

GAVI Alliance

Annual Progress Report **2014**

submitted by

the Government of
the Ivory Coast

Reporting year: **2014**

Support application for the year: **2016**

Date of presentation: **06/16/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report **2014** via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.org or a GAVI Alliance partner representative. Documents may be provided to GAVI partners, their staff, and the general public. The APR and its appendices must be submitted in English, French, Spanish, or Russian.

Note: Please use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for support are available at the following address <http://www.gavialliance.org/country/>

The GAVI Secretariat is unable to return submitted documents and attachments to the country. Unless otherwise stated, the documents will be made available to the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMS

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of conducting the program(s) described in the Country's application. Any significant change in the approved program(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 THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any changes to the program(s) in the current application. The GAVI Alliance will document any changes that it has approved and the Country's application will be amended accordingly.

REIMBURSEMENT OF FUNDS

The Country agrees to reimburse, to the GAVI Alliance, all funding that is not used for the program(s) described in this application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty days after the Country receives the GAVI Alliance's request for a reimbursement. The reimbursed funds will be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/CANCELLATION

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 purposes other than for the programs described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this application if any 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 accept any gifts, payments or benefits directly or indirectly related to this application, that could be construed as illegal or corrupt.

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 their own or through an agent, to perform audits or other financial management assessments 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 keep its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of the GAVI Alliance funds. If there are any claims of misuse of funds, the Country shall 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 this support application is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to conduct the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy 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 the 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. Arbitration will be conducted in accordance with the UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages will be English or French.

For any dispute for which the amount is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount 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 programs described in this application, including without limitation, any financial loss, conflicts of interest, harm to property, or personal injury or death. The country is solely responsible for all aspects of managing and implementing the programs described in this application.

By preparing this APR, the Country will inform GAVI about:

activities conducted using GAVI resources in the past year, significant problems that were

faced and how the country has tried to overcome them

meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more funds that had been approved in a 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 accountability and transparency principles

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
Preventive Campaign Support	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Not selected	2014
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2015
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

New Vaccine Support (routine immunization)	Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule	2015
--------------------------------------------	----------------------------	----------------------------	------

DTP-HepB-Hib (Pentavalent) vaccine: based on the current preferences of your country, the vaccine is available through UNICEF in liquid form in vials of one or ten doses and in liquid/lyophilized form in two-dose vials to be used with a schedule of three injections. The other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be confirmed specifically.

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2016	2016
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
New Vaccine Support (routine immunization)	Rotavirus, 3 dose schedule	2016	2016

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	next installment of the HSS grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year 2013 is available [here](#). French version is also available [here](#).

2. Signatures

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

By signing this page, the **Ivory Coast** Government hereby attest the validity of the information provided in the report, including all attachments, annexure, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funds 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 **Ivory Coast**

Please note that this APR will neither be reviewed or approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Raymonde GOUDOU COFFIE	Name	NIALE KABA
Date		Date	
Signature		Signature	

This report has been compiled by (these persons can be contacted if the GAVI Secretariat has any queries regarding this document):

Full name	Position	Telephone	E-mail
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2.2. ICC Signatures Page

If the country presents a report on the Immunization Services Support (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, the HSCC and ICC committees are merged into one committee. Please complete each relevant section and upload the signed pages of the attached documents twice, once for HSCC signatures and once for ICC signatures

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance's monitoring of the country's results. 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 Inter-Agency coordinating Committee (ICC), endorse this report. Signing 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
DAIPO GUY	ROTARY INTERNATIONAL		
KOUASSY EDITH CLARISSE	MSLS/DGS		
DOHOU WILFRID PACOME	MSLS/SCRP		
IRIE BI GALA MAXIME	HSS		
BOA YAPO FELIX	MSLS/DGS		
ABDOUL KADER KEITA	MSLS / CAB 1		
YAO MBRA	DEPS		

ZEHIA MARIE LAURE	GAVI HSS ADMINISTRATOR / PUBLIC TREASURY		
ANOUAN N'GUESSAN JEAN	RNE CI		
AKA KOUAME	DIEM		
ALLARANGAR YOKOUIDE	WHO		
BECHIR AOUNEVI	UNICEF		
TOMEKPA VINCENT	FENOSCI		
KOUAME KOUAKOU RAIMOND	RHD		
N'GUESSAN TIACOH LANDRY	DSCMP		
KONAN N'GORAN SEBASTIEN	DAF		
LATTROH MARIE ESSOH	MPMEF		
BENIE BI VROH JOSEPH	UFR MEDICAL SCIENCES		
DAGNAN N'CHO SIMPLICE	INHP		

BIRO ANANE DANIEL	NPSP -CI		
GBEDENOU DONHOAHONE PLACIDE	AMP		
KOUAME DESIRE	NGO CT		
LASM SABINE	INSP		
BROU AKA NOEL	DCEPI		

The ICC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially. Partner Comments:

APR

Observations of the Regional Working Group:

APR

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) **ICC**, endorse this report on the Health Systems Strengthening Program. Signing 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 the GAVI Alliance's monitoring of the country's results. 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
DAIPO GUY	ROTARY INTERNATIONAL		
KOUASSY EDITH CLARISSE	DGA		
DOHOU WILFRID PACOME	SCRIP		

IRIE BI GALA MAXIME	HSS FOCAL POINT		
BOA YAPO FELIX	DGH		
ABDOUL KADER KEITA	MSLS / CAB 1		
YAO M'BRA	DEPS		
ZEHIA MARIE LAURE	GAVI HSS ADMINISTRATOR		
ANOUAN N'GUESSAN JEAN	RNE CI		
AKA KOUAME	DIEM		
ALLARANGAR YOKOUIDE	WHO		
BECHIR AHOUNEVI	UNICEF		
TOMEKPA VINCENT	FENOSCI		
KOUAME KOUAKOU RAYMOND	RHD		
N'GUESSAN TIACOH LANDRY	DSCMP		

KONAN N'GORAN SEBASTIEN	DAF		
LATTROH MARIE ESSOH	MPMEF		
BENIE BI VROH JOSEPH	UFR MEDICAL SCIENCES		
DAGNAN N'CHO SIMPLICE	INHP		
BIRO ANANE DANIEL	SPSP		
GBEDONOU DONHOUAHONE PLACIDE	AMP		
KOUAME DESIRE	NGO CT		
LASM SABINE	INSP		
BROU AKA NOEL	DCEPI		

The HSCC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially. Partner Comments:

APR

Observations of the Regional Working Group:

APR

2.4. Signatures Page for GAVI (Types A & B) support to CSOs

Ivory Coast does not present any report on the utilization of CSO funds (Type A and B) in 2015

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4. Baseline data and annual targets

Countries are requested to make a realistic evaluation of vaccine wastage, supported by an analysis of data collected at the national level. In the absence of specific data, the country can use the maximum wastage rates given for illustrative purposes in the **Wastage rate Table** appendix of the support request guidelines. Please note the reference wastage rate for the Pentavalent vaccine is available in ten-dose vials.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)			
	2014		2015		2016	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	889 097	889 097	847,069	920,217		944,143
Total number of infant deaths	76,652	76,582	74,034	80,927		83,031
Total number of surviving infants	812,445	812,515	773 035	839,290		861 112
Total number of pregnant women	933 561	933 561	889 422	889 422		889 422
Number of infants who received (should receive) BCG vaccine	844,642	743,805	844,951	828 195		828 195
BCG coverage[1]	95%	84%	100%	90%	0%	88%
Number of infants who received (should receive) OPV3 vaccine	779 947	690,835	757 575	755 361		775 000
OPV3 coverage[2]	96%	85%	98%	90%	0%	90%
Number of infants who received (should receive) DTP1 vaccine[3]	812 445	757 605	840 816	755 361		775 000
Number of infants who received (should receive) the DTP3 vaccine [3][4]	779 947	706 512	757 575	755 361		775 000
DTP3 coverage[2]	96%	87%	98%	90%	0%	90%
Wastage [5] rate during the reference year and anticipated thereafter (%) for the DTP vaccine	10	9	10	10		10
Wastage [5] factor during the reference year and anticipated thereafter for the DTP vaccine	1.11	1.10	1.11	1.11	1.00	1.11
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	812 445	757 605	840 816	755 361		775 000
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine	779 947	706 512	757 575	755 361		775 000
DTP-HepB-Hib coverage [2]	96%	87%	98%	90%	0%	90%
Wastage [5] rate in the base-year and planned thereafter (%) [6]	10	9	10	10		10

