i>Improvement of the access to immunization services</i> <ul style="list-style-type: none"> <li>✓ Pursue the planning activities of the vaccinations with the participation of the communities which offer such services in each district;</li> </ul> </li> <li>• <i>Strengthening of advocacy and communication in favour of immunization</i> <ul style="list-style-type: none"> <li>✓ Organize periodic meetings with the authorities and community leaders;</li> <li>✓ Implement an increased awareness system by support groups / peer educators;</li> <li>✓ Broadcast increased awareness messages on local radio stations and the traditional communication networks;</li> <li>✓ Train the DETs (District Executive Teams) in communication techniques;</li> <li>✓ Develop a mobilization plan of additional resources.</li> </ul> </li> </ul>	
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### 1.2.3. Use of GAVI Alliance financial support (US \$ 100,000) for the introduction of the new vaccine

These funds were received on: 31 March 2009

*Please report on the proportion of the introduction grant used for the activities undertaken and the problems encountered such as delays in the availability of the funds for the completion of the programme.*

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	188 500	31 March 2009	188 500	<b>Not applicable</b>	Delays in the availability of the funds

### 1.2.4. Effective Vaccine Store Management / Vaccine Management Assessment

When was the last Effective Vaccine Store Management Assessment (EVSMA) / Vaccine Management Assessment (VMA) conducted? *From the 10 to the 22 December 2007*

*The last vaccine management assessment (VMA) was conducted from the 10 to the 22 December 2007 and the effective vaccine store management assessment (EVSMA) was conducted from the 6 to the 9 December 2005.*

*If conducted in 2007/2008, please summarize the major recommendations from the EVSMA/VMA.*

<ul style="list-style-type: none"> <li>▪ Train the health workers at all levels but in particular at intermediate and peripheral level on the correct storage temperature ranges;</li> <li>▪ Equip the cold storage rooms at central and regional levels with continuous temperature recording mechanisms;</li> <li>▪ Pinpoint the regions and districts which have a low storage capacity;</li> <li>▪ Strengthen the storage capacity in the regions and districts which have a low storage capacity;</li> <li>▪ Train/retrain the personnel in vaccine management;</li> <li>▪ Ensure that the automatic temperature recording machines in the cold storage rooms at central level and in the regions are operational;</li> <li>▪ Equip the refrigerators and freezers at the sub-national and service provision level with individual voltage regulators;</li> <li>▪ Equip all the refrigerators with continuous temperature monitoring equipment (fridge tag);</li> <li>▪ Ensure that there is a continuous supply of electric power at sub-national level, in particular</li> </ul>
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by repairing the equipment which has broken down;

- Conduct an exhaustive national inventory of the cold chain equipment in use in the EPI;
- Ensure that all the routine EPI antigens are available on a permanent basis at all levels;
- Revise the management documents regarding vaccine stocks to take into account the diluents and the status of the freeze indicators;
- Conduct periodic and regular physical inventories of vaccine stocks and inputs;
- Train the health workers on vaccine management;
- Strengthen the supervision of vaccine management at all levels;
- Develop monthly reports on the distribution / delivery of vaccines at each level and itemize them;
- Procure freeze indicators at all levels for the transportation of the vaccines;
- Train the health workers at all levels on the status of the vaccine control tablet and its use to manage the utilization of vaccines;
- Disseminate sheets / posters on the vaccine control tablet;
- Update health workers' knowledge on opened vial policy at regional and district level;
- Strengthen the formative supervision of health workers at service provision level in order to ensure an efficient implementation of the opened vial policy;
- Strengthen monitoring to consolidate the monitored wastage rates;
- Utilize the validated wastage rates to determine needs and vaccine orders at all levels.

Was an action plan prepared following the EVSMA/VMA? Yes

*If yes, please summarize the main activities under the EVSMA plan and the activities conducted to implement the recommendations.*

- Development of a receipt slip;
- Procurement of continuous temperature recorders;
- A temperature review conducted each month during the physical inventory;
- Monthly filing of the vaccine management data on a storage medium;
- Strengthening of the capacities of the managers of the national and regional warehouse;
- Strengthening of the capacities of the Epidemiological Surveillance Managers (ESMs) and the EPICs (EPI Coordinators) in cold chain preventive maintenance.

When will the next EVSMA/VMA\* be conducted? December 2009

The next EVSMA/VMA will be conducted in December 2009.

*\*All countries will need to conduct an EVSMA/VMA in the second year of new vaccine support under GAVI Phase 2.*

**Table 1.2**

<b>Vaccine 1: DTP Hep B + Hib</b>	
<b>Anticipated stock on 1 January 2010</b>	<b>795 768</b>
<b>Vaccine 2: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	<b>.....</b>
<b>Vaccine 3: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	<b>.....</b>

### 1.3 Injection Safety (ISS)

#### **1.3.1 Receipt of injection safety support (for relevant countries)**

Do you receive Injection Safety support in the form of a cash contribution or supplies?

*We receive Injection Safety Support in the form of supplies.*

*If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows where necessary).*

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>
SAFETY BOX	13 500	3 March 2008
SAFETY BOX	1 332	18 March 2008
SAFETY BOX	16 008	7 July 2008
SAFETY BOX	36 000	11 July 2008
SAFETY BOX	36 800	4 August 2008
SAFETY BOX	23 350	23 October 2008
SAFETY BOX	38 425	11 November 2008
10 CC DILUTION SYRINGE	115 000	24 December 2008
2 CC DILUTION SYRINGE	78 400	25 June 2008
2 CC DILUTION SYRINGE	78 300	24 December 2008
AUTO-DISABLE SYRINGE	1 154 400	21 June 2008
AUTO-DISABLE SYRINGE	460 800	27 June 2008
AUTO-DISABLE SYRINGE	693 600	27 June 2008
AUTO-DISABLE SYRINGE	1 274 400	4 July 2008
AUTO-DISABLE SYRINGE	648 000	4 August 2008
AUTO-DISABLE SYRINGE	3 808 800	18 August 2008
AUTO-DISABLE SYRINGE	1 610 400	17 September 2008
AUTO-DISABLE SYRINGE	345 600	17 September 2008
AUTO-DISABLE SYRINGE	345 600	17 September 2008
AUTO-DISABLE SYRINGE	136 800	23 October 2008
AUTO-DISABLE SYRINGE	1 056 000	23 October 2008
AUTO-DISABLE SYRINGE	916 800	24 December 2008
AUTO-DISABLE SYRINGE	175 500	29 July 2008
AUTO-DISABLE SYRINGE	356 200	29 July 2008
AUTO-DISABLE SYRINGE	335 400	29 July 2008
BCG SYRINGE	391 200	12 March 2008
5 CC DILUTION SYRINGE	221 100	25 June 2008
5 CC DILUTION SYRINGE	381 100	29 October 2008
5 CC DILUTION SYRINGE	220 900	24 December 2008

*Please report on any problems encountered.*

Insufficient storage capacity for the dry warehouses at central level.

#### **1.3.2. Even if you have not received injection safety support in 2008 please report on the progress of the transition plan for safe injections and risk-free management of sharp and pointed waste.**

*If support has ended, please report how injection safety supplies are funded.*

[List sources of funding for injection safety supplies in 2008]

***Not applicable***

*Please report how sharp and pointed waste is disposed of.*

[Describe how sharp and pointed waste is disposed of in the health centres]

The sharp and pointed waste from immunization activities is collected in safety boxes. The waste is then disposed of in one of two ways:

- Either the full safety boxes are burnt at the health centre in specially designed pits by the waste management manager or
- A network for the collection of safety boxes is developed by the waste management managers in the district in collaboration with the waste management managers of the health centres. The safety boxes which have been collected in this way are then dispatched to the district head office to be incinerated if an incinerator is available. Otherwise, negotiations are conducted between the district and a factory located in the health area which has an incinerator to dispose of the waste.

