Annual Progress Report 2009

Submitted by

The Government of

[***Ivory Coast***]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 11 May 2010

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following **apr@gavialliance.org**

any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be made US dollars, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement. The reimbursed funds will be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION
The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION
The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS
The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :
- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

Page des signatures du Gouvernement pour toutes les modalités de soutien de GAVI (SSV, SSI, SVN, RSS, OSC)

En apposant leur signature sur la présente page, les représentants du Gouvernement attestent de la validité des informations fournies dans le rapport, y compris toutes les pièces jointes, les annexes, les états financiers et/ou les rapports de vérification des comptes. Le Gouvernement confirme également que les vaccins, le matériel de vaccination et les fonds ont été utilisés conformément aux clauses et conditions générales de GAVI Alliance telles que précisées à la page 2 du présent rapport annuel de situation.

Pour le Gouvernement de **Côte d'Ivoire**

Veuillez noter que ce rapport annuel de situation ne sera ni révisé ni approuvé par le Comité d'examen indépendant s'il n'est pas muni des signatures du Ministre de la Santé et du Ministre des Finances ou de leur représentant autorisé.

Ministre de la Santé (ou son représentant autorisé) : Dr. AKA Aouélé.....

Titre: Ministre de La Santé et de l'Hygiène Publique.. .....

Signature : .....

Date : ..11 MAI 2010.....

Ministre des Finances (ou son représentant autorisé) :

Titre: Koudmé Yao Bernard Administrateur des Services Financiers

Signature : .....

Date : .....

Ce rapport a été préparé par :

Nom complet : **Dr BROU Aka Noël** Fonction : **Directeur Coordonnateur du Programme Elargi de Vaccination** Téléphone : **(00225) 21 24 25 29** Courriel : **brouaka_1@yahoo.com**	Nom complet : **Dr KOUASSI-GOHOU Valérie** Fonction : **Directeur de l'Information, de la Planification et de l'Evaluation** Téléphone :.**(00225) 20 32 33 17** Courriel : **dipemshp@yahoo.fr**
Nom complet : **Dr YAO Théodore** Fonction : **Conseiller gestion du système de santé/OMS** Téléphone : **(00225) 07 88 14 57** Courriel : **yaot@who.int**	Nom complet : **Dr KOUACOU Epa** Fonction : **Administrateur PEV/UNICEF** Téléphone : **(00225) 05 96 88 33** Courriel : **ekouakou@unicef.org**

Page des signatures du CCI

Si le pays fait rapport sur le soutien SSV, SSI ou SVN

Nous soussignés, membres du Comité de coordination interagences (CCI) sur la vaccination, avalisons le présent rapport. La signature de la page d'aval du présent document n'implique aucun engagement financier (ou légal) de la part de l'institution partenaire ou de l'individu.

La politique de GAVI Alliance sur la transparence et la responsabilité fait partie intégrante du suivi que GAVI Alliance réalise des résultats obtenus par un pays. En signant ce formulaire, les membres du CCI confirment que les fonds reçus de GAVI Alliance ont été utilisés aux fins décrites dans la demande approuvée et qu'ils ont été gérés de manière transparente, conformément aux règles et dispositions gouvernementales qui s'appliquent à la gestion financière.

Nom/Titre	Institution/Organisation	Signature	Date
Dr AKA Aouélé **Ministre de la Santé et de l'Hygiène Publique**	Ministère de la Santé et de l'Hygiène Publique		11 1 MAI 2010
Pr ANONGBA Danho Simplice **Directeur Général de la Santé**	Ministère de la Santé et de l'Hygiène Publique		11 1 MAI 2010
Dr N'DOLLI Kouakou **Point Focal des Services Extérieurs**	Ministère de la Santé et de l'Hygiène Publique		11 1 MAI 2010
M. KONE Salif **Directeur des Affaires Financières du Ministère de la Santé et de l'Hygiène Publique**	Ministère de la Santé et de l'Hygiène Publique		11 1 MAI 2010
M. TRA Bi Yrié Denis **Directeur des Infrastructures, de l'Equipement et de la Maintenance**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010
M. LOUKOU Dia **Directeur des Ressources Humaines**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010
Dr ASSAOLE N'Dri David **Directeur de la Santé Communautaire**	Ministère de la Santé et de l'Hygiène Publique		11 1 MAI 2010
Pr AKE Michelle Emma Dominique **Directeur de la Pharmacie et du Médicament**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010
Dr KOUASSI-GOHOU Adri Valérie **Directeur de l'Information, de la Planification et de l'Evaluation**	Ministère de la Santé et de l'Hygiène Publique		11 1 MAI 2010
Médecin Commissaire TOURE Nambala Benjamin **Directeur des Etablissements et Professions Sanitaires**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010
Pr ODEHOURI Koudou Paul **Directeur de l'Institut National d'Hygiène Publique**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010
Dr SOUARE Touré dossou **Directeur Général de la Pharmacie de la Santé Publique**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010
Pr KOUASSI Dinard **Directeur de l'Institut National de Santé Publique**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010
Dr BROU Aka Noël **Directeur Coordonnateur du Programme Elargi de Vaccination**	Ministère de la Santé et de l'Hygiène Publique		11 2 MAI 2010

Nom/Titre	Institution/Organisation	Signature	Date
Pr SAMBA Mamadou **Chef de Service de la Cellule de Prospective et de Stratégie**	Ministère de la Santé et de l'Hygiène Publique		11-05-10
Dr Bassalia DIAWARA **Chef de Service d'Appui aux Services Extérieurs et Déconcentrés**	Ministère de la Santé et de l'Hygiène Publique		11-05-10
M. N'DA Siméon **Chef de Service de la Communication et des Relations**	Ministère de la Santé et de l'Hygiène Publique		11/05/10
M. ADJA David **Contrôleur Financier près le Ministère de la Santé et de l'Hygiène**	Ministère en charge de l'Economie et des Finances		11.10 05
Dr ANOUAN N'Guessan Jean **Coordonnateur Pays du Réseau National EPIVAC**	Ministère de la Santé et de l'Hygiène Publique		11/05/10
Mme LATTROH Marie **Conseiller technique du Ministre de l'Economie et des Finances**	Ministère en charge de l'Economie et des Finances		11/05/10
Dr ADOU Innocent **Représentant du Ministère en charge de l'Intérieur**	Ministère de l'Intérieur		12/05/10
Mme DREESEN Joséphine A. **Représentant du Ministère en charge de la Communication**	Ministère de la Communication		12/05/10
Pr Dosso Mireille **Directeur de l'Institut Pasteur de Côte d'Ivoire**	Institut Pasteur de Côte d'Ivoire		12/05/10
Pr Dagnan N'Cho Simplice **Représentant des UFR des Sciences de la Santé**	UFR des Sciences de la Santé		11/05/2010
Dr KOMLA SIAMEVI **Représentant Résident de l'OMS**	Organisation Mondiale de la Santé	P/o	11/05/2010
Mme MAARIT Hirvonen Représentant Résident de l'UNICEF	Fonds des Nations Unies pour l'Enfance		11/05/2010
Dr Pape Coumba Faye **Coordonnateur SIVAC**	Agence de Médecine Préventive		11/05/10
Mme Marie Irène RICHMOND AHOUA **Présidente de la commission nationale Polio Plus Société civile**	ROTARY International		11/05/10
Représentant des ONG impliquées dans la vaccination			

Si le CCI le souhaite, il peut envoyer des observations informelles à l'adresse : apr@gavialliance.org
Toutes les observations seront traitées de manière confidentielle.

Observations des partenaires :

.....

.....

Observations du Groupe de travail régional :

.....

.....

.....

HSCC Signatures Page

If the country is reporting on HSS

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Page des signatures du CCSS

Si le pays fait rapport sur le soutien au RSS

Nous soussignés, membres du Comité national de coordination du secteur de la santé (CCSS)/Comité de pilotage, avalisons ce rapport relatif au programme de renforcement des systèmes de santé. La signature de ce document n'implique aucun engagement financier (ou légal) de la part de l'institution partenaire ou de l'individu.

La politique de GAVI Alliance sur la transparence et la responsabilité fait partie intégrante du suivi que GAVI Alliance réalise des résultats obtenus par un pays. En signant ce formulaire, les membres du CCSS confirment que les fonds reçus de GAVI Alliance ont été utilisés aux fins décrites dans la demande approuvée et qu'ils sont gérés de manière transparente, conformément aux règles et dispositions gouvernementales qui s'appliquent à la gestion financière. De plus, le CCSS confirme que le contenu du présent rapport est fondé sur des données financières exactes et vérifiables.

