*GAVI Alliance*

# Annual Progress Report 2012

Submitted by

## The Government of

## *Côte d'Ivoire*

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 4:34:20 PM**

**Deadline for submission: 9/24/2013**

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

**Note**: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**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 the Independent Review Committee (IRC) and its processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and 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 APR, 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 languages of the arbitration will be English or French.

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.*

# 1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

## 1.1. NVS & INS support

| Type of Support | Current Vaccine | Preferred presentation | Active until |
|---|---|---|---|
| Routine New Vaccines Support | DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 2015 |
| INS | | | |

**DTP-HepB-Hib (Pentavalent)** vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilisation in 2012 | Request for Approval of | Eligible For 2012 ISS reward |
|---|---|---|---|
| VIG | No | No | N/A |
| COS | No | No | N/A |
| ISS | Yes | next tranche: N/A | Yes |
| HSS | Yes | next tranche of HSS Grant Yes | N/A |
| CSO Type A | No | Not applicable N/A | N/A |
| CSO Type B | No | CSO Type B extension per GAVI Board Decision in July 2012: N/A | N/A |
| HSFP | No | N/A | N/A |

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

# 2. Signatures

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

By signing this page, the Government of Côte d'Ivoire hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Côte d'Ivoire

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

| Minister of Health (or delegated authority) | | Minister of Finance (or delegated authority) | |
|---|---|---|---|
| **Name** | Dr Raymonde GOUDOU COFFIE | **Name** | KABA Nialé |
| **Date** | | **Date** | |
| **Signature** | | **Signature** | |

*This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):*

| Full name | Position | Telephone | Email |
|---|---|---|---|
| | | | |

## 2.2. ICC signatures page

*If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports*

**In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures**

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC 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.

### 2.2.1. ICC report endorsement

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

| Name/Title | Agency/Organization | Signature | Date |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | | | |

ICC 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:

## 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , 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.

| Name/Title | Agency/Organization | Signature | Date |
|---|---|---|---|
| | | | |

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:

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

Côte d'Ivoire is not reporting on CSO (Type A & B) fund utilisation in 2013

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## 4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2012 | | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| **Total births** | 817,149 | 840,046 | 825,342 | 825,342 | 836,765 | 836,765 | 847,069 | 847,069 |
| **Total infants' deaths** | 75,096 | 72,119 | 74,611 | 74,611 | 74,388 | 74,388 | 74,034 | 74,034 |
| **Total surviving infants** | 742053 | 767,927 | 750,731 | 750,731 | 762,377 | 762,377 | 773,035 | 773,035 |
| **Total pregnant women** | 858,006 | 882,056 | 866,609 | 866,609 | 878,603 | 878,603 | 889,422 | 889,422 |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 612,862 | 826,402 | 660,274 | 660,274 | 711,251 | 711,251 | 762,363 | 762,363 |
| **BCG coverage** | 75 % | 98 % | 80 % | 80 % | 85 % | 85 % | 90 % | 90 % |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 682,689 | 760,246 | 705,688 | 705,688 | 731,882 | 731,882 | 757,575 | 757,575 |
| **OPV3 coverage** | 92 % | 99 % | 94 % | 94 % | 96 % | 96 % | 98 % | 98 % |
| **Number of infants vaccinated (to be vaccinated) with DTP1** | 751,431 | 835,435 | 783,228 | 783,228 | 812,300 | 812,300 | 840,816 | 840,816 |
| **Number of infants vaccinated (to be vaccinated) with DTP3** | 682,689 | 760,246 | 705,688 | 705,688 | 731,882 | 731,882 | 757,575 | 757,575 |
| **DTP3 coverage** | 92 % | 99 % | 94 % | 94 % | 96 % | 96 % | 98 % | 98 % |
| **Wastage[1] rate in base-year and planned thereafter (%) for DTP** | 10 | 9 | 10 | 10 | 10 | 10 | 0 | 0 |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.11 | 1.10 | 1.11 | 1.11 | 1.11 | 1.11 | 1.00 | 1.00 |
| **Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib** | 670,529 | 835,435 | 783,228 | 783,228 | 812,300 | 812,300 | 840,816 | 840,816 |
| **Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib** | 670,529 | 760,246 | 783,228 | 705,688 | 731,882 | 731,882 | 757,575 | 757,575 |
| **DTP-HepB-Hib coverage** | 82 % | 99 % | 94 % | 94 % | 96 % | 96 % | 98 % | 98 % |
| **Wastage[1] rate in base-year and planned thereafter (%) [2]** | 0 | 9 | 0 | 10 | 10 | 10 | 10 | 10 |
| **Wastage[1] factor in base-year and planned thereafter (%)** | 1.33 | 1.1 | 1.11 | 1.11 | 1.11 | 1.11 | 1.11 | 1.11 |
| **Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** | 25 % | 0 % | 25 % | 25 % | 25 % | 25 % | 25 % | 25 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of Measles** | 630,745 | 721,851 | 638,122 | 638,122 | 686,140 | 686,140 | 734,384 | 734,384 |
| **Measles coverage** | 85 % | 94 % | 85 % | 85 % | 90 % | 90 % | 95 % | 95 % |
| **Pregnant women vaccinated with TT+** | 686,405 | 855,594 | 693,288 | 693,288 | 720,455 | 720,455 | 756,009 | 756,009 |

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2012 | | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| **TT+ coverage** | 80 % | 97 % | 80 % | 80 % | 82 % | 82 % | 85 % | 85 % |
| **Vit A supplement to mothers within 6 weeks from delivery** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Vit A supplement to infants after 6 months** | 0 | 6,785,092 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100** | 9 % | 9 % | 10 % | 10 % | 10 % | 10 % | 10 % | 10 % |