*Please report on any problems encountered during the implementation of the transitional plan for safe injection and sharp and pointed waste management.*

The technical specifications of the incinerators to be built at national level were changed at precisely the time when the cash flow plan was implemented.

**1.3.3. Statement on the use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)**

*The following major areas of activities were funded (specify the amount) last year with the GAVI Alliance injection safety support:*

[List items funded by GAVI Alliance cash support and the funds remaining by the end of 2008]

***Not applicable***



## **2. Vaccine Co-financing, Immunization Financing and Financial Sustainability**

**Table 2.1: Overall Expenditures and Financing for Immunization**

The purpose of Table 2.1 is to assist GAVI in understanding the broad trends in immunization programme expenditures and financial flows.

Please fill in the following table using US \$.

<b>Total immunization expenditures and trends in immunization financing</b>	<b>2008</b>		<b>2009</b>	<b>2010</b>
	Actual	Planned	Planned	Planned
<i>Immunization expenditures</i>				
Vaccines	5 085 539	14 139 358	6 534 716	6 042 494
Injection supplies	2 337 475	1 761 648	1 094 142	560 616
Personnel	1 182 847	1 182 847	1 222 379	1 254 620
Other operational expenditures	3 269 015	13 875 412	8 875 151	4 538 162
Cold chain equipment	159 078	7 928	255 713	650 628
Vehicles	64 274	969 653	848 966	954 705
Other	-	340 153	300 803	393 521
<b>Total immunization expenditures</b>	<b>12 098 228</b>	<b>32 276 999</b>	<b>19 131 870</b>	<b>14 394 747</b>
<b>Financing of immunization per source</b>				
Government	2 752 682	10 571 601	6 554 951	6 884 034
GAVI	3 864 873	13 660 300	5 071 715	5 139 129
UNICEF	4 691 886	5 424 510	5 862 567	596 802
WHO	306 428	2 620 587	1 386 924	1 124 154
AMP	14 200	-	-	-
JICA	467 592	-	255 713	650 628
UNHCR	566			
<b>Total financing</b>	<b>12 098 228</b>	<b>32 276 999</b>	<b>19 131 870</b>	<b>14 394 747</b>
<b>Total financing gaps</b>		<b>0</b>	<b>Sans objet</b>	<b>Sans objet</b>

**Exchange rate used** US \$ 1 = 497.87 CFA Francs

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization programme over the next three years; indicate whether the funding gaps are manageable, represent a challenge or are alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The overall actual expenditures are lower than the expenditures planned. This is due to the fact that a campaign to fight against the yellow fever was planned but was not conducted; it has now been programmed for 2009. Similarly the 3<sup>rd</sup> round of the campaign to fight against tetanus which was planned throughout the country has been reprogrammed to 2009. As a consequence, the actual expenditures of all the financing stakeholders are lower than the expenditures planned. Moreover, we have noted that certain stakeholders like JICA, AMP and UNHCR, whose contributions had not been given when the cMYP was developed, provided considerable support in particular by equipping the districts with refrigerators, by providing polio vaccine doses and by strengthening the capacities of certain district managers with regard to practical vaccinology and the management of organizations involved in vaccine activities. The suggested financial sustainability strategies are:

- Strengthening of the government's contribution in the EPI;
- The introduction of safeguards of "probable financing" in favour of the programme;
- Mobilization of additional resources in favour of the programme;
- Improvement of the management of the programme.

## Future Country Co-Financing (in US \$)

Please refer to the excel spreadsheet in Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per vaccine dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand the future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ....)

**Table 2.2.1: Portion of supplies to be co-financed by the country (and cost estimate in US \$)**

<i>1<sup>st</sup> vaccine: DTP Hep B + Hib</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.10	0.15	0.15	0.15	0.15	0.15
Number of vaccine doses	#	51,400	100,200	110,700			
Number of Auto disable syringes	#	53,900	106,000	117,100			
Number of re-constitution syringes	#	0	0	0			
Number of safety boxes	#	600	1,200	1,300			
<b>Total amount to be co-financed by the country</b>	<b>\$</b>	<b>\$171,000</b>	<b>\$313,000</b>	<b>\$323,500</b>			

**Table 2.2.2: Portion of supplies to be co-financed by the country (and cost estimate in US \$)**

<i>2<sup>nd</sup> vaccine: Not applicable</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of Auto disable syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total amount to be co-financed by the country</b>	<b>\$</b>						

**Table 2.2.3: Portion of supplies to be co-financed by the country (and cost estimate in US \$)**

<i>3<sup>rd</sup> vaccine: Not applicable</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of Auto disable syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total amount to be co-financed by the country</b>	<b>\$</b>						

**Table 2.3: Country Co-Financing in the Reporting Year (2008)**

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in Reporting Year</b>	<b>Actual Payments Date in Reporting Year</b>	<b>Proposed Payment Date for Next Year</b>
	(month/year)	(day/month)	
1st Awarded Vaccine (please specify)	July 2008	Not applicable	July 2009
2nd Awarded Vaccine (please specify)	Not applicable	Not applicable	Not applicable
3rd Awarded Vaccine (please specify)	Not applicable	Not applicable	Not applicable

<b>Q. 2: How Much did you co-finance?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US \$</b>	<b>Total Amount in Doses</b>
1st Awarded Vaccine (please specify)	98 500	26 400
2nd Awarded Vaccine (please specify)	Not applicable	Not applicable
3rd Awarded Vaccine (please specify)	Not applicable	Not applicable

<b>Q. 3: What factors have slowed or hindered or accelerated the mobilization of resources for vaccine co-financing?</b>
1. Government cash flow problems
2.
3.
4.

If the country is in default of payment, please describe and explain the steps the country is planning to take in order to honour its obligations.

*Not applicable.*

### 3. Request for new or under-used vaccines for year 2010

Section 3 concerns the request for new or under-used vaccines and related injection safety supplies for 2010.

#### 3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form on immunization activities** in the space provided below.

Are there changes between table A and B? Yes

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

**Not applicable**

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Provide justification for any changes **in surviving infants**:

**Not applicable**

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Provide justification for any changes **in Targets by vaccine**:

The changes which have occurred with regard to the levels of vaccination coverage are justified by the fact that for all the antigens, with the exception of the BCG, the levels of vaccination coverage have dropped. This drop is due to shortages in vaccine stocks which result from the Government's cash flow problems and which have not been completely solved. The drop is also due to the lack of equipment (cold chain and motorized vehicles) and advanced and mobile strategies.