Nom/Titre	Institution/Organisation	Signature	Date
Dr AKA Aoulé Ministère de la Santé et de l'Hygiène Publique	Ministère de la Santé et de l'Hygiène Publique		11/05/10
TETIA ARMAND PIERRE S/D de la Coordination	Ministère d'Etat, Ministère du Plan et du Développement		11/05/10
Lattroh Marie Esson Conseiller Technique DEF	Ministère de l'Economie et des Finances		11/05/10
Medecin-Commissaire de Police ADOU INNOCENT	Ministère de l'Intérieur		11/05/2010
Dr GBELIA Kuyo ABEL. S/D Chargé de la Santé au Travail	Ministère de la Fonction Publique et de l'Emploi		11/05/2010
	Union Européenne		

Dr KALilon Souley WR ai	OMS	P/o Lkalilou	11/05/2010
DR BONI-OUATTARA Edith	UNFPA Representant Assistant	E.BO	11/05/10
Dr EZOUA FERRY, Conseiller au Programme	UNDP		12/05/2010
Dr El: Ramamonjisoa	UNICEF		11/05/2010
	PEPFAR		
TRAORE HOUSSA Data Analyst & use specialist	MEASURE Evaluation		11/05/2010

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:

.....

.....

.....

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

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

Name: ……

Post: ……

Organisation:..…… ……

Date: ……

Signature: ……

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

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2009: Table of Contents

This APR reports on activities between January - December 2009 and specifies requests for the period January - December 2011

List of Tables in 2009 APR

APR Section	Table N°	Where-about	Title
1.1	Table 1	Annex 1	Updated Baseline and Annual Targets
1.4	Table 2	APR form	Overall Expenditure and Financing for Immunisation in US$.
2.5	Table 3	Annex 1	Calculation of ISS reward
3.1	Table 4	APR form	Vaccines received for 2009 vaccinations
3.3	Table 5	APR form	Four questions on country co-financing in 2009
3.7	Table 6	Annex 1	Request for vaccines for 2011
4.1	Table 7	APR form	Received Injection Safety Material in 2009
4.2	Table 8	APR form	Funding sources of Injection Safety material in 2009
4.3	Table 9	APR form	Expenditure for 2009 activities (for INS in cash)
4.3	Table 10	APR form	Planned activities and budget for 2010
5.2	Table 11	APR form	Receipt and expenditure of HSS funds
5.3	Table 12	APR form	HSS Activities in 2009 Which are the Subject of the Report
5.4.3	Table 13	APR form	Planned HSS activities for 2010
5.4.3	Table 14	APR form	Planned HSS Activities for next year (ie. 2011 FY)
5.8	Table 15	APR form	Indicators listed in original application approved
5.8	Table 16	APR form	Trend of values achieved
5.9	Table 17	APR form	Sources of HSS funds in a pooled mechanism
6.2.1	Table 18	APR form	Outcomes of CSOs activities
6.2.1	Table 19	APR form	Planned activities and expected outcomes for 2010/2011
6.2.5	Table 20	APR form	Progress of CSOs project implementation
7.	Table 21	APR form	Checklist of a completed APR form

List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
1	Calculation of [Country's] ISS-NVS support for 2011 (Annex 1)	1.1 ; 2.4 ; 3.7
2	Minutes of all the ICC meetings held in 2009	1.5
3	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
4	External auditor report of the ISS funds during the most recent fiscal period (if available).	2.3
5	Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year	3.2.3
6	Report of the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)	3.4
N/A	Minutes of the ICC meeting endorsing the change of vaccine presentation (if not included among the above listed minutes)	3.5
7	New cMYP for the years 2007-2011	3.6
8	Minutes of the ICC meeting endorsing the country's request for extension of new vaccine support for the years..... (if not included among the above listed minutes)	3.6
9	Minutes of the HSCC/Steering Committee meetings held in 2009 including those during which this report was examined/endorsed	5.1.8
N/A	Latest Health Sector Review Report	5.1.8
10	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
11	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
N/A	CSO mapping report	6.1.1
N/A	Financial statement for the use of CSO 'Type B' funds in the 2009 calendar year	6.2.4
N/A	External audit report for CSO 'Type B' funds during the most recent fiscal year (if available)	6.2.4

1. N/A: document not available

1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2009. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

Provide justification for any changes in births: ***No change***

Provide justification for any changes in surviving infants: ***No change***

Provide justification for any changes in ***objectives by vaccine****:* ***No change for the antigens except for the anti-tetanus vaccine (TT); this is explained by the fact that since the preparation of the cMYP, the vaccination coverage for TT has remained below 50%. This situation lead us to reconsider our 2009objective.***

Provide justification for any changes in Wastage by vaccine: ***No change***

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

The objectives pursued were to routinely vaccinate children aged from 0 to 11 months against nine target diseases at minimum rates of 92% for BCG, 80% for DTP-HepB-HiB3, measles and yellow fever, and 50% of pregnant women against tetanus. The results obtained are 95% for BCG, 81% for DTP-HepB-HiB3, 67% for measles, 24% for yellow fever and 44% for TT2. The objectives achieved are those related to BCG and DTP-HepB-HiB3.
The drop-our rate at 15% and the loss rate remain high (BCG: 24%, DTP-HepB-HiB:12%, OPV:11%, measles:26%, yellow fever:20% and tetanus: 9%)
Main Activities Performed

- Support 83 healthcare districts in implementing the Reach Every District approach (microplanning, strengthen fixed, forward and mobile strategy vaccination activities, monitoring, supervision and connection with the community through community health workers)
- Organization of the third pass of supplemental vaccination activities against tetanus in 83 healthcare districts

- Organization of two passes of NID for polio with administration of Vitamin A and anti-parasite medication in the 83 healthcare districts.
- Organization of 5 passes of NID for polio in the 83 healthcare districts.
- Organize two meetings for monitoring EVP activities with the Regional Health Directors (RHD) and the Departmental Health Directors (DHD).
- Organize four monitoring data harmonization meetings.
- Organize three monitoring meetings of the National Certification Board and National Polio Experts Board (CNC/CNEP).
- Strengthen monitoring (Equip the healthcare districts and national laboratory with collection supplies and subsidize fuel for healthcare districts)
- Organize a workshop on vaccine supply and management
- Training participants at central level, Epidemiology Monitoring Managers (CSE) and EVP Coordinators (CPEV) on the use of the "District Vaccine Data Management Tools" (DVDMT) tool.
- Equip 45 health centers with motorcycles for the forward strategy
- Cold Chain maintenance
- Production and distribution of three issues of the "EVP Echoes" newsletter
- Subsidize EVP management tools for the healthcare centers and healthcare districts.
- Organize seven meetings of the Limited Topic Group (LTG) and the IACC
- Mobilization of national resources for the internal budgetary conferences
- Preparation of an integrated EVP+ (EVP, Vitamin A and de-worming) supervision guide and training of 25 central supervisors
- Organization of a training module revision workshop and training of a pool of trainers
- Strengthening of the EVP and partnership participants skills (intercountry MLM course, meeting of the GAVI partners in Hanoi, regional workshop on vaccine management and vaccination security at Dakar, workshop on updating and adopting monitoring mechanisms from the cMYP for Francophone countries, and review workshop by the cMYP pairs at Bassam)

Obstacles Encountered in 2009

- Extended out of stock of vaccine (yellow fever: 10 months, BCG: 4 months)
- Aging of the vehicles and cold chain

Constraints

- The large number of campaigns to respond to epidemics (polio, yellow fever)

Actions taken to relieve the obstacles encountered in 2009

- Plead for the emergency purchase of vaccines from partners
- Preparation and implementation of a routine EVP strengthening plan
- Subsidize motorcycles for 45 healthcare centers for forward strategies
- Subsidize Cold Chain equipment for the health centers and districts
- Preparation of the development a Cold Chain and vehicle renewal and maintenance plan

If targets were not reached, please comment on reasons for not reaching the targets:

- Extended out-of-stock of some antigens (yellow fever)
- Too few vehicles to implement the forward and mobile strategies

1.3 *Data assessments*

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those

measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different[1]).

There is no difference between the administrative data and the WHO/UNICEF estimates.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present?
[**YES** / ~~NO~~]. If YES:

Please describe the assessment(s) and when they took place.

- An evaluation of the national healthcare information system took place in February 2009 with the HMN (Healthcare Measurement Network) tool. Objective is to grow the availability, accessibility, quality and use of vital healthcare information for decision making at all levels. It is done by participation and deals with various aspects of the national healthcare information system: resources, indicators, data sources, data management, information products, and broadcast and use of data.
- An evaluation of the national healthcare information system was done in May 2008 with the PRISM tool and the technical support of MEASURE Evaluation.
- A data quality audit mission in 32 districts and 12 healthcare regions was done in 2009 with the RDQA (Routine Data Quality Audit) tool
- An evaluation of the national database functionality was done in 2008

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- Organization each year of a population data validation meeting with all the stakeholders.
- Set up a working group for harmonization of the population data and their distribution to all the stakeholders
- Establish a Health Care Information System Technical Support Cell (CATSIS) in order to provide ongoing assistance to data managers at all levels of the healthcare pyramid
- Strengthen the monitoring data harmonization process through the organization of quarterly meetings combining the DCPEV, INHP, IPCI, and DIPE
- Development of a 2010-2014 national strategic plan for the national health care information system
- Development of directives for the use of computer equipment housing databases
- Preparation of a manual and also standards and procedures for strengthening the capacity of the departments in charge of the data management

1.3.4 Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Implement the vaccination data management tool (DVD MT) in 83 healthcare districts
- Implement PDA (Personal Digital Assistant) pocket computers for the collection of data during supervision to better manage the health programs in 7 healthcare districts
- An internal data quality audit (DQS) is planed for the year 2010.

