## Description: Description: GAVIAlliance

Application Form for Country Proposals

*Providing approximately two years of support for an*

*HPV Demonstration Program*

**Deadline for submission: 15 September 2013**

Submitted by

The Ivory Coast Government

Date of submission: 9/14/2013

Please submit the Proposal using the form provided.

Enquiries to: [proposals@gavialliance.org](mailto:proposals@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and the general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

Note: Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

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

**GAVI ALLIANCE**

**GRANT TERMS AND CONDITIONS**

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

***FUNDING USED SOLELY FOR APPROVED PROGRAMS***

The applicant country (“the Ivory Coast”) confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the program(s) described in this application. Any significant change from the approved program(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC 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 change to the program(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance and this application will be amended.

***RETURN OF FUNDS***

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the 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 (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

***SUSPENSION/ TERMINATION***

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the 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 a misuse of GAVI Alliance funds is confirmed.

***ANTICORRUPTION***

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

***AUDITS AND RECORDS***

The Country will conduct annual financial audits and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

***CONFIRMATION OF LEGAL VALIDITY***

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country’s law, to perform the programs described in this application.

***CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY***

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

***ARBITRATION***

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is USD 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than USD 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, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programs described in this application.

***Use of commercial bank accounts***

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

1. Application Specification

**Q1.** Please specify which type of GAVI support you would like to apply for.

|  |  |  |
| --- | --- | --- |
| **Preferred vaccine**  **(bivalent [GSK] or quadrivalent [Merck])**  **See belowfor more information** | **Month and year of first immunization** | **Preferred second presentation1** |
| **Quadrivalent (Merck)** | November 2014 | **Bivalent [GSK]** |

Please summarize the rationale for your choice of preferred vaccine. Also, please clarify whether the vaccine is licensed for use in the country.

In addition to controlling cervical cancer with serotypes 16 and 18, the quadrivalent vaccine helps control genital warts with serotypes 6 and 11 and has a wastage rate of 5%.

Moreover, the quadrivalent vaccine was registered in the Ivory Coast and received permission from the DPM (Directorate of Pharmacy and Medicines) to make it available on the market.

For more information on vaccines: <http://www.who.int/immunization_standards/vaccine_quality/PQ_vaccine_list_en/en/index.html>

1 This “**Preferred second presentation**” will be used in case there is no supply available for the preferred presentation of the selected vaccine (“**Vaccine**” column). If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available.

1. Executive Summary

**Q2.** Please summarize the rationale and the expected outcome of the HPV Demonstration Program Plan.

1. ***Situation***

*Situated in West Africa in the sub equatorial zone, between 10 degrees latitude North and 4 and 8 degrees longitude West, the Ivory Coast covers an area of 322,462 sq. Km. It shares its northern border with Burkina Faso and Mali, the western border with Liberia and Guinea, the eastern border with Ghana and its southern boundary is along the Gulf of Guinea.*

*In 2013, the population of the Ivory Coast was estimated at 23,875,466 as per the projections of the National Institute of Statistics (INS) which were made on the basis of the 1998 General census of population and housing (GCPH) data.*

*According to the Living Standards Survey (LSS) 2008, literacy rate is relatively poor (55.8% among 15 to 24 year olds). The schooling rate in primary grades fell from 56.5% in 2002 to 56.1% in 2008 with 58.8% in boys against 53.1% in girls. It is 49.8% in rural areas and 68.2% in urban areas.*

*According to the DMOSS/MENET activity report, the schooling rate for 10 year old girls in the district of Korhogo in 2013 is 47% and it is 66% in the district of Abengourou. The net nationwide schooling rate for girls is 81% in 2013.*

*The country has faced a series of political and military crises since 1999, the last one being in November 2010. Since the new Government came to power in May 2011, the political climate is calmer which helps in implementing healthcare activities.*

*Improvement in the macroeconomic framework and a calmer social climate has both led to the completion of a three-year program supported by the Extended Credit Facility for the period 2009-2011. The eventual resumption of financial cooperation and reaching a decision point in the HIPC Initiative have helped record an actual GDP growth rate of 3.8% in 2009 and around 6% in 2012. Simultaneously, the per capita GDP has seen a very slight increase of an average 0.24% per year over the period 2004-2010.*

*The Household Living Standards Survey (HLSS) 2008 revealed a poverty rate of 48.9%. This rate was 29.5% in urban areas and 62.5% in rural areas.*

*the Ivory Coast remains of significant economic importance to the West African Sub-region with its 39% of the money supply and contributes close to 40% of the GDP of the West African Economic and Monetary Union (WAEMU).*

*The Ivorian health system includes public healthcare, private healthcare and the health administration. It is a pyramidal system with three (3) levels and two aspects to it: one, managerial and the other, service provision.*

*The health system is overseen by a dominant public sector and an upcoming private sector, with traditional medicine simultaneously occupying a fairly important place.*

*The service provider or healthcare aspect includes (i) primary level represented by 1910 First-level Health Facilities (FLHF) (1237 rural healthcare centers, 514 urban healthcare centers including 25 community-based centers, 127 specialized urban healthcare centers, 32 urban healthcare facilities including 15 community-based centers), (ii) the secondary level which includes first point of reference healthcare facilities (66 General Hospitals, 17 Regional Hospital Centers, 2 Specialized Hospital Center) and (iii) the tertiary level consisting of second point of reference healthcare facilities (4 University Hospital Centers, 5 Specialized National Institutes (National Institute of Public Health (NIPH), National Institute of Public Hygiene (NIPH), Raoul Follereau Institute (IRF), Pierre Richet Institute (IPR), Institute of Cardiology of Abidjan (ICA)), 4 other National Public Institutions (EPN) providing support (National Blood Transfusion Center (CNTS), National Public Health Laboratory (LNSP), Public Health Pharmacy (PHP), Emergency Medical Help Service (SAMU)).*

*The managerial and administrative aspect includes (i) the central level consisting of the Cabinet of Ministers, Directorates and Central Services who are responsible for defining, supporting and coordinating healthcare overall, (ii) the intermediate level consisting of Regional Directorates (20) who are responsible for supporting the Health Districts in implementing Health Policies and (iii) the peripheral level consisting of Departmental Health Directorates (79) or Health Districts who, at their level, are responsible for making the Health Policy operational.*

*The Health District is the operational unit of the health system which helps implement healthcare. It encompasses all the public and private health facilities in its service area which provide essential healthcare to the people. It is also the unit that plans and organizes activities necessary for taking optimum charge of the health of the people with their full participation.*

*For the public, FLHF is the entry point to the health system and the hospital takes charge of health problems that require techniques or care which cannot be provided at the first level, thus complementing them without any overlapping in healthcare activities at the two levels. The presence of a system of reference and counter-reference helps ensure continuity in healthcare between the first and second levels.*

*Other ministries also participate in providing healthcare through their own healthcare infrastructures, especially the Ministry of Defense, Ministry of Economy and Finance, Home Ministry and the Ministry for Social Affairs.*

*Human resources for health (HRH) have varied skills. In 2010, their strength went up to 21,254 workers which included 85% of healthcare providers with 3220 physicians, 7361 nurses and 2553 midwives.*

*The private healthcare sector developed in recent years with the emergence of private healthcare institutions for all classes and categories (polyclinics, clinics, medical centers and clinics, pharmacies and private dispensaries). It is essentially present in large cities and economic centers. In 2011, the country had 2036 private healthcare institutions including 1482 (73%) which were not authorized by the MHFA. Under the leadership of the MHFA and following the issuance of formal notices, compliance authorizations are in process for 1458 of them. At the same time, 24 unauthorized institutions were shut down.*

*49 healthcare institutions of the religious sector and community-based associations and organizations (CBA/CBO) also contribute to providing healthcare services, more so, at the primary level.*

*In 2007, the strength of human resources was 790 physicians, 1173 nurses and 184 mid-wives.*

*Traditional medicine occupies an important place with more than 8500 Traditional Health Practitioners (THP) whose census was taken through the National Program for Pharmacopoeia and Traditional Medicine (PNPMT). In 2010, 1204 THP were trained; some in anatomy and conventional hygiene and others in intellectual property rights.*

*A policy document of Traditional Medicine and Pharmacopoeia is available.*

1. ***Nature of demand***

*The Ivory Coast Government through the Ministry of Health and the Fight against Aids (MHFA) requests for approximately 2 years of support from the GAVI Alliance for the HPV Demonstration Program. The MHFA plans to start the demonstration from the year 2014 for a period of 2 years.*

1. ***Reason for selecting the 2 districts for the Demonstration Project***

*Two Health Districts were selected for the Demonstration Program: Abengourou and Korhogo. The following reasons justify the choice:*

* *The Health District of Abengourou has good experience in programs for the controlling of and early screening of cervical cancer. Since 2010, it has a regional cancer control committee that, along with Jhpiego, performs pilot stage cervical cancer screening in seropositive women, a highly vulnerable section of the population, to test for factors that encourage the onset of cervical cancer. Its female population is constantly rising. We observe a phenomenon of early sexual relations: 100% of early pregnancies are observed in adolescent girls of 15 to 16 years and 70% of the girls have had their first sexual experience between 13 and 15 years of age (2012 data, source SSSU).*
* *The Health District of Korhogo has a local cancer control committee and a cervical cancer screening site will be opened before the end of 2013. A high HIV prevalence rate of 3.6% in 2012 has also been observed in the district. 80% of young girls have already had their first sexual experience at the age of 14. Moreover, the number of pregnancies at school for the scholastic year 2012-2013 is 118. Among them, 75 cases came from classes 5 and 6 and 43 cases came from classes 1 and 2 (Korhogo Health District 2012 Activity Report).*
* *The two districts also have a rural population along with their urban population: Korhogo has 63% urban population and 37% rural population, Abengourou has 60% rural population and 40% urban population.*

*Conditions in the two districts are favorable for implementing the demonstration project, such as an existing cervical cancer control committee. In addition, the extent of cervical cancer risk factors in these districts is an important convincing determinant in the selection of these two districts. Geographical and socio-cultural characteristics of these two districts combined represent the entire country reasonably well; lessons from the HPV immunization demonstration project can help scale-up the program to the national level if the demonstration is conclusive.*