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)			
	2014		2015		2016	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates
Wastage [5] factor in the base-year and planned thereafter (%)	1.11	1.1	1.11	1.11	1	1.11
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%
Number of infants who received (should receive) the 1 st dose of Pneumococcal (PCV13) vaccine	762 377	30,788	840 816	755 361		775 000
Number of infants who received (should receive) the 3 rd dose(s) of Pneumococcal (PCV13) vaccine	686 138	4,319	757 575	755 361		7 750 001
Pneumococcal (PCV13) coverage[2]	84%	1%	98%	90%	0%	900%
Wastage [5] rate in the base-year and planned thereafter (%)	5	5	5	5		5
Wastage [5] factor in the base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) 1 st dose(s) of Rotavirus vaccine		0		209 823		775 000
Number of infants who received (yet to receive) 3 rd dose(s) of Rotavirus vaccine		0		209 823		775 000
Rotavirus coverage[2]	0%	0%	0%	25%	0%	90%
Wastage [5] rate in the base-year and planned thereafter (%)		0		5		5
Wastage [5] factor in the base-year and planned thereafter (%)	1	1	1	1.05	1	1.05
Maximum loss rate for Rotavirus vaccine, 3-dose schedule	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) the 1 st dose of Measles Vaccine	731,200	585,638	734,384	755 361		775 000
Measles coverage [2]	90%	72%	95%	90%	0%	90%
Pregnant women immunized with TT+	765,520	715,945	756,009	862 052		862 052
TT+ coverage[7]	82%	77%	85%	97%	0%	97%

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)			
	2014		2015		2016	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates
Vit A supplement to mothers within 6 weeks of the delivery	0	0	0	0		0
Vit A supplement to infants older than 6 months	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	4%	7%	10%	0%	0%	0%

[1] Number of infants immunized compared to the number of births

[2] Number of infants immunized out of the total number of surviving infants

[3] Indicate total number of children vaccinated with either the DTP vaccine alone or combined with others

[4] Please ensure that the DTP3 cells are correctly filled in

[5] The formula for calculating a vaccine wastage rate (as a percentage): $[(A - B)/A] \times 100$, 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.

[6] 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 optimize wastage, coverage and cost.

[7] Number of pregnant women immunized with TT+ out of the total number of pregnant women

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Please fill in the table in section 4 “Baseline and Annual Targets” before you continue

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for immunization activities for 2014**. The figures for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in the CMYP.

In the space below, please provide an explanation of the figures in this APR that are different from those in the reference documents.

- Justification for any changes in the **number of births**

There has been no change in the population figures for 2014 sent in the WHO/UNICEF Joint Reporting Form (JRF) of immunization activities for 2014.

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

No change in the number of surviving infants

- Explanation of changes in targets, per vaccine. **Please note that for targets of more than 10%, the results from previous years must be justified. For the IPV, explanation should also be provided as attachment(s) to the APR for EACH change in target population.**

No changes made to the 2014 objectives

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

No changes made to the wastage rate by vaccine in 2014

5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. In the past five years, were the sex-disaggregated data on the coverage of DTP3 available in your country through administrative sources and/or surveys? **Yes, available**

If yes, please provide us with the latest data available and indicate the year in which this data was collected.

Data Source	Year of reference for estimation	DTP3 coverage estimate	
		Boys	Girls
DHS-MICS	2011-2012	53%	48%

5.2.2. How have you been using the above data to address gender-related barriers to access to immunization?

To minimize the gender-specific obstacles for the access to immunization, the initiative of “a sponsor for 100 children” was implemented in the districts with a severe drop-out rate. A situational analysis was carried out in 2014 to conduct a study on the equality to the access to immunization in 2015. The Terms of Reference for this study were finalized; this study will begin in April 2015.

5.2.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data in routine immunization reports? **Yes**

5.2.4. How the gender-related barriers at the access and at the implementation of immunization services (for example, mothers having no access to the services, the gender of service provider of services, etc) were resolved from the programs point of view? (For

more information on these gender-related barriers, refer to the GAVI “Gender and Immunization” sheet at <http://www.gavialliance.org/fr/librairie/>)

5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in the immunization program expenditure and financial flow. Please complete the table using US\$.

Exchange rate used	1 US\$ = 500	Only enter the exchange rate; do not enter the name of the local currency
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Table 5.3a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	Rotary	HKI	Lions Club
Traditional vaccines*	4,012,402	3,851,818	0	160,584	0	0	0	0
New and Under-used Vaccines (NVS)**	12,040,596	836,896	11,203,700	0	0	0	0	0
Injection material (AD syringes and others)	7,230,254	66,104	7,164,150	0	0	0	0	0
Cold Chain equipment	277 273	0	0	277 273	0	0	0	0
Staff	848 065	848 065	0	0	0	0	0	0
Other routine recurrent costs	2,313,117	825,275	678,337	267,742	455,183	0	86 580	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	25,031,531	2,507,334	5,728,377	9,618,159	6,937,661	140 000	0	100,000
None		0	0	0	0	0	0	0
Total Expenditures for Immunization	51,753,238							
Total Government Health expenditures		8,935,492	24,774,564	10 323 758	7,392,844	140 000	86 580	100,000

Traditional vaccines: BCG, DTP, OPV, 1st of measles vaccine (or the combined MR, MMR), TT. Some countries will also include Herb and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes (**Document No. 4**) from the ICC 2015 meeting that endorsed this report.

List the principal concerns or recommendations, if any, made by the ICC on sections [5.1 Reference data and annual targets carried out](#) to [5.3 Overall Immunization Expenditure and Funding](#)

DUE DILIGENCES OF ICC ON FEBRUARY 7, 2014

- Propose possible solutions to avoid stock-outs of vaccines and injection consumables
- Present the AWP in word version
- Find specific strategies for silent areas
- Identify potential donors and mobilize resources for the measles campaign (50% of budget to be funded by the State)
- Prepare treasury plan for the activities to introduce vaccine against pneumococcal.
- Share the agenda and the GAVI partnership approval framework with the partners (WHO, UNICEF, ROTARY, HKI)
- Inform the director of ECV of the resumption of the survey in the health district of Touba

DUE DILIGENCES OF ICC ON APRIL 11, 2014

- Prepare a letter to the WHO to justify the delay in the production of ECV results.
- Prepare a plan for the reduction of loss rate of vaccines
- Set-up a committee to decide on the shortage of vaccines.

DUE DILIGENCES OF ICC ON MAY 08, 2014

- Prepare a document on the strategy for the reduction of loss rate of vaccines
- Set-up a committee to decide on the shortage of vaccines.
- Attach the documents related to the final GAVI 2013 annual progress report before May 15, 2014

DUE DILIGENCES OF ICC ON SEPTEMBER 09, 2014

- Plan a team work session for the preparation of documents to be submitted to GAVI (IPV and Rota) for review before the submission date
- Propose actions to ensure the organization of NID to deal with population flows from neighboring countries in view of Ebola.
- Propose perennial solutions to improve routine EPI performances instead of intensifying it.

DUE DILIGENCES OF ICC ON OCTOBER 20, 2014

- DC-EPI, DCPNN and the Office should organize a DCEPI, DCPNN, Office meeting to determine the issue of coupling Vit A polio campaign before October 21, 2014.
- INHP and DCEPI should monitor the steps of the procedures. Provide disbursement for MenAfriVac campaign before the next ICC.
- DCEPI should restart the Ministry of Economic Affairs and Finance before the next ICC for its presence in ICC.

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

If yes, which ones?

List CSO members of the ICC:
National Federation of Health Organizations in Ivory Coast (NFHO-IC)
Office of Preventive Medicine
EPIVAC National Network

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority activities for its EPI program from 2015 to 2016?

The 2015 objectives of the program are:

- Achieve a vaccination coverage of 90% at the national level for all the antigens and in at least 80% of the districts
- Achieve a vaccination coverage of at least 45% for IPV and 25% for the vaccine against rotavirus diarrheas
- Achieve a vaccination coverage of at least 60% in the immunization demonstration project against cervical cancer (HPV)
- Maintain the specific drop-out rate (penta1/3) at a low of 10% at the national level
- Maintain the performance indicators of diseases under EPI monitoring
- Provide the regional and peripheral levels with vaccines, injection consumables adequately and continuously.
- Strengthen the establishments involved in EPI with CC equipment and rolling means and store rooms for storing consumables at all levels
- Extend the initiative of "1 sponsor per hundred children" for immunization follow-up for children at 50 health districts.