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): [ ( A B ) / A ] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

# 5. General Programme Management Component

## 5.1. Updated baseline and annual targets

**Note:** Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets 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 fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  Il n'y a pas eu de changement

- Justification for any changes in **surviving infants**

  Il n'y a pas eu de changement

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  Il n'y a pas eu de changement

- Justification for any changes in **wastage by vaccine**

  Il n'y a pas  eu de changement

## 5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Les Objectifs fixés pour 2012:

•Vacciner en routine, les enfants de 0 à 11mois contre les 9 maladies cibles du PEV dans les proportions minimales de 75 %pour le BCG, 92 % pour les 3ème doses du vaccin pentavalent (DT-HepB-Hib3) et du vaccin polio oral (VPO3),  85 % de vaccin anti-rougeoleux (VAR) et le vaccin AntiAmaril (VAA)<? xml:namespace prefix = o />

•Administrer deux doses de vaccin antitétanique(VAT) à au moins  80 % des femmes enceintes

Les Résultats obtenus en 2012 :

BCG: 98%, DTC-HepB-Hib3 : 99%, VPO3: 99%, VAR: 94%, VAT2+ : 97 %, VAA : 90 %

•□□□En référence aux cibles de couvertures projetées pour 2012 chez les enfants de 0 à 11 mois dans le plan pluriannuel complet (PPAC) du PEV 2011-2015, lacible est dépassée pour tous les antigènes.

Ces bonnes couvertures s'expliquent par l'organisation de semaines d'intensification du PEV de routine sur toute l'étendue du territoire national pendant 5 mois. Ces semaines qui ont débuté au mois d'aout ont permis de booster les couvertures vaccinales et de rattraper les cibles non vaccinées de l'année 2011

Les principales activités réalisées en 2012:

Appui dans la mise en œuvre de la stratégie "Atteindre Chaque District" dans les districts

Révision et diffusion des directives, des plans et guides de formation du PEV

Elaboration et soumission du plan d'introduction du vaccin contre lepneumocoque

Evaluation de la gestion des vaccins 2012 selon le principe GEV

Commande, acquisition et distribution des vaccins et consommables à tousles niveaux

Acquisition et distribution des équipements de transport (motos) et de chaîne de froid pour les districts

Réalisation d'un atelier de prévision des besoins 2013 en vaccins et consommables d'injection (intégré avec moustiquaires et déparasitant)

Elaborer le Plan Stratégique d'élimination de la rougeole

Organisation des journées nationales de vaccinations contre la poliomyélite(4) avec administration de Vitamine A et de déparasitant

Organisation de la réunion bilan de la surveillance des diarrhées à rotavirus et des méningites bactériennes

Organisation d'un atelier d'élaboration du manuel de procédure de la surveillance intégrée des MBP/RV

Organisation régulièrement au niveau central les réunions trimestrielles de monitorage prenant en compte les activités de surveillance avec les régions et districts sanitaires

Elaboration et diffusion des supports (affiches, affichettes, boîte àimages …) de communication adaptés à la communauté

Formation des relais communautaires au parrainage de la vaccination des populations cibles (Initiative 1parent pour 100 enfants à vacciner)

Participation aux formations et échanges internationaux

des réunions de plaidoyer auprès des ministères en charge duplan et des finances pour les décaissements rapides des Fonds pour la mise enœuvre des activités PEV

Organiser des réunions statutaires entre les parties prenantes pour la coordination des activités PEV

Evaluation de l'introduction du vaccin pentavalent

Organisation des réunions périodiques de suivi du plan annuel

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

Tous les objectifs ont ete atteints

## 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

| Data Source | Reference Year for Estimate | DTP3 Coverage Estimate | |
|---|---|---|---|
| | | Boys | Girls |

| | | | |
|---|---|---|---|
| NA | | | |

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

NA

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

## 5.4. Data assessments

5.4.1. 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)

RAS

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Not selected**

If Yes, please describe the assessment(s) and when they took place.

RAS

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

RAS

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

RAS

## 5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

| | | |
|---|---|---|
| **Exchange rate used** | 1 US$ = 512.82 | Enter the rate only; Please do not enter local currency name |

**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

| Expenditure by category | Expenditure Year 2012 | Source of funding | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Country | GAVI | UNICEF | WHO | ROTARY | so | so |
| Traditional Vaccines* | 782,921 | 265,967 | 0 | 516,954 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 6,998,004 | 535,743 | 6,462,261 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 780,150 | 406,911 | 373,239 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 2,898,939 | 318,826 | 0 | 2,580,113 | 0 | 0 | 0 | 0 |
| Personnel | 848,065 | 848,065 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Other routine recurrent costs | 8,464,134 | 6,186,644 | 0 | 698,649 | 1,578,841 | 0 | 0 | 0 |
| Other Capital Costs | 2,442,635 | 1,573,652 | 146,250 | 722,733 | 0 | 0 | 0 | 0 |
| Campaigns costs | 9,232,487 | 585,001 | 0 | 5,335,904 | 3,066,416 | 245,166 | 0 | 0 |
| SO | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| Total Expenditures for Immunisation | 32,447,335 | | | | | | | |
| | | | | | | | | |
| Total Government Health | | 10,720,809 | 6,981,750 | 9,854,353 | 4,645,257 | 245,166 | 0 | 0 |

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Sans Objet

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

**If Yes,** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

| Action plan from Aide Mémoire | Implemented? |
|---|---|
| SO | Not selected |

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

SO<?xml:namespace prefix = o />

If none has been implemented, briefly state below why those requirements and conditions were not met.