1. ***Justification of the request***

*In the Ivory Coast, the cervical cancer incidence is 26.9 on 100,000 with a mortality of 19.1 on 100,000 according to GLOBOCAN 2008. This is the 2nd most prevalent cancer in women. Given the situation, the country strengthened its commitment to cancer control by developing a National Cancer Control Program in 2008 (NCCP). The main activities conducted since 2008 are summarized below:*

* *From November 2008 to February 2009: Setting up 5 local cancer control committees (cervical cancer) in the administrative regions of Yamoussoukro, Abengourou, Gagnoa, San Pedro and Korhogo.*
* *From June 14 to 20, 2009: A mission to build capacities of two (2) resource persons from the National Cancer Control Program and one (1) from Ivorian Association for Family Welfare (AIBEF). It was carried out in Mali to share in the experience of cervical cancer control prevention and management.*
* *From August 19 to 21, 2009: A workshop at Agboville to draft the cancer control project document with the participation of all stakeholders in the project (NCCP, PNSR/PF, AIBEF, Jhpiego, cancer control NGOs, Sanofi Laboratories and UNFPA)*
* *Implementation of the pilot phase of the single consultation approach (SVA) in 2009 by Jhpiego in 20 sites helped screen 6,328 women HPV and carry out 295 cryotherapies*
* *From July 11 to 13, 2012: Organization of a strategic planning workshop by AIBEF to progress with cervical cancer prevention. This workshop helped form a group to draft the strategic plan, documents and standards for cervical cancer.*
* *From July 31 to August 10, 2012: An assessment mission in 14 new sites to start cancer screening with the technical support of Jhpiego and financial support of UNFPA*
* *From August 27 to September 8, 2012: A training workshop for 56 supervisors and healthcare providers in visual diagnosis and treatment by cryotherapy, for precancerous cervical lesions in the women of the Ivory Coast, with the financial support of UNFPA*
* *A strategy and standards document for cervical cancer prevention was finalized with the involvement of all stakeholders. Validation of the strategic plan, guidelines and standards for cervical cancer control is planned for before the end of the year 2013.*

*the Ivory Coast’s request for the HPV Demonstration Program aims to prepare the country for a national level introduction as part of primary prevention.*

*Immunization in its first phase (2014-2015) will be for 13,340 girls of 10 years of age who will be enrolled in the program at school and in the community, in the two districts of Korhogo and Abengourou. The strategy maintained for administering the vaccine is identical to the conventional immunization strategies employed in the injectable antigen campaigns. Immunization sites will be set up in schools for school-going girls and in health centers and public places for non-school-going girls. Immunization will be held for 5 days at a time for school-going and non-school-going girls.*

1. ***Selected formulations***

*The country has selected the quadrivalent vaccine in one liquid dose per vial with the administration schedule as follows:*

* *First contact: 1st dose in the month of November 2014*
* *Second contact 2 months after the 1st contact: 2nd dose in the month of January 2015*
* *Third contact 4 months after the 2nd contact : 3rd dose in the month of May 2015*

1. ***Cold chain***

*The central level has four positive cold rooms with a total capacity of 140 m3 and three negative cold rooms of 60 m3.*

*There are four refrigerated trucks of 9 m3 each, two refrigerated trucks of 17 m3 each and two commercial trucks of 25 m3 for distributing vaccines and consumables.*

*At the regional level, in the two NIPH offices (Korhogo and Abengourou) involved in the activity, the storage capacity is 16 m3 for positive cold and 40 m3 for negative cold. The total capacity of the two offices is as follows:*

* *Abengourou: Positive cold rooms of 8 m3 and negative cold rooms of 20 m3*
* *Korhogo: Positive cold rooms of 8 m3 and negative cold rooms of 20 m3*

*In the two Health Districts, in addition to the regional cold rooms, there is a district warehouse (refrigerators, deep freezers) with sufficient capacity to stock vaccines.*

*To conclude, storage capacities are sufficient at all levels to help implement the demonstration project.*

1. ***Introduction plan for new vaccines***

*Support activities related to the new vaccine introduction are:*

* *Developing project management tools and material*
* *Counting the target population for the project in the 2 districts*
* *Developing micro-plans for districts and health centers*
* *Coordinating activities*
* *Training stakeholders*
* *Supervising stakeholders involved in the project*
* *Sensitizing and mobilizing the community*
* *Organizing immunization services*
* *Managing demonstration campaign waste*
* *Organizing AEFI surveillance*
* *Monitoring and evaluation of activities*
* *Documenting the different phases of the project*

1. ***Expected results***

*The main result expected from the HPV Demonstration Program is to help the Ivory Coast gain practical knowledge through the implementation of different strategies possible in HPV vaccine administration, in terms of coverage, feasibility, acceptability and costs, to facilitate informed decisions regarding the introduction of the vaccine at the national level with the support of GAVI. To be more precise, this involves:*

* *Achieving a vaccine coverage of at least 70% over the two phases of the demonstration project*
* *Understanding the possible links with adolescent health interventions*
* *Strengthening cervical cancer prevention and control efforts*
* *Adapting the tools to be used at the time of national level introduction*

1. ***Partners***

*The demonstration project will be conducted in collaboration with the following partners:*

*At the central level, a steering committee comprising the Ministry of Health and the Fight against AIDS, the Ministry of National Education and Technical Education and the Ministry of Economy and Finance.*

A technical coordination team comprising the CDEPI (Coordination Department of the Expanded Program on Immunization), NCCP (National Cancer Control Program), NIPH (National Institute of Public Hygiene), DMOSS/MENET (Mutual Directorate for School and Social Work*/*Regional Directorate for National Education and Technical Education), the PNSSU (National Program for School and University Health), the PNSR/PF (National Program for Reproductive Health and Family Planning), Jhpiego, UNICEF and WHO will organize meetings for monitoring and evaluation of activities, before, during and after the demonstration campaign. *Information will be shared among the afore-mentioned institutions.*

*At the peripheral level, coordination is ensured by the Health District teams, national education staff, administrative authorities, NGOs and community leaders. This team will hold follow-up meetings on a weekly basis during the course of the preparations and on a daily basis during the campaign. Reports of the meetings and the results of the campaign will be shared with the national education staff and the partners.*

1. ***Funding***

*The support amount requested by the Ivory Coast from GAVI is 693,159 US dollars out of which 485,864* *US dollars are for vaccines and immunization consumables and 207,295 US dollars are for the operational costs.*

*Co-financing the amount of 287,811 US dollars will be mobilized from the Government budget.*

1. Immunization Program Data

**Q3.** Please provide national coverage estimates for DTP3 for the two most recent years from the WHO/UNICEF Joint Reporting Form in the table below. If other national surveys of DPT3 coverage have been conducted, these can also be provided in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trends in national DTP3 coverage (percentage)** | | | | |
| **Vaccine** | **Vaccine** | | **Vaccine** | |
|  | *2011* | *2012* | *2011* | *2012* |
| *DTP3* | |  |  | | --- | --- | |  | *62%* | | *99 %* | *Not available* | *Not available* |

See WHO-UNICEF joint report 2011 and 2012 (JRF)

**Q4.** If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if applicable, the age groups the data refers to.

*Not applicable*

Note: The IRC may review previous applications to GAVI for a general understanding of the country’s capacities and challenges.

1. HPV Demonstration Program Plan

4.1 District(s) profile

**Q5.** Please describe which district or districts have been selected for the HPV Demonstration Program, completing all components listed in the table below. Also, kindly provide a district level map of the country.

| **Component** | **District 1** [Korhogo] | **District 2** [Abengourou] |
| --- | --- | --- |
| Topography (% urban, % semi-urban, % rural, % remote, etc.) | 12,252 km², 63% urban, 37% rural  Data source: NIS | |  |  | | --- | --- | | [4,000 km², 40% urban, 60% rural], | | | Data source: NIS | |
| Number and type of administrative subunits, e.g., counties, towns, wards, villages | |  |  |  |  | | --- | --- | --- | --- | | Department: 4  Sub-prefectures: 18  Villages: 1031 | | source of | | | Data source: | (NIS) | | | |  |  |  |  | | --- | --- | --- | --- | | Department: 1  Sub-prefectures: 07  Villages: 61 | | source of | | | Data source: | (NIS) | | |
| Total population | 702,098Data source: NIS | 446,706 Data source: NIS |
| Total female population (%) | 360,958 (51%) Data source: NIS[[1]](#footnote-2) | 212,428 (48%) Data source: NIS |
| Total female population aged 9-13 years (% of total female population) | 36,631 (10%) Data source: DRENET Korhogo | 22,922 (10%) Data source: DRENET Abengourou |
| Number and type of public health facilities | 1 Regional Hospital Center  13 Urban Health Centers  38 Rural Health Centers  16 Rural Dispensaries  Data source: Departmental Health Directorate (DHD) | |  |  |  |  | | --- | --- | --- | --- | | 1 Regional Hospital Center  17 Urban Health Centers  13 Rural Health Centers | | 1 Regional Hospital Center  13 Urban Health Centers  38 Rural Health Centers  16 Rural Dispensaries | | | Data source: Departmental Health Directorate (DHD) |  | |  | |
| Number and type of health workers in all district public health facilities | [Specialized doctors: 04  General Physicians: 06  Specialized Nurses: 17  Specialized Midwives: 00  State qualified midwives: 53  State qualified nurses: 144  Social Assistants: 02  Day workers: 34  Data source (DHD) | [Specialized doctors: 6  General Physicians: 22  Specialized Nurses: 23  Specialized Midwives: 03  State qualified midwives: 39  State qualified nurses: 39  Social Assistants: 04  Day workers: 18,  Data source (DHD) |
| Number and type of private health facilities | Health clinics: 06  Healthcare centers: 0  Dispensaries: 17  Data source (DHD) | Health clinics: 02  Healthcare centers: 01  Dispensaries: 11,  Data source (DHD) |
| Number and type of health workers on staff in private health facilities in the district | Not available | Not available |
| Number and type of public and private primary and secondary schools | - Public Primary Schools: 365  - Private Primary Schools: 38  - Public Secondary Schools: 11  - Private Secondary Schools: 17  Data source: DRENET Korhogo | - Public Primary Schools: 52  - Private Primary Schools: 06  - Public Secondary Schools: 10  - Private Secondary Schools: 08,  Data source: DRENET Abengourou |
| Number of teachers in public and private primary and secondary schools | - Public Primary Schools: 1,333  - Private Primary Schools: 1,814  - Public Secondary Schools: 339  - Private Secondary Schools: 316  Data source: (DRENET Korhogo) | - Public Primary Schools: 339  - Private Primary Schools: 30  - Public Secondary Schools: 427  - Private Secondary Schools:  Data source: (DRENET Abengourou) |
| Estimates of the number and percentage of girls attending school for each of the following ages:  9 year old girls  10 year old girls  11 year old girls  12 year old girls  13 year old girls | 9 year old girls: 4,004 (46.93%)  10 year old girls: 3,782 (47.29%)  11 year old girls: 3,478 (46.03%)  12 year old girls: 3,010 (47.13%)  13 year old girls: 2,473 (40.15%)  Data source: (DRENET Korhogo, 2013) | 9 year old girls: 2,904 (64%)  10 year old girls: 2,994 (66%)  11 year old girls: 2,890 (65%)  12 year old girls: 2,766 (64%)  13 year old girls: 1,782 (43%)  Data source: (DRENET Abengourou in 2013) |
| Estimates of the number and percentage of girls out of school for each of the following ages:  9 year old girls  10 year old girls  11 year old girls  12 year old girls  13 year old girls | 9 year old girls: 4,528 (53.07%)  10 year old girls: 4,215 (52.71%)  11 year old girls: 4,078 (53.97%)  12 year old girls: 3,377 (52.87%)  13 year old girls: 3,686 (59.85%)  Data source: (DRENET Korhogo, 2013) | 9 year old girls: 1,661 (36%)  10 year old girls: 1,509 (34%)  11 year old girls: 1,537 (35%)  12 year old girls: 1,540 (36%)  13 year old girls: 2,339 (57%)  Data source: (DRENET Abengourou in 2013) |