Priority activities for 2015:

PROVISION OF IMMUNIZATION SERVICES

Train the trainers of the central and regional teams in EPI management including the new vaccine (PCV-13)

Train 5100 health workers (3 per area) on practical EPI including data management

Train 328 persons of the district level (4 per district) on supervision integrating the simplified DQS tool

Organize supportive supervisions of health workers on practical EPI including data management.

Provide support for funding advanced and mobile strategies of all the districts

Support the districts in developing routine EPI micro plans and WPV including the introduction of new vaccines.

Introduce the vaccine against rotavirus diarrheas in routine vaccination.

Conduct two phases of HPV vaccine demonstration

Prepare an OPV removal plan

MONITORING AND CONTROL OF DISEASES

Update the list of priority monitoring sites.

Train the focal points of priority sites in monitoring diseases and AEFI

Provide the regional directorates, districts and priority sites with guidelines and management tools for disease monitoring and AEFI

Provide an updated list of traditional healers

Train 1500 community volunteers in community monitoring

Organize a workshop on monitoring congenital rubella syndrome.

Prepare the documentation to be submitted to the national certification committee.

Conduct a national survey on laboratories storing PVS or material that can be contaminated.

Provide the collection kits to the districts

Ensure the management of sample transport.

Organize monitoring meetings

Organize CNEP / CNC meetings to continue the meetings for harmonization of monitoring data.

Organize support meetings to low performing districts.

Equip the health districts with fuel for active monitoring.

Ensure additional preventive immunization activities

Ensure additional reactive immunization activities

Follow-up on disease monitoring activities, AEFI at the district level and at the sentinel sites for monitoring rotavirus diarrheas and bacterial meningitis.

Give feedback for the monitoring results to the participants.

Ensure the proper management of AEFI

Provision of vaccines, quality and EPI logistics

Organize a workshop for estimating the annual requirements of EPI vaccines and consumables for the year 2016

Procure EPI vaccines and consumables as per the country's forecasts

Ensure the maintenance of CC equipment at the national and regional level

Organize a workshop to validate the CC rehabilitation plan and the transport renewal plan

Equip all the levels with CC and temperature monitoring equipment as per the renewal plan. Conduct a workshop on CC maintenance

Organize the evaluation of efficient vaccine management (EVM)

Prepare the procedures document for management of wastes arising from immunization

Organize joint supervisory training programs (INHP and DCEPI) on the management of logistical activities

Organize a workshop for training and retraining of health workers involved in immunization activities in the management of logistical activities

Conduct quarterly missions for the procurement of vaccines at the intermediate levels as per the distribution plan

Equip the central (3 utility trucks, 2 refrigerators), regional and district (137 vehicles) levels and health centers (1299 motorcycles and 600 bicycles) with rolling means in compliance with the renewal plan

Equip the central level with 3 pallet trucks and a forklift

REQUEST FOR VACCINATION AND COMMUNICATION

Organize an orientation meeting once a week for administrative networks

Prepare the 2016 operational plan for routine EPI communication

Organize a workshop for training community volunteers in sponsoring immunization for children aged 0 to 11 months on the immunization schedule and search for the ignorant in 50 health districts

Monitor the sponsor services in 27 health districts

Conduct the evaluation of 1 PPCE initiative

Conduct a study on the impact of communication tools

Conduct a CAP study on the perceptions of parents with respect to multiple vaccine injections as part of IPV introduction

Organize the African Immunization Week (AIW) integrated with the vitamin A supplementation, distribution of PITNLA and prevention of Ebola

Organize 4 orientation meetings for the primary teachers for popularizing of the comic strip "Vaccine, the children's friend" (IEP Yopougon Kouté, IEP 5)

Organize four monitoring visits to popularize the comic strip)

Produce communication tools (posters, picture box, immunization schedule paperback, etc.) adapted to the community

Produce radio broadcasts and micro radio programs on EPI target diseases

Organize a workshop on the establishment of a partnership with MEDIAVAC media professionals

Organize appeal meetings with the media professional associations, other development sectors (Ministries of national education, agriculture, mutual development...) and community organizations

Organize official launch of the introduction of vaccines against rotavirus, poliovirus (IPV) infections and HPV

Produce visual EPI identity support

PROGRAM MANAGEMENT

Support the organization of meetings for monitoring immunization activities at the central, regional and district level and make regular updates to the authorities for monitoring low-performing districts

Organize statutory meetings (quarterly) between stakeholders for the coordination of EPI activities (GTR, ICC)

Organize data validation meetings: 3 meetings at the regional level, 6 at the district level

Support the supervision health districts' activities with an emphasis on low performance areas

Support the supervision activities of health regions

Train 60 people at the regional level (3 per region) on the conduct of DQS

Organize a data consolidation workshop of target population of districts in 20 regions

Organize a national workshop on harmonization of population data between the involved facilities DCEPI/INS/DIPE/DRSLS

Organize a monthly meeting for analyzing EPI performances at the central level

Prepare the strategic plan (cMYP) 2016-2020 and PAO 2016

Organize a complete external review of EPI

Conduct an annual DQS (evaluation by regional pairs)

Organize a workshop to revise guidelines on EPI data management (modulated and simplified) with pre-test; print and distribute the data management guidelines

Draft and distribute an information bulletin every 3 months

Draft a monthly feedback on the quality of databases and performance of districts to RHD and DDS

Evaluate the implementation of the immunization data improvement plan on a quarterly basis

Conduct a study on the equality of vaccination

Conduct a mid-term review of the implementation of the annual action plan 2015

Organize the post introduction evaluation of PCV-13

Participate in the preparation of documents to be submitted to GAVI HSS

Conduct an assessment workshop 2015

Introduce the IPV vaccine in routine immunization

Introduce the vaccine against rotavirus diarrheas in routine EPI

Evaluate the implementation of corrective actions from DQS reports twice a year

5.6. 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 sources of funding for Injection Safety equipment in 2014

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	AD syringes 0.05 ml +SAD syringes 2 ml	State
FR Measles	AD syringes 0.05 ml + SAD syringes 5 ml	State
FR TT	AD syringe 0.5ml	State
FR DTP-containing vaccine	AD syringe 0.5ml	GAVI, STATE
IPV	N/A	N/A

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? (Please report in the box below)

In accordance with the guidelines on national injection safety policy, all sharp waste should be incinerated. However, due to lack of incinerator in all the districts, some vaccination centers could not incinerate this waste and hence other alternatives have been used including burning and burial.

Please explain how sharps have been eliminated in 2014, what were the problems faced, etc.

The problems lie in the destruction of vaccine wastes. In fact, the recommended method of disposal is incineration but some health centers continue to destroy by burning, for lack of incinerator at their level.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Ivory Coast is not submitting a report on the use of ISS funds in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Ivory Coast is not submitting a report on the use of ISS funds in 2014

6.3. ISS Funding Application

The request for prorated ISS reward is not applicable for the Ivory Coast in 2014

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

7.1. Receipt of new & under-used vaccines for the 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the immunization program in 2014 that GAVI specified in their Decision Letter? Please fill the table below

Table 7.1: Vaccines actually received in 2014 compared to the quantity approved for 2014.

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

	[A]	[B]	[C]	
Vaccine Type	Total doses for 2014 in the Decision Letter	The number of total doses received by December 31, 2014	Total doses postponed from previous years and received in 2014	Has the country experienced a stock-out at any level in 2014?
Pneumococcal (PCV13)	2,501,600	2 234 000	2 234 000	No
DTP-HepB-Hib	3,352,500	1 366 700	1 366 700	No
Rotavirus		0	0	No

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

- What were the main problems encountered? (Was the lower than anticipated vaccine utilization due to a delay in the introduction of a new vaccine or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with the cold chain? Doses discarded because the VVM changed color or because of the expiry date?)

For the pneumococcal vaccine, the difference is related to the delayed introduction in routine EPI; in fact, planned to be integrated in the routine in June 2014, PCV13 was introduced only from September 30, 2014. For this reason, the last arrivals were cancelled. Hence, a readjustment of the dispatch schedule was deemed necessary and useful for the country.

For DTP-Hep-Hib, the quantities were adjusted as the stocks in the period were considered excessive.