Provide justification for any changes **in Wastage by vaccine**:

**Not applicable**

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## Vaccine 1: DTP Hep B + Hib

Please refer to the excel spreadsheet in Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related immunization programme in Table 3.1 below, using the population data (from Table B of this Annual Progress Report) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

***(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)***

**Table 3.1: Specifications of the vaccinations to be achieved with the new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	602 349	622 227	642 760	663 971	685 882	70 8516
Target immunization coverage with the third dose	<i>Table B</i>	#	90%	90%	90%	90%	90%	90%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	635 813	656 795	678 469	700 859	723 986	747 878
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.10	0.15	0.15	0.15	0.15	0.15

\* Total price per dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.2: Portion of the supplies to be procured by the GAVI Alliance (and cost estimate in US \$)**

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	1,656,400	1,985,300	2,043,600			
Number of Auto disable syringes	#	1,735,900	2,099,600	2,161,300			
Number of re-constitution syringes	#	0	0	0			
Number of safety boxes	#	19,275	23,325	24,000			
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>\$5,505,500</b>	<b>\$6,199,000</b>	<b>\$5,968,500</b>			

## Vaccine 2: Not applicable

Same procedure as above (table 3.1 and 3.2)

**Table 3.3: Specifications of the vaccinations to be achieved with the new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Target immunization coverage with the third dose	<i>Table B</i>	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

\* Total price per dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.4: Portion of the supplies to be procured by the GAVI Alliance (and cost estimate in US \$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Number of AD syringes	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Number of re-constitution syringes	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Number of safety boxes	#	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable



**Vaccine 3: Not applicable**

Same procedure as above (table 3.1 and 3.2)

**Table 3.5: Specifications of the vaccinations to be achieved with the new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunization coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

\* Total price per dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.6: Portion of the supplies to be procured by the GAVI Alliance (and cost estimate in US \$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>						

## 4. Health Systems Strengthening (HSS)

### Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting – APR - process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes to help countries complete the HSS section of the Annual Progress Report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by the 15 May of the year following the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year.** Countries which have received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss the progress achieved and in order to enable timely release of HSS funds for the following year.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (IACC, HSCC or equivalent) in terms of the accuracy and validity of the facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reports may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all Annual Progress Reports. In such a case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reports may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template where necessary.

#### 4.1 Information relating to this report:

- a) The fiscal year runs from January to December 2008.
- b) This HSS report covers the period from January to December 2008.
- c) The duration of the current National Health Plan runs from January 2009 to December 2013.
- d) Duration of the immunisation cMYP: 2007-2011
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

Doctor KOUASSI-GOHOU Adri Valérie, Director of the Directorate of Information, Planning and Evaluation (DIPE).

- f) It is important for the IRC to understand the key stages and actors involved in the process of putting the report together.

*For example: 'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordinating Committee (or IACC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on the 10 March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

This report was prepared by the Directorate of Information, Planning and Evaluation of the Ministry of Health and Public Hygiene. It was then submitted to the technical committee which reviewed and pre-validated it during its meeting of the 11 May 2009, provide its remarks were taken into account.

This report was validated and endorsed by the steering committee during its meeting of the 13 May 2009.

The minutes of the said meeting have been included in the annex of this report.

Name	Organisation	Role played in report submission	Contact email and telephone number
<b>Government focal point to contact for any clarifications</b>			
Dr KOUASSI-GOHOU Adri Valérie	Ministry of Health and Public Hygiene	Coordination	<a href="mailto:dipemshp@yahoo.fr">dipemshp@yahoo.fr</a> Tel: 00 (225) 20 32 33 17
Mrs DEZAI YEANOU Viviane	Ministry of Economy and Finance	Participation in putting the report together	00 (225) 20 25 67 32 Dezai-viviane@yahoo.fr

Other partners and contacts who took part in putting this report together			
Dr Yao Théodore	WHO	Preparation of the report	yaot@ci.afro.who.int
Dr KOUAKOU Epa	Unicef	Participation in putting the report together	ekouakou@unicef.org
Mr KOFFI Paul Angenor	CECI/Private sector	Participation in putting the report together	paulangenor@yahoo.fr

- g) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

The main sources of information used in this report are:

- The HSS-GAVI proposal submitted by the Republic of the Côte d'Ivoire;
- The minutes of the meetings of the implementation structures;
- The various minutes of the technical and steering committee meetings;
- The various activity reports;
- The financial report;
- The revenue and expenditure progress report.

- h) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the Annual Progress Report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

**No particular difficulty was encountered.**

#### 4.2 Financial breakdown of the overall support

Period for which support approved and new requests. For this Annual Progress Report, these are measured in calendar years, but in future it is hoped there will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved (US \$)		1 790 000	1 783 000	1 764 000	1 794 000	1 556 000			
Date the funds received		16 October 2008							
Amount spent (US \$)		60 494							
Balance (US \$)		1 129 506							
Amount requested (US \$)		1 909 527	2 536 468	2 053 957	1 292 345	852 630			

Amount spent in 2008: US \$ 60 494

Remaining balance from total: US \$ 1 729 506

The amount disbursed (US \$ 60 494) corresponds to the amount disbursed by the manager appointed at the Ministry of Health and Public Hygiene for the implementation of HSS-GAVI activities at the 30 April 2009, in other words a rate of disbursement of 3.37%.

This low rate of utilization is due to the late availability of the funds which was only made during the fourth quarter of 2008. This necessitated modifications to the activities schedule for the first year (2008). The activities which had been initially planned in 2008 were postponed to 2009 with the approval of the statutory committees. Furthermore, it was necessary to transcribe the HSS-GAVI budget into the budgetary nomenclature of the Republic of the Côte d'Ivoire. In order to do this, it was necessary to develop the budgeted terms of reference of the 31 activities included in the first year. During this process, the statutory committees met on several occasions: 3 meetings of the technical committee and 1 meeting of the steering committee which approved the implementation plan of the first-year activities.

Moreover, there was a reduction of 58 003 167 CFA Francs, in other words 6.67% of the budgeted amount (869 320 667 CFA Francs) compared with the amount of funding made available (811 317 500 CFA Francs). Some activities were merged due to lack of funding.

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% for completion. Use the right hand side of the table to provide an explanation on the progress accomplished as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, Monitoring & Evaluation and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds efficient, and is action being taken on any salient issues? Have steps been taken to improve the monitoring and evaluation of HSS funds, and to what extent is the Monitoring & Evaluation integrated into the country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the efficiency of HSS funding?

N.B.

- the activities which were initially planned in 2008 were postponed to 2009 with the approval of the statutory committees for the reasons given previously.
- it should be noted that the rate of physical completion of the activities is not linked to the rate of utilization of the budget planned for the activity.
- the rate of completion of the activities will be assessed using the following criteria:
  - the development of the terms of reference corresponds to a rate of completion of 25%
  - calls for candidates or tenders correspond to a rate of completion of 25%
  - disbursement of funds corresponds to a rate of completion of 25%
  - the availability of the final validated report corresponds to a rate of completion of 25%

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress accomplished <sup>3</sup> (% of completion)	Available GAVI HSS resources for the reporting year (2008) CFA Francs	Expenditure of GAVI HSS funds during reporting year (2008) CFA Francs	Carried forward (balance) into 2009) CFA Francs	Explanation of differences in activities and expenditures from initial application or previously approved changes and details of achievements
<b>Objective 1:</b>	Strengthen the management capacities of the health workers in the 6 central departments, 12 regional directorates and the district executive teams in the health districts 2008 to 2012					
Activity 1.1:	Support for the participation of 2 executives from the Ministry of Health and Public Hygiene in the meetings/conferences/information trips at international level on health system strengthening	25%	3 466 667	0	3 466 667	This activity which was initially planned in 2008 has been postponed to 2009 for the aforementioned reasons and will be carried out in line with the possibilities on offer (information trips, conferences, meetings and seminars). The rate of 25% is due to the fact that the terms of reference have been developed.
Activity 1.2:	Revision of the MPA (Minimum package of activities) manual of the health establishments	25%	8 590 000	0	8 590 000	This activity which was initially planned in 2008 has been postponed to 2009. According to the new schedule it is planned for the month of June 2009.  The rate of 25% is due to the fact that the terms of reference have been developed.
Activity 1.3:	Reproduction of the MPA manuals	25%	7 650 000	0	7 650 000	This activity which was initially planned in 2008 has been postponed to August 2009 on the new schedule. The rate of 25% is due to the fact that the terms of reference have been developed.
Activity 1.8	Support to the Directorate of Human Resources for the	35%	18 680 000	0	18 680 000	This activity which was initially planned in 2008