**Q6.** Please describe the operations of the EPI program in the district(s) selected for the HPV Vaccine Demonstration Program.

*The country has selected two Health Districts, one in the North, the other in South-East, so that the experience of demonstration in these two districts can be of help during the national level introduction. The Korhogo district situated in the North has practically the same socio-cultural characteristics as the other districts of the same zone and central zone of the country. Similarly, the Abengourou district situated in the East has the same characteristics as the southern part of the country. The demonstration program in the two districts will help the country get a fairly representative HPV immunization experience at national level. The lessons from this experience will eventually be capitalized for a scale-up.*

To be more precise, the selected districts have the following characteristics:

* *Abengourou Health District:*
* *This district has good experience in programs for the controlling and early screening of cervical cancer. In fact, it has a cancer control committee and since 2010, in partnership with Jhpiego, it is the site for the execution of the cervical cancer screening pilot phase in seropositive women. This committee is an asset especially in sensitizing and mobilizing the people as part of the demonstration program.*
* *The female population in the department of Abengourou is constantly rising and so is the incidence of premature sexual relations. 100% of early pregnancies are observed in adolescent girls of 15 to 16 years and 70% of the girls have their first sexual experience between 13 and 15 years of age (2012 Data, Source (Department of School and University Health, SSSU).*
* *Korhogo Health District:* 
  + *This district has a local cancer control committee and has a site for cervical cancer screening which will be opened before the end of 2013.*
  + We also observe a high HIV prevalence rate of 3.6% in 2012 (*DPES*, Ministry of National Education and Technical Education) in this region. *80% of young girls have already had their first sexual experience at the age of 14. Moreover, the number of pregnancies at school is 118 for the scholastic year 2012-2013. Among them, 75 cases came from classes 6 and 5 and 43 cases came from classes 2 and 1 (Korhogo Health District 2012 Activity Report).*

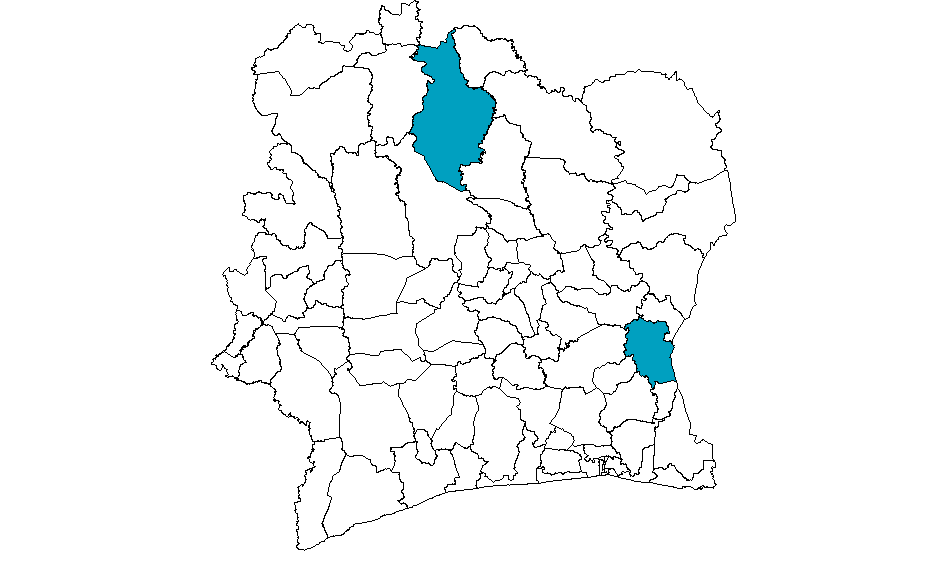
*The two districts also have a rural population along with their urban population: Korhogo has 63% urban population and 37% rural population, Abengourou has 60% rural population and 40% urban population.*

*Conditions in the two districts are favorable for implementing the demonstration project, such as an existing cervical cancer control committee. In addition, the extent of cervical cancer risk factors in these districts is an important convincing determinant in the selection of these two districts. Geographical and socio-cultural characteristics of these two districts combined represent the entire country reasonably well; lessons from the HPV immunization demonstration project can help scale-up the program to the national level if the demonstration is conclusive.*

**Q7.** Please describe the operations of the EPI program in the district(s) selected for the HPV Vaccine Demonstration Program.

| **Component** | **District 1** [Korhogo] | **District 2** [Abengourou] |
| --- | --- | --- |
| Number and type of administrative subunits (e.g. health facilities) used for routine vaccine delivery | ***-*** *66 immunization sites*  *-04 religious centers*  *- 00 social center*  *- 62 health facilities* | *30 immunization sites*  *-3 religious centers*  *-1 social center*  *-26 health facilities* |
| Number and type of outreach sessions in a typical month used for routine vaccine delivery | *- Mass sensitization (media, town criers, religious and community leaders, community groups),*  *- Raising awareness locally through health workers and teachers in the primary and secondary schools.*  *This sensitization is done in two sessions: before and during the immunization period* | *- Mass sensitization (media, town criers, religious and community leaders, community groups),*  *- Raising awareness locally through health workers and teachers in the primary and secondary schools.*  *This sensitization is done in two sessions: before and during the immunization period* |
| DPT3 coverage | *97%, year [2012]* | 105 %, year [2012] |
| Polio3 coverage | *94 %, year [2012]* | 107 %, year [2012] |
| Measles first dose coverage | *109 %, year [2012]* | 102 %, year [2012] |
| Pentavalent 3 coverage | *97%, year [2012]* | 105 %, year [2012] |
| TT2+ (pregnant women) | *112 %, year [2012]* | 80 %, year [2012] |

*Vaccine coverage exceeding 100% can be explained by the interurban movement of people. These two districts also share their borders with neighboring countries. For the HPV campaign, a census will be collected to get a list of the target population to be pursued.*



Abengourou

Korhogo

Figure1: *Situation of the two districts for the HPV Demonstration Program in the Ivory Coast*

**Q8.** Please summarize the performance of the district EPI program as reported in any recent evaluation, for example identifying resources available, management, successes and challenges.

Figure***2***: ***Trends in DTPHepB3 and RVV vaccine coverage from 2009 to 2011 in the two districts selected in the Ivory Coast for the HPV Demonstration Program***

Between 2009 and 2012, vaccine coverage trend for the third dose of DTPHepBHib3 and the 1*st* dose of RVV in the two districts saw ups and downs. *In fact, the rising trend that started in 2009 for the two antigens was interrupted in 2011 due to the crisis in the country. In 2012, we see an improvement in vaccine coverage due to the following actions taken:*

* *Re-equipping districts with vehicles and cold chain equipment*
* *Organizing intensification weeks of routine immunization during the year 2012*
* *Regular procurement of vaccines and consumables in districts*
* *Making increased financial resources available to the districts for immunization activities to prepare the country for its eligibility to the Millennium Challenge Corporation (MCC)*

*The main obstacles observed during implementation of the routine program are the impracticality of the roads in the rainy season and delayed availability of State funds for the activities. The selection of months for immunization during demonstration is after taking the rainy season into account. In 2012, a plea was made to the Ministry of Economy and Finance to receive a schedule of the timely disbursement of funds. This helped in the timely deployment of State funds for the activities in 2013.*

**Q9a.** Please describe any current or past linkages the district EPI program has had with the primary and/or secondary schools in the district, e.g., going to schools for health education, vaccine delivery, sensitization, etc.

*Health education in primary and secondary schools is the responsibility of the medical education (SSSU). Immunization sessions are integrated into the medical rounds organized in primary schools.*

*During the supplementary immunization activities (polio, measles, etc.), partnerships are established between Health Districts of the entire country (including Abengourou and Korhogo) and the educational system (DREN, DDEN, IEP, Heads of Schools) for the purpose of immunization in children (sensitization, immunization services, etc.). Such partnership has helped reach more that 95% of the target population in 2 days in place of the 4 initially planned.*

**Q9b.** Please indicate if gender aspects relating to introduction of the HPV vaccine are addressed in the demonstration program.

*Our demonstration program will account for gender aspects through simultaneous implementation of sensitization activities for young boys, regarding STDs and HIV-AIDS.*

**Q9c.** Please describe any recent evidence of socio-economic and/or gender barriers to the immunization program through studies or surveys.

*According to the DHS III 2011-2012, the main barriers to immunization are essentially the mother's level of education and living environment (urban or rural). In fact, survey results reveal that vaccine coverage in children rises with the level of their mother's education. It is 44% in children whose mothers have no education, 58% in children of mothers who have attended primary level schooling and 75% in children of mothers who have studied to secondary level or higher. The proportion of children of 12-23 months having received all vaccines is higher in the urban population (63%) as compared to the rural population (42%). Moreover, these results reveal that immunization of male children (63 %) is slightly higher than that of female children (37%).*

* 1. Objective 1: HPV vaccine delivery strategy

**Q10.** Please describe the primary and secondary HPV vaccine delivery strategies selected (school-based, facility-based, outreach, mixed, other, etc.) and the rationale for selection.