- What actions have you taken to improve vaccine management, e.g. such as amending the schedule for vaccine deliveries? (within the country and with the 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 optimize wastage, coverage and cost.

To improve vaccine management, the country adjusted the vaccine dispatch schedules and train the EPI coordinators responsible for vaccine management at the operational level.

If **Yes**, for any vaccine in **Table 7.1**, indicate the duration, reason and the impact of stock-out even if the stock-out occurred at central, regional, district or a lower level.

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on progress:

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	30/09/2014
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	the initial date was shifted from June 2014 to September 2014 and the introduction was not effective in all the districts due to lack of pre-introductive training of participants.

When is the Post introduction evaluation (PIE) planned? **August 2015**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why?	No	Not applicable, the rotavirus vaccine was not introduced in 2014

When is the Post introduction evaluation (PIE) planned? **October 2016**

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	20/03/2009
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	

When is the Post introduction evaluation (PIE) planned? **April 2012**

7.2.2. If your country carried out a PIE in the past two years, please attach the relevant reports and provide a summary on the status of the implementation of any recommendations given in the PIE. (Document No.9)

An evaluation was conducted in 2012.

The main results of this evaluation are:

- The introduction plan was not passed on to regional and district levels
- The revised management tools were not available at the operational level
- The introduction took place simultaneously in all health districts
- The transporting of vaccines from the central level to the INHP branches is done without a system for continuous temperature recording.
- Monitoring of pediatric bacterial meningitis is limited to the UHC Yopougon
- Planned trainings were conducted 18 months after the introduction for the district stakeholders. The service providers have said that they have not received formal training
- None of the planned communication activities were conducted.

The main recommendations are:

- Make updated management tools and support materials available at all levels of the health pyramid
- Update the inventory for the cold chain and rolling stock equipment.
- Improve the cold chain and rolling stock equipment.
- Improve the maintenance of the cold chain equipment
- Review and disseminate guidelines on data archiving at all levels of the health pyramid
- Advocacy should be undertaken to construct incinerators in reference hospitals in the health regions
- Equip the refrigerated trucks employed in transporting vaccines with continuous temperature recording devices

Status of Implementation of the recommendations for the evaluation

Management tools are photocopied by the central level and made available to the operational level on a regular basis and on every opportunity to visit the districts (supervision, support mission for monitoring ...). The cold chain and rolling stock equipment inventory was done in 2013. But this inventory is updated on a regular basis. In 2013, the districts and health centers have received the following equipment: 462 motorcycles, 551 refrigerators model TCW 2000, 100 refrigerators model 3000 TCW, 51 freezers model TFW 800, 119 refrigerators model RCW 50 EG and 20 solar refrigerators. Refrigerated trucks used to transport vaccines are equipped with devices for controlling temperature to reach the regional offices' cold rooms which are equipped with continuous temperature recorders.

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilance? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Has your country implemented a risk communication strategy, along with national preparedness plans, to deal with possible immunization issues? **No**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea **Yes**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

Has your country carried out specific studies on:

a. Rotavirus diarrhea? **No**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **No**

If yes, the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC), does it regularly examine the data from sentinel surveillance and special studies to make recommendations on the quality of data produced and on how to further improve the quality of data? **Not selected**

Are you planning to use the data of national sentinel surveillance and / or special studies to monitor and assess the impact of the introduction and use of vaccines? **Yes**

Please describe the results of monitoring/special studies and NITAG/ICC contributions:

Results of monitoring rotavirus diarrhea in 2014:

- notified cases: 70

- positive cases: 0

Results of monitoring pediatric bacterial meningitis in 2014:

- notified cases: 8

- proportion of lumbar puncture performed: 100%

- proportion of suspect cases 100%

- proportion of probable cases: 100%

-

• Bacterial meningitis caused by Haemophilus influenzae: 12.5%

• Bacterial meningitis caused by pneumococcal: 50%

• Bacterial meningitis caused by salmonella: 25%

Bacterial meningitis due to Enterobacter cloacae: 12.5%

7.3. Lump sum allocation for the introduction of a new vaccine in 2014

7.3.1. Financial Management Report

	Amount in US\$	Amount in local currency
Funds received in 2014 (A)	5,037,547	2,518,773,330
Balance of funds carried forward from 2013	7,880	3,940,136
Total Available Funds in 2014 (C=A+B)	5,045,427	2,522,713,466
Total expenditure in 2014(D)	3,535,028	1 767 513 899
Balance carried over to 2015 (E=C-D)	1 510 399	755,199,567

Detailed expenditure from the New Vaccines Introduction Grant funds during the calendar year 2014

Please attach a detailed financial statement for the use of ISS funds during the calendar year 2014 (Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Program Report

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

The main introduction related activities are:

- preparation of training modules
- revision of management tools to consider new future introductions
- distribution of vaccines to regional branches and health districts
- launch of the introduction at Dabou by the Director of the Office of the Minister of Health
- the continuation of the monitoring of sentinel sites for bacterial meningitis
- production of communication tools (posters, banners, flyers, etc.)
- television-radio broadcasts on the introduction

Please describe any problem encountered in the implementation of the planned activities.

- Delayed establishment of funds
- Difficulties in the disbursement of funds related to procedures have hindered the effective implementation of activities; for example, it has been the case of training participants at the operational level which was conducted in 2015 while it should precede the introduction.

Please describe the activities that will be undertaken with the balance of funds carried forward to 2015

They are:

- the training of participants at an operational level
- equipment in cold chain material
- post-introduction evaluation in August 2015
- purchase of rolling means
- the implementation of certain activities from the road map

7.4. Report on country co-financing in 2014

Table 7.4: Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	500,500	136 800
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	402,500	191,400
Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?		
Government	903,000	

Donor	0	
Others	0	
	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US\$ and in supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	146,425	136 800
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	437,575	427,800
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Selected vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	August	State
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	December	State
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	State
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	
	The country plans to introduce more costly new vaccines in the EPI. A technical support is required to assist the country in preparing financial reliability strategies	

*Note: cofinancing is not mandatory for the IPV

Is GAVI's new or under-used vaccines and injection supply support reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/EVM/VMA)

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 the EVM tool can be found at

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct a Effective Vaccine Management (EVM) prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the Annual Progress Report. The EVM 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 the following documents:

- a) the EVM report (**Document No 12**)
- b) The post-EVM improvement plan (**Document No. 13**)
- c) Progress report on the activities implemented during the year and the status of implementation of the recommendations from the Improvement Plan (**Document No. 14**)

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

Have there been any changes in the Improvement plan, and why? **No**

If yes, give details

NA

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for type A Meningococcal Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Number of total doses approved in the Decision Letter	Campaign Start Date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
4789000	12/12/2014	4789000

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

NA

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What action did you take to ensure the campaign was conducted as planned?

the initial date was complied with

7.6.2. Program Results for type A Meningococcal preventive campaigns

Geographic regions covered	Duration of the campaign	Total number of target population	Achievement, i.e., immunized population	Administrative coverage (%)	Survey Coverage (%)	Vaccine wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
North and centre	10j	4,271,669	4,618,564	108	0	0	192	0

*If no survey is conducted, please provide estimated coverage as per the independent monitors

Has the campaign been conducted according to the plans in the approved proposal? **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the reasons.

NA

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceeded the target/met the target). If you did not meet/exceed the target, what have been the underlying reasons for this (under/over) achievement?

The purpose of the campaign was achieved in compliance with the proposal

What lessons have you learned from the campaign?

strong mobilization of population for the campaign required to expand the target

7.6.3. Fund utilization of operational cost of type A Meningococcal preventive campaigns

Category	Expenditure in Local currency	Expenditure in US\$
Management and coordination of programs	14,395,250	30,230
Planning and preparation	27,713,350	58,198
Social mobilization, information/education/communication	67,939,700	142,673
Other trainings and meetings	14,094,000	29,597
Preparation of documents	40,182,916	84,384
Human resources and incentives	527,679,800	1,108,122
Cold Chain equipment	48,800,000	102479
Transport for implementation and supervision	343,301,175	720,929
Supplies for immunization sessions	33,210,068	69,747
Waste management	20,623,600	43,309
Case-wise monitoring and follow-up	113,203,650	237726
Evaluation: Immunization coverage survey	28,915,250	60,722
Technical assistance	62,068,750	130,344
AEFI monitoring and management	69,278,849	145,485
Data management	0	0
Total	1411406358	2,963,945

7.7. Change in vaccine presentation

Ivory Coast requires no change in the vaccine presentation in the coming years.