1.4 *Overall Expenditure and Financing for Immunisation*

[1] Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$.

Expenditures by Category	**Expenditure Year 2009**	**Budgeted Year 2010**	**Budgeted Year 2011**
Traditional vaccines[2]	969,688	3,921,399	746,390
New Vaccines	6,087,548	8,680,362	5,525,306
Injection supplies with AD syringes	527,402	1,672,707	378,318
Injection supply with syringes other than ADs	421,866	519,876	209,275
Cold Chain equipment	228,230	525,873	257,310
Operational costs	13,860,417	3,874,881	5,584,730
Other (mOPV for polio NID)	5,631,908	2,036,054	0
Other (TT additional anti-tetanus vaccination activities)	437,354	161,567	
Other (YF additional anti-Yellow Fever vaccination activities)		17,380,000	
Total EPV	**28,164,414**	**38,772 719**	**12,701,329**
Total Government Health Expenditure			

Exchange rate used	1USD = 487.376 F CFA

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Explain in detail the reasons for the trends reported and describe the perspectives for financial viability for the vaccination program during the next three years; indicate whether the funding gaps manageable, challenging, or 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.

Le total des dépenses réelles (**28 164 414 $US**) est supérieur aux dépenses prévues (**19 131 870 $US**) pour l'année 2009. Cela s'explique par le fait que 7 passages de vaccination contre la poliomyélite ont été réalisés sans que cela ait été prévu bien avant. De même, un don en matériel de chaîne du froid et en vaccins a été reçu de la part de la coopération Japonaise. Cependant, lorsqu'on compare les dépenses réelles concernant le poste vaccins traditionnels par rapport aux prévisions, nous sommes bien en deçà compte tenu des difficultés de trésorerie que connaît l'Etat.

Les stratégies de viabilité financière proposées sont :

- Renforcement de la contribution du gouvernement dans le PEV
- Sécurisation du « financement probable » en faveur du programme
- Mobilisation des ressources additionnelles en faveur du programme
- Amélioration de la gestion du programme

1

H
P
ir

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4:

Concerns:

- High proportion of unvaccinated children
- Insufficient equipment for the cold chain and transportation
- Payment difficult for the country's share for the co-financing of the DTP-HepB-HiB vaccine
- Insufficient working public structures for the destruction of sharp waste resulting from routine vaccination and supplemental vaccination activities

[2] Traditional vaccines BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

- Out-of-stock of routine antigens at all levels of the healthcare pyramid

Recommendations:

- Preparation of a routine EVP strengthening plan (vaccination intensification week and Reach Every District Approach including planning, monitoring community relations and formative supervision
- Development of a renewal and maintenance plan for the cold chain and vehicles
- Entry of a line in the Government General Budget for payment of the share for co-financing of the DTP-HepB-HiB vaccine
- Construction of incinerators
- Pleading with the Economy and Finance Minister for payment of the vaccine suppliers

Are any Civil Society Organisations members of the ICC? **[YES]** If yes, which ones?

List of CSO members of the ICC: Rotary International

1.6 *Priority Actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

Objectives 2010

BCG: 95%, DTP-HepB-HiB3: 90%, OPV3: 90%, YF/Measles: 87%. TT2+: 85%

Objectives 2011

BCG: 95%, DTP-HepB-HiB3: 90%, OPV3: 90%, YF/Measles: 90%. TT2+: 90%

EVP Priority Activities for 2010-2011:

- Continuously provide sufficient quantity and quality financial inputs for vaccination (vaccines and inject supplies)
- Organize an outside review of the EVP
- Make available to the healthcare districts the means necessary for the forward and mobile vaccination strategy activities
- Monitor the vaccination activities at all levels (district, regional and central level supervision, regional and central assessment meeting
- Strengthen monitoring of the AEFI
- Equip the healthcare districts with computer equipment in order for better vaccination performance monitoring using the DVD-MT tool
- Improve the quality of vaccine management
- Perform maintenance and repair of the cold chain equipment
- Subsidize the vaccination services cold chain and transportation equipment
- Build a modern incinerator for proper disposal of sharp waste according to the national waste management plan
- Resume the active search by the Epidemiological Monitoring Center for cases of disease
- Organize periodic meetings of the monitoring participants for sharing and exchanges
- Organize support and monitoring assignments in conjunction with epidemiological monitoring
- Strengthen the partnership supporting vaccinations
- Broadcast messages about EVP+ services on radio and television
- At the district level, organize community support for vaccination
- Assure a wide distribution of information about the EVP to the people and deciders
- Produce articles for communication
- Drive additional vaccination activities against polio, yellow fever and tetanus
- Organize workshops for documents supporting GAVI
- Organizer the update of EVP vaccination policy and directives

2. Immunisation Services Support (ISS)

2.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: **473,420,219** F CFA or $US **971,365**
Remaining funds (carried over) from 2008: **568,742,149** F CFA or $US **1,142,351**
Balance carried over to 2010: **652,083,510** F CFA or $US **1,337,948**

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

- Restart forward and mobile strategy vaccination activities including connection with the community through community health workers
- Organize district and regional supervision activities
- Organize two vaccination activity tracking meetings with the operation participants (HDD, RHD)
- Update EVP management training modules
- Training of EVP management trainers
- Equip 11 new healthcare districts with fax and computer equipment
- Produce and distribute routine EVP management tools
- Support health centers with all-terrain motorcycles for forward strategies

2.2 *Management of ISS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[** IF ~~YES~~]: please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

Not applicable

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (business or government account); budget approval process; way funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the global role of ICC in the process.

The GAVI funds are deposited at the Public Treasury bank which is an Ivory Coast Government bank.

Management Mechanism for GAVI Funds
First Step: The DCPEC prepares the annual cash-flow plan for expenditures and submits it for the endorsement of the Inter-Agency Coordinating Committee (IACC).
Second Step: The IACC analyses and confirms the cash-flow plan.
Third Step: The DCPEC issues payment orders for executing the scheduled activities and they are sent to the Financial Affairs Director at the Ministry of Public Health and Hygiene
Fourth Step: The Financial Affairs Director at the Ministry of Public Health and Hygiene orders the various expenditures and submits them to the financial controller for said Ministry.
Fifth Step: The Financial Affairs Director at the Ministry of Public Health and Hygiene sends the check to the accounting manager at the Ministry of Economy and Finance for Payment.

Note that in the circuit of the GAVI fund expenditures, as recommended by the IACC, the checks issued on the funds must have the co-signature of a representative of the development partners, in this case the WHO and the accounting manager designated for this purpose by the Ministry of Economy and Finances.

Arrangements on the periphery: the steward of the public treasury in each district is committed to the management of the funds in collaboration with the Departmental Health Director. The Department Head for Resource Mobilization and Management for the District receives the check for financing the quarterly expenditure program and endorses if for the account opened for that purpose.

He keeps the Head-Physician for the District and the Regional Director formally informed through the Head of the Administrative and Financial Management Department of the Regional Direction.

The Chief Physician for the District approves the expenditure prepared by the Head of the Resource Mobilization and Management Department. He orders the expenditure and co-signs the check already signed by the Head of the Resource Mobilization and Management Department.

Each month, the Head of the Resource Mobilization and Management Department for the district sends the report of his activities to the regional Head of the Administrative and Financial Management Department for his jurisdiction.

However difficulties are cropping up in the implementation of this funds management mechanism in the periphery (insufficient departmental cash flow and heads of the Resource Mobilization and Management Department for the District in some zones of the country). Consideration is being given to revising this management of this mechanism.

2.3 *Detailed expenditure of ISS funds during 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N° 3**). *(The instructions for this financial statement are attached in Annex 2).* Financial reports shall be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (**Document N° 4**).

2.4 *Request for ISS reward*

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with three doses of DTP-HepB-HiB is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP-HepB-HiB (appearing in the attached report) is in line with the WHO/UNICEF coverage estimate for the same year.

If you can claim an award form ISS based on 2009 DTP3 immunisation programme results, estimate the US$ amount by filling Table 3 in Annex 1[3].