**Note**: If the application proposes to use schools as a venue for HPV vaccine delivery the minimal proportion of girls of the target immunization cohort or target grade that is enrolled in school must be 75% nationwide (not only in the selected district).

*In 2013, the schooling rate of 10 year old young girls is 47% in the Korhogo district and 66% in the Abengourou district. The net nationwide schooling rate of girls in 2013 is 81%.*

*During the demonstration program, immunization will be carried out for both school-going and non-school-going girls. Target population for immunization constitutes 10 year old school-going and non-school-going girls. Vaccines will be administered at immunization sites set up in schools, health centers and public places known to the people and identified with their help. Immunization will be held for 5 days at a time. In schools, immunization of 10 year old school-going girls will be carried out in collaboration with the teachers.*

*Fixed, advanced and mobile strategies will be employed on the basis of distance of the population from the health centers or from schools:*

* *Fixed strategy will involve young girls living in localities situated within a 5 km radius from the immunization site (schools, health centers). This strategy will be employed in the urban and the rural zones at the immunization centers, schools and other public places determined in collaboration with the health, educational, political, religious, traditional authorities, associations and local NGOs.*
* *Advanced strategy will involve young girls living in localities situated within 5 -15 km radius from the immunization site. The immunization teams will commute on motorbikes.*
* *Mobile strategy will involve localities situated beyond the 15 km radius from the immunization site and will go on to include remote areas. Immunization through mobile strategy will be organized according to the route planned by the Health District. For this, the Health District will prepare a list of villages included in the Health Area and the immunization routes at the micro-planning stage. A map will be made for each locality to facilitate interventions.*

*At each fixed site (schools, health centers or public places) all the young girls (school-going or non-school-going) will be welcome and will be immunized by the immunization team irrespective of the strategy (fixed, advanced and mobile).*

*In the Korhogo district with a large number of schools and a widespread territory, one team can cover several schools per day and can even plan to group the pupils of nearby schools together. The same strategies can be planned at Abengourou.*

***Micro-planning*** *will be done at least two months before the start of the 1st session to determine, among other things, the route for each team to follow so that all the localities of each district are covered. Micro-planning data will be updated before each session keeping in mind the lessons of the previous session.*

*In the course of micro-planning, hard-to-reach populations (whether geographically or culturally, for e.g. marginalized girls) and young girls in families that migrate seasonally will be identified with the help of community leaders and leaders of groups and associations to plan specific strategies to reach the target population.*

*A preliminary census of 10 year old school-going and non-school-going young girls will be collected before micro-planning. The result of the census of 10 year old girls will serve as the base document for verifying their presence. In case they are absent for one reason or another during the immunization period, the list of absentees will be sent to the CHW who will take the responsibility of looking for them and directing them to the health center for immunization. For the young school-going absentee girls, teachers will be asked to help direct them to the health center for their immunization.*

*It is observed that immunization sites will be identified with the help of community leaders and leaders of groups and associations.*

*Immunization registers and cards will be used to record details for the girls during the immunization sessions. The immunization cards will be prepared in duplicate – one will be given to the immunized girl and the other will be filed either at the health center or at the medical school. The data collection tools and interface will record the detail on school-going or non-school-going.*

**Q11.** If schools are being used as a venue for HPV vaccine delivery, please state the percentage of girls in the target age group which are attending school nationwide and in the district(s).

*According to the DMOSS/MENET activity report, the schooling rate of 10 year old girls in 2013 is 47% in the Korhogo district and 66% in the Abengourou district. The net nationwide schooling rate of girls in 2013 is 81%.*

**Q12.** Please identify a single year of age (or single grade in school) target immunization cohort within the target population of 9-13 year old girls and provide information in the table below. Please clarify the rationale for the choice of the target population.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Target age or grade** | ***No. of girls targeted***  ***Year 2015: Korhogo*** | | ***No. of girls targeted***  ***Year 2015: Abengourou*** | | **Source of data** |
| *10 years* | *4.036* | *In school* | *3.195* | *In school* | *DRENET Abengourou and Korhogo* |
| *10 years* | *4.498* | *Out of school* | *1.611* | *Out of school* | *DRENET Abengourou and Korhogo* |
|  | *8.534* | *Total* | *4.806* | *Total* |  |

*10 year old girls were selected for the demonstration project irrespective of their educational status of school-going or non-school-going. This age was the target age keeping in mind their high proportion in the age group of 9 to 13 years who are school-going (47.29% in Korhogo and 66% in Abengourou).*

*Moreover, being able to find these girls in school constitutes a favorable factor for reaching the target population.*

**Q13.** If the target population is a single grade in school, describe the percentage of girls in the target grade which are between the ages of 9 and 13 years and the data source.

**Not applicable**

|  |  |
| --- | --- |
| Age | Proportion of girls in the class |
| Less than 9 years |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
| More than 13 years |  |
| Total | 100% |

Note: If the strategy selects eligible girls based on their grade in school, then at least 80% of the girls in the grade should be between 9 and 13 years of age (the WHO recommended age group for HPV vaccine).

*Not applicable*

**Q14.** Please describe how eligible out-of-school girls will be identified and the mechanism for providing them an opportunity to receive the HPV vaccine.

*To identify the non-school-going girls eligible for HPV immunization, a census will be organized to identify the target population in the households. The age of the non-school-going young girl will be determined by the following factors: birth certificate or a supplementary ruling, interrogating the parents and guardians, collaborating with generation groups, the timing of their birth related to events established from the experience of local women associations, NGOs, CHWs and associations of young girls, mother-child health cards and determining the physiological age with the help of a physician if required.*

*A micro-planning exercise will be organized in each Health Area and reviewed at the district level with the participation of the community health workers, community leaders and NGOs. Lists of girls to be immunized will be prepared by the Health Area and localities and will be made available to all immunization sites.*

*Immunization of 10 year old non-school-going girls will be done using the three immunization strategies described above (Q10). Awareness will be raised locally with the help of community leaders (administrative, religious, traditional, etc.). The “SMS vaccination reminder” strategy (a project already being implemented in the Health District of Korhogo) can be used for telephone numbers collected during the census, in order to guarantee the administration of different doses.*

**Q15.** Please describe the mechanism for reaching all the target girls with three doses who were missed on the main immunization days, specifying plans for reaching hard-to-reach or marginalized girls.

*To minimize absentees, educators, social assistants and community health workers will be asked to help inform the girls and their parents about the immunization dates. The strategy will involve communication strengthening three days before immunization and during the entire duration of immunization. The mobilizer equipped with the list of young girls will also go to the households to raise awareness.*

*After immunization, an active search will be carried out for the absentees using the information contained in the list prepared in advance carrying information to help locate the girls to be immunized.*

*Parents and teachers of the young girls will be asked to send the girls to the nearest immunization sites (mop-up period).*

*The “SMS vaccination reminder” strategy (a project already being implemented in the Health District of Korhogo) will be used to help the absentee girls catch up.*

*In the course of micro-planning, hard-to-reach populations (whether it is geographically or culturally, for e.g. marginalized girls) and young girls in families that migrate seasonally will be identified with the help of community leaders and leaders of groups and associations to plan specific strategies to reach the target population.*

**Q16.** Please summarize ability to manage all the technical elements which are common to any new vaccine introduction, e.g. cold chain equipment and logistics, waste management, vehicles and transportation, adverse events following immunization (AEFIs), surveillance and monitoring, noting past experience with new vaccine introductions (such as rotavirus, pneumococcal vaccine, or others).

*The country is experienced in new vaccine introduction.* The vaccines previously introduced are vaccines for viral hepatitis B (2000) and vaccine against diseases caused by *Haemophilus type B influenzae* (2009). *The arrangement that helped introduce these two vaccines will be used for the HPV Demonstration Program and will be as follows:*

***Human resources***

*The country has human resource personnel qualified to administer injectable antigens during routine immunization or supplementary immunization activities on the national scale to help implement the demonstration project. The experience gained by these people will be used to administer the HPV vaccine during the demonstration program in the selected districts. In each Health District, EPI activities are managed by the EPI Coordinator (EPI-C) and an epidemiological surveillance manager (ESC) under the supervision of the Head Physician of the district. This team is supported by the executive team of the district. The team will be trained and mobilized for managing the demonstration project in the two districts.*

*Similarly, nurses and midwives, whether they are heading the health centers or not, will be mobilized for this purpose. To complement that, mobilization of health workers in regional hospitals, those in the district and those who are retired and residing in the two districts can be made to contribute if micro-planning reveals a staff deficit.*

*Moreover, the Korhogo district has a training center for health workers (nurses, midwives, experts in medical biology, pharmacy managers and assistants, etc.). Students in the last session of these institutes are a resource that can be mobilized for this demonstration project. This experience was made use of during the immunization campaigns using injections such as for measles and yellow fever. This will help maintain continuity of service in the health facilities during the five days of the campaign.*

*Medical staff in the neighboring districts of the same region as the demonstration districts can also be mobilized from facilities where there is more than one health worker to help in immunization during the implementation of the demonstration project.*

***Needs assessment***

*Vaccine needs are estimated based on the size of the target population, the number of doses to be administered per target, vaccine coverage target and the wastage factor. A reserve stock of 25% is added to the annual needs to serve as buffer stock. In each district and health center, the needs are assessed on a monthly basis by the nurses and the ESC who have been trained in this task.*

*The central, regional and district level teams have gained good experience in assessing vaccine and consumables requirements through the different campaigns organized.*

*To assess the actual needs in a better way and avoid stock shortages or overstocking, the actual needs of each district, health area and locality will be assessed at the micro-planning stage on the basis of the census collected earlier.*

***Transport and storage of vaccines and materials***

*There are four refrigerated trucks of 9 m3 each, two refrigerated trucks of 17 m3 each and two commercial trucks of 25 m3 to distribute vaccines and consumables.*