7.8. Renewal of multi-year vaccine support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country must apply for an extension of the co-funding agreement with GAVI for vaccine support commencing from 2016 and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2016 for the following vaccines:

- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- * **Rotavirus, 3 dose schedule**
- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 3 dose schedule**

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2016, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 3 dose schedule**

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. 18)

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 3 dose schedule**

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 immunization program

In order to request NVS for vaccination in 2016 do the following:

Confirm here below that your request for 2016 vaccines support is as per table [7.11 Calculation of requirements](#) **Yes**

If you do not confirm, please explain:

NA

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2012	2013	2014	2015	2016
Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED			12.50%	12.50%	12.30%
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose per vial, LIQUID			4.40%	4.50%	3.00%
Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule			7.10%	7.10%	7.10%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID			3.40%	4.30%	3.60%

7.11. Calculation of requirements

Table 7.11.1: Characteristics for DTP-HepB-Hib, 10 doses per vial, LIQUID

ID	Source		2014	2015	2016	TOTAL
Number of surviving infants	Parameter	#	812 445	773 035	861 112	2 446 592
Number of children to be vaccinated with the first dose	Parameter	#	812 445	840 816	775 000	2,428,261
Number of children to be vaccinated with the third dose	Parameter	#	779 947	757 575	775 000	2,312,522
Immunization coverage with the third dose	Parameter	%	96.00%	98.00 %	90.00%	
Number of doses per child	Parameter	#	3	3	3	
Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.11	
Stock in Central Store Dec 31, 2014		#	0			
Stock across second level Dec 31, 2014 (if available)*		#	147,830			
Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0			
Number of doses per vial	Parameter	#		10	10	
Number of AD syringes required	Parameter	#		Yes	Yes	
Number of reconstitution syringes required	Parameter	#		No	No	
Number of safety boxes required	Parameter	#		Yes	Yes	
cc Country co-financing per dose	Parameter	\$		0.30	0.35	

ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.30%	3.60%	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

APR

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **3**

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

Co-financing group	Intermediate
--------------------	--------------

	2014	2015	2016
Minimum co-financing	0.26	0.30	0.35
Recommended co-financing as per			0.35
Your co-financing	0.26	0.30	0.35

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

		2014	2015	2016
Number of vaccine doses	#	2,925,500	2,286,000	2,473,900
Number of AD syringes	#	2,965,200	2,266,100	2,491,500
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	32,650	24,950	27,225
Total value to be co-financed by GAVI	\$	5,973,000	4,720,000	4,717,500

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

		2014	2015	2016
Number of vaccine doses	#	427,000	389,000	556,200
Number of AD syringes	#	432,800	385,300	560,200
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	4,775	4,250	6,125
Total value of country co-financing[1]	\$	872,000	802,500	1 060 500

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	812 445	840 816	
B 1	Number of children to be vaccinated with the third dose	Table 4	779 947	840 816	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,391,513	2,405,079	
E	Estimated vaccine wastage factor	Table 4	1.11	1.11	
F	Number of doses required taking wastage into account	$D \times E$		2,669,637	
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,25$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,25 \geq 0$ 			
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,25)$			
H 1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$			
H 2	Stock on 1st January	Table 7.11.1	297,990	0	
H 3	Dispatch schedule	Approved volume		2 675 000	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		2 675 000	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$			

R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$				
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$				
T	Total funds required	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	U / T				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-financing	V	18.35%		
B	Number of children to be vaccinated with the first dose	Table 4	775 000	142 249	632 751
B 1	Number of children to be vaccinated with the third dose	Table 4	775 000	142 249	632 751
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2 325 000	426,747	1 898 253
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses required taking wastage into account	$D \times E$	2,580,750	473,689	2,107,061
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,25$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,25 \geq 0$ 	- 20 019	- 3 674	- 16 345
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,25)$	- 469 190	- 86 118	- 383 072
H 1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$	159 648	29,303	130,345
H 2	Stock on 1st January	Table 7.11.1			
H 3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	3,030,000	556,147	2,473,853
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	3,051,589	560,110	2,491,479
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	33,330	6,118	27,212
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	5,444,910	999,396	4,445,514
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$	136,712	25,094	111,618
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	182	34	148
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	196,017	35,979	160,038
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0

T	Total funds required	$(N+O+P+Q+R+S)$	5,777,821	1 060 500	4,717,321
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	1 060 500		
V	Country co-financing % of GAVI supported proportion	U / T	18.35%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.1: Characteristics for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID	Source		2014	2015	2016	TOTAL	
	Number of surviving infants	Parameter	#	812 445	773 035	861 112	2 446 592
	Number of children to be vaccinated with the first dose	Parameter	#	762 377	840 816	775 000	2,378,193
	Number of children to be vaccinated with the third dose	Parameter	#	686 138	757 575	7 750 001	9193,714
	Immunization coverage with the third dose	Parameter	%	84,45%	98.00 %	900,00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	2 325 360			
	Stock across second level Dec 31, 2014 (if available)*		#	0			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0			
	Number of doses per vial	Parameter	#		1	1	
	Number of AD syringes required	Parameter	#		Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	
	Number of safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.23	0.26	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.50%	3.00%	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

APR

Co-funding tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate
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	2014	2015	2016
Minimum co-financing	0.20	0.23	0.26
Recommended co-financing as per			0.26
Your co-financing	0.20	0.23	0.26

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	762 377	840 816	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B \times C$	2,287,131	2,522,448	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses required taking wastage into account	$D \times E$		2,648,571	
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$			
H ₂	Stock on 1st January	Table 7.11.1	0	2 325 360	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		1 612 800	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$			
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 2)

	Formula	2016			
		Total	Government	GAVI	
A	Country co-financing	V	7.38%		
B	Number of children to be vaccinated with the first dose	Table 4	775 000	57,233	717,767
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	2 325 000	171,697	2,153,303
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required taking wastage into account	$D \times E$	2 441 250	180,282	2,260,968
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	- 48 625	- 3 590	- 45 035
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$	1 663 218	122,826	1 540 392
H ₂	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	730,800	53,969	676,831
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	674,473	49,809	624,664
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	8,039	594	7,445
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	2,468,643	182,305	2,286,338
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$	30,217	2,232	27,985
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	44	4	40
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	74,060	5,470	68,590
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	2,572,964	190 008	2,382,956
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	190 008		
V	Country co-financing % of GAVI supported proportion	U / T	7.38%		

Table 7.11.1: Characteristics for **Rotavirus, 3-dose schedule**

ID	Source		2014	2015	2016	TOTAL
Number of surviving infants	Parameter	#	812 445	773 035	861 112	2 446 592
Number of children to be vaccinated with the first dose	Parameter	#	0	0	775 000	775 000
Number of children to be vaccinated with the third dose	Parameter	#			775 000	775 000
Immunization coverage with the third dose	Parameter	%	0.00%	0.00%	90.00%	

	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.00	1.00	1.05
	Stock in Central Store Dec 31, 2014		#	0		
	Stock across second level Dec 31, 2014 (if available)*		#	0		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0		
	Number of doses per vial	Parameter	#		1	1
	Number of AD syringes required	Parameter	#		No	No
	Number of reconstitution syringes required	Parameter	#		No	No
	Number of safety boxes required	Parameter	#		No	No
cc	Country co-financing per dose	Parameter	\$		0.00	0.15
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%			7.10%

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

NA

Co-financing table for Rotavirus, 3 dose schedule

Co-financing group	Intermediate
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	2014	2015	2016
Minimum co-financing		0.13	0.15
Recommended co-financing as per			0.15
Your co-financing			0.15

Table 7.11.4: Calculation of requirements for **Rotavirus, 3 dose schedule** (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	0	0	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B \times C$	0	0	
E	Estimated vaccine wastage factor	Table 4	1.00	1.00	
F	Number of doses required taking wastage into account	$D \times E$		0	
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$			
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$			
H 2	Stock on 1st January	Table 7.11.1	0	0	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		0	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$			
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			

V	Country co-financing % of GAVI supported proportion	U / T			
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Table 7.11.4: Calculation of requirements for **Rotavirus, 3 dose schedule** (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	V	4.00%		
B	Number of children to be vaccinated with the first dose	Table 4	775 000	31,013	743,987
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	2 325 000	93,038	2,231,962
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required taking wastage into account	$D \times E$	2 441 250	97,690	2,343,560
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	610,313	24,423	585,890
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$	0	0	0
H 2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	3,051,900	122,125	2,929,775
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	0	0	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	10 681 650	427,437	10 254 213
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	0	0	0
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	758,398	30,349	728,049
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	11,440,048	457 785	10 982 263
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	457 785		
V	Country co-financing % of GAVI supported proportion	U / T	4.00%		

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8. Health System 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 the period January to December 2014**. All countries are expected to report on:
 - a. The progress made in 2014
 - b. The implementation of HSS from January to April 2015 (interim report)
 - c. plans for 2016
 - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report on start-up activities.