<sup>3</sup> For example, the number of Village Health Workers trained, the number of buildings constructed or vehicles distributed.



	development of normative documents and health personnel management tools					has been postponed to 2009 for the aforementioned reasons. According to the new schedule it is planned for the month of May 2009. The terms of reference have been developed and the call for candidates for the recruitment of consultants has been drawn up.
Activity 1.10:	Training of 12 Regional Directors, 32 Department Directors and 6 executives from central level in the development of operational plans of action for the districts and regions.	This activity which was initially planned in 2008 has been postponed to 2009 for the aforementioned reasons. Further to the gap noted between the amount budgeted in the proposal and the amount awarded and after consultation with the statutory committees, this activity has been merged with activity 1.11. The two activities will be carried out simultaneously with the amount allocated for activity 1.11.				
Activity 1.11:	Organization of annual workshops to develop the operational plans of the 32 health districts and 12 health regions	25%	17 232 000	0	17 232 000	This activity which was initially planned in 2008 has been postponed to the last quarter of 2009. It shall be carried out simultaneously with activity 1.10.  The terms of reference have already been drawn up.
Activity 1.12:	Support for quarterly monitoring of the 32 districts	Faced with the reduction noted on the amount awarded, this activity has been merged with the other monitoring activities (1.13 to 1.17).				
Activity 1.13:	Support for the six-monthly monitoring of the operational plans of the 12 health regions	25%	22 020 000	0	22 020 000	This activity which was initially planned in 2008 has been postponed to 2009. According to the schedule it will be carried out from the 1 July 2009.
Activity 1.14:	Organization of six-monthly workshops on project monitoring and management by the technical committee	25%	4 392 000	0	4 392 000	This activity which was initially planned in 2008 has been postponed to 2009. The first workshops will be organized from July 2009.
Activity 1.15:	Organization of six-monthly supervision missions of the health regions by the central level	25%	7 000 000	0	7 000 000	According to the schedule the supervision missions will begin in June 2009.  The supervision plans have been drawn up and the process for the availability of the resources is in progress.

Activity 1.16:	Organization of quarterly supervision missions of the health districts by the regional level	25%	5 248 000	0	5 248 000	According to the schedule the supervision missions will begin in June 2009.  The supervision plans have been drawn up and the process for the availability of the resources is in progress.
Activity 1.17:	Organization of two-monthly supervision missions (every 2 months) of the health establishments by the district executive team	25%	39 240 000	0	39 240 000	According to the schedule the supervision missions will begin in June 2009.  The supervision plans have been drawn up and the process for the availability of the resources is in progress.
Activity 1.18:	Training of 6 national executives (central level) 12 Regional Directors and 32 Department Directors in supervision	25%	10 770 000	0	10 770 000	The training supervision workshops will be organized from the month of July 2009 after the needs have been pinpointed, which will be conducted at the end of the first supervision missions in June 2009. The terms of reference of the workshops are available.
Activity 1.19:	Organization of the annual review of activities by the steering committee	25%	13 045 000	0	13 045 000	This activity, which was initially planned in 2008, has been postponed to December 2009 in accordance with the new schedule.  The rate of completion of 25% corresponds to the fact that the terms of reference have been drawn up.
Activity 1.20:	Coordination and functioning support for the monitoring of the implementation of activities (central, regional and district management committee)	35%	21 000 000	0	21 000 000	The initial budget of 20 000 000 has been increased to 1 000 000 to take into account the fees for bank account management.  The steering committee and technical committees meet regularly.
<b>Objective 2:</b>	Revitalize 50% of the health establishments (ESPC, HG) at district level from 2008-2012 to provide quality services in particular in favour of the mother and child					
Activity 2.1:	Organization of an assessment of	90%	26 350 000	25 189 283	1 160 717	It began with the data collection mission. The

	the health facilities in 32 health districts (data collection)					<p>processing and analysis of data have been completed:</p> <ul style="list-style-type: none"> <li>- 34 health districts have been visited;</li> </ul> <p>422 health establishments have been listed, among which 393 are to be rehabilitated and reequipped. 29 of them having already been rehabilitated by the other partners (UNICEF, UNFPA, ONUCU, the NGOs etc.)</p> <p>The report is available and is waiting to be validated during a workshop.</p>
Activity 2.3:	Rehabilitation and equipping in office furniture of 12 RD, 32 Department Directorates, 8 RHC, 24 General Hospitals and 326 health establishments	25%	203 000 000	0	203 000 000	<p>The activity has been reprogrammed for 2009. The activity will begin as soon as the assessment report has been validated (activity 2.1).</p> <p>The rate of 25% is due to the fact that the terms of reference have been drawn up.</p>
Activity 2.5:	Provision of supervision vehicles type 4 x 4 for 7 new health districts, 5 Regional Directorates and 3 central services (procurement of 2 vehicles during the first year)	50%	41 800 000	0	41 800 000	<p>This activity, which was initially planned in 2008, has been postponed to 2009.</p> <p>The initial budget of 35 000 000 CFA Francs which was insufficient for the procurement of 2 vehicles has been increased. The additional amount of 6 800 000 CFA Francs was obtained further to merger of certain activities (1.11, 1.12 and 2.9).</p> <p>An invitation to tender has been launched and the opening and sorting of tenders will take place during the month of May 2009.</p> <p>The activities 2.5, 2.6 and 2.7 will be conducted simultaneously.</p>
Activity 2.6:	Provision of a mobile unit for a health district for the implementation of mobile strategy activities	50%	35 000 000	0	35 000 000	<p>This activity, which was initially planned in 2008, has been postponed to 2009 for the aforementioned reasons.</p> <p>The initial budget of 20 000 000, which was insufficient for the procurement of a mobile unit, has been increased. The additional amount of 15 000 000 CFA Francs was obtained further to the merger of the activities 1.1., 1.12 and 2.9).</p> <p>The invitation to tender has been launched. The opening and sorting of tenders will take place at the</p>

						end of the month of May 2009. The activities 2.5, 2.6 and 2.7 will be conducted simultaneously.
Activity 2.7:	Provision of motorbikes to 25 health establishments to be able to conduct the advanced strategy activities	50%	50 000 000	0	50 000 000	This activity, which was initially planned in 2008, has been postponed to 2009 for the aforementioned reasons. The invitation to tender has been launched. The opening and sorting of tenders will take place at the end of the month of May 2009.
Activity 2.8:	Support for advanced and mobile strategies	25%	50 000 000	0	50 000 000	This activity, which was initially planned in 2008, has been postponed to 2009 for the aforementioned reasons.  According to the schedule, the activity will be carried out from July 2009.
Activity 2.9:	Training of 400 health workers in community mobilization in 32 health districts	Faced with a budget which was insufficient and which was secondary to the gap noted between the amount budgeted in the proposal and the amount awarded, the statutory committees have decided to merger this activity with activity 2.10.  The activity was reprogrammed during the second year (2010).				
<b>Objective 3:</b>	Improve the management of health information at all levels of the health pyramid					
Activity 3.1:	Provision of computer equipment and consumables for 32 districts, 12 Regional Directorates and 6 central services	70%	114 866 833	0	114 866 833	The initial budget of 110 500 000 CFA Francs which was insufficient for the completion of this activity was increased. The additional amount of 4 366 833 CFA Francs came from the sum of 58 003 167 CFA Francs obtained following the restructuring of certain activities (budget of the activities 1.1, 1.12 and 2.9).  Procurement of: <ul style="list-style-type: none"> <li>- 50 office computers</li> <li>- 7 laptops</li> <li>- 50 ink jet printers</li> <li>- 10 laser printers</li> <li>- 60 inverters</li> </ul>