EPI vaccine and materials storage at the central level is ensured by the National Institute of Public Hygiene (NIPH) which has four (4) positive cold rooms with a total gross capacity of 130 m*3* and three (3) negative cold rooms with a total gross capacity of 60 m*3*. *This capacity is sufficient and will be used in the HPV vaccine introduction.*

*At the regional level, the country has ten (10) positive cold rooms and seven (7) negative cold rooms of total gross capacity of 120 m3 and 140 m3 respectively. All district warehouses have cold chain equipment and storage capacity sufficient for routine activities. They are also equipped with generators to ensure smooth functioning in case of interruption in electricity from the national grid. Preventive and curative maintenance of CC equipment is the responsibility of a private enterprise.*

*According to the Evaluation of Effective Vaccine Management (EEVM), the cold chain is satisfactorily reliable. Vaccine storage temperatures recorded twice a day show positive cold rooms between +2°C and +8°C and negative cold rooms below -15°C.*

*Storage capacities in the two districts selected for the demonstration project, are sufficient (see details in Q17).*

***Injection safety and waste management***

*Auto-disable syringes (ADS) are used in all immunization centers and used syringe collection is done in safety boxes. These boxes are collected by technical and logistics supervisors during the campaigns from the health centers to the Health Districts. In the district, safety boxes are sent to a waste management focal point where they are stocked in a dry and protected place (container). At the end of each campaign, pickup trucks with trained drivers and manual laborers on-board move these safety boxes from the districts to the incineration plants.*

*Registered incinerators available at the health facilities are insufficient for destroying immunization waste. In 67% of the referral hospitals (RHC and GH), elimination is done by incineration and in 42% of the immunization centers, it is done by burning in unprotected open pits (Post Introduction Evaluation results for Hib (PIE) 2012).*

*During mass immunization sessions with injectable antigens, industrial units with high temperature furnaces (more than 800°C) are used for destroying waste. In 2009, a national plan was developed by the Directorate of Public Hygiene for constructing an incinerator at the regional level.*

*In the two districts selected for the demonstration program, there is an incinerator at the RHC at Abengourou and another at the RHC at Korhogo. These incinerators are used during HPV immunization.*

***Target disease surveillance and AEFI***

*An integrated disease surveillance system is in place since 1997. This activity is carried out at the district level by the focal points under the supervision of the Head Physicians of the district.*

*As part of new vaccine introduction, sentinel surveillance sites for pediatric bacterial meningitis and rotavirus diarrhea were created and are functional.*

*HPV is not yet included in integrated disease surveillance. HPV surveillance can be planned at the national level as part of the eventual HPV vaccine introduction, if the immunization demonstration program is conclusive.*

*Cancer surveillance is done through the Abidjan Cancer Registry (ACR), a population register that exists since 1994. The register functioned normally till the year 2000, when the first results were published in the international journal "Cancer incidence in five continents", by the International Association of Cancer Registries (IACR/AIRC). The integration of data on prevalent cancers including cervical cancer into the Integrated Management System (IMS) is currently in process. Under cervical cancer screening, registers that record clinically suspected cancer cases are available in all existing 35 sites.*

*AEFI surveillance is conducted on a routine basis and is strengthened during the mass campaigns with special emphasis on reporting and managing such cases. Surveillance during campaigns is done at 3 levels:*

*- At the peripheral level, with the help of a managing committee including a trained AEFI focal point in charge of reporting and managing cases that are not severe and referring severe cases to the referral hospitals.*

*- At the intermediate level, with the help of a regional committee in charge of coordinating district activities, investigating and managing severe cases. This committee includes a hospital focal point, a laboratory focal point and a referral clinic.*

*- At the central level, with the help of the following two committees:*

*• The AEFI national committee responsible for coordinating surveillance at the national level and for getting severe cases of AEFI evaluated by the experts on the committee. It has an epidemiologist, a clinical practitioner and a laboratory focal point.*

*• The committee of AEFI experts responsible for evaluating different AEFI cases. It has ten (10) experts of different specialties.*

*A standard protocol of managing the cases is drawn up and made available to all hospital focal points. The support is provided free of cost. The support is both medical and psychological and provided through information and sensitization of parents in order to minimize the impact of the onset of AEFI cases on continuing immunization. Measures will also be taken to manage AEFI information for the general public and the media to limit the risk, as far as possible, of rumors that can be unfavorable to the continuation of the activity.*

*The surveillance system in place will be used for AEFI surveillance during the demonstration program. Immediate surveillance will be carried out at the immunization site for 15 min. for each young girl immunized before she leaves the immunization site. Teachers will be trained and asked to contribute in immediate reporting of AEFI cases that occur in school.*

***Monitoring and evaluation of immunization activities***

*As part of routine activities, a formal framework of monitoring immunization activities exists through meetings organized at different levels: quarterly meetings between the central level and stakeholders at the district level and monthly meetings between the district and the people in charge of the health facilities. Apart from this, monitoring tools (immunization monitoring curve and DVDMT tools) are available at health facilities and to the data managers at district, regional and central levels. These tools are used for regular monitoring of vaccine coverage for action.*

*For immunization campaigns, a daily monitoring system is in place with coordination and supervisory teams at all levels:*

*Every immunization session is ticked on a time sheet by the immunization team. At the end of each day, the team supervisor writes a report on immunization done by all its teams, on a reporting sheet which is then sent to the Head of the Health Area. All the data recorded at each Health Area on a daily basis is sent to the Health District which compiles it. Each district sends the compiled data of the Health Areas to the national level. At the central level, daily stocktaking is carried out and the data is shared with all the involved partners along with feedback to the regions and Health Districts.*

*At each level, a coordination team meets every day to monitor and analyze the data to see what action, if any, needs to be taken. This monitoring exercise is as much for the immunization data (vaccine coverage) as for AEFI surveillance, quality of supervision, management of cases of refusal, etc. Feedback is sent on a daily basis. At the end of the campaign, a reporting meeting is organized at the district, regional and central levels for taking stock and identifying prospects. The monitoring system will be implemented during the HPV Demonstration Program with tools specific to the activity.*

*Regarding evaluation, EPI in the Ivory Coast has experience in post-introduction evaluation of new vaccines. The last evaluation conducted was for the introduction of the DTP-HepB-Hib Pentavalent vaccine in 2012. This experience can be capitalized for evaluation of the demonstration program.*

*With respect to the demonstration program, a special evaluation plan will be developed and implemented. Two types of evaluation are carried out: evaluation of services (delivery) for HPV immunization and evaluation of adolescent health interventions.*

*Evaluation of adolescent health interventions will essentially include two steps:*

* *The 1st step will be carried out at the end of the 1st phase of the project and will aim to evaluate the feasibility of integrating HPV immunization with other adolescent health interventions.*
* *The 2nd step will be carried out at the 2nd phase of the project and will help select the most adapted health intervention to be integrated with HPV immunization and help define the practical modalities of this integration.*

**Q17.** Please describe the cold chain status for the selected district and the data source(s) for this information. Information such as the number of cold storage facilities, function and working order of the facilities, storage capacity (and any excess capacity), distribution mechanism for routine delivery of vaccines, status of vaccine carriers and icepacks (e.g. supply shortages or excess) and plan for HPV vaccine storage and distribution during the HPV Demonstration Program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Component** | |  |  | | --- | --- | | **District 1:** Korhogo | Abengourou | | |  |  | | --- | --- | | **District 2:** Abengourou | Abengourou | |
| Number and type of cold storage facilities | *1 positive cold room*  *1 negative cold room* | *1 positive cold room*  *1 negative cold room* |
| Functioning and working order of the facilities | *The 2 cold rooms are functional* | *The 2 cold rooms are functional* |
| Storage capacity (any excess) | *Positive cold room: 8 m3*  *Negative cold room: 20 m3* | *Positive cold room: 8 m3*  *Negative cold room: 20 m3* |
| Distribution mechanism | *The health centers replenish their monthly stocks at the Health District Directorate with the help of vaccine carriers* | *The health centers replenish their monthly stocks at the Health District Directorate with the help of vaccine carriers* |
| Number and status of vaccine carriers | *145 All in good condition* | *798 All in good condition* |
| Number and status of icepacks (any shortages or excess) | *40 medical refrigerators,*  *07 medical deep freezers,*  *04 refrigerators / deep freezers,*  *815 frozen containers of 0.3 L each,*  *100 frozen containers of 0.6 L each,* | *24 medical refrigerators,*  *4 medical deep freezers,*  *3 refrigerators / deep freezers,*  *1874 frozen containers of 0.3 L each,*  *40 frozen containers of 0.6 L each,* |

*Storage capacities are sufficient to help conduct project demonstration in these two Health Districts.*

**Q18.** Additional district cold chain information if necessary:

*The plan for stocking and distributing HPV vaccines during the HPV demonstration program is as follows:*

*At the central level, vaccines will be stored in the positive cold rooms as soon as they arrive in the country. Then, vaccines and consumables will be delivered to the regional offices in refrigerated trucks.*

*At the level of the Health District, vaccines will be received from the regional offices and stored in medical refrigerators one week before the implementation of activities. Supplies will be sent to the health centers, based on the needs assessment, in 4X4 vehicles equipped with medical ice-boxes.*

*At the health center, vaccines will be stored in medical refrigerators. Supplies will be sent to the immunization sites in vaccine carriers on motorbikes.*

*At the immunization sites, vaccines will be stored in vaccine carriers equipped with pads.*

*Temperature monitoring will be carried out twice daily using continuous recorders at the central and district levels and at the health centers. At the immunization sites, temperatures will be monitored by the PCV state.*

*HPV vaccines will be stored at the regional offices of the NIPH. Health Districts take their supplies from these offices according to the period indicated for immunization.*

|  |  |  |
| --- | --- | --- |
| ***STORAGE CAPACITY*** | ***ABENGOUROU DISTRICT*** | ***KORHOGO DISTRICT*** |
| *Monthly routine (in liters)* | *97.4* | *177.2* |
| *One demonstration session (in liters)* | *78.2* | *138.8* |
| *Total (routine + SIA) in liters* | *175.6* | *316.1* |
| *Available in the district warehouse (in liters)* | *825* | *1323* |
| *Three demonstrations* | *234.5* | *416.5* |
| *NIPH Regional office* | 8000 | 8000 |

*An analysis of the above table shows that storage capacities at the district level are sufficient and the same goes for the regional level.*

* 1. Objective 1: HPV vaccine delivery training and community sensitization & mobilization plans

**Q19.** Please describe initial plans for training of health workers and others who will be involved in the HPV Demonstration Program.