In order to better align the HSS report to national procedures, for countries where the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately. Please use additional space than that provided in this template, as necessary.
4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email at gavihss@gavi.org.
5. If you are requesting additional funds, please make this clear in [section 8.1.2](#).
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 the HSCC meetings held in 2014
 - b. Minutes of the HSCC meeting in 2015 that endorsed this report
 - c. Latest Health Sector Review Report
 - d. Financial statement for the use of HSS funds in the calendar year 2014
 - 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 installments of HSS funding:
 - a. Reports on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter
 - b. A demonstration of strong links (with tangible evidence) between activities, output, outcome and impact indicators
 - c. An outline of technical support that may be required to either support the implementation or monitor the GAVI HSS investment in the coming year.

8. Inaccurate, incomplete or unsubstantiated reports may lead the IRC to either send the APR back to your country for clarification (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 installment of HSS funding.

8.1. Report on the use of HSS funds in 2014 and request for additional funding

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

8.1.1. Report on the use of HSS funds in 2014

Please complete [Table 8.1.3.a](#) and [8.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS program 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 8.1.3.a](#) and [8.1.3.b](#).

8.1.2. Please indicate if you are requesting additional funding **Yes**

If yes, please indicate the amount of funding requested: **US\$ 2334170**

These funds will be sufficient to ensure the HSS allocation till December 2016.

Table 8.1.3a \$(US)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	1,783,000	1,764,500	1,794,000	1556000	1556000	
Revised annual budget (if revised during a review of the previous years' annual reports)					4,404,464	2,450,452
Total funds received from GAVI during the calendar year (A)	0	0	0	0	2,070,294	0
Balance funds (carry over) from previous year (A)	1,790,000	1004758	343674	343674	357,933	2287381
Total Funds available during the calendar year (C=A+B)					2428227	2287381
Total expenditure during the calendar year (D)					0	1,899,969
Balance carried forward to the next calendar year (E=C-D)					2428227	387,412
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	4,404,644	2334170

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				

Revised annual budget (if revised during a review of the previous years' annual reports)	2721582			
Total funds received from GAVI during the calendar year (A)				
Balance funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to the next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	895,066,000	866,369,500	897,000,000	77800000	77800000	
Revised annual budget (if revised during a review of the previous years' annual reports)		0	0	0	2,074,502,544	1,154,162,892
Total funds received from GAVI during the calendar year (A)		0	0	0	975,103,764	0
Balance funds (carry over) from previous year (A)	811317500	504388516	168743977	168743977	168,586,443	1143690491
Total Funds available during the calendar year (C=A+B)	811317500	504388516	168743977	168743977	1143694917	1143690491
Total expenditure during the calendar year (D)	394,191,484	324,592,244	0	0	0	949,984,292
Balance carried forward to the next calendar year (E=C-D)	504388516	168743977	168743977	168743977	1143694917	193,706,199
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	1099394070

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budget (if revised during a review of the previous years' annual reports)	1,180,237,323			
Total funds received from GAVI during the calendar year (A)				
Balance funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to the next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 st January	502	491	500	500		479
Closing on 31 st December	502	491	500	500	471	538

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement on the use of HSS funds during the 2014 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 the Ministry of Health. **(Document Number: 19)**

If any expenditures for the January - April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been carried out? No

External audit reports for HSS programs are due to the GAVI Secretariat six months following the end of your government's fiscal year. If an external audit report is available for your HSS program for your government's most recent fiscal year, this must also be attached (Document Number: 21)

8.2. HSS progress in the 2014 financial year

Please report on any major measures taken to improve the immunization activities using HSS funds in Table 8.2. It is very important to be precise about the extent of progress made and the use of M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of the activity completed, where applicable
- A description of the progress made and any problems encountered
- The source of information and data, if relevant.

Table 8.2: HSS activities in the reporting year 2014

Main Activities (insert as many rows as required)	Activities planned for 2014	Percentage of activity completed (annual rate) (where applicable)	Source of information/data (if relevant)
Activity 1.1: Support the monitoring of activities at the district and regional level	Activity 1.1: Support the monitoring of activities at the district and regional level	0	
Activity 1.2: Organize the monitoring and management of the project by the technical committee (account management fees)	Activity 1.2: Organize the monitoring and management of the project by the technical committee (account management fees)	100	bank statements
Activity 1.3: Organize an internal audit by the General Inspectorate of Finance of MEF at the end of six months of implementation	Activity 1.3: Organize an internal audit by the General Inspectorate of Finance of the MEF at the end of six months of implementation	0	
Activity 2.1: Equip the health districts and Regional Directorates with 4x4 type supervision vehicles	Activity 2.1: Equip the health districts and Regional Directorates with 4x4 type supervision vehicles	100	activity report
Activity 2.2: Provide 205 FCHF with motorbikes to carry out the advanced strategy activities	Activity 2.2: Provide 205 FCHF with motorbikes to carry out the advanced strategy activities	100	activity report
Activity 3.1: Equip 12 regional directorates, 31 districts and 326 FCHF with data collection support.	Activity 3.1: Equip 12 regional directorates, 31 districts and 326 FCHF with data collection support.	0	
Activity 3.2: Provide 31 districts, 12 regional directorates and 7 central directorates with computers and IT consumables	Activity 3.2: Provide 31 districts, 12 regional directorates and 7 central directorates with computers and IT consumables	0	

8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress achieved and obstacles faced (e.g. assessments, HSCC meetings).

Main Activities (insert as many rows as required)	Explain progress achieved and constraints
Activity 1.1: Support the monitoring of activities	not completed due to difficulties of internal disbursement
Activity 1.2: Organize the monitoring and management of	not completed on GAVI funds as incompatible with the GAVI management policy
Activity 1.3: Organize an internal audit	not completed, difficulties related to the internal disbursement procedure
Activity 2.2: Provide 205 FCHF with motorbikes	330 motorcycles available for advanced vaccination strategies
Activity 3.2: Provide the 12 regional dirctorates	40 vehicles available for monitoring and mobile strategies
Activity 3.1: Provide the 12 regional dirctorates	not completed, difficulties related to the internal disbursement procedure
Activity 3.2: Provide 31 districts, 12 regional dirctorates	not completed, difficulties related to the internal disbursement procedure

8.2.2 Explain why certain activities have not been implemented, or have been modified, and give references.

Activity 1.1: Support the monitoring of the activities at district and regional level during its registration in the budget, the budget selected for carrying out this activity was divided into several lines including the external services line. It was not possible to engage this line due to the complexity of the procedure until the closure of the Public Financial management system (PFMS) for the year 2014

Activity 1.2: Organize the monitoring and management of the project

The project specific management and monitoring activities were implemented on funding from the Government of the Ivory Coast, as they could not be funded on GAVI funds as per the GAVI fund management policy. This justifies that this amount was not completely used

Activity 1.3: Organize an internal audit by the General Inspectorate of Finance of the MEF at the end of six months of implementation

At the time of registration of the activity budget into the State budget, it was registered on the external service line. This external service line could not be used given the complexity of the procedure. It clearly appeared that all the activities which were recorded partly or fully on the external services line could not be executed.

Activity 3.1: Equip 12 regional directorates, 31 districts and 326 FCHF with data collection support. At the time of registration of the activity budget into the State budget, it was registered on the external service line. This external service line could not be used given the complexity of the procedure.

It clearly appeared that all the activities which were recorded partly or fully on the external services line could not be executed.

Activity 3.2: Provide 31 districts, 12 regional directorates and 7 central directorates with computers and IT consumables

This activity which should be carried out by using the UNOPS service, could not be carried out due to the delay in the disbursement of funds related to difficulties encountered with regard to financial control. We were already late for the time to smoothen these difficulties in the budget year and the agreement with UNOPS was no longer relevant.

Note: activities 1.1 for monitoring, although not carried out on GAVI funds could be conducted both on the State budget and through funds from other partners.