						<ul style="list-style-type: none"> <li>- 1 video projector</li> <li>- 100 USB keys</li> <li>- 500 CDs</li> <li>- 500DVDs</li> </ul> <p>All this equipment is for 32 districts, 12 Regional Directorates and 6 central services.</p> <p>The procurement procedure of consumables is in progress.</p>
Activity 3.2:	Provision of data collection media for 12 Regional Directorates, 32 districts and 652 health establishments	65%	20 000 000	0	20 000 000	<p>This activity, which was initially planned in 2008, was postponed to 2009 for the aforementioned reasons.</p> <p>A service provider has been chosen; the printing of the data collection media is in progress. We expect delivery in the month of May. This activity has consequently been partially completed (65%).</p>
Activity 3.3:	Support for the maintenance of computer equipment in 6 central departments, 12 Regional Directorates and 32 districts.	25%	10 000 000	0	10 000 000	<p>According to the schedule, this activity will begin in June 2009.</p> <p>The rate of 25% is due to the fact that the terms of reference have been drawn up.</p>
Activity 3.5:	Support for monitoring activities for the committees in the fight against epidemics.	25%	13 400 000	0	13 400 000	<p>According to the schedule, this activity will begin in June 2009.</p> <p>The rate of 25% is due to the fact that the terms of reference have been drawn up.</p>
Activity 3.6:	Evaluation of the responses to epidemics	25%	400 000	0	400 000	<p>This activity will be carried out upon request.</p> <p>The reference terms have been drawn up.</p>
Activity 3.7:	Support for the evaluation of the quality of data in the districts	25%	10 000 000	0	10 000 000	<p>According to the schedule, this activity will be carried out in July 2009.</p> <p>The rate of 25% is due to the fact that the terms of reference have been drawn up.</p>

Activity 3.8:	Support for the production of health statistics directory	25%	20 000 000	0	20 000 000	According to the schedule this activity will be carried out from June 2009. The rate of 25% is due to the fact that the terms of reference have been drawn up.
Activity 3.9:	Organization of quarterly harmonization meetings of surveillance data with the districts and regions	25%	15 210 000	0	15 210 000	According to the schedule this activity will be carried out from July 2009. The rate of 25% is due to the fact that the terms of reference have been drawn up.
Activity 3.10:	Support for the integration of private health sub-sector data in the health information system	25%	22 937 000	0	22 937 000	According to the schedule, this activity will be carried out from August 2009. The rate of 25% is due to the fact that the terms of reference have been drawn up.
<b>Support Functions</b>	Included in the budget					
Management						
Monitoring & Evaluation						
Technical Support						

**Table 4.4 note:** This table should provide up to date information on work taking place in the first part of the year during which this report is submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column “Planned expenditure in the coming year” should be as per the estimates provided in the Annual Progress Report of last year (Table 4.6 of last year’s report) or – in the case of first time HSS report - as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

<b>Table 4.4 Planned HSS Activities for current year (ie. January – December 2009)</b>					
<b>Major Activities</b>	<b>Planned Activity for current year (ie.2009)</b>	<b>Planned expenditure in coming year (CFA Francs)</b>	<b>Balance available (To be automatically filled in from previous table) (CFA Francs)</b>	<b>Request for 2009 (CFA Francs)</b>	<b>Explanation of differences in the activities and expenditures from the original application or previously approved adjustments**</b>
<b>Objective 1:</b>	Strengthen the management capacities of the health workers in the 6 central departments, 12 regional directorates and the district executive teams in the health districts 2008 to 2012				
Activity 1.1:	Support for the participation of 2 executives from the Ministry of Health and Public Hygiene in the meetings/conferences/information trips at international level on health system strengthening	3 466 667	3 466 667	3 466 667	This activity will be carried out in line with the possibilities on offer (information trips, conferences, meetings and seminars).  It is the balance available which will be used to complete the activities for the current year (2009).
Activity 1.2:	Revision of the MPA (Minimum package of activities) manual of the health establishments	8 590 000	8 590 000	8 590 000	According to the schedule this activity will be implemented in the month of June 2009.  It is the balance available which will be used to complete the activities

					for the current year (2009).
Activity 1.3:	Reproduction of the MPA manuals	7 650 000	7 650 000	7 650 000	According to the schedule this activity will be implemented in August 2009.  It is the balance available which will be used to complete the activities for the current year (2009).
Activity 1.8	Support to the Directorate of Human Resources for the development of normative documents and health personnel management tools	18 680 000	18 680 000	18 680 000	It is planned to implement this activity in May 2009.  It is the balance available which will be used to complete the activities for the current year (2009).
Activity 1.10:	Training of 12 Regional Directors, 32 Department Directors and 6 executives from central level in the development of operational plans of action for the districts and regions.	This activity has been merged with the activity 1.11 (the activity 1.10 will be carried out at the same time as the activity 1.11)			The two activities 1.10 and 1.11 will be carried out with the budget of the activity 1.11 only from the month of June 2009.
Activity 1.11:	Organization of annual workshops to develop the operational plans of the 32 health districts and 12 health regions	17 232 000	17 232 000	17 232 000	The two activities 1.10 and 1.11 will be carried out with the budget of the activity 1.11 only from the month of June 2009.  It is the balance available which will be used to complete the activities for the current year (2009).
Activity 1.12:	Support for quarterly monitoring of the 32 districts	This activity has been merged with the other monitoring activities from 1.13 to 1.17 (the activity 1.12 will be carried out during the activities 1.13 to 1.17) of the previous year			This activity has been merged with the activities 1.13 to 1.17. It will be implemented simultaneously with the other activities from the month of July 2009.
Activity 1.13:	Support for the six-monthly monitoring of the operational	22 020 000	22 020 000	22 020 000	According to the schedule this activity



	plans of the 12 health regions				will be carried out from July 2009. It is the balance available which will be used to complete the activities for the current year (2009).
Activity 1.14:	Organization of six-monthly workshops on project monitoring and management by the technical committee	4 392 000	4 392 000	4 392 000	According to the schedule, this activity will be carried out from July 2009 with the balance available.
Activity 1.15:	Organization of six-monthly supervision missions of the health regions by the central level	7 000 000	7 000 000	7 000 000	According to the schedule, this activity will be carried out from June 2009.
Activity 1.16:	Organization of quarterly supervision missions of the health districts by the regional level	5 248 000	5 248 000	5 248 000	According to the schedule, this activity will be carried out from June 2009.
Activity 1.17:	Organization of two-monthly supervision missions (every 2 months) of the health establishments by the district executive team	39 240 000	39 240 000	39 240 000	According to the schedule, this activity will be carried out from June 2009.
Activity 1.18:	Training of 6 national executives (central level), 12 Regional Directors and 32 Department Directors in supervision	10 770 000	10 770 000	10 770 000	According to the schedule, this activity will be carried out from July 2009.
Activity 1.19:	Organization of the annual review of activities by the steering committee	13 045 000	13 045 000	13 045 000	According to the schedule, this activity will be carried out in December 2009.
Activity 1.20:	Coordination and functioning support for the monitoring of the implementation of activities (central, regional and district	21 000 000	21 000 000	21 000 000	The initial budget of 20 000 000 has been increased to 1 000 000 to take into account the fees for bank account