*In the new vaccine introduction process, training for health staff and teachers will be organized. Training will be carried out in series:*

* *Training trainers at the central level: This involves training the coordination team whose members come from the following institutions: CDEPI, NCCP, NIPH, PNSSU, PNSR/PF and DMOSS. The team will receive support from the partners: WHO, UNICEF, Jhpiego. Trainers will be sent in two teams of four. Each team will take the responsibility of one district.*
* *Training trainers at the district level: This will be done by the central team as indicated above. This training is for the Executive Teams of the district.*
* *Immunization workers will be trained by the Executive Team of the district.*

*As part of this training, guides and training modules will be prepared. Guidelines and technical specifications on the HPV vaccine will be made available to staff. Training will include aspects such as planning, communication, vaccine management, monitoring, evaluation and surveillance.*

*The training will have a theoretical component and a practical component (exercises and role playing)*

* *Briefing for teachers, Directors of Schools and social assistants will be organized by the district team with the help of the central level.*
* *Briefing for CHWs, leaders of group associations and NGOs, will be organized to identify the target population and key messages to be sent out.*

**Q20.** Please describe initial communication plans for sensitizing and mobilizing communities for the HPV Demonstration Program.

*Main activities of the communication plan will be:*

*The problem of immunizing young girls against HPV is a fairly sensitive issue for the medical staff as much as it is so for the parents and the young girls themselves. In fact, people are more or less aware of the other “usual” EPI target diseases and the medical staff has sufficient documentary resources to explain these to the parents and encourage them to agree to immunization. Also, people are already used to the “traditional” EPI target populations: children of 0 to 11 months (female as well as male) and pregnant women. The very specific choice of 10 year old young girls for the demonstration project can be a cause for concern for the parents and the young girls themselves and can result in hesitation or even rumors such as the sterilization of young girls before the onset of their reproductive age, a Government policy for contraception, etc. In fact, rumors of this kind were reported during the previous campaigns for tetanus which targeted women of reproductive age. The ability is to support the AEFI quickly and provide accurate information to parents.*

*A specific communication plan for the HPV Demonstration Project will be laid down which will include all specifics and strategies to deal with such events to minimize their effects on the immunization of young girls.*

* + ***Information to health workers***

*The health personnel are the main source of information for the parents and adolescents. Therefore, it is essential that they understand all the aspects related to the concerns of the parents and young girls so as to provide convincing information and ensure their agreement for the HPV vaccine. An information and sensitization meeting at the site of the health workers and at the focal communication points of the districts will be organized before the demonstration project starts.*

* + ***Information to teachers***

*Teachers are an important source of information for children and parents. If they are well informed, they can help inform the target population. An information and sensitization meeting will be organized by the district team wherever they are, especially at the focal communication point with the help of the central level.*

* + ***Community sensitization and social mobilization***

*Social mobilization activities will be organized to get the community leaders, NGOs and group associations to support and participate in creating awareness among the people. The main channels of mobilization that will be used are mass-media (local radio channels) and local mobilizers for sensitizing households (door to door). The following activities will be conducted:*

* *Organizing an information and sensitization meeting presided over by the prefectural body at the site of the head of the community, the head of the area, the religious head, the head of the village and the head of the group association.*
* *Organizing an information and sensitization meeting presided over by the Health District at the site of the primary and secondary teachers, regional and departmental directorates of national education, heads of MC of educational institutions, heads of dispensaries in schools and colleges.*
* *Producing and disseminating communication material adapted to the community:*
  + *Posters, small posters, advisory cards: These will be produced at the central level and sent to the districts one week before the campaign. Posters will be put up in the health centers, school establishments, office of the local Government, places of worship, railway stations, markets, prefectures and sub-prefectures. Small posters and advisory cards are used during local mobilization and information and sensitization meetings.*
  + *Radio commercials: These will be produced at the central level and sent to the districts to be broadcast on the local radio. Broadcast will be made one week before the campaign and during the entire duration of the campaign.*
  + *Radio programs: These will be played at the district level in collaboration with the local radio channel 3 days before the campaign and during the entire duration of the campaign. The message broadcast by different channels of communication will talk about the seriousness of cervical cancer, ways of preventing this disease and especially the benefits of immunization against this disease. These messages will be adapted to the communities.*
* *Sensitizing the target population and their parents through teachers, health personnel, NGOs and group associations, one week before the campaign and during the entire duration of the campaign.*
* *Organizing an official launch at the level of the Health District (ceremonies, press conference, etc.)*

**Q21.** Briefly describe any initial thinking about potential barriers or risks to community acceptance and the process or communication plan that might be used to address this. Consider briefly describing any positive leverage points that might be beneficial for program implementation to promote acceptability.

*Rumors are the main factor that can influence the young girls or their parents or persons in charge of the girls in their acceptance of a vaccine. A rumor is often the result of lack of information or lack of sensitization. To avoid this, experience will help to eliminate rumors and cases of refusal.*

*In fact, with respect to dealing with rumors and cases of refusal, there were rumor and refusal management committees in all Health Districts of the country in the previous campaigns. These committees have been revived for the demonstration program. They are presided over by the prefectural body and consist of community and religious leaders, health authorities and the communication focal point of the district and will extend to the teachers especially for this project.*

*The rumor and refusal management committee will be briefed in advance about cervical cancer and the benefits of immunization against this disease. It will lend support in creating awareness in the population by disseminating correct and true information. In the case of refusal, this committee will be responsible for meeting the people concerned and making them agree to immunization. In the case of rumors, it will be responsible for giving correct and true information by organizing information and sensitization meetings and spreading messages through local mobilizers by radio (programs, announcements) in order to dissipate rumors.*

*For specific groups that refuse immunization, resource persons from these communities will be identified and sensitized. In the special case of the «warabia» group where we can reach women only through their husbands who are the only decision-makers, an information and sensitization meeting will be organized with the men in this community to get them to agree to HPV immunization so that the little girls in this community can be immunized.*

*The communication plan which will be prepared as part of the demonstration program will take the specificities of HPV immunization into account and its acceptance by the communities so as to foresee the best strategies to facilitate acceptance of this immunization.*

* 1. Objective 1 : HPV vaccine delivery evaluation plan

**Q22.** Indicate the agency/person who will lead the evaluation required for the “Learning by Doing” objective.

*A selection committee consisting of workers from the Ministry in charge of health along with the technical and financial partners (WHO, UNICEF, Jhpiego, etc.) will select, through a call for tender, a private firm with a team of researchers with experience in field surveys, health evaluation programs, health economy and social sciences.*

* 1. Objective 2: Assessment of adolescent health interventions

**Q23.** Please summarize the anticipated activities for the assessment of adolescent health interventions, such as planning milestones, stakeholder meetings, methodology for assessment, process for identifying a lead for this activity and the process to involve the TAG in this work.

*Activities to evaluate adolescent health interventions will be distributed over two phases of the demonstration program in the following manner:*

**Phase 1 (1st year)**

*An evaluation of the feasibility of integrating HPV immunization in other health interventions targeting adolescent girls of 9 to 13 years of age will be carried out and will involve a documentary review of the existing data with the different structures working in the field of adolescent health: the Ministry of Health (PNSSU, PNSI-SE, PNSR/PF, PNN, etc.), the Ministry of Education and other (DMOSS, DPES) partners of the country (WHO, UNICEF, UNFPA, Jhpiego). This evaluation will concern interventions, services and programs related to health of adolescent girls. Monographs will be prepared for these adolescent health interventions in the Ivory Coast.*

*On the basis of this documentation one or more interventions targeting girls and boys of 9 to 13 years of age at least can be identified. This information will help direct the selection of a key intervention which can be carried out parallel to the HPV immunization strategy.*

*Currently, there are some adolescent health interventions that exist at school level:*

* *Regular medical check-ups*
* *Promoting washing of hands*
* *Education about Human Rights and Citizenship*
* *HIV sensitization campaigns in schools, etc.*

*According to the results of the HPV demonstration program (vaccine coverage, experience gained and lessons, etc.), the identified intervention can be carried out at the same time as this intervention, during communication activities or while providing immunization services, that is, while administering all or any one dose.*

*The evaluation process will be coordinated by TAG: identifying the evaluator, approving the protocol, tools, reports, etc.*

**Phase 2 (2nd year)**

*After evaluating the first phase of adolescent health interventions, the intervention likely to be proposed to be carried out at the same time as the HPV vaccine is identified. Preliminary planning will be done with the coordinating structure for this activity to define the practical modalities of this integration: identifying a leader, funding, coordination mechanisms, possible obstacles and strategies for removing obstacles, the value added due to this integration to each of the interventions, etc.*

*A joint evaluation can be carried out according to the implications of this integration on each of the interventions. The evaluation can make use of the same methodology as the one used in the first phase and can include en evaluation of HPV vaccine coverage and integrated intervention. Also, the HPV vaccine coverage survey in the community will be organized by collecting data regarding the reasons for non-acceptance of immunization by parents or girls in the districts of Abengourou and Korhogo. An analysis of implementation costs in these districts can be associated with an assessment of cost per dose administered and the cost per fully immunized girl (with 3 doses administered).*

* 1. Objective 3: Development or review of the cervical cancer control or prevention strategy

**Q24.** Please summarize the planned activities for the development or review of a national cervical cancer prevention and control strategy, such as planning milestones, stakeholder meetings and methodology for developing the strategy, process for identifying a lead for this activity and the process to involve the TAG in this work.

*In the Ivory Coast, cancer control strategy (including cervical cancer) is coordinated by the National Cancer Control Program. As part of cervical cancer control exercise, a strategy and standards document for prevention of cervical cancer was prepared. The document foresees the involvement of all national stakeholders and partners in cervical cancer control. It is expected to be validated at the end of the year 2013. It foresees immunization as the primary means of preventing cervical cancer. The other means of prevention provided for in this are: IEC, screening of precancerous lesions and early diagnosis.*

*During phase 1, a TAG will be set up for the demonstration program which will help accelerate the process of validating the document as well as operationalizing the control means planned in the strategy document.*

*At the end of phase 2, the experience gained and the lessons acquired after evaluation can be capitalized for carrying out a review of the strategy and standards document for cervical cancer prevention.*

* 1. Technical advisory group

**Q25.** Please identify the members and terms of reference for the multi-disciplinary technical advisory group which will develop and guide the implementation of the HPV Demonstration Program and list the representatives (at least their positions and ideally their names) and their agencies.