Activity 3.2, reproduction of data collection support was carried out on PEPFAR funding which reproduced all collection tools for 2014.

Activity 1.3 on the audit was replanned in 2015 as part of the roadmap for the measurement based approach.

8.2.3 If the GAVI HSS grant has been utilized to provide incentives to national health human resources, how have these GAVI HSS funds been used to implement the National Policy or guidelines on Human Resource?

GAVI HSS funds have not been used to provide incentives to national human resources measures.

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the originally approved proposal and Decision Letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: 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	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable					

8.4. Program implementation in 2014

8.4.1. Please describe the major achievements in 2014, especially the impact on health service programs, and how the HSS funds have contributed to the immunization program.

The three activities carried out which constitute more than 85% of the budget is based on the purchase of 330 motorcycles and 40 vehicles to strengthen the capabilities of districts and health centers in the conduct of supervision, immunization in advanced and mobile strategy activities.

8.4.2. Please describe any problems encountered and solutions found or proposed to improve future results from HSS funding.

The problems encountered in the implementation of GAVI grants in 2014, are mainly related to the procedure for executing public expenses (GAVI funds was recorded in the State budget). In fact, there were

- constraints in the transcription of expenses in budget lines of the public expenditure for certain activities.
 - the slowness in the disbursement procedure which was peppered with several blockages between the control authorities and the program management unit which sometimes resort to GAVI to resolve the situation.
- to enable better execution of activities planned for 2015, it was decided in the roadmap of the tailored approach that the funds channeled exceptionally by UNICEF. an agreement will be signed between UNICEF and the Ministry of Health to enable the quick availability of funds for the execution of activities. The final evaluation of the proposal at the end of the financial year 2015 will help formulate sustainable proposals for a better implementation of future proposals.

8.4.3. Please describe the exact arrangements made at the different levels for the monitoring and evaluation of GAVI funded HSS activities.

The fund utilization plan was validated by the ICC. The different steps for the purchase process were shared with all the partners and members of the ICC.

All the decisions taken for the execution of funds were made upstream of the ICC.

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

ICC was the framework for monitoring both for HSS and ISS

8.4.5. Please specify the participation of key players in the implementation of the HSS proposal (including EPI and Civil Society Organizations). This should include organization type, name and role in the implementation process.

The main stakeholders to the implementation of the HSS proposal for 2014, was the General Directorate of Health which houses the Management Unit, technical services to support the Ministry of Health (DAF, DIEM, legal department); EPI; the GAVI partners (WHO, UNICEF and AMP) and the Civil Society represented by FENOS-CI (National Federation of Organizations of the Civil Society of Côte d'Ivoire), Rotary Club These different entities are part of the ICC and also restricts the Thematic Group for vaccination.

The activities are planned in collaboration with EPI and the prepared plan is validated by ICC. The GAVI partners and representatives of the civil society have a look at the implementation of the proposal through restricted thematic group and ICC meetings, which the management unit reflects the implementation of the proposal. The GAVI partners also play the role of a technical adviser within the program management unit. All major decisions on program management are firstly subject to ICC approval.

8.4.6. Please describe the participation of the Civil Society Organizations in the implementation of the HSS application. Please provide names of organizations, type of activities, and funding provided to these organizations from the HSS funding.

The HSS proposal does not provide for activities to be implemented directly by the Civil Society, so that no NGO received funding on HSS funds during 2014. However NFOCS-IC which is a member of ICC, participated regularly in decision-making on the implementation of activities through its participation in the restricted thematic group and ICC.

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

- Was the management of the HSS funds has been effective?
- Where there any constraints in disbursing internal funds?
- What were the measures taken to address any issues and improve management?
- Are there any planned changes to management processes in the coming year?
- Whether the management of the HSS funds has been effective?

the management of HSS funds is done in accordance with the following procedure:

the funds are kept in a commercial bank opened in 2013 after the signing of the memorandum between GAVI Alliance and the Ivory Coast. At the commercial bank, the funds are handled by a commissioner responsible for the budget who is appointed by the Ministry.

GAVI HSS funds are listed under the State Budget with external support and then translated into the Public Accounting budget.

The provision of funds for the implementation of activities is made under the simplified procedure (establishment of an Imprest account GAVI HSS) of the National Budget Implementation procedure:

- The Director General of Health, coordinator of the GAVI HSS program assumes the role of credit administrator. He initiates the expense according to terms of reference for activities. The application for authorization of expenditure and request for payment is sent to the financial controller for approval.
- The Financial Controller dedicated to the GAVI HSS program ensures the control before and after the expenditure as per the annual work plan, of the terms of reference of activities and various documents. He authorizes the expenditure and the payment of expenditure. He checks the validity of the service provided. The Financial Controller is appointed by the Ministry of Economy and Finance.
- The GAVI HSS Imprest Administrator ensures the payment of the expenses after the approval of the Financial Controller and under the justification of expenditure approved by the Financial Controller. He is the sole authority to handle the GAVI HSS accounts. The Imprest administrator shall be appointed by the Ministry in charge of the budget.

This procedure certainly enabled an efficient management of funds but it was not efficient given the several blockages and loss of time which were not allowed to use all the funds.

- Were there any constraints in disbursing internal funds?

there were several obstacles in the disbursement of funds:

- bureaucracy in the listing of funds in the budget with considerable loss of time-blockage in the approval of contracts.
- blockage in the financial control processes required for the disbursement of funds
- difficulty in the implementation of site activities due to the fact that, in the national procedure, the State pays only after the service is rendered.

- What were the measures taken to address any issues and improve management?

Several arbitrations were made by the general inspectorate of finances and by the financial control director and special authorizations were granted by the public market management.

- Are there any planned changes to management processes in the coming year?

Yes, as part of the tailored roadmap it was decided that the funds are sent by UNICEF and the requests are addressed by the management unit to UNICEF for the provision of funds to carry out planned activities, for the next year. In this context, an agreement will be signed between UNICEF and the Ministry of health once the roadmap is validated by the GAVI Secretariat Further, after evaluation of the entire proposal at the end of the implementation of the last part, a new management procedure will be defined by considering the difficulties encountered.

8.5. HSS Activities planned for 2015

Please use **Table 8.4** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015, please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Activities planned for 2015

Main Activities (insert as many rows as required)	Activity planned for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if applicable)	Revised budget for 2015 (if applicable)
Activity 1	Equip all the levels with CC and temperature monitoring equipment as per the renewal plan.	632,064	0			
Activity 3	Equip the health centers with an all terrain vehicle	762,180	0			

Activity 2	Equip the regions and health districts with 4x4 supervision vehicle	724,118	0			
Activity 4	organization of an internal audit by the General Inspectorate of Finance of the Ministry of Economy and Finance for 2015 management	13,967	0			
Activity 5	organization of an external audit by a private firm	27,935	0			
Activity 6	organization of the final evaluation of the proposal	173,906	0			
Activity 7	Conduct a SARA survey with the DQR	102137	0			
Activity 8	Support exchange costs and fund transfer to UNOPS under 2014 management	274,025	0			
Activity 9	Organize an internal audit by the General Inspectorate of Finance of MEF at the end of 2014 management	11,250	0			
		2721582	0			0

8.6. HSS activities planned for 2016

Please use **Table 8.6** to outline the activities planned for 2016. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in the budget is more than 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to the IRC for approval with the required proof.

Table 8.6: HSS Activities planned for 2016

Main Activities (insert as many rows as required)	Activity planned for 2016	Original budget for 2016 (as approved in the HSS proposal or as adjusted during past Annual Progress Reports)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if applicable)	Revised budget for 2016 (if applicant)
NA	NA		NA	NA	NA
		0			

8.7. Revised indicators in case of rescheduling

Countries planning to request a reprogramming can do it at any time of year. Please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email at gavihss@gavi.org.

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please indicate the amount and the links to inputs mentioned in the report:

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
Global funds			support the Health Information System (reprographic collection tools)
PEPFAR through the LMG and SCMS projects		2 years	governance support, logistic support for supervision and advanced strategies, support for the supply chain
European Union through PARSSI project		2 years	rehabilitation, logistical support for advanced strategy, support to supervision activity

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

8.9. Reporting on the HSS grant

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

- How the 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 questions were dealt with or solved.