Le processus designature de l'aide-mémoire de la part du gouvernement est en cours <?xml:namespace prefix = o />

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **6**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

•□□□□□□□□ Améliorer la mauvaise complétude des données

•□□□□□□□□ Harmoniser les données transcrites dans le PAO

•□□□□□□□□ Prendre les dispositions idoines pour l'acheminement des fonds alloués aux campagnes de vaccination au niveau district autres que le transport desdits fonds par les médecins chefs de district sanitaire, vue l'insécurité grandissante

•□□□□□□□□ Réaliser un audit ayant trait à la mauvaise gestion des ressources allouées aux districts sanitaires

•□□□□□□□□ Proposer un nouveau schéma de décaissement des fonds RSS/GAVI

•□□□□□□□□ Améliorer la santé infantile, afin d'atteindre une couverture vaccinale en DTC3 et VAR d'au moins 90% d'ici fin décembre 2012, dans le cadre de l'éligibilité de la Côte d'Ivoire au Millenium Challenge Corporation (MCC).<?xml:namespace prefix = o />

•□□□□□□□□ Mettre en exergue les résultats des districts les moins performants (44) à l'effet de ressortir l'impact de la première semaine d'intensification sur les couvertures vaccinales de ces districts

•□□□□□□□□ Estimer les besoins financiers relatifs à l'introduction de nouveaux antigènes

•□□□□□□□□ Prendre en compte les couvertures vaccinales des enfants rattrapés au titre de l'année 2011 dans les données de 2011

Are any Civil Society Organisations members of the ICC? **Yes**

**If Yes,** which ones?

| List CSO member organisations: |
|---|
| Rotary International |

## 5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

**Les Principaux objectifs**-

•□□□□□□□ Vacciner en routine les enfants de 0 à 11 mois contre les 9 maladies cibles du PEV dans les proportions minimum de,

- 99% pour le BCG,
- 95% pour le VAR et le VAA,
- 99% pour le DTC-HépB-Hib3 et le VPO3

•□□□□□□□ Vacciner en routine les femmes enceintes dans une proportion minimum de 98% pour la 2ème dose de VAT.

•□□□□□□□ Amener les valeurs des indicateurs de performance de surveillance au niveau requis,

- dans 100% des districts sanitaires pour la poliomyélite,
- dans 80% des districts sanitaires pour la rougeole,
- dans 85% des districts sanitaires pour la fièvre jaune,
- dans 100% des districts sanitaires pour le tétanos néonatal.

•□□□□□□□□<?xml:namespace prefix = o /> **les activités prioritaires** :

ACD tous DS +Semaines d'intensification de la vaccination, organiser une Semaine Africaine de la

Vaccination (SAV)

Mettre en œuvrele contrat de performance PEV avec les districts

Superviser lepersonnel PEV à tous niveaux

Former lesgestionnaires PEV à la gestion du PEV

Introduire levaccin contre le pneumocoque

Acquérir/distribuer les vaccins et consommables

Renforcer les capacités d'utilisation du DVD MT à tousles niveaux

Doter lesservices vaccinateurs en matériels Réfrigérateurs – Motos - Gaz - incinérateurmoderne

Faire le suivide la réparation et de l'entretien deséquipements existants

Fournir lesintrants pour diagnostic biologique

Prélèvement pourDS et réactifs pour laboratoires

Appuyer lefonctionnement de la surveillance

Carburant DSpour recherche active des cas

Remboursementfrais d'expédition

Suivrepériodiquement les données

Réunions :harmonisation - suivi - CNC CNEP

Former –recycler les acteurs de surveillance

Organisation JNVPolio : 3 passages

Créer/Redynamiserles comités locaux de mobilisation sociale

Organiser desséances de sensibilisation des réseaux communautaires (OBC, ABC, ONG)

Organiser lanuit de la vaccination,

Organiser lacaravane de promotion du PEV,

Créer un siteinternet pour le PEV

Elaborer etdiffuser le bulletin « échos du PEV »

Organiser desréunions statutaires entre les parties prenantes pour la coordination desactivités du PEV

Faire unPlaidoyer auprès des MEMP/MEF pour décaissement rapide des fonds

Sensibiliser lescommunautés et les entreprises privées au financement du PEV

Élaborer le pland'action 2014

Organiser uneauto-évaluation de la qualité des données (DQS) dans tous les DDS

## 5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

| Vaccine | Types of syringe used in 2012 routine EPI | Funding sources of 2012 |
|---|---|---|
| BCG | Seringues autobloquantes 0,05 ml | Gouvernement |

| | | |
|---|---|---|
| Measles | Seringues autobloquantes 0,05 ml | Gouvernement |
| TT | Seringues autobloquantes 0,05 ml | Gouvernement |
| DTP-containing vaccine | Seringues autobloquantes 0,05 ml | Gouvernement et Partenaires |

Does the country have an injection safety policy/plan? **Yes**

**If Yes:** Have you encountered any obstacles during the implementation of this injection safety policy/plan?

**If No**: When will the country develop the injection safety policy/plan? (Please report in box below)

Il y a une absence d'incinerateurs conformes aux normes pour la destruction des dechets issus des activites de vaccination.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Lesdéchets coupants ont été éliminés à l'aide d'incinérateurs et de chaudières àhaute température (unités industrielles) lors des campagnes de vaccination demasse.<?xml:namespace prefix = o />

Pour les activités de vaccination de routine, la majorité des districtsne disposent pas d'incinérateurs.