* Countries are encouraged to use their ICC or a subgroup of the ICC to train the multi-disciplinary TAG.
* The TAG must at least have representatives from the national EPI program, cancer control, education and the ICC (if separate from the ICC) and adolescent and/ or school health (if they are represented within the Ministry of Health).

*The TAG is being set up, members have been identified and the ministerial decision is awaited.*

Enter the family name in capital letters

| **Agency/Organization** | **Name/Title** | **Area of Representation1** |
| --- | --- | --- |
| CDEPI (ICC) | Souhaliou  NOUFE / Head of monitoring-evaluation research | Monitoring-Evaluation |
| CDEPI (ICC) | Clarice Patricia ASSA Epse KOUAME-ASSOUAN/ Deputy Coordinating Director of EPI | Immunization |
| CDEPI (ICC) | Armel Jonas KANGA / Head of project and planning research | Planning |
| CDEPI (ICC) | Emma BOSSOH / Head of EPI communication | Communication |
| CDEPI (ICC) | Kossia YAO / EPI Physician | Immunization |
| CDEPI (ICC) | Guy Donatien KOFFI / Head of EPI logistics research | Logistics |
| CDEPI (ICC) | Fatoumata KONE / Head of EPI services research | Immunization |
| NCCP | Comoé Jean Claude KOUASSI / Head of multisectoral partnership research | Cancer control |
| NCCP | Yao Mesmin ADIE / Head of monitoring and evaluation research | Cancer control |
| NCCP | Ms. Pauline Raymonde NOBOUT / Head Communications research | Communication |
| NCCP | Amalado AYEMOU / Deputy Coordinating Director | Cancer control |
| NCCP | Yao Jules GALLA BI / Head of research, case support | Cancer control |
| PNSSU | Gotianwa SORO / Head of research in prevention planning | Health in school |
| CD-PNSR/PF | Akoua Isabelle KOFFI / Contraceptive Logistics Assistant | Reproductive health |
| PNMNT | Koffi Benjamin DZADE / Head of research |  |
| PNPEC | Kane KONE / Technical Consultant – Health care and aide | AIDS control |
| NIPH (ICC) | Koutouan MAYET / Deputy Head of Department - epidemiological surveillance | Epidemiological surveillance |
| DMOSS/MENET | Koffi Djaban Jacques YEBOUA / Assistant Director | National Education |
| DIPE (ICC) | Malé Mominé/ | Assessment |
| DGH | Kouadio KRA / Head of research |  |
| Ministry of Economy and Finance (ICC) | Ms. LATTROH/ Technical Consultant to the Ministry of Economy and Finance | Funding |
| SOGOCI | Private GUIE / Gynecologist | Gynecology |
| ASFI | BINDE Epse Adjoua Monique KOFFI / Secretary of social affairs | Cancer control |
| UNFPA | Nakan Pauline ABOU / *Responsible for* | Reproductive health |
| Jhipiego | Charles AMOUSSOU / Senior Technical Consultant | Cancer control |
| UNICEF (ICC) | Epa KOUACOU / EPI Focal Point | Immunization |
| WHO (ICC) | Kofi N’ZUE / EPI Focal Point | Immunization |

1Area of representation includes cancer control, non-communicable disease, immunization, adolescent health, school health, reproductive health, maternal or women’s health, cervical cancer prevention, nursing association, physicians, health communications, midwives, civil society group, education, etc.

List the members of this committee.

**Q26.** If known, please indicate who will act as the chair of the technical advisory group.

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Title** | **Agency/Organization** | **Area of Representation** |
| Chairman of the Technical Advisory Group | Dr. Aka Noel BROU | CDEPI/ Ministry of Health and the Fight against AIDS | Immunization |

* 1. Project manager/coordinator

**Q27.** List the contact details, position and agency of the person who has been designated to provide overall coordination for the day-to-day activities of the two-year HPV Demonstration Program, taking note that an EPI technical officer /head/ manager might be most suitable given their current role and responsibilities.

Enter the family name in capital letters.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | AKA Noel BROU |  | **Post** |  | Coordinating Director of EPI |  |
|  |  |  |  |
| **Tel no.** |  | (00225) 05 86 73 96  (00225) 21 24 25 29 |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  | (00225) 21 24 25 25 |  | **Agency** |  | Ministry of Health and the Fight against AIDS |  |
| **Fax no.** |  |  |  |  |
| **Mail** | alloukassi.am@gmail.com | | | **Address** |  | **Agency** |  |
|  |  |
|  |  |
|  |  |

1. Time line

The HPV Demonstration Program will include immunization of the cohort of girls in two consecutive years (Figure I). Countries are required to begin vaccinating in the demonstration district within two years of the application.

**Figure I. HPV Demonstration Program time line**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First round of vaccination | Evaluation of first round | Second round of vaccination | | | | | | | |
|  | Assessment feasibility integrated delivery  Start cancer control strategy | | | If feasible, test the joint delivery of services  Finalization of cancer control strategy | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Planning | Year 1: demo project implementation | | | Year 2 | | | | | | |

**Q28.** Please modify as necessary and complete the time line below for the main activities for HPV vaccination, assessment of adolescent health interventions and development/ review of a national cervical cancer prevention and control strategy planned for the HPV Demonstration Program. Countries should ensure enough time is scheduled for planning activities prior to the delivery of HPV1. For program tracking purposes, Year 1 starts with the delivery of the first dose of vaccine. Applicants may want to complete this in MS Excel.

|  | **Months of HPV Demonstration Program** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1 (2014)** | | | | | | | **Year 2 (2015)** | | | | | | | | | | | | **Year 3 (2016)** | | | | | | | | | | | | **Year 4 (2017)** | | |
|  | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Drafting implementation plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Setting up a technical working team to coordinate the activity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing a census of 10 year old girls |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing meetings of the technical working team |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Micro-planning at district level |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Confirming space in district cold store |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clearing vaccine supply from customs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Briefing key stakeholders |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Developing a communication plan and messages as communication material |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Developing immunization management tools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Developing training plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Establishing team to conduct assessment of adolescent interventions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transporting vaccine to district |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing results from year 1 and outline any program delivery changes for year 2, including whether to do a joint delivery of HPV vaccine and an adolescent intervention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Micro-planning for year 2 of immunization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing year 1 implementation plan for year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implement communication strategy in district |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing immunization management tools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Developing/Implementing training plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing / Implementing training plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mop-up sessions for dose 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administering dose 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mop-up sessions for dose 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administering dose 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mop-up sessions for dose 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mop-up sessions for dose 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If joint delivery done in year 2, reviewing immunization forms, as needed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preparing the Terms of Reference for evaluating adolescent health interventions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implementing HPV immunization assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conducting assessment of adolescent interventions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conducting coverage survey |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Analyzing evaluation data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Writing a preliminary report of evaluation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Collecting cost data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing external audit of accounts by an independent firm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing internal audit of accounts by the Management Control Department |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing meetings of the team working on cervical cancer strategy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Confirming space in district cold store |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clearing vaccine supply from customs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adapting IEC materials & communication plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing the cervical cancer strategic plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submitting a progress report to GAVI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transporting vaccine supply to the district for year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implementing a communication strategy in the district |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing immunization management tools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing for eventual additional training or material for year 2 program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administering dose 1 of year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mop-up sessions for dose 1 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administering dose 2 of year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mop-up sessions for dose 2 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administering dose 3 of year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mop-up sessions for dose 3 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Analysis of coverage data, feasibility and costs for year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drafting an evaluation report of year 2 immunization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submitting financial report to GAVI (15 months after funds were disbursed from GAVI) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing external audit of accounts by an independent firm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing internal audit of accounts by the Management Control Department |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organizing meetings of the team working on cervical cancer strategy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Final ICC recommendations for national level deployment of HPV vaccines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Presenting a revised cervical control strategic plan to the ICC after the pilot phase of administering HPV vaccine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submitting final progress report to GAVI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If applicable, fill and submit the GAVI application for national introduction |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submitting financial report to GAVI (12 months after last report) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Budget

**Q29.** Please provide a draft budget for year 1 and year 2, identifying activities to be funded with GAVI’s programmatic grant as well as costs to be covered by the country and/or other partner’s resources.

**Note**: If there are multiple funding sources for a specific cost category, each source must be identified and their contribution distinguished in the budget.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Phase 1** | | | | **Phase 2** | | | |  |
|  | **State** | | **GAVI** | | **State** | | **GAVI** | |  |
|  | **2014** | **2015** | **2014** | **2015** | **2015** | **2016** | **2015** | **2016** | **TOTAL** |
| **Supervision/Coordination/Planning** | 8.200 | 12.620 | 4.546 | 4.939 | 8.704 | 8.000 | 2.782 | 4.939 | **54.730** |
| **Administering vaccines** | 5.629 | 5.681 | 8.779 | 17.559 | 1.227 | 3.118 | 9.020 | 10.520 | **61.534** |
| **Community sensitization and mobilization** | - | - | 15.816 | 7.585 | 16.532 | 3.600 | 647 | 1.127 | **45.306** |
| **Training** | - | - | 369 | - | 816 | - | - | - | **1.185** |
| **Procurement of vaccines** | 1.129 | - | 2.787 | - | - | - | 4.041 | - | **7.956** |
| **Assessment** | - | - | 25.644 | 51.484 | 18.659 | 12.000 | - | 25.000 | **132.787** |
| **Waste disposal** | - | 836 | 856 | 796 | 856 | 1.632 | - | - | **4.976** |
| **AEFI monitoring** | 16.008 | 32.016 | - | - | 16.536 | 33.073 | - | - | **97.633** |
| **Operational costs SUB-TOTAL** | **32.980** | **53.168** | **60.811** | **84.378** | **65.344** | **63.439** | **18.504** | **43.602** | **422.226** |
| **Cost of vaccines and consumables** | - | - | 238.484 | - | - | - | 247.380 | - | **485.864** |
| **Transportation cost** | 35.773 | - | - | - | 37.107 | - | - | - | **72.880** |
| **Vaccines and consumables SUB-TOTAL** | 35.773 | - | 238.484 | - | 37.107 | - | 247.380 | - | **558.744** |
| **TOTAL** | **68.752** | **53.168** | **299.295** | **84.378** | **102.451** | **63.439** | **265.884** | **43.602** | **980.970** |

**Details of the budget are enclosed in Annex 2**

1. Procurement of HPV vaccines and cash transfer

HPV vaccines must be procured through UNICEF. Auto-disable syringes and disposal boxes will be provided.