	management committee)				management. The coordinating meetings of the health sector coordinating committee are held in line with the schedule which was approved at the beginning of the year.
<b>Objective 2:</b>	Improve the management of health information at all levels of the health pyramid				
Activity 2.1:	Organization of an assessment of the health facilities in 32 health districts (data collection)	26 350 000	1 160 717	26 350 000	The data collection mission, the processing and analysis of the data have been completed:  422 health establishments have been listed, among which 393 are to be rehabilitated and 29 of them having already been rehabilitated by the other development partners.  232 health establishments were indeed visited (210 ESPC, 16 General Hospitals and 6 RHC)  The balance available will be used to produce and have the report adopted.
Activity 2.3:	Rehabilitation and equipping in office furniture of 12 RD, 32 Department Directorates, 8 RHC, 24 General Hospitals and 326 health establishments (ESPC)	203 000 000		203 000 000	This activity will be programmed after the validation of the 2.1 activity report.
Activity 2.5:	Provision of supervision vehicles type 4 x 4 for 7 new health districts, 5 Regional Directorates and 3 central services (procurement of 2 vehicles during the first year)	41 800 000	41 800 000	41 800 000	An invitation to tender has been launched and will be awarded on the 20 May 2009.  The procurement process of the two vehicles for the first year is in progress.
Activity 2.6:	Provision of a mobile unit for a	35 000 000	35 000 000	35 000 000	An invitation to tender has been

	health district for the implementation of mobile strategy activities				launched and will be awarded on the 20 May 2009.
Activity 2.7:	Provision of motorbikes to 25 health establishments (ESPC) to be able to conduct the advanced strategy activities	50 000 000	50 000 000	50 000 000	An invitation to tender has been launched and will be awarded during the month of May 2009. The balance available will be used to conduct the current year's activities (2009).
Activity 2.8:	Support for advanced and mobile strategies	50 000 000	50 000 000	50 000 000	According to the schedule this activity will be carried out in July 2009. It is the balance available which will be used to carry out the current year's activities (2009).
Activity 2.9:	Training of 400 health workers in community mobilization in 32 health districts	The activity was not given priority the previous year.			This activity has been postponed to the second year.
<b>Objective 3:</b>	Revitalize 50% of the health establishments (ESPC, HG) at district level from 2008-2012 to provide quality services in particular in favour of the mother and child				
Activity 3.1:	Provision of computer equipment and consumables to 32 districts, 12 Regional Directorates and 6 central departments	114 866 833	114 866 833	114 866 833	The computer equipment has been ordered and delivered for the targeted facilities. The balance available will be used to pay the suppliers and supply the facilities with computer consumables. The procurement process for computer consumables is in progress.
Activity 3.2:	Provision of data collection media for 12 Regional Directorates, 32 districts and 652 health establishments (ESPC)	20 000 000	20 000 000	20 000 000	A service provider has been identified; the data collection media are currently being printed. We expect delivery in the month of May.

Activity 3.3:	Support for the maintenance of computer equipment in 6 central departments, 12 Regional Directorates and 32 districts.	10 000 000	10 000 000	10 000 000	According to the schedule this activity will be carried out from the month of June 2009.
Activity 3.5:	Support for monitoring activities by the committees which fight against epidemics	13 400 000	13 400 000	13 400 000	According to the schedule, this activity will be carried out from the month of June in line with needs.
Activity 3.6:	Evaluation of the responses to epidemics	400 000	400 000	400 000	This activity will be carried out when requested.
Activity 3.7:	Support for the evaluation of the quality of data in the districts	10 000 000	10 000 000	10 000 000	According to the schedule this activity will be carried out during the month of July 2009.
Activity 3.8:	Support for the production of the health statistics directory	20 000 000	20 000 000	20 000 000	According to the schedule this activity will be carried out from the month of June 2009.
Activity 3.9:	Organization of quarterly harmonization meetings of surveillance data with the districts and regions	15 210 000	15 210 000	15 210 000	According to the schedule this activity will be carried out from the month of July 2009.
Activity 3.10:	Support for the integration of private health sub-sector data in the health information system	22 937 000	22 937 000	22 937 000	According to the schedule this activity will be carried out from the month of August 2009.
<b>Support costs</b>	<b>(included in the budget)</b>				
Management costs					
Monitoring & Evaluation support costs					
Technical support					
<b>TOTAL COSTS</b>		869 320 667	766 171 158	869 320 667	

<b>(CFA Francs)</b>					
<b>TOTAL COSTS (US \$)</b>		1 962 349	1 729 506	1 962 349	

NB: 1 US \$ = 443 CFA Francs

**Table 4.5 Planned HSS Activities for next year (i.e. 2010 FY) This information will help GAVI to plan its financial commitments**

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year  (CFA Francs)	Balance available  (To be automatically filled in from previous table)  (CFA Francs)	Request for 2010  (CFA Francs)	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
<b>Objective 1:</b>	Strengthen the management capacities of the health workers in the 6 central departments, 12 regional directorates and the district executive teams in the health districts 2008 to 2012				
Activity 1.1:	Support for the participation of 2 executives from the Ministry of Health and Public Hygiene in the meetings/conferences/information trips at international level on health system strengthening	6 933 333	3 466 667	6 933 333	This activity is programmed during the first and second year.  The balance available will be used to carry out the activities during the year (2009).
Activity 1.2:	Revision of the MPA (Minimum package of activities) manual of the health establishments (ESPC)	0	8 590 000	0	This activity is only programmed for the first year. There is consequently no request for 2010. The balance available will be used to carry out the activities for the current year (2009).
Activity 1.3:	Reproduction of the MPA manuals	33 000 000	7 650 000	33 000 000	This activity is programmed during the first and second year.  The balance available will be used to carry out the activities during the year (2009).
Activity 1.4:	Training of the 80 members of the district executive teams in the 32 health districts on the	26 928 000	0	26 928 000	This activity was not programmed during the first year; There is

	ESPC and hospital MPA guidelines				consequently no balance available.
Activity 1.6:	Training of 56 individuals on the use of monitoring and evaluation tools of health activities: Central departments (6x2), Regional Directorates (12x1) and district executive teams (32x1)	20 000 000	0	20 000 000	This activity was not programmed during the first year; There is consequently no balance available.
Activity 1.7:	Training of 6 executives from the central departments, 12 Regional Directors and 32 Health Department Directors on health personnel management	16 830 000	0	16 830 000	This activity was not programmed during the first year; There is consequently no balance available.
Activity 1.8:	Support to the Directorate of Human Resources for the development of normative documents and health personnel management tools	0	18 680 000	0	This activity is only programmed for the first year. There is consequently no request for 2010. The balance available will be used to carry out the activities for the current year (2009).
Activity 1.9:	Support for the development of communication and awareness media on health promotion	6 920 000	0	6 920 000	This activity was not programmed during the first year; There is consequently no balance available.
Activity 1.10:	Training of 12 Regional Directors, 32 Department Directors and 6 executives from central level in the development of operational plans of action for the districts and regions.	<p>This activity which was initially planned in 2008 was postponed to 2009.</p> <p>Faced with a budget which was insufficient and which was secondary to the gap noted between the amount budgeted in the proposal and the amount awarded, the statutory committees have decided to merge this activity with activity 1.11.</p> <p>The two activities will be carried out with the sole budget for activity 1.11.</p>			
Activity 1.11:	Organization of annual workshops to develop the operational plans of the 32 health districts and 12 health	44 532 000	17 232 000	44 532 000	<p>This activity is programmed in the first and second year.</p> <p>The balance available will be used to carry out the activities during the</p>

	regions				year (2009).
Activity 1.12:	Support for quarterly monitoring of the 32 districts	49 920 000	0	49 920 000	This activity which was initially planned in 2008 has been postponed to 2009 for the aforementioned reasons.  For the first year of implementation the activity is merged with the activities 1.13 to 1.17.  There is consequently no balance. The activity is also programmed in the second year.
Activity 1.13:	Support for the six-monthly monitoring of the operational plans of the 12 health regions	22 020 000	22 020 000	22 020 000	This activity is programmed in the first and second year.  The balance available will be used to carry out the activities during the year (2009).
Activity 1.14:	Organization of six-monthly workshops on project monitoring and management by the technical committee	4 392 000	4 392 000	4 392 000	This activity is programmed in the first and second year.  The balance available will be used to carry out the activities during the year (2009).
Activity 1.15:	Organization of six-monthly supervision missions of the health regions by the central level	7 000 000	7 000 000	7 000 000	This activity is programmed in the first and second year.  The balance available will be used to carry out the activities during the year (2009).
Activity 1.16:	Organization of quarterly supervision missions of the health districts by the regional level	5 248 000	5 248 000	5 248 000	This activity is programmed in the first and second year.  The balance available will be used to carry out the activities during the year (2009).
Activity 1.17:	Organization of two-monthly	39 240 000	39 240 000	39 240 000	This activity is programmed in the first and second year.