# 6. Immunisation Services Support (ISS)

## 6.1. Report on the use of ISS funds in 2012

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2012 *(A)* | 0 | 0 |
| Remaining funds (carry over) from 2011 *(B)* | 570,662 | 285,330,768 |
| Total funds available in 2012 *(C=A+B)* | 570,662 | 285,330,768 |
| Total Expenditures in 2012 *(D)* | 508,346 | 259,769,868 |
| Balance carried over to 2013 *(E=C-D)* | 62,316 | 25,560,900 |

6.1.1. 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.

Dispositionset procédures de gestion des fonds GAVI

- le pays dispose d'un document de procédures de gestion des fonds

- les fonds GAVI sont logés au Trésor Public etrégis par un agent de l'Etat (Ministère de l'Economie et des Finances)

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6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

<!--[if !supportLists]-->•<!--[endif]-->Le compte utilisé est un compte public de l'Etat
<!--[if !supportLineBreakNewLine]-->
<!--[endif]--><?xml:namespace prefix = o />

Chaque année, le plan de trésorerie GAVI est élaboré par l'équipe du PEV etles partenaires à partir du plan d'action de l'année en cours

<Validation de ce plan au cours d'une réunion du CCIA

<!--[if !supportLists]-->•<!--[endif]-->Signature du plan par le directeur du PEV, le Directeur des AffairesFinancières du Ministère de la Santé et le représentant des partenaires (OMS)

<!--[if !supportLists]-->•<!--[endif]-->Exécution des activités du plan et décaissement des fonds suivant lesprocédures des finances publiques
<!--[if !supportLineBreakNewLine]-->
<!--[endif]-->

Concernant les régions et les districts sanitaires, une fois le plan detrésorerie est approuvé par le CCIA, les fonds sont transférés dans les trésoreriesrégionales départementales et l'exécution du budget se fait selon lesprocédures du Budget Général de l'Etat
<!--[if !supportLineBreakNewLine]-->
<!--[endif]-->

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Organisation des activités de stratégies avancées et mobiles dans 47districts sanitaires<?xml:namespace prefix = o />

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Organisation de la supervision de 13 régions vers le niveau districts

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Organisation des activités de supervision du niveau central vers le niveaurégional

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Approvisionnement trimestriel des districts sanitaires en vaccins etmatériels d'injection

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Contribution à l'organisation des réunions trimestrielles au niveau central

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Renforcement de 50 centres de santé en motos

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Renforcement de 47 districts sanitaires en logiciel informatiques

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Mise en place d'un cadre pour le parrainage "un parrain pour centenfants à vacciner" dans 15 districts (Reproduction des outils deparrainage)

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Identification et formation des relais communautaires pour les activités deroutine dans 15 districts

<!--[if !supportLists]-->●□□□□□□□□<!--[endif]-->Organisation d'une évaluation de l'introduction du vaccin contrel'Haemophilus influenzae de type B

- Amélioration de la gestion des comptes GAVI conformément à l'EGF

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

## 6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

## 6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

# 7. New and Under-used Vaccines Support (NVS)

## 7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1**: Vaccines received for 2012 vaccinations against approvals for 2012

| | [ A ] | [ B ] | | |
|---|---|---|---|---|
| **Vaccine type** | **Total doses for 2012 in Decision Letter** | **Total doses received by 31 December 2012** | **Total doses of postponed deliveries in 2012** | **Did the country experience any stockouts at any level in 2012?** |
| DTP-HepB-Hib | 2,833,091 | 1,308,000 | 1,308,000 | Not selected |

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  Stock excessif dû à unecouverture vaccinale basse en 2011.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  **GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.**

  Ajustement du pland'expédition en reportant la deuxième livraison en janvier 2013 au lieu deseptembre 2012.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

SO

## 7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | | |
|---|---|---|
| **Phased introduction** | No | |
| **Nationwide introduction** | Yes | 02/03/2009 |
| **The time and scale of introduction was as planned in the proposal? If No, Why ?** | No | Disponibilite des vaccins |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **June 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9) )

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

## 7.3. New Vaccine Introduction Grant lump sums 2012

### 7.3.1. Financial Management Reporting

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2012 (A) | 0 | 0 |
| Remaining funds (carry over) from 2011 (B) | 0 | 0 |
| Total funds available in 2012 (C=A+B) | 0 | 0 |

| | | |
|---|---|---|
| Total Expenditures in 2012 (D) | 0 | 0 |
| Balance carried over to 2013 (E=C-D) | 0 | 0 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

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

SO

Please describe any problem encountered and solutions in the implementation of the planned activities

SO

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

SO

## 7.4. Report on country co-financing in 2012

**Table 7.4 :** Five questions on country co-financing

| | **Q.1: What were the actual co-financed amounts and doses in 2012?** | |
|---|---|---|
| **Co-Financed Payments** | **Total Amount in US$** | **Total Amount in Doses** |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 535,743 | 217,000 |
| | | |
| | **Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?** | |
| Government | 535743 | |
| Donor | 0 | |
| Other | 0 | |
| | | |
| | **Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?** | |
| **Co-Financed Payments** | **Total Amount in US$** | **Total Amount in Doses** |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 31,257 | 184,400 |
| | | |
| | **Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding** | |
| **Schedule of Co-Financing Payments** | Proposed Payment Date for 2014 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | September | ETAT de Cote d'Ivoire |
| | | |
| | **Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing** | |
| | Une assiatance technique aiderait le pays a mieux affiner les strategies de viabilite financiere pour la vaccination. | |

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: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

SO

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

*It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.*

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **March 2012**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

SO

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2015**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Côte d'Ivoire does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Côte d'Ivoire does not require to change any of the vaccine presentation(s) for future years.