[3] The IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

3. New and Under-used Vaccines Support (NVS)

3.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		**[B]**
Vaccine Type	**Total doses for 2009 in the decision letter**	**Date of the decision letter**	**Total doses which had been received in 2009**
DTP-HepB-HiB	**1,825,800**	**December 18, 2007**	**1,825,800**

** Please also include any deliveries from the previous year received against this DL*

If numbers [A] and [B] are different,

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain?, etc.)*	• Not applicable
What measures have you taken to improve the vaccine management, for example adjust the shipping plan for the vaccines? (in the country and with the Division for the supply of UNICEF)	• Not applicable

3.2 *Introduction of a New Vaccine in 2009*

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	Pentavalent (DTP-HepB-HiB)
Phased introduction [~~YES~~ / **NO**]	Date of introduction: **Not applicable**
Nationwide introduction [**YES** / ~~NO~~]	March 2009
The time and scale of introduction was as planned in the proposal? If not, why?	No, the introduction of pentavalent vaccine planned for June 2008 was done in March 2009 because of the existence of stocks of DTP-HepB vaccine.

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received:	$ US 188,500	Receipt date: March 31, 2009

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

- The EVP management training modules have been revised
- The EVP management national trainers have been trained
- The updated EVP management tools have been distributed to all the healthcare districts
- The EVP service providers at all levels of the healthcare pyramid including the communication focal points have been trained.

Please describe any problems encountered in the implementation of the planned activities:

Not applicable

Is there a balance of the introduction grant that will be carried forward? [~~YES!~~] [**NO**]
If YES, how much? $US.....**Not applicable**

Please describe the activities that will be undertaken with the balance of funds:

Not applicable

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial report for calendar year 2009 for the disbursements from the new vaccine introduction allocation (**document num. 5**). *(The instructions for this financial statement are attached in Annex 2).* Financial reports shall be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 *Report on country co-financing in 2009 (if applicable)*

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st vaccine allocated (HiB)	July 2009	March 30, 2010	December 2010
2nd vaccine allocated (specify)			
3rd vaccine allocated (specify)			

Q. 2: Actual amount of your share and co financed doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st vaccine allocated (HiB)	188,500	50,400
2nd vaccine allocated (specify)		
3rd vaccine allocated (specify)		

Q. 3: Sources of funding for co-financing?

1. Ivory Coast government

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?

1. The signature process for the convention was long
2. The process for establish a budget line item for purchasing at the Copenhagen central purchasing slowed the procedures for making the funds available
3. The government cash flow difficulties have delayed making funds available

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy for Co-Financing:
http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf.

- Not applicable

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy]

The last vaccine management assessment (VMA) was conducted December 10 to 22, 2007 and that of the Effective Vaccine Store Management (EVSM) was conducted December 6 to 9, 2005.

If conducted in 2008/2009, please attach the report: **Not applicable**
An VMA/EVSM report must be attached from those countries which have introduced a New or Underused Vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? **Not applicable**

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

Not applicable

When is the next EVSM/VMA* planned? ***March 2010***

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 *Change of vaccine presentation*

If in 2011 you prefer to receive a vaccine presentation which is difference from that which is currently provided to you (for example, number of doses per vial, form (liquid or freeze-dried), etc.), please give the properties of the vaccine and attach the minutes of the ICC meeting which recommended the change of the vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Not applicable

Please attach the minutes of the ICC meeting (Document N°**.....)** that endorsed the requested change.

3.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010*

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI. This support will begin in 2011 for the duration of a new Comprehensive Multi-Year Plan (cMYP)

For now, the country requests an extension of GAVI support for the DTP-HepB-HiB vaccine for 2007-2011. At the same time, it agrees to co-finance the purchase of DTP-HepB-HiB vaccine in compliance with the minimum levels set by GAVI for the shares which appear in Appendix 1

The multi-year extension of support for the DTP-HepB-HiB vaccine corresponds the new cMYP for the years 2007-2011 [*first and last years*] which is attached to this annual situation report (**document num. 7**).

The country ICC approved this request for extension of the DTP-HepB-HiB vaccine support during the meeting whose minutes are attached to this report (**document num. 8**).

3.7 *Request for continued support for vaccines for 2011 vaccination programme*

In order to request new or under-used vaccine support (NVS) for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines for which you request GAVI support in 2011 (e.g. Table4.1 HepB & Hib; table 4.2 Yellow Fever, etc.)
3. Fill in the specifications of the requested vaccines in the first table at the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for Yellow Fever Vaccine, etc).
4. Verify the support which will be provided by GAVI and the co-financing that will be paid by the country. These amounts are automatically calculated in the two tables (e.g. Table 4.1.2 and 4.1.3 for Hep &HiB; Tables 4.2.2 and 4.2.3 for Yellow Fever vaccine, etc.)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

Yes, I confirm.

If you don't confirm, please explain why:

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 *Receipt of injection safety support in 2009 (for relevant countries)*

Are you receiving Injection Safety support in cash [YES/NO] or supplies [YES/NO] ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
AD (auto-disable) syringes for BCG, 0.05 mL	330,400	June 30, 2009
Dilution syringes, 2 cc	66,200	June 30, 2009
Dilution syringes, 5 cc	187,000	June 30, 2009
AD syringes, 0.5 mL	1,056,200	June 30, 2009
Sharps Box	7,475	June 30, 2009

Please report on any problems encountered:

There haven't been any problems.

4.2 *Progress of transition plan for safe injections and management of sharps waste.*

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.
All countries use auto-disable syringes and sharps boxes for the services.
If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	Not applicable	Not applicable
Measles	Not applicable	Not applicable
Tetanus Toxoid	Not applicable	Not applicable
DTP-containing vaccine	Not applicable	Not applicable

Please report how sharps waste is being disposed of:

- The sharp wastes from systematic vaccination are disposed of by incineration (De Montfort type incinerators) and by burning (in pits).

- The sharp wastes from campaigns are eliminated exclusively by high-temperature incineration (industrial unit boilers).

Does the country have an injection safety policy/plan? [**YES**/~~NO~~]
If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

The problems encountered are:

- Observed insufficiencies of the De Montfort type incinerators have lead to the review of the choice of high-capacity incinerators for which the planned budget was insufficient.

4.3 *Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)*

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Fund from GAVI received in 2009 (US$): **Not applicable**
Amount spent in 2009 (US$): **Not applicable**
Balance carried over to 2010 (US$): **Not applicable**

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Not applicable	Not applicable
Total	Not applicable

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Not applicable	Not applicable
Total	Not applicable

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. **This section only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year.** For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
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 (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

As was noted by the Independent Review Committee in its previous work, by the mid-term 2009 evaluation of the HSS and by the HSS monitoring study[4], the monitoring of HSS investments is one of the weakest links of this means of support.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

[4] All these documents are available at http://www.gavialliance.org/performance/evaluation/index.php.

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from January to December.
5.1.2 This GAVI HSS report covers the calendar year from April 2009 to April 2010.
5.1.3 The term of the national health plan extends from January 2009 (month/year) to December 2013 (month/year).
5.1.4 The term of the current cMYP for immunization extends from January 2007 (month/year) to December 2011 (month/year)

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

Dr. Valerie Kouassi-Gohou, Director of Information, Planning and Evaluation (DIPE)

[It is important for the IRC to understand 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 the 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 Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.']*

This report was prepared by the Information, Planning and Evaluation Division of the Ministry of Public Health and Hygiene. It was subsequently presented to the technical committee which examined it March 30, 2010 and confirmed it during its review April 21 to 22, 2010.
This report was approved by the steering committee during its meeting May 11, 2010
The minutes of this review are attached to this report.

Name	Organization	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
Dr. Valérie KOUASSI-GOHOU	Ministry of Public Health and Hygiene	Coordination	00 (225) 20 32 33 17 dipemshp@yahoo.fr
Focal point for any accounting or financial management clarifications:			
Ms. Yéanou Viviane DEZAÏ	Ministry of the Economy and Finance	Participation in the preparation of the report	Tel. 00 (225) 20 25 67 32 dezai_viviane@yahoo.fr
Other partners and contacts who took part in putting this report together:			
Dr. Théodore Yao	WHO	Participation in the preparation of the report	00 (225) 07 88 14 57 yaot@ci.afro.who.int
Dr. Epa KOUAKOU	UNICEF	Participation in the preparation of the report	00(225) 05 96 88 33 ekouakou@unicef.org
Fofana ADAMA	CGECI	Participation in the preparation of the report	00 (225) 20 22 50 15 fofana@cgeci.org
Annick MADY	ASAPSU	Participation in the preparation of the report	00 (225) 22 47 50 54 asapsu@aviso.ci

5.1.6 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. Have background questions been raised as to the accuracy or validity of the

information (in particular the financial data and values of the indicators). If yes, how have they been handled 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 for the Ivory Coast
- meeting reports of the administrative offices with the implementation structures
- meeting reports of the technical and steering committees
- activity reports
- financial report
- financial audit reports
- the list of healthcare institutions

5.1.7 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Administrative Offices or with the IRC in order to make future report preparation easier? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Difficulties:
No specific difficulty was noted.