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
	the data used in this report is validated by the restricted thematic group on immunization before being validated by ICC.	no problem encountered

8.9.2. Please describe any difficulties faced 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.

No difficulties

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014? Please attach:

1. The minutes from all the HSCC meetings held in 2015, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

9. Strengthen the involvement of Civil Society Organizations (CSO): type A and type B

9.1. TYPE A: Support to improve coordination and the representation of CSOs

Ivory Coast **has NOT** received GAVI Type A support to CSOs

Ivory Coast is not submitting a report on GAVI Type A support to CSOs for 2014

9.2. TYPE B : Support for CSOs to help implement the GAVI HSS proposal or CMYP

Ivory Coast **has NOT** received GAVI Type B support to CSOs

Ivory Coast is not submitting a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

You can submit observations that you may wish to bring to the attention of the monitoring IRC and any comments or information you may wish to share in relation to the challenges you have faced during the year under review. These are in addition to the approved minutes, which should be included in the attachments.

11. Appendices

11.1. Annex 1 - ISS instructions

INSTRUCTIONS:

FINANCIAL STATEMENTS **FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION UNDER IMMUNIZATION SERVICES SUPPORT (ISS)**

- I. All countries that have received ISS/ new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from the 2013calendar year (opening balance as of January 1, 2014)
 - b. Income received from GAVI in 2014
 - c. Other income received during 2014 (interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of December 31, 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 December 31, 2014(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 be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of income & expenditure of ISS

MINIMUM REQUIREMENTS FOR THE FINANCIAL STATEMENTS OF THE ISS AND GRANT FOR THE INTRODUCTION OF A VACCINE 1

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in US\$*
Carryover from 2013 (balance on December 31, 2013)	25,392,830	53,000
Summary of income in 2014		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Balance on December 31, 2014 (carryover to 2015)	60,139,325	125,523

* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed analysis of expenditure by economic classification** - GAVI ISS						
	Budget in CFA	Budget in US\$	Actual expenditure in CFA	Actual expenditure in US\$	Difference in CFA	Difference in US\$
Expenditure on salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	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 and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR HEALTH SYSTEM STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.
- II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from calendar year 2013 (opening balance as of 1 January 2014)
 - b. Income received from GAVI in 2014
 - c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 December 31, 2014(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 exchange rate has been applied, and any additional 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 financial statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

11.4. Annex 4 - Example of income & expenditure of HSS

MINIMUM REQUIREMENTS FOR THE FINANCIAL STATEMENTS OF HSS SUPPORT

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Valeur en \$US*
Carryover from 2013 (balance on December 31, 2013)	25,392,830	53,000
Summary of income in 2014		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Balance on December 31, 2014 (carryover to 2015)	60,139,325	125,523

* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed analysis of expenditure by economic classification** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual expenditure in CFA	Actual expenditure in US\$	Difference in CFA	Difference in US\$
Expenditure on salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	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 and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR SUPPORT TO CIVIL SOCIETY ORGANIZATIONS (CSO) TYPE B

- I. All countries that have received CSO - Type B grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from calendar year 2013 (opening balance as of 1 January 2014)
 - b. Income received from GAVI in 2014
 - c. Other income received during 2014 (interest, fees, etc.)

- d. Total expenditure during the calendar year
 - e. Closing balance as of December 31, 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 December 31, 2014(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 exchange rate has been applied, and any additional 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 financial statements should be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.6. Annex 6 - CSO income & expenditure example

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON 'TYPE B' CSO SUPPORT

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI CSOs		
	Local Currency (CFA)	Value in US\$*
Carryover from 2013 (balance on December 31, 2013)	25,392,830	53,000
Summary of income in 2014		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Balance on December 31, 2014 (carryover to 2015)	60,139,325	125,523

* * Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed analysis of expenditure by economic classification** - GAVI CSOs						
	Budget in CFA	Budget in US\$	Actual expenditure in CFA	Actual expenditure in US\$	Difference in CFA	Difference in US\$
Expenditure on salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	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 and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	Signature Ministres RSA.pdf File desc: Date/Time: 15/05/2015 01:29:55 Size: 320 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Signature Ministres RSA.pdf File desc: Minister of Finance Signature Date/Time: 15/05/2015 11:32:46 Size: 320 KB
3	Signatures of the ICC members	2.2	✓	Pages signatures RSA.doc File desc: Date/Time: 15/05/2015 11:55:09 Size: 821 KB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	PV CCIA Lundi 11 mai 2015 signé.doc File desc: Date/Time: 15/05/2015 11:59:23 Size: 3 MB
5	Signature of the HSCC members	2.3	✓	Pages signatures RSA.doc File desc: Signature of the HSCC members Date/Time: 15/05/2015 12:00:09 Size: 821 KB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	PV CCIA Lundi 11 mai 2015 signé.doc File desc: Date/Time: 15/05/2015 12:02:10 Size: 3 MB
7	Financial statement for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	POINT DE L'EMPLOI FONDS GAVI.doc File desc: Date/Time: 15/05/2015 11:19:55 Size: 400 KB
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	SANS OBJET2.docx File desc: Audit in progress Date/Time: 15/05/2015 12:14:00 Size: 10 KB
9	Post-introduction Evaluation Report	7.2.1	✗	CIV_Rapport PIE_120806.pdf File desc: Date/Time: 06/05/2015 01:42:45 Size: 722 KB
10	Financial statement for grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	POINT DE L'EMPLOI FONDS GAVI.doc File desc: Date/Time: 15/05/2015 11:46:19 Size: 400 KB

11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than US\$ 250,000	7.3.1	✓	SANS OBJET.docx File desc: Audit in progress The report is still not available Date/Time: 15/05/2015 12:05:14 Size: 10 KB
12	EVSM/EVM/VMA report	7.5	✓	Rapport Final Cote d'Ivoire GEV 2012.pdf File desc: The improvement plan is in the report Date/Time: 07/05/2015 08:18:50 Size: 1 MB
13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Rapport Final Cote d'Ivoire GEV 2012.pdf File desc: The improvement plan is in the EVSM report Date/Time: 12/05/2015 07:08:01 Size: 2 MB
14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5	✓	Report MEO Evaluation GEV CIV April 2014 (1).pdf File desc: Date/Time: 06/05/2015 12:03:58 Size: 853 KB
16	The cMYP is valid if the country requests for extension of support	7.8	✗	PPAC 2011-2015 14dec2013 modif.doc File desc: Date/Time: 07/05/2015 08:26:59 Size: 3 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support	7.8	✗	SANS OBJETS.docx File desc: Date/Time: 15/05/2015 12:28:56 Size: 10 KB
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✗	SANS OBJETS.docx File desc: Date/Time: 15/05/2015 12:23:43 Size: 10 KB
19	Financial statement for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Etat financier GAVI RSS 2014.pdf File desc: Date/Time: 12/05/2015 01:33:17 Size: 1 MB
20	Financial statement for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	SANS OBJET.docx File desc: NO DISBURSEMENT FROM JANUARY TO APRIL 2015 Date/Time: 06/05/2015 04:57:20 Size: 12 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	SANS OBJET.docx File desc: Date/Time: 06/05/2015 05:04:57 Size: 12 KB

22	Review report of the health sector - HSS	8.9.3	✓	SANS OBJET.docx File desc: Date/Time: 06/05/2015 05:08:05 Size: 12 KB
23	Census report - Type A CSO support	9.1.1	✗	SANS OBJET.docx File desc: Date/Time: 06/05/2015 05:24:45 Size: 12 KB
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	✗	SANS OBJET.docx File desc: Date/Time: 06/05/2015 05:24:45 Size: 12 KB
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	✗	SANS OBJET.docx File desc: Date/Time: 06/05/2015 05:24:45 Size: 12 KB
26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given	0	✓	Relevés bancaires RSS GAVI.zip File desc: Date/Time: 05/06/2015 05:12:05 Size: 119 KB
				Relevés bancaires RSS GAVI.zip File desc: Date/Time: 05/06/2015 05:20:37 Size: 119 KB
27	minutes_of_icc meeting_vaccin_change_presentation	7.7	✗	SANS OBJETS.docx File desc: Date/Time: 05/15/2015 12:22:39 Size: 10 KB
28	Explanation for changes in target population	5.1	✗	SANS OBJETS.docx File desc: Date/Time: 05/15/2015 12:26:42 Size: 10 KB
	Other documents		✗	REALLOCATION Fonds RSS GAVI pour 2015.xlsx File desc: Date/Time: 05/06/2015 05:23:44 Size: 17 KB