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Côte d'Ivoire is not available in 2013

## 7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

SO

## 7.11. Calculation of requirements

**Table 7.11.1:** Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | **Number of surviving infants** | Table 4 | # | 767,927 | 750,731 | 762,377 | 773,035 | 3,054,070 |
| | **Number of children to be vaccinated with the first dose** | Table 4 | # | 835,435 | 783,228 | 812,300 | 840,816 | 3,271,779 |
| | **Number of children to be vaccinated with the third dose** | Table 4 | # | 760,246 | 705,688 | 731,882 | 757,575 | 2,955,391 |
| | **Immunisation coverage with the third dose** | Table 4 | % | 99.00 % | 94.00 % | 96.00 % | 98.00 % | |
| | **Number of doses per child** | Parameter | # | 3 | 3 | 3 | 3 | |
| | **Estimated vaccine wastage factor** | Table 4 | # | 1.10 | 1.11 | 1.11 | 1.11 | |
| | **Vaccine stock on 31st December 2012 * (see explanation footnote)** | | # | 1,382,920 | | | | |
| | **Vaccine stock on 1 January 2013 ** (see explanation footnote)** | | # | 1,382,920 | | | | |
| | **Number of doses per vial** | Parameter | # | | 10 | 10 | 10 | |
| | **AD syringes required** | Parameter | # | | Yes | Yes | Yes | |
| | **Reconstitution syringes required** | Parameter | # | | No | No | No | |
| | **Safety boxes required** | Parameter | # | | Yes | Yes | Yes | |
| **g** | **Vaccine price per dose** | Table 7.10.1 | $ | | 2.04 | 2.04 | 1.99 | |
| **cc** | **Country co-financing per dose** | Co-financing table | $ | | 0.26 | 0.26 | 0.30 | |
| **ca** | **AD syringe price per unit** | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | |
| **cr** | **Reconstitution syringe price per unit** | Table 7.10.1 | $ | | 0 | 0 | 0 | |
| **cs** | **Safety box price per unit** | Table 7.10.1 | $ | | 0.5800 | 0.5800 | 0.5800 | |
| **fv** | **Freight cost as % of vaccines value** | Table 7.10.2 | % | | 6.40 % | 6.40 % | 6.40 % | |
| **fd** | **Freight cost as % of devices value** | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

SO

## Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

| | |
|---|---|
| **Co-financing group** | Intermediate |

| | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Minimum co-financing** | 0.20 | 0.23 | 0.26 | 0.30 |
| **Recommended co-financing as per APR 2011** | | | 0.30 | 0.35 |
| **Your co-financing** | 0.20 | 0.26 | 0.26 | 0.30 |

### Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

| | | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Number of vaccine doses** | # | 2,303,100 | 2,409,900 | 2,433,100 |
| **Number of AD syringes** | # | 2,302,600 | 2,411,800 | 2,434,900 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 |
| **Number of safety boxes** | # | 25,575 | 26,775 | 27,050 |
| **Total value to be co-financed by GAVI** | $ | 5,111,000 | 5,348,500 | 5,270,500 |

**Table 7.11.3**: Estimated GAVI support and country co-financing (**Country support**)

| | | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Number of vaccine doses** | # | 305,700 | 319,800 | 391,200 |
| **Number of AD syringes** | # | 305,600 | 320,100 | 391,500 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 |
| **Number of safety boxes** | # | 3,400 | 3,575 | 4,350 |
| **Total value to be co-financed by the Country <sup>[1] </sup>** | $ | 678,500 | 710,000 | 847,500 |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

| | | Formula | 2012 | 2013 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| **A** | **Country co-finance** | *V* | 0.00 % | 11.72 % | | |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2.1* | 835,435 | 783,228 | 91,762 | 691,466 |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* | 3 | 3 | | |
| **D** | **Number of doses needed** | *B X C* | 2,506,305 | 2,349,684 | 275,284 | 2,074,400 |
| **E** | **Estimated vaccine wastage factor** | *Table 4* | 1.10 | 1.11 | | |
| **F** | **Number of doses needed including wastage** | *D X E* | 2,756,936 | 2,608,150 | 305,565 | 2,302,585 |
| **G** | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* | | 0 | 0 | 0 |
| **H** | **Stock on 1 January 2013** | *Table 7.11.1* | 1,382,920 | | | |
| **I** | **Total vaccine doses needed** | *F + G – H* | | 2,608,650 | 305,624 | 2,303,026 |
| **J** | **Number of doses per vial** | *Vaccine Parameter* | | 10 | | |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* | | 2,608,150 | 305,565 | 2,302,585 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* | | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* | | 28,951 | 3,392 | 25,559 |
| **N** | **Cost of vaccines needed** | *I x vaccine price per dose (g)* | | 5,311,212 | 622,249 | 4,688,963 |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | | 121,279 | 14,209 | 107,070 |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution price per unit (cr)* | | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* | | 16,792 | 1,968 | 14,824 |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as of % of vaccines value (fv)* | | 339,918 | 39,824 | 300,094 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as % of devices value (fd)* | | 0 | 0 | 0 |
| **T** | **Total fund needed** | *(N+O+P+Q+R+S)* | | 5,789,201 | 678,249 | 5,110,952 |
| **U** | **Total country co-financing** | *I x country co-financing per dose (cc)* | | 678,249 | | |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* | | 11.72 % | | |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