5.1.8 Health Sector Coordinating Committee (HSCC)/Steering Committee

How many HSSC/Steering Committee meetings were held in 2009: Two (2) meetings
Please attach the minutes (document number 9) from all the HSCC/Steering Committee meetings held in 2009, including the meeting which examined/approved this report.
Latest Health Sector Review report is also attached (**Document N°…..)**

5.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal) USD		1,790,000	1,783,000	1,764,500	1,794,000	1,556,000			
Revised annual budgets (if revised during review of previous Annual Progress) USD		1,790,000	1,783,000	1,764,500	1,794,000	1,556,000			
Total funds received from GAVI during the calendar year (USD)		1,790,000							
Total expenditure during the calendar year (USD)		1,437,859 (on April 30, 2010)							
Balance carried forward to next calendar year (USD)		352,141 (on April 30, 2010)							
Amount of funding requested for future calendar years (USD)		1,790,000	1,783,000	1,764,500	1,794,000	1,556,000			

Note: exchange rate 1 USD= 453.25 FCFA

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

Delayed availability of funds, which occurred in the fourth quarter of 2008, required a reworking of the timeline of activities. The activities initially planned for 2008 were delayed to 2009 with the approval of the controlling committees. The steering committee meeting which approved the implementation plan for the first year activities was held February 26, 2009.

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to precisely describe the extent of the progress. Therefore for each activity line please assign a percentage completion between 0 and 100%. Use the right hand side of the table to provide an explanation about progress achieved 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS Activities in 2009 Which are the Subject of the Report

Major Activities	Planned Activity for 2009	Completion Rate of the 2009 Activities	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1: Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional divisions and the healthcare division management teams 2008 to 2012			
Activity 1.1:	Support for the participation of two middle managers from Ministry of Public Health and Hygiene in the international meetings/conference/study trips on the strengthening of the health system	100%	The content of the activity was specified during the steering committee meeting on February 26, 2009 “training 10 middle managers from the Ministry of Public Health and Hygiene on results based management (RBM)” conforming to the priority items from the National Healthcare Development plan covering the period from 2009-2013.
Activity 1.2:	Update MPA manual for the ESPC	100%	
Activity 1.3:	Copying of the MPA manuals	15%	The proforma invoices are available. The actual copying of the manuals was rescheduled for 2010.
Activity 1.8:	Support from the HRD for the preparation of standards documents and management tools for healthcare human resources	100%	
Activity 1.10 :	Training of 12 Regional Directors, 32 Departmental Directors and 6 central middle managers in the preparation of district and regional operational action plans	100%	
Activity 1.11 :	Organization of annual operation plan preparation workshops for 32 districts and 12 healthcare regions	100%	
Activity 1.12 :	Support for quarterly monitoring in the 32 districts	100%	
Activity 1.13:	Support for twice yearly monitoring of operational plans in 12 healthcare regions	100%	
Activity 1.14.	Organization by the technical committee of twice-yearly project tracking workshops	100%	
Activity 1.15:	Organization by central level of twice yearly supervisory missions to the healthcare regions	100%	
Activity 1.16 :	Organization by regional level of quarterly supervisory missions to the healthcare regions	100%	

Activity 1.17:	Organization by the district middle management team of twice monthly supervisory missions to the healthcare institutions	100%	
Activity 1.18.	Training on supervision of six national managers (central level), 12 Regional Directors and 32 Departmental Directors	100%	
Activity 1.19.	Organization of the annual review by the steering committee of the activities	100%	
Activity 1.20.	Support the coordination and operation for tracking the implementation of the activities (central, regional and district committee	100%	
Objective 2:	**Revitalize 50% of the district healthcare institutions (ESPC, HG) from 2008 to 2012 to offer quality services especially benefiting mothers and children**		
Activity 2.1:	Organization of an inventory of the healthcare structures of 32 healthcare districts (data collection)	100%	32 healthcare districts have been visited The report from this activity made it possible to better orient the implementation.
Activity 2.3:	Rehabilitate and equip with office furniture: 12 Regional Management Offices, 32 Departmental Management Offices, 8 regional medical centers, 24 general hospitals and 326 ESPC	100%	6 ESPC and one departmental management office in an advanced state of disrepair were rehabilitated and equipped in conformance with the first year plan
Activity 2.5:	Subsidize 4x4 vehicles for supervision for 7 healthcare districts, 5 Regional Management Offices and 3 central departments: Acquisition of 2 vehicles the first year for 2 central departments	100%	
Activity 2.6:	Subsidize one mobile unit for implementing mobile strategy activities for one healthcare district	25%	During the review, the technical committee proposed the purchase of a 4x4 vehicle for supervision instead of a mobile unit in 2010
Activity 2.7.	Subside 25 ESPC motorcycles for properly conducting forward strategy activities	100%	
Activity 2.8:	Support for forward and mobile strategies	50%	Half of the resources were made available to the healthcare districts for 6 months of activity in addition to the funds allocated for the Support of the Vaccination Services The other half was rescheduled for 2010.
Activity 2.9:	Training on community mobilization of 400 health workers in 32 healthcare districts	0%	Activity rescheduled for 2010
Objective 3:	**Improve the Health Car Information Management at all Levels of the Healthcare Pyramid**		
Activity 3.1:	Subsidize computer equipment and supplies for 32 districts, 12 Regional Divisions and 6 central	100%	

	departments		
Activity 3.2:	Subsidize data collection media for 12 regional divisions, 32 districts and 652 ESPC	100%	
Activity 3.3:	Support computer equipment maintenance in 6 central departments, 12 regional Divisions and 32 districts	100%	.
Activity 3.5:	Support monitoring activities of the committee fighting epidemics	100%	
Activity 3.6:	Evaluation of the response to epidemics	100 %	
Activity 3.7:	Support for data quality evaluation in the districts	100%	.
Activity 3.8:	Support the production of the annual healthcare statistics directory	100 %	
Activity 3.9:	Organization of quarterly meetings with the districts and regions for reconciliation of monitoring data.	100%	A meeting in two sessions with the affected districts and regions covered all the data for the year
Activity 3.10:	Support integration in the healthcare information system of data from the semi-public healthcare sector and tertiary level of the public sector	80 %	The indicators have been identified and the tools prepared for all the stakeholders. The pilot test phase of the tools in the selected sites and the training of the participants in filling out the tools are delayed into 2010.

5.4 *Support functions*

This section on support functions (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with 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 effectiveness of HSS funding?

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The annual action plan is confirmed by the steering committee. The HSS-GAVI funds allocated to the financing of the activities are managed by the advance steward named by the Ministry of the Economy and Finance. The disbursement by the steward is done after obtaining the signature of the confirmed payment order by the credit administrator, the requester and the WHO representative. Making funds available to the DRS and DDS is done in this case by the steward. The DRS and DDS travel to the authority for taking possession of the funds. Also, the opportunities for DRS and DDS gatherings are used to make the funds available to them.

5.4.2 Monitoring and Evaluation

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

The monitoring-evaluation of the Ivory Coast health system is done at each level of the healthcare pyramid. In conjunction with strengthening the health system with the GAVI funds, the monitoring-evaluation was done in conjunction with the coordination called for in the proposal (Steering Committee, Technical Committee and also the healthcare regions and districts). During the first year of implementation, the Steering Committee held three meetings, the Technical Committee held eight meetings, and there were 88 meetings at the decentralized leave at a rate of two meetings per healthcare region and district.

To support the activities and make it possible to have the information necessary to execute, track and evaluate the project some actions were taken, it involves:

- Subsidize data collection media for the healthcare structures (ESPC, HG, and healthcare districts and regions).
- Make the computer tools necessary for the data management available to the healthcare districts and regions and centrally
- Organization by the technical committee of twice yearly project monitoring workshops and an annual review by the steering committee during which all the project implementation related problems are discussed.
- An inquiry (inventory) was conducted at the start of implementing the activities. This inquiry helped to generate information which was unavailable (information about infrastructure and equipment in the targeted healthcare structures).
- Data quality evaluation in the healthcare districts.
- Monitoring data harmonization meetings with the healthcare districts.

Further, the following will be done during the following year.

- Training the ECD and care giving staff on the directives and application of the AMP to the ESPC and hospitals.
- Strengthening of the capabilities of the data management managers from the Regional Divisions and Healthcare Districts targeted for use and mastery of the computer data management applications (SIGVISION, Excel etc.)
- Financial audits at all levels of the healthcare pyramid.

- District level quarterly management meetings with the participation of the central level.

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

The Ministry of Public Health and Hygiene benefits from the technical assistance of the WHO and UNICEF country teams in the implementation of the activities.