	supervision missions (every 2 months) of the health establishments by the district executive team				The balance available will be used to carry out the activities during the year (2009).
Activity 1.18:	Training of 6 national executives (central level), 12 Regional Directors and 32 Department Directors in supervision	0	10 770 000	0	This activity is only programmed for the first year. There is consequently no request for 2010. The balance available will be used to carry out the activities for the current year (2009).
Activity 1.19:	Organization of the annual review of activities by the steering committee	13 045 000	13 045 000	13 045 000	This activity is programmed in the first and second year.
Activity 1.20:	Coordination and functioning support for the monitoring of the implementation of activities (central, regional and district management committee)	20 000 000	21 000 000	20 000 000	This activity was not programmed during the first year. There is consequently no balance.
Activity 1.21:	Organization of annual internal audits by the Director of Financial Affairs and the management control department of the Ministry of Health and Public Hygiene	5 625 000	0	5 625 000	This activity was not programmed during the first year. There is consequently no balance.
<b>Objective 2:</b>	Improve the management of health information at all levels of the health pyramid				
Activity 2.1:	Organization of an assessment of the health facilities in the 32 health districts (data collection)	0	1 160 717	0	This activity is only programmed for the first year. There is consequently no request for 2010. The balance available will be used to carry out the activities for the current year (2009).
Activity 2.2:	Training/retraining of at least	25 680 000	0	25 680 000	This activity was not programmed

	800 health establishment workers in the enforcement of the MPA directives in the 32 districts (awareness of the directives)				during the first year. There is consequently no balance.
Activity 2.3:	Rehabilitation and equipping in office furniture of 12 Regional Directorates, 32 Department Directorates, 8 Regional Health Centres, 24 General Hospitals and 326 health establishments (ESPC)	278 500 000	203 000 000	278 500 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 2.4:	Support to the INHP (National Public Hygiene Institute) through the procurement of refrigerated trucks	20 000 000	0	20 000 000	This activity was not programmed during the first year. There is consequently no balance.
Activity 2.5:	Provision of supervision vehicles type 4 x 4 for 7 new health districts, 5 Regional Directorates and 3 central departments (procurement of 2 vehicles during the first year)	100 000 000	41 800 000	100 000 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 2.6:	Provision of a mobile unit for a health district for the implementation of mobile strategy activities	20 000 000	35 000 000	20 000 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 2.7:	Provision of motorbikes to 25 health establishments (ESPC) to be able to conduct the advanced strategy activities	50 000 000	50 000 000	50 000 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 2.8:	Support for advanced and	50 000 000	50 000 000	50 000 000	This activity is programmed in the first and second year.

	mobile strategies				The balance available will be used to carry out the activities during the year (2009).
Activity 2.9:	Training of 400 health workers in community mobilization in the 32 health districts	18 440 000	0	18 440 000	This activity, which was planned in the first year, was postponed to the second year and merged with activity 2.10, which explains the request for 2010.  There is consequently no balance available.
Activity 2.10:	Training of 2,670 community health workers in community mobilization in the 32 health districts	20 000 000	0	20 000 000	This activity was not programmed during the first year.  There is consequently no balance available.
Activity 2.11:	Broadcast community mobilization messages on local radio stations	14 720 000	0	14 720 000	This activity was not programmed during the first year.  There is consequently no balance available.
Activity 2.12:	Organize an annual excellence day to reward the 5 best Health Department Directorates and health establishments (ESPC)	7 500 000	0	7 500 000	This activity was not programmed during the first year.  There is consequently no balance available.
<b>Objective 3:</b>	Revitalize 50% of the health establishments (ESPC, HG) at district level from 2008-2012 to provide quality services in particular in favour of the mother and child				
Activity 3.1:	Provision of computer equipment and consumables to 32 districts, 12 Regional Directorates and 6 central departments	0	114 866 833	0	This activity is only programmed for the first year. There is consequently no request for 2010. The balance available will be used to carry out the activities for the current year (2009).

Activity 3.2:	Provision of data collection media for 12 Regional Directorates, 32 districts and 652 health establishments (ESPC)	44 990 000	20 000 000	44 990 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 3.3:	Support for the maintenance of computer equipment in 6 central departments, 12 Regional Directorates and 32 districts.	25 000 000	10 000 000	25 000 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 3.4:	Strengthening of the capacities of the data managers in the use and control of data	32 812 000	0	32 812 000	This activity was not programmed during the first year. There is consequently no balance available.
Activity 3.5:	Support for monitoring activities by the committees which fight against epidemics	13 400 000	13 400 000	13 400 000	This activity is programmed in the first and second year.
Activity 3.6:	Evaluation of the responses to epidemics	400 000	400 000	400 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 3.7:	Support for the evaluation of the quality of data in the districts	10 000 000	10 000 000	10 000 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 3.8:	Support for the production of the health statistics directory	20 000 000	20 000 000	20 000 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the

					year (2009).
Activity 3.9:	Organization of quarterly harmonization meetings of surveillance data with the districts and regions	15 210 000	15 210 000	15 210 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
Activity 3.10:	Support for the integration of private health sub-sector data in the health information system	35 370 000	22 937 000	35 370 000	This activity is programmed in the first and second year. The balance available will be used to carry out the activities during the year (2009).
<b>Support costs</b>	<b>(included in the budget)</b>				
Management costs					
Monitoring & Evaluation support costs					
Technical support					
<b>TOTAL COSTS (CFA Francs)</b>		1 123 655 333	766 171 158	1 123 655 333	
<b>US \$</b>					
<b>TOTAL COSTS (US \$)</b>		2 536 468	1 729 506	2 536 468	

N.B.: 1 US \$ = 443 CFA Francs

#### 4.6 Programme implementation for the reporting year:

- c) Please provide a narrative on major accomplishments (especially impacts on health service programmes, and in particular on the immunization programme), the problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters draw the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

The proposal submitted by the Republic of the Côte d'Ivoire for Health System Strengthening through GAVI funds (GAVI HSS) was approved by the board of directors of GAVI Alliance in the letter of approval dated the 14 August 2008.

This proposal covers a five-year period (2008-2012) and costs US \$ 8 697 500, including US \$ 1 790 000, in other words 811 317 500 CFA Francs for the first year.

These funds, which are under control, have been available at the Treasury bank since the 16 October 2008.