| | | Formula | 2014 | | | 2015 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | 11.72 % | | | 13.85 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 812,300 | 95,165 | 717,135 | 840,816 | 116,453 | 724,363 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | | 3 | | |
| D | Number of doses needed | *B X C* | 2,436,900 | 285,495 | 2,151,405 | 2,522,448 | 349,357 | 2,173,091 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.11 | | | 1.11 | | |
| F | Number of doses needed including wastage | *D X E* | 2,704,960 | 316,900 | 2,388,060 | 2,799,918 | 387,786 | 2,412,132 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 24,203 | 2,836 | 21,367 | 23,740 | 3,288 | 20,452 |
| H | Stock on 1 January 2013 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | 2,729,663 | 319,794 | 2,409,869 | 2,824,158 | 391,144 | 2,433,014 |
| J | Number of doses per vial | *Vaccine Parameter* | 10 | | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 2,731,825 | 320,047 | 2,411,778 | 2,826,269 | 391,436 | 2,434,833 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 30,324 | 3,553 | 26,771 | 31,372 | 4,345 | 27,027 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 5,557,594 | 651,100 | 4,906,494 | 5,608,778 | 776,811 | 4,831,967 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 5,557,594 | 14,883 | 112,147 | 5,608,778 | 18,202 | 113,220 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 17,588 | 2,061 | 15,527 | 18,196 | 2,521 | 15,675 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 355,687 | 41,671 | 314,016 | 358,962 | 49,716 | 309,246 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 6,057,899 | 709,713 | 5,348,186 | 6,117,358 | 847,248 | 5,270,110 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 709,713 | | | 847,248 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 11.72 % | | | 13.85 % | | |

**Table 7.11.4**: Calculation of requirements for (part 3)

| | | Formula |
|---|---|---|
| | | |
| **A** | **Country co-finance** | *V* |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2.1* |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* |
| **D** | **Number of doses needed** | *B X C* |
| **E** | **Estimated vaccine wastage factor** | *Table 4* |
| **F** | **Number of doses needed including wastage** | *D X E* |
| **G** | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* |
| **H** | **Stock on 1 January 2013** | *Table 7.11.1* |
| **I** | **Total vaccine doses needed** | *F + G – H* |
| **J** | **Number of doses per vial** | *Vaccine Parameter* |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* |
| **N** | **Cost of vaccines needed** | *I x vaccine price per dose (g)* |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution price per unit (cr)* |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as of % of vaccines value (fv)* |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as % of devices value (fd)* |
| **T** | **Total fund needed** | *(N+O+P+Q+R+S)* |
| **U** | **Total country co-financing** | *I x country co-financing per dose (cc)* |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* |

## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

**Instructions for reporting on HSS funds received**

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

## 9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

**Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.**

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **4404464** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | | 1790000 | 1783000 | 1764500 | 1794000 | 1556000 |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | | | | | | |
| Total funds received from GAVI during the calendar year (*A*) | | 1790000 | 0 | 0 | 0 | 0 |
| Remaining funds (carry over) from previous year (*B*) | | 0 | 1790000 | 1004758 | 343674 | 343674 |
| Total Funds available during the calendar year (*C=A+B*) | | 1790000 | 1790000 | 1004758 | 343674 | 343674 |
| Total expenditure during the calendar year (*D*) | | 0 | 785242 | 661084 | 0 | 0 |
| Balance carried forward to next calendar year (*E=C-D*) | | 1790000 | 1004758 | 343674 | 343674 | 343674 |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 0 | 0 | 0 | 0 | 0 | 0 |

| | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | 1556000 | | | |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | | | | |
| Total funds received from GAVI during the calendar year (*A*) | 0 | | | |
| Remaining funds (carry over) from previous year (*B*) | 343674 | | | |
| Total Funds available during the calendar year (*C=A+B*) | 343674 | | | |
| Total expenditure during the calendar year (*D*) | 0 | | | |
| Balance carried forward to next calendar year (*E=C-D*) | 343674 | | | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 4404464 | 2450452 | 0 | 0 |

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | | 898580000 | 895066000 | 866369500 | 897000000 | 778000000 |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | | 0 | 0 | 0 | 0 | 0 |
| Total funds received from GAVI during the calendar year (*A*) | | 811317500 | 0 | 0 | 0 | 0 |
| Remaining funds (carry over) from previous year (*B*) | | 0 | 811317500 | 504388516 | 168743977 | 168743977 |
| Total Funds available during the calendar year (*C=A+B*) | | 811317500 | 811317500 | 504388516 | 168743977 | 168743977 |
| Total expenditure during the calendar year (*D*) | | 0 | 394191484 | 324592244 | 0 | 0 |
| Balance carried forward to next calendar year (*E=C-D*) | | 811317500 | 504388516 | 168743977 | 168743977 | 168743977 |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 0 | 0 | 0 | 0 | 0 | 0 |

| | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | 778000000 | | | |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | 0 | | | |
| Total funds received from GAVI during the calendar year (*A*) | 0 | | | |
| Remaining funds (carry over) from previous year (*B*) | 168743977 | | | |
| Total Funds available during the calendar year (*C=A+B*) | 168743977 | | | |
| Total expenditure during the calendar year (*D*) | 0 | | | |
| Balance carried forward to next calendar year (*E=C-D*) | 168743977 | | | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 2202231773 | 1225231000 | 0 | 0 |

**Report of Exchange Rate Fluctuation**

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

| Exchange Rate | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Opening on 1 January | | | 502 | 491 | 500 | 500 |
| Closing on 31 December | | | 502 | 491 | 500 | 500 |