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

Table 13: Planned HSS activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) in CFA francs	Revised 2010 budget (proposed) in CFA francs	2010 actual expenditure as of 30 April 2010 in CFA francs	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	**Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional health divisions and the middle management teams from 32 healthcare districts**				
Activity 1.1:	Support for the participation of two middle managers from Ministry of Public Health and Hygiene in the international meetings/conference/study trips on the strengthening of the health system Training of 10 middle managers from the Ministry of Public Health and hygiene in Results Based Management (RBM)	6,933,333	6,933,333	0	The content of the activity was specified during the February 26, 2009 steering committee meeting which approved the participation of two middle managers from the Ministry of Public Health and Hygiene at international meetings/conferences/study trips on the strengthening of the health system with half of the busget The other half of the budget will be dedicated to the “training of 10 middle managers from the Ministry of Public Health and Hygiene results based management (RBM)” conforming to the priority items from the National Healthcare Development plan covering the period from 2009-2013.
Activity 1.3:	Copying of the MPA manuals	33,000,000	33,000,000	0	
Activity 1.4:	Training of 160 district middle management	26,928,000	26,928,000	0	

	team members from 32 healthcare districts on the directives and application of the AMP to the ESPC and hospitals.				
Activity 1.6:	Training 144 people to use the healthcare activity training and evaluation tools: Central departments (6x4), Regional Divisions (12x2), district middle management teams (32x3)	20,000,000	20,000,000	0	
Activity 1.7:	Training of 12 Regional and 32 Departmental Health Directors on healthcare human resource management and 6 central department middle managers	16,830,000	16,830,000	0	
Activity 1.11:	Organization of annual operation plan preparation workshops for 32 districts and 12 healthcare regions	44,532,000	44,532,000	0	
Activity 1.12:	Support for quarterly monitoring in the 32 districts	49,920,000	49,920,000	0	
Activity 1.13:	Support for quarterly monitoring of operational plans in 12 healthcare regions	22,020,000	22,020,000	0	

Activity 1.14:	Organization by the technical committee of twice-yearly project tracking and management workshops	4,392,000	4,392,000	0	
Activity 1.15:	Organization by central level of twice yearly supervisory missions to the healthcare regions	7,000,000	7,000,000	0	
Activity 1.16:	Organization by regional level of quarterly supervisory missions to the healthcare districts	5,248,000	5,248,000	0	
Activity 1.17:	Organization by the district middle management team of twice monthly supervisory missions to the healthcare institutions	39,240,000	39,240,000	0	
Activity 1.19:	Organization of the annual review by the steering committee of the activities	13,045,000	5,000,000	0	The budget was revised downward in consideration of the amount received, which is less than the amount requested. The review will be organized on a shorter term on the basis of the preparatory work organized by the technical committee.
Activity 1.20:	Support the coordination and operation for tracking the implementation of the activities (central, regional and district committee	20,000,000	20,000,000	0	

Activity 1.21:	Organization of annual internal audits by the DAF and management audit department from the Ministry of Public Health and Hygiene	5,625,000	5,625,000	0	
Objective 2:	**Revitalize 50% of the district healthcare institutions (ESPC, HG) to offer quality services especially benefiting mothers and children**				
Activity 2.3:	Rehabilitate and equip with office furniture: 12 Regional Management Offices, 32 Departmental Management Offices, 8 regional medical centers, 24 general hospitals and 326 ESPC	278,500,000	34,827,893	0	The budget was revised downward in consideration of the amount received, which is less than the amount requested. This amount will allow acquisition of office furniture equipment.
Activity 2.4:	Support the INHP by acquiring refrigerated trucks	20,000,000	20,000,000	0	
Activity 2.5:	Subsidize 4x4 vehicles for supervision (four vehicles for the second year) for 7 new healthcare districts, 5 Regional Management Offices and 3 central departments	100,000,000	82,000,000	0	The budget was revised downward in consideration of the amount received, which is less than the amount requested.
Activity 2.7.	Subsidize 25 ESPC motorcycles for properly conducting forward strategy activities	50,000,000	43,344,543	0	The budget was revised downward in consideration of the amount received, which is less than the amount requested.
Activity 2.8:	Support for forward	50,000,000	50,000,000	0	

	and mobile strategies				
Activity 2.10:	Training on community mobilization of 2,667 community health workers in 32 healthcare districts	20,000,000	20,000,000	0	
Activity 2.12:	organize an annual day of excellence to recognize the 5 best DDS and 5 best ESPC	7,500,000	7,500,000	0	
Objective 3:	**Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)**				
Activity 3.2:	Subsidize data collection media for 12 regional divisions, 32 districts and 652 ESPC	44,990,000	44,990,000	0	
Activity 3.3:	Support computer equipment maintenance in 3 central departments, 12 regional Divisions and 32 districts	25,000,000	25,000,000	0	
Activity 3.4:	Strengthen the data management capabilities for use and control of the data	32,812,000	32,812,000	0	
Activity 3.5:	Support monitoring activities of the committee fighting epidemics	13,400,000	8,000,000	0	The budget was revised downward in order to strengthen the evaluation of responses to epidemics
Activity 3.6:	Evaluation of the responses to epidemics	400,000	5,800,000	0	The budget for this activity was increased to enable evaluation of the responses in case of epidemics in the healthcare districts for a better orientation of the actions of the departmental committees in the fight against epidemics

Activity 3.7:	Support for data quality evaluation in the districts	10,000,000	10,000,000	0	
Activity 3.8:	Support the production of the annual healthcare statistics directory	20,000,000	20,000,000	0	
Activity 3.9:	Organization of quarterly meetings with the districts and regions for reconciliation of monitoring data.	15,210,000	15,210,000	0	
Activity 3.10:	Support the integration in the healthcare information system of private healthcare subsystem data	35,370,000	35,370,000	0	
TOTAL COSTS			**761,522,769**	0	

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI to plan its financial commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	**Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional health divisions and the healthcare district middle management teams from 2008 to 2010**			
Activity 1.1:	Support for the participation of four middle managers from Ministry of Public Health and Hygiene in the international meetings/conference/study trips on the strengthening of the health system	6,933,333	6,933,333	No difference between the initial budget and the 2011 proposed budget

Activity 1.4:	Training of 80 district middle management team members from 32 healthcare districts on the directives and application of the AMP to the ESPC and hospitals.	26,928,000	26,928,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.6:	Training 72 people to use the healthcare activity training and evaluation tools. Central departments (6x2), Regional Divisions (12X1), district middle management teams (32X1)	30,490,000	30,490,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.11:	Organization of annual operation plan preparation workshops for 32 districts and 12 healthcare regions	44,532,000	44,532,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.12:	Support for quarterly monitoring in the 32 districts	49,920,000	49,920,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.13:	Support for quarterly monitoring of operational plans in 12 healthcare regions	22,020,000	22,020,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.14:	Organization by the technical committee of twice-yearly project tracking and management workshops	4,932,000	4,932,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.15:	Organization by central level of twice yearly supervisory missions to the healthcare regions	7,000,000	7,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.16:	Organization by regional level of quarterly supervisory missions to the healthcare districts	5,248,000	5,248,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.17:	Organization by the district middle management team of twice monthly supervisory missions to the healthcare institutions	39,240,000	39,240,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.19:	Organization of the annual review by the steering committee of the activities	13,045,000	13,045,000	No difference between the initial budget and the 2011 proposed budget

Activity 1.20:	Support the coordination and operation for tracking the implementation of the activities (central, regional and district committee	20,000,000	20,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.21:	Organization of annual internal audits by the DAF and management audit department from the Ministry of Public Health and Hygiene	5,625,000	5,625,000	No difference between the initial budget and the 2011 proposed budget
Activity 1.22:	Organization of a mid-course evaluation in 2010	35,000,000	35,000,000	No difference between the initial budget and the 2011 proposed budget
Objective 2:	**Revitalize 50% of the district healthcare institutions (ESPC, HG) from 2008 to 2012 to offer quality services especially benefiting mothers and children**			
Activity 2.3:	Rehabilitate and equip with office furniture: 12 Regional Management Offices, 32 Departmental Management Offices, 8 regional medical centers, 24 general hospitals and 326 ESPC	189,976,445	189,976,445	No difference between the initial budget and the 2011 proposed budget
Activity 2.4:	Support the INHP by acquiring refrigerated trucks	20,000,000	20,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 2.5:	Subsidizing 4x4 vehicles for supervision for 7 healthcare districts, 5 Regional Management Offices and 3 central departments	98,333,333	98,333,333	No difference between the initial budget and the 2011 proposed budget
Activity 2.6:	Subsidizing mobile units for implementing mobile strategy activities in two healthcare districts	20,000,000	20,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 2.7:	Subsidize 100 ESPC motorcycles for properly conducting forward strategy activities	50,000,000	50,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 2.8:	Support for forward and mobile strategies	50,000,000	50,000,000	No difference between the initial budget and the 2011

				proposed budget
Activity 2.10:	Training on community mobilization of 2,667 community health workers in 32 healthcare districts	20,000,000	20,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 2.11:	Broadcast community mobilization messages on nearby radio	14,720,000	14,720,000	No difference between the initial budget and the 2011 proposed budget
Activity 2.12:	organize an annual day of excellence to recognize the 5 best DDS and 5 best ESPC	7,500,000	7,500,000	No difference between the initial budget and the 2011 proposed budget
Objective 3:	Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)			
Activity 3.2:	Subsidize data collection media for 12 regional divisions, 32 districts and 652 ESPC	44,990,000	44,990,000	No difference between the initial budget and the 2011 proposed budget
Activity 3.3:	Support computer equipment maintenance in 6 central departments, 12 regional Divisions and 32 districts	25,000,000	25,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 3.5:	Support monitoring activities of the committee fighting epidemics	13,400,000	13,400,000	No difference between the initial budget and the 2011 proposed budget
Activity 3.6:	Evaluation of the responses to epidemics	400,000	400,000	No difference between the initial budget and the 2011 proposed budget
Activity 3.7:	Support for data quality evaluation in the districts	10,000,000	10,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 3.8:	Support the production of the annual healthcare statistics directory	20,000,000	20,000,000	No difference between the initial budget and the 2011 proposed budget
Activity 3.9:	Organization of quarterly meetings with the districts and regions for reconciliation of monitoring data.	15,210,000	15,210,000	No difference between the initial budget and the 2011 proposed budget
TOTAL COSTS		909,903,141	909,903,141	The budget will be adjusted at the time of implementation to reflect the budget approved by the GAVI administrative offices