The fund management process has four (4) signatories: the Credit Administrator (DIPE – Directorate for Information, Planning and Evaluation), the Authorising Officer (the Director of Financial Affairs at the Ministry of Health and Public Hygiene), the partners' representative (WHO) and the Account Manager (Ministry of Economy and Finance). The process is organized as follows:

- The Directorate for Information, Planning and Evaluation (DIPE) prepares the annual expenditure cash flow plan and submits it for approval to the steering committee; thereafter the DIPE issues the payment orders for the fulfilment of the activities programmed and transmits them to the Director of Financial Affairs;
- The Director of Financial Affairs (DFA) at the Ministry of Health and Public Hygiene orders the various expenditures and the payment orders are submitted to WHO;
- WHO signs the payment orders. These documents are then sent to the account manager;
- After the account manager has controlled the amount, they issue the cheque for payment.

The implementation of the activities was prepared in collaboration with the various departments within the Ministry. In this respect, we can note:

- That the schedule of activities for the first year was modified;
- The terms of reference of the 31 activities of the first year were drawn up;
- The breakdown of the activities budget in the budgetary nomenclature of the Republic of the Côte d'Ivoire;
- The meetings of the technical committee (the 6 January, 22 January and the 20 February 2009);
- The meeting of the steering committee on the 26 February 2009 which endorsed the annual plan and ratified the implementation of the activities.

In addition to the late availability of the funds which took place in the fourth quarter of 2008, we noted a difference of 58 003 167 CFA Francs between the amount budgeted (869 320 667 CFA Francs) and the budget which was made available (811 317 500 CFA) Francs, in other words a difference of 6.67%; this resulted in modifications to the schedule of activities for the first year.

For this first progress report, the actual implementation of activities represents 33.50%.

*b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, please describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

Civil Society Organizations participate in the implementation of the activities; indeed, as members of the technical committee, they participated in the decision-making process concerned with regard to preparing the implementation. In the districts, they participate in heightening the population's awareness to the importance of immunization activities. The Civil Society Organizations are: Rotary Club International and the ASAPSU (the Association for Urban Health Support and Self promotion).  
The private sector is associated with activities within the scope of the district approach through the CGECI (General Confederation of Republic of Côte d'Ivoire Companies) and the CECI (Coalition of Republic of Côte d'Ivoire Companies).

#### **4.7 Financial overview during reporting year:**

*4.7 note:* In general, HSS funds are expected to be visible in the Ministry of Health budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

*a) Are the funds posted in the budget (are they posted in the Ministry of Health and Ministry of Finance budget): Yes/No*

*If not, why not and how will it be ensured that funds are posted in the budget ? Please provide details.*

Yes, the GAVI HSS funds were transcribed into the country nomenclature and posted in the Government's budget. An account manager at the Ministry of Economy and Finance is responsible for managing the funds.

*b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

No, no particular issue relating to the management of GAVI HSS funds was raised. No audit has been carried out yet as we are only at the beginning of the actual implementation of the activities. Annual audits will be carried out and the first one will be conducted at the end of the first year of completion of the activities (2009), in other words at the beginning of next year (2010).

#### 4.8 General overview of the objectives achieved

This initial report does not enable us to measure the indicators included in the application due to the fact that the performance of the activities has only just begun. Indeed, the late availability of the funds which took place in the fourth quarter of 2008 resulted in modifications to the schedule of activities for the first year (2008). The activities which were initially planned for 2008 have been postponed to 2008 and ratified by the statutory committees.

Table 4.8 Progress on the Indicators included in the application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets



#### **4.9 Attachments**

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of the account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as indicated below.

#### **Financial Controller at the Ministry of Health:**

Name: DEZAI YEANOU Viviane

Title / Post: Manager appointed by the Ministry of Economy and Finance with the  
Ministry of Health and Public Hygiene

Signature:

Date:

## **5. Strengthened Involvement of Civil Society Organizations (CSOs)**

### **1.1 TYPE A: Support to strengthen the coordination and representation of CSOs**

**This section is to be completed by countries that have received GAVI TYPE A CSO support<sup>4</sup>**

Please fill text directly into the boxes below which can be expanded to accommodate the text.

*Please list any abbreviations and acronyms that are used in this report below:*

**Not applicable**

#### **5.1.1 Mapping exercise**

*Please describe the progress achieved in the mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunization. Please identify the mapping exercises conducted, the expected outcomes and the timeline (please indicate if there have been any changes).*

**Not applicable**

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<sup>4</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

*Please describe any hurdles or difficulties encountered with the proposed methodology to identify the most appropriate in-country CSOs which are involved or contribute to immunization, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.*

**Not applicable**

### **5.1.2 Nomination process**

*Please describe the progress accomplished in the nomination process of CSO representatives within the HSCC (or equivalent) and the IACC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and the IACC, the current number and the final target. Please state how often CSO representatives attend meetings (% of meetings attended).*

**Not applicable**

*Please provide the Terms of Reference of the CSOs (if they have been laid down), or describe their expected roles below. State if there are guidelines/policies governing these points. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.*

**Not applicable**

Please state whether participation by the CSOs in national level coordinating mechanisms (HSCC or equivalent and IACC) has changed the way in which the CSOs interact with the Ministry of Health. Is there now a specific team at the Ministry of Health responsible for liaising with the CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

**Not applicable**

### 5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (per activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds in US \$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Nomination process	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
<b>Management costs</b>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
<b>TOTAL COSTS</b>					

#### 5.1.4 Management of funds

*Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for the use of the funds, and report on any problems that have been encountered involving the use of these funds, such as a delay in their availability for the achievement of the programme.*

***Not applicable***

**TYPE B: Support for CSOs to help them implement the GAVI HSS proposal or cMYP**

**This section is to be completed by countries that have received GAVI TYPE B CSO support<sup>5</sup>**

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

*Please list any abbreviations and acronyms that are used in this report below:*

***Not applicable***

**5.2.1 Programme implementation**

*Briefly describe progress with regard to the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (by referring to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to the CSOs.*

***Not applicable***

*Please indicate any major problems that may have been encountered (including delays in the implementation of the activities), and how these have been overcome. Please also identify the lead organization responsible for managing the use of the funds (and if this has changed from the proposal) and the role of the HSCC (or equivalent).*

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<sup>5</sup> Type B GAVI Alliance CSO Support is only available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

***Not applicable***

*Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.*

***Not applicable***

*Please outline whether the support has led to a greater involvement by CSOs in immunization and health systems strengthening (please give the current number of CSOs involved, and the initial number).*

***Not applicable***

*Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organization. Please state if were previously involved in immunization and / or health systems strengthening activities, and their relationship with the Ministry of Health.*

*For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.*





### 5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO on a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF THE CSO	Total funds approved	2008 Funds US \$ (thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all the CSOs)						
Management costs (of the HSCC / regional work group)						
Financial auditing costs (of all the CSOs)						
<b>TOTAL COSTS</b>						

### 5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving the use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been encountered with regard to the management of the funds, including any delay in the availability of the funds.

## 5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor outcomes. Outline the progress achieved during the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems encountered in measuring the indicators, and any changes proposed.

**Not applicable**

## 6. Checklist

Checklist of the completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	yes	
Reporting Period (consistent with previous calendar year)	yes	
Government signatures	yes	
IACC endorsement	yes	To be completed
Report on the ISS	yes	
Report on the DQA	yes	
Reported on use of the Vaccine introduction grant	yes	
Report on Injection Safety	yes	
Report on Immunization Financing & Financial Sustainability (progress compared with immunization financing and financial sustainability indicators)	yes	
New Vaccine Request including co-financing completed and Excel sheet attached	yes	
Revised request for injection safety completed (where applicable)	yes	
Report on HSS	yes	
IACC minutes attached to the report	yes	2
HSCC minutes, audit report of the accounts for HSS funds and annual health sector review report attached to the Annual Progress Report	yes	1 Minutes of the steering committee

## **7. Comments**

*IACC/HSCC comments:*

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~