**Detailed expenditure of HSS funds during the 2012 calendar year**

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

**Financial management of HSS funds**

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 (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

De 2008 à 2010, les dispositions et procédures de gestion financière étaient les suivantes : le plan d'action des activités des structures de mise en œuvre est validé par le CCIA/Comité depilotage : les financements des activités suivent les procédures décrites ci-dessous :<?xml:namespace prefix = o />

- Le Directeur de la DIPE, administrateur de crédit, initie les dépenses, émet les ordres de paiement pour la réalisation des activités programmées et les transmet à la DAF.
- Le Directeur des Affaires Financières (DAF) du MSLS, ordonnateur du projet, après vérification, appose son visa sur les différents ordres de paiement; ensuite, ils sont soumis au contrôle du contrôleur financier.
- Le contrôleur financier vérifie la régularité de la dépense et contrôle la réalité du service fait avant de viser les ordres de paiement.
- Ensuite l'OMS approuve  la dépense conformément au plan de trésorerie validé par le CCIA/CCSS.

Ces documents sont ensuite transmis au régisseur pour règlement.

- Le régisseur, après contrôle et vérification des pièces comptables, vise les ordres de paiement et émet le chèque pour règlement.

Après exécution des activités, les structures de mise en œuvre produisent les rapports programmatiques et financiersaccompagnés des pièces justificatives des dépenses effectuées auprès du servicefinancier de la DIPE. Ce dernier les transmet à la DAF après vérification.

Les tranches annuelles des financements GAVIRSS et GAVI SSV ont été inscrites au budget de l'Etat et du Ministère de laSanté et de la lutte contre le Sida, au titre de l'appui extérieur GAVI, puissaisies dans le SIGFIP. Les fonds GAVI / RSS sont domiciliés à la Banque duTrésor.

Les dispositions et procédures de gestion financière ci-dessus décritessont sujettes à modification conformément aux recommandations de l'EGF et à lasignature de l'aide-mémoire.

**Has an external audit been conducted? No**

**External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year.  If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)**

## 9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2012** | **Percentage of Activity completed (annual)** (where applicable) | **Source of information/data** (if relevant) |
|---|---|---|---|
| **Aucune activité réalisée en 2012 du fait de la suspension des comptes.** | | | |

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

| **Major Activities** (insert as many rows as necessary) | **Explain progress achieved and relevant constraints** |
|---|---|
| **Aucune activité réalisée en 2012 du fait de la sus** | NA |

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

**Aucune activité réalisée en 2012 du fait de la suspension des comptes.**

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

**NA**

## 9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2012 Target | | | | | | Data Source | Explanation if any targets were not achieved |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Baseline value | Baseline source/date | | | 2008 | 2009 | 2010 | 2011 | 2012 | | |
| Aucune activité réalisée en 2012 du fait de la suspension des comptes. | | | | | | | | | | | |

## 9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

**Aucune activité réalisée en 2012 du fait de la suspension des comptes.**

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

**N/A**

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

**N/A**

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

**N/A**

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

**N/A**

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

**N/A**

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

**N/A**

## 9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5:** Planned activities for 2013

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2013** | **Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews) | **2013 actual expenditure** (as at April 2013) | **Revised activity** (if relevant) | **Explanation for proposed changes to activities or budget** (if relevant) | **Revised budget for 2013** (if relevant) |
|---|---|---|---|---|---|---|
| voir annexe "Activités GAVI programmées pour 2013" | voir annexe "Activités GAVI programmées pour 2013" | | | | voir annexe "Activités GAVI programmées pour 2013" | |
| | | 0 | 0 | | | 0 |

## 9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes**

**Table 9.6:** Planned HSS Activities for 2014

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2014** | **Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews) | **Revised activity** (if relevant) | **Explanation for proposed changes to activities or budget** (if relevant) | **Revised budget for 2014** (if relevant) |
|---|---|---|---|---|---|
| **voir annexe "Activités GAVI programmées pour 2014"** | | | | voir annexe "Activités GAVI programmées pour 2014" | |
| | | 0 | | | |

## 9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

## 9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US$ | Duration of support | Type of activities funded |
|---|---|---|---|
| Les fonds du reste du monde (Partenaires extérieurs) | 176611157 | Pas déterminé | Renforcement du sytème de santé |
| Les fonds privés comprenant les ménages | 964632351 | illimité | Renforcement du sytème de santé |
| Les Fonds publics (ETAT) | 3917567073 | illimité | Renforcement du système de santé |

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

## 9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|---|---|---|
| Comptes Nationaux de la Santé (CNS) 2007-2008 | Information validée par le comité de pilotage CNS | |
| Le bilan financier de la gestion des fonds GAVI 2009 et 2010 ( en raison du gel des financements depuis 2010) | Information validée au cours des réunions du comité technique RSS GAVI | Depuis 2010, les comptes RSS GAVI sont bloqués avec pour conséquence la non réalisation des activités programmées. |

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Aucune difficulté n'a été rencontrée.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?1