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

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 point the attention of reviewers to key facts, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

Based on the initial proposition, an action plan for the year has been prepared. The implementation of the activities involved participants from the Ministry of Public Health and Hygiene (including the vaccination department), other ministries, partners, private sector public sector and civil society. The main implementations relate to:

- Trainers (supervision, planning)
- Supervision of activities including vaccination activities
- Subsidizing transportation (vehicles, motorcycles)
- Rehabilitation of healthcare centers
- Support for forward and mobile strategies
- Subsidies for computer tools and collection media for data management.
- Inspection of the quality and harmonization of the healthcare data

The major problem encountered is the delay in execution of providing services thus leading to the replanning of some activities. This replanning is done with all the implementation structures during the meetings of the administrative offices and technical committee.

5.5.2 Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, 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 have participated in the implementation of the activities, effectively members of the technical committee, they have participated in making decision in the context of the preparation of the implementation. In the districts, they participate in raising the awareness of the populations for following through with the vaccination activities. In particular it involves the Association for Support and Self-Promotion of Urban Hygiene
The private section is associated with the activities through the General Confederation of Ivory Coast Businesses (CGECI) and Coalition of Ivory Coast Businesses (CECI).

5.6 *Management of HSS funds*

Has a GAVI Financial Management Assessment **(FMA)** been conducted prior to, or during the 2009 calendar year? **[~~IF YES]:~~** please complete Part A below.
[IF NO]: please complete Part B below.

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

Part B: briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (business or government account); budget approval process; way funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the global role of ICC in the process.

The HSS-GAVI funds have been translated into the national nomenclature, recorded in the Government budget and are housed in the treasury bank. A steward from the Ministry of the Economy and Finance manages it.
The budgets are approved by the steering committee before their execution. The management circuit for the funds requires four (4) signatures: the Credit Administrator (DIPE), the Requestor (DAR of the MSHP), the representative of the partners (WHO) and the steward (Ministry of Economy and Finance). This circuit works as follows:
- The Information, Planning and Evaluation Division (DIPE) prepares the annual cash flow plan for expenditures and submits it for approval to the steering committee, after which the DIPE issues the payment orders for execution of the scheduled activities and transmits them to the DAF.
- The Financial Affairs Director (DAF) at the Ministry of Public Health and Hygiene orders the various expenditures and the payment orders are submitted to the WHO.
- The WHO signs the payment orders. These documents are then transmitted to the steward.
- After checking, the steward issues the check for payment.

No specific problem concerning the management of HSS-GAVI funds has been brought up. A first audit was done December 28 and 29, 2009. The second audit is planned for the second half of April 2010.

5.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N° 10**). *(The instructions for this financial statement are attached in Annex 2).* Financial reports shall be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°.....)**.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (Document N° 11).

5.8 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact: Table 15: Indicators listed in original application approved

Table 15: Indicators listed in original application approved

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1: Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional divisions and the healthcare division management teams 2008 to 2012						
1- Systematic supervision	Number of health centers having been the subject of at least 6 visits during the past year, during which a quantified inspection list has been used	Total number of existing centers	Activity reports Supervision reports SIG Report List of healthcare institutions	10% (2006)	Regional Districts, Divisions	**32%**
2 – Strengthening of the capacity of the health staff	Number of healthcare staff trained in: - - supervision - planning/RBM	-Total number of staff planned - Total number of health staff involved in the planning	Training reports	10% (2006)	Regions Districts, DIPE	30%
3-Strengthening of tracking-evaluation	Number of twice-yearly workshops conducted -Number of departmental general management tracking meetings held	Number of twice-yearly workshops planned Number of meetings planned	Workshop reports Assessment report	0 (2007) 0 (2007)	DIPE DIPE	100%
Objective 2: Revitalize 50% of the district healthcare institutions (ESPC, HG) from 2008 to 2012 to offer quality services especially benefiting mothers and children						

4 – Strengthening equipment and logistics	Number of ESPC having received a motorcycle Number of central divisions with subsidized 4x4	Total number of ESPC Total number of central divisions	Delivery slip	308 (2007)	Equipment infrastructure division Health General Division	23 motorcycles (4% of the national objective in 2009 of 560 motorcycles
Objective 3: Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)						
5. Strengthening of the SNIS (SIG)	Number of districts having received subsidized computer equipment	Number of districts targeted by the needs evaluation report	DIPE/MEASURE evaluation report		DIPE	32
6 - Completeness	Number of reports received	Number of reports expected	DIPE		DIPE	74%

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application: **Not applicable**

Provide justification for any changes in the definition of the indicators:

Provide justification for any changes in the denominator:

Provide justification for any changes in data source:

Table 16: Trend of values achieved

Name of Indicator (insert indicators as listed in above table, with one row dedicated to each indicator)	2007	2008	2009	Explanation of any reasons for non achievement of targets
1- Systematic supervision			28%	Period of recovery from crisis, progressive restoration of the health system with some zones without logistical means or adequate human

				resources
3 – Strengthening of capacity of health personnel			100%	
3-Strengthening of tracking-evaluation			100%	
4 – Strengthening equipment and logistics			32 motorcycles for the ESPC two 4x4 vehicles	
5. Strengthening of the SNIS (SIG)			32 districts	
6 - Completeness		94.47%	73,94%	SIG reports being collected

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

Since some indicators have a national scope, their measurement requires a broader study.

5.9 *Other sources of funding in pooled mechanisms for HSS*

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US$	Duration of support	Contributing to which objective of GAVI HSS proposal
WHO	672,000	2010-2011	- Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional health divisions and the middle management teams from healthcare districts -Revitalize 50% of the district healthcare institutions (ESPC, HG) for offering quality services -Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)
UNFPA	588,000	2010	- Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional health divisions and the middle management teams from healthcare districts -Revitalize 50% of the district healthcare institutions (ESPC, HG) for offering quality services -Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)
UNICEF	3,115,000	2010	- Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional health divisions and the middle management teams from healthcare districts -Revitalize 50% of the district healthcare institutions (ESPC,

			HG) for offering quality services -Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)
PEPFAR	27,363,000	2010	- Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional health divisions and the middle management teams from healthcare districts -Revitalize 50% of the district healthcare institutions (ESPC, HG) for offering quality services -Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)
World Bank	2,893,164	2010	Strengthen the management capabilities of the healthcare staff from 6 central departments, 12 regional health divisions and the middle management teams from healthcare districts -Revitalize 50% of the district healthcare institutions (ESPC, HG) for offering quality services -Improve the Health Care Information Management at all Levels of the Healthcare Pyramid (Central, Regional and District)

6. Civil Society Organisation Support (CSO)

6.1 *TYPE A: Support to strengthen coordination and representation of CSOs*

This section is to be completed by countries that have received TYPE A[5] CSO support from GAVI.

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:

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**document n**°.....).

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, 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.

[5] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

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

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: $US.....
Remaining funds (carried over) from 2008: $US.....
Balance carried over to 2010: $US.....

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

This section is to be completed by countries that have received TYPE B CSO support from GAVI.[6]

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:

6.2.1 Programme implementation

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

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[6] Type B GAVI Alliance CSO Support is available to 10 pilot eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

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.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation 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.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organization)	Previous involvement in immunization / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunization and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organization)	Current involvement in immunization / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: $US .....
Remaining funds (carried over) from 2008: $US .....
Balance carried over to 2010: $US .....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES]:** please complete Part A below.
[IF NO]: please complete Part B below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for program use.

Please include details on: the type of bank account(s) used (business or government account); budget approval process; way funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the global role of ICC in the process.

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(document n°.....).** *(The instructions for this financial statement are attached in Annex 2).* Financial reports shall be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programs are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B program during your government's most recent fiscal year, this should also be attached (Document N°.....).