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

# 10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

## 10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Côte d'Ivoire **has NOT received GAVI TYPE A CSO support**

Côte d'Ivoire is not reporting on GAVI TYPE A CSO support for 2012

## 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Côte d'Ivoire **has NOT received GAVI TYPE B CSO support**

Côte d'Ivoire is not reporting on GAVI TYPE B CSO support for 2012

## 11. 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

# 12. Annexes

## 12.1. Annex 1 – Terms of reference ISS

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review 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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI ISS** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** – GAVI ISS** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2012** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review 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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI HSS** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** - GAVI HSS** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2012** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review 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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI CSO** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** - GAVI CSO** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2012** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 13. Attachments

| Document Number | Document | Section | Mandatory | File |
|---|---|---|---|---|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | signatures ministres MSLS MEF.doc<br>File desc:<br>Date/time: 5/15/2013 1:49:33 PM<br>Size: 170496 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | signatures ministres MSLS MEF.doc<br>File desc:<br>Date/time: 5/15/2013 1:49:55 PM<br>Size: 170496 |
| 3 | Signatures of members of ICC | 2.2 | ✓ | Signature des membres du CCIA.doc<br>File desc:<br>Date/time: 5/15/2013 9:10:17 AM<br>Size: 799232 |
| 4 | Minutes of ICC meeting in 2013 endorsing the APR 2012 | 5.7 | ✓ | Rapport CCIA extraordinaire 2013 DCPEV DEF.doc<br>File desc:<br>Date/time: 5/15/2013 12:26:38 PM<br>Size: 4427264 |
| 5 | Signatures of members of HSCC | 2.3 | ✗ | Signature des membres du CCIA.doc<br>File desc:<br>Date/time: 5/15/2013 9:11:27 AM<br>Size: 799232 |
| 6 | Minutes of HSCC meeting in 2013 endorsing the APR 2012 | 9.9.3 | ✓ | Rapport CCIA extraordinaire 2013 DCPEV DEF.doc<br>File desc:<br>Date/time: 5/15/2013 12:28:36 PM<br>Size: 4427264 |
| 7 | Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | Rapport Financier Régie 2012.doc<br>File desc:<br>Date/time: 5/15/2013 9:13:48 AM<br>Size: 589312 |
| 8 | External audit report for ISS grant (Fiscal Year 2012) | 6.2.3 | ✗ | RAPPORT D'AUDIT.doc<br>File desc:<br>Date/time: 5/15/2013 10:26:39 AM<br>Size: 1266688 |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | CIV_Rapport PIE_120806&.pdf<br>File desc:<br>Date/time: 5/8/2013 4:36:37 PM<br>Size: 909285 |

| | | | | |
|---|---|---|---|---|
| 10 | Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | SANS OBJET.docx<br>File desc:<br>Date/time: 5/15/2013 1:25:05 PM<br>Size: 14418 |
| 11 | External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000 | 7.3.1 | ✓ | SANS OBJET.docx<br>File desc:<br>Date/time: 5/15/2013 1:27:19 PM<br>Size: 14418 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | Rapport_Evaluation_Gev_CIV_ 2012.pdf<br>File desc:<br>Date/time: 5/8/2013 5:16:33 PM<br>Size: 1805323 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | Rapport_Evaluation_Gev_CIV_ 2012.pdf<br>File desc:<br>Date/time: 5/9/2013 8:17:40 AM<br>Size: 1805323 |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | Rapport_MEO_Evaluation_Gev_CIV_avril_2013.doc<br>File desc:<br>Date/time: 5/15/2013 10:31:03 AM<br>Size: 539648 |
| 15 | External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000 | 7.6.3 | ✗ | SANS OBJET.docx<br>File desc:<br>Date/time: 5/15/2013 1:56:21 PM<br>Size: 14418 |
| 16 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 | ✗ | SANS OBJET.docx<br>File desc:<br>Date/time: 5/15/2013 1:56:48 PM<br>Size: 14418 |
| 17 | Valid cMYP if requesting extension of support | 7.8 | ✗ | PPAC 2011-2015.pdf<br>File desc:<br>Date/time: 5/8/2013 5:51:19 PM<br>Size: 2577494 |
| 18 | Valid cMYP costing tool if requesting extension of support | 7.8 | ✓ | RCI_cMYP_Costing_Tool_Vs.2.5_EN.xlsx<br>File desc:<br>Date/time: 5/8/2013 5:52:57 PM<br>Size: 1562061 |

| | | | | |
|---|---|---|---|---|
| 19 | Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✗ | NOTE SUR LES ETATS FINANCIERS.doc<br>File desc:<br>Date/time: 5/15/2013 4:24:53 PM<br>Size: 26624 |
| 20 | Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✗ | NOTE SUR LES ETATS FINANCIERS.doc<br>File desc:<br>Date/time: 5/15/2013 4:25:19 PM<br>Size: 26624 |
| 21 | External audit report for HSS grant (Fiscal Year 2012) | 9.1.3 | ✗ | NOTE SUR LES ETATS FINANCIERS.doc<br>File desc:<br>Date/time: 5/15/2013 4:25:37 PM<br>Size: 26624 |
| 22 | HSS Health Sector review report | 9.9.3 | ✗ | Annexe 1_Activités GAVI programmées pour 2013.doc<br>File desc:<br>Date/time: 4/15/2013 12:56:52 PM<br>Size: 90624 |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | ✗ | SANS OBJET.docx<br>File desc:<br>Date/time: 5/15/2013 1:54:29 PM<br>Size: 14418 |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2012) | 10.2.4 | ✗ | SANS OBJET.docx<br>File desc:<br>Date/time: 5/15/2013 1:55:15 PM<br>Size: 14418 |
| 25 | External audit report for CSO Type B (Fiscal Year 2012) | 10.2.4 | ✗ | SANS OBJET.docx<br>File desc:<br>Date/time: 5/15/2013 1:55:47 PM<br>Size: 14418 |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012 | 0 | ✓ | Relevé bancaire.doc<br>File desc: Rélevé bancaire du compte SSV au 31 décembre 2012<br>Date/time: 5/15/2013 11:52:09 AM<br>Size: 357888 |