6.2.5 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in 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.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data Source	Baseline Value and date	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 experienced in measuring the indicators, and any changes proposed.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR	**Y**	**Y**	**Y**	**N**
2	Signature of Minister of Finance (or delegated authority) of APR	**Y**	**Y**	**Y**	**N**
3	Signatures of members of ICC/HSCC in APR Form	**Y**	**Y**	**Y**	**N**
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	**Y**	**Y**	**Y**	**N**
5	Provision of complete excel sheet for each vaccine request		**Y**		
6	Provision of Financial Statements of GAVI support in cash	**Y**		**Y**	**N**
7	Consistency in targets for each vaccines (tables and excel)		**Y**		
8	Justification of new targets if different from previous approval (section 1.1)		**N**		
9	Correct co-financing level per dose of vaccine		**Y**		
10	Report on targets achieved (tables 15,16, 20)			**Y**	**N**
11	Provision of cMYP for re-applying		**N**		

	OTHER REQUIREMENTS	ISS NVS	HSS		CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		**Y**		
13	Consistency between targets, coverage data and survey data	**Y**	**Y**		
14	Latest external audit reports (Fiscal year 2009)	**Y**		**Y**	
15	Provide information on procedure for management of cash	**Y**		**Y**	**N**
16	Health Sector Review Report			**N**	
17	Provision of new Banking details	**N**	**N**	**N**	**N**
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		**Y**		
19	Attach the CSO Mapping report (Type A)				**N**

8. Comments

Comments from ICC/HSCC Chairs:

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. These could be in addition to the approved minutes, which should be included in the attachments

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below.** A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Please report the budget for each expense line item at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each line item as of 31 December 2009 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. The countries must explain how and why a particular exchange rate was applied and supply any additional note likely to help GAVI Alliance in its examination of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

Tableau récapitulatif des recettes et dépenses – SSV de GAVI		
	Monnaie locale (CFA)	**Valeur en $US[7]**
Solde reporté de 2008 (*solde au 31 décembre 2008*)	25 392 830	53 000
Récapitulation des recettes reçues en 2009		
Recettes reçues de GAVI	57 493 200	120 000
Revenu des intérêts	7 665 760	16 000
Autres recettes (honoraires)	179,666	375
Recettes totales	38 987 576	81 375
Dépenses totales en 2009	30 592 132	63 852
Solde au 31 décembre 2009 (*solde à reporter sur* 2010)	60,139,325	125,523

Analyse détaillée des dépenses par classification économique[8] – SSV de GAVI						
	Budget en CFA	**Budget en $US**	**Dépenses réelles en CFA**	**Dépenses réelles en $US**	**Variance en CFA**	**Variance en $US**
Dépenses salariales						
Salaires et traitements	2 000 000	4 174	0	0	2 000 000	4 174
Indemnités journalières	9 000 000	18 785	6 150 000	12 836	2 850 000	5 949
Dépenses non salariales						
Formation	13 000 000	27,134	12 650 000	26,403	350,000	731
Carburant	3 000 000	6,262	4 000 000	8,349	-1,000 000	-2 087
Entretiens et frais généraux	2 500 000	5,218	1 000 000	2,087	1,500 000	3 131
Autres dépenses						
Véhicules	12 500 000	26 090	6 792 132	14 177	5,707 868	11 913

[7] Un taux moyen de CFA 479,11 = $US 1 a été appliqué.

[8] Les postes de dépenses sont indicatifs et sont donnés à titre d'exemple. Chaque gouvernement fournira des relevés conformes à son propre système de classification économique.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below.** A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. The countries must explain how and why a particular exchange rate was applied and supply any additional note likely to help GAVI Alliance its examination of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Tableau récapitulatif des recettes et dépenses – RSS de GAVI		
	Monnaie locale (CFA)	**Valeur en $US[9]**
Solde reporté de 2008 (*solde au 31 décembre 2008*)	25 392 830	53 000
Récapitulation des recettes reçues en 2009		
Recettes reçues de GAVI	57 493 200	120,000
Revenu des intérêts	7 665 760	16,000
Autres recettes (honoraires)	179 666	375
Recettes totales	38 987 576	81 375
Dépenses totales en 2009	30 592 132	63,852
Solde au 31 décembre 2009 (*solde à reporter sur* 2010)	60 139 325	125 523

Analyse détaillée des dépenses par classification économique[10] – RSS de GAVI						
	Budget en CFA	**Budget en $US**	**Dépenses réelles en CFA**	**Dépenses réelles en $US**	**Variance en CFA**	**Variance en $US**
OBJETIF 1 DE LA PROPOSITION DE RSS : ÉLARGIR L'ACCÈS AUX DISTRICTS PRIORITAIRES						
ACTIVITÉ 1.1 : FORMATION DES AGENTS DE SANTÉ						
Dépenses salariales						
Salaires et traitements	2 000 000	4 174	0	0	2 000 000	4 174
Indemnités journalières	9 000 000	18 785	6 150 000	12 836	2 850 000	5 949
Dépenses non salariales						
Formation	13 000 000	27 134	12 650 000	26 403	350 000	731
TOTAL POUR L'ACTIVITÉ 1.1	**24 000 000**	**50 093**	**18 800 000**	**39 239**	**5 200 000**	**10 854**
ACTIVITÉ 1.2 : RÉFECTION DES CENTRES DE SANTÉ						

[9] Un taux moyen de CFA 479,11 = $US 1 a été appliqué.

[10] Les postes de dépenses sont indicatifs et sont donnés à titre d'exemple. Chaque gouvernement fournira des relevés conformes aux objectifs/activités de sa proposition de RSS et à son système de classification économique.

Dépenses non salariales						
Entretien et frais généraux	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Autres dépenses						
Équipement	3 000 000	6 262	4 000 000	8 349	-1 000 000	-2 087
Travaux d'infrastructure	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTAL POUR L'ACTIVITÉ 1.2	**18 000 000**	**37 570**	**11 792 132**	**24 613**	**6 207 868**	**12 957**
TOTAUX POUR L'OBJECTIF 1	**42 000 000**	**87 663**	**30 592 132**	**63 852**	**11 407 868**	**23 811**

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below.** A sample basic statement of income and expenditure is provided on page 2 of this annex.

Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
Income received from GAVI during 2009
Other income received during 2009 (interest, fees, etc)
Total expenditure during the calendar year
Closing balance as of 31 December 2009
A detailed analysis of expenditures during 2009, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. The countries must explain how and why a particular exchange rate was applied and supply any additional note likely to help GAVI Alliance its examination of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year.

Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:

Tableau récapitulatif des recettes et dépenses – OSC de type B de GAVI		
	Monnaie locale (CFA)	**Valeur en SUS[11]**
Solde reporté de 2008 (*solde au 31 décembre 2008*)	25 392 830	53 000
Récapitulation des recettes reçues en 2009		
Recettes reçues de GAVI	57 493 200	120,000
Revenu des intérêts	7 665 760	16,000
Autres recettes (honoraires)	179 666	375
Recettes totales	38 987 576	81 375
Dépenses totales en 2009	30 592 132	63 852
Solde au 31 décembre 2009 (*solde à reporter sur* 2010)	60 139 325	125 523

Analyse détaillée des dépenses par classification économique[12] – OSC de type B de GAVI						
	Budget en CFA	**Budget en SUS**	**Dépenses réelles en CFA**	**Dépenses réelles en SUS**	**Variance en CFA**	**Variance en SUS**
OSC 1 : CARITAS						
Dépenses salariales						
Salaires et traitements	2 000 000	4 174	0	0	2 000 000	4 174
Indemnités journalières	9 000 000	18 785	6 150 000	12 836	2 850 000	5 949
Dépenses non salariales						
Formation	13 000 000	27 134	12 650 000	26 403	350 000	731
TOTAL POUR L'OSC 1 : CARITAS	**24 000 000**	**50 093**	**18 800 000**	**39 239**	**5 200 000**	**10 854**
OSC 2 : SAVE THE CHILDREN						
Dépenses salariales						

[11] Un taux moyen de CFA 479,11 = $US 1 a été appliqué.

[12] Les postes de dépenses sont indicatifs et sont donnés à titre d'exemple. Chaque gouvernement fournira des relevés conformes aux objectifs/activités de sa proposition de soutien OSC de type B et à son système de classification économique.

Indemnités journalières	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Dépenses non salariales						
Formation	3 000 000	6 262	4 000 000	8 349	-1 000 000	-2 087
Autres dépenses						
Travaux d'infrastructure	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTAL POUR L'OSC 2 : SAVE THE CHILDREN	**18 000 000**	**37 570**	**11 792 132**	**24 613**	**6 207 868**	**12 957**
TOTAUX POUR TOUTES LES OSC	**42 000 000**	**87 663**	**30 592 132**	**63 852**	**11 407 868**	**23 811**