**Please note that,** using the estimated total for the target population in the district and adding a 10% buffer stock contingency, the GAVI Secretariat will estimate supplies needed for HPV vaccine delivery in each year and communicate it to countries as part of the approval process.

**Q30.** Please indicate how funds for operational costs requested in your budget in section 6 should be transferred by the GAVI Alliance (if applicable).

*Funds will be transferred to the central bank (BCEAO) by GAVI. A report will be sent to the commercial bank where GAVI-ISS has its account. Funds will then be transferred to this account.*

1. Financial Management Arrangements Data Sheet

Q31.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information to be provided by the recipient organization/country** | | | | |
| 1. Name and contact information of the recipient organization(s) | Coordination Department of the Expanded Program on Immunization | | | |
| 2. Experiences of the recipient organization with GAVI, World Bank, WHO, UNICEF, GFATM or other donors-financed operations (e.g. receipt of previous grants) | **Yes or No?**  ***Yes*** *for support from GAVI, UNICEF and WHO*  ***If YES****,*  Please state the name of the grant from GAVI, UNICEF and WHO, the years and grant amount:  *For GAVI experience*  *Grant: Immunization Support Services: from 2000 to 2011*  *Amount of allocation: US $ 2,424,000*  and provide the following information:  **For completed grants:**   * What are the main conclusions with regard to use of funds? * *Approval of the cash flow plan by the ICC before its execution* * *Validation of the GAVI progress report for the past year including the implementation report for the cash flow plan by the ICC* * *Improvement in the implementation rate of funds* * *Good implementation of financial inspection in the process of executing the cash flow plan*   For on-going Grants:   * Most recent financial management (FM) and procurement performance rating?   + *September 2010* * Financial management (FM) and procurement implementation issues?   + *No major difficulty faced* | | | |
| 3. Amount of the proposed GAVI HPV Demo grant (USD) | **US $ 980,970 (operational costs + vaccine costs) This amount is mobilized by GAVI and by the Ivory Coast Government** | | | |
| ***4. Information about financial management (FM) arrangements for the GAVI HPV Demo Program:*** | | |  | |
| * Will the GAVI Demo Program resources be managed through the government standard expenditure procedures channel? | | *YES* | | |
| * Does the recipient organization have an FM or Operating Manual that describes the internal control system and FM operational procedures? | | *YES: A financial management procedures manual exists with the CDEPI. There is also a manual of guidelines and an aide-mémoire especially for GAVI funds management.* | | |
| * What is the budgeting process? | | * *Preparation of an annual cash flow plan at the beginning of the year on the basis of previous year’s assessment* * *Validation of the cash flow plan by the ICC* * *Monitoring of the implementation of the cash flow plan during the course of the year by the financial department of the program, the Department of Financial Affairs of the competent Ministry, financial inspection and the financial authority at the Ministry of Economy and Finance* * *Validation of the quarterly and annual assessment by the ICC* | | |
| * What accounting system is used or will be used for the GAVI HPV Demo Program including whether it is a computerized accounting system or a manual accounting system? | | *It is the public accounting system normally used by our country for GAVI funds management. It is a computerized system.* | | |
| * What is the staffing arrangement of the organization for accounting, auditing and reporting? Does the implementing entity have a qualified accountant on its staff assigned to the GAVI HPV Demo Program? | | For GAVI funds management, a director was appointed from the Ministry of Economy and Finance.  At the end of each budgetary year, *an internal audit is carried out by the autonomous management control department of the Ministry of Health and the Fight against AIDS and an external audit is carried out by the independent firm.*  *The CDEPI has a qualified accountant*. | | |
| * What is the bank arrangement? Provide details of the bank account at the Central Bank or at a commercial bank proposed to receive GAVI HPV funds and the list of authorized signatories. Include titles. | | *An account has already been opened at a commercial bank (ECOBANK) in the name of the Ministry of Health to receive all fund transfers from GAVI. This account will thus be used to receive funds for the HPV Demo Program.*  ***For details of the account, see table below*** | | |
| * In the implementation of the HPV Demonstration Program, do you plan to transfer funds from central to decentralized levels (provinces, districts etc.)? If yes, how will this funds transfer be executed and controlled? | | *Yes, we envisage fund transfers from the central level to the selected district. For this, we use the usual channel: The GAVI Funds Director sends a check based on the payment order given by the CDEPI, co-signed by the Coordinating Director of EPI, the Director of Financial Affairs in the Ministry of Health and the Financial Controller of the Government. The check is deposited by the EPI accountant. The district grant is sent by direct payment by the EPI accountant to the District Heads. At the end of the activity, supporting documents for the use of funds are sent to the EPI accountant.* | | |
| * Does the implementing entity keep adequate records of financial transactions, including funds received and paid and of the balances of funds held? | | *Yes, registers are maintained for this purpose.* | | |
| * How often does the implementing entity produce interim financial reports? | | *Financial reports are prepared on a quarterly basis.* | | |
| * Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…)? | | *Yes, as internal audit is conducted by the autonomous management control department of the Ministry of Health and the Fight against AIDS. An external audit is also carried out by an independent firm at the end of the budgetary year.* | | |
| ***5. Information about procurement management arrangements for the GAVI HPV Demo Program:*** | | | |  |
| * What procurement system is used or will be used for the GAVI HPV Demo Program? | | *For the co-financing of the Pentavalent vaccines in collaboration with GAVI, vaccines will be procured via the Central Purchasing Unit of UNICEF, compliant with the October 2009 memorandum signed in joint agreement between the Ivorian Government and UNICEF.* | | |
| * Does the recipient organization have a procurement plan or will a procurement plan be prepared for this HPV Demo Program? | | *The CDEPI has a biannual procurement plan for routine vaccines and for regular procurement in case of campaigns it is according to the plan prepared as per the dates of each campaign.* | | |
| * Is there a complaint management mechanism? | | *In the case of grievances against a partner, the administrative route is followed: an official written request is then addressed to the partner.* | | |
| * What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff? | | *The CDEPI has a logistics service with a team of five trained and experienced logisticians along with support staff.* | | |
| * Are there procedures in place for physical inspection and quality control of goods, works, or services delivered? | | *A financial Controller of the Ministry of Economy and Finance is specially employed for monitoring all services provided within the CDEPI.*  *Moreover, while receiving vaccines and consumables, detailed monitoring of preservation indicators and quantities is carried out by the team of logisticians. Then, a signed reception report is addressed to the supplier through UNICEF within 72 hours. The financial controller records the supply of these vaccines and makes a report.* | | |

**What are bank details? Give detailed information about the bank account with the Central Bank or a commercial bank which is due to receive the HPV funds from GAVI and the list of authorized signatories. Specify their positions.**

***Detailed information about the bank account with the commercial bank to receive HPV funds from GAVI are as follows:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Compliant with the decision of financial support taken by the GAVI Alliance, the Ivory Coast Government requests through this document that a payment be made by electronic bank transfer in the following manner: | | | |  |
|  |  |  |  |  |
| **Name of the institution (account holder):** | MINISTRY OF HEALTH AND FIGHT AGAINST AIDS / GAVI GOVERNED FUNDS | | |  |
|  |  | | |  |
|  |  |  |  |  |
| **Address:** | ADMINISTRATIVE CITE TOWER C 16th FLOOR BP V 16 ABIDJAN | | |  |
| **City, Country:** | ABIDJAN IVORY COAST | | |  |
| **Telephone:** | (00225) 20 21 08 71 | **Fax No.:** |  |  |
|  | **Bank account currency:** | | CFA FRANCS ( BCEAO) |  |
| **To the credit of:** |  |  |  |  |
| **Account name:** | REGIE D'AVANCE SSV GAVI | | |  |
| **Account number:** | CI059 01001 131224652501 41 | | |  |
| **Name of the bank:** | ECOBANK COTE D'IVOIRE | | |  |
|  |  |  |  |  |

***PAGE 37 in the source file:***

Signature of the authorizing Government member

|  |  |  |
| --- | --- | --- |
| **Name:** | RAYMONDE GOUDOU COFFIE | **STAMP** |
| **Position:** | MINISTRY OF HEALTH AND THE FIGHT AGAINST AIDS | stamp |
| **Signature:** | sign and date |
| **Date:** |  |

|  |
| --- |
| **Name of the representative of the authorizing bank** |
| bank |
| **Signature:** |
|  |
| **Date:** |
| **Stamp:** |
|  |

***PAGE 38 in the source file:***

* I certify that account number 131224652501 belongs to REGIE D’AVANCE SSV GAVI with this bank
* The account requires joint signatures along with at least 1 (number of signatories) of the below authorized signatories:



|  |  |  |
| --- | --- | --- |
|  |  | |
| **Name:** | Ms. BANGASSARO AWA COULIBAY |
| **Position:** | ADMINISTRATOR FOR ADVANCE PAYMENTS WITH THE MINISTRY OF HEALTH AND THE FIGHT AGAINST AIDS FOR MANAGING THE GAVI-ISS PROGRAM |
| 2 |  | |
| **Name:** |  |
| **Position:** |  |
| **3** |  | |
| **Name:** |  |
| **Position:** |  |

During the implementation of the anti-HPV demonstration program, do you plan to transfer the funds from the central level to the decentralized entities (provinces, districts, etc.)? If yes, how will you execute and control these fund transfers?

Yes, we plan to transfer the funds from the central level to the selected districts, and for this, we will use the regular channel: After the disbursement of funds for the activity, the district will be informed and they will, in turn, approach the central level for provision of financial resources.

Does the implementing entity have adequate records for financial transactions, including funds received and paid, and balances of managed funds?

Yes, there are records for these transactions.

How frequently does the implementing entity prepare intermediary financial reports?

The intermediary financial reports are prepared every quarter.

Are the annual financial statements checked by external or governmental audit firms? (ex: general audit department)

Yes, an internal audit was conducted by the autonomous management control department of the Ministry of Health and Fight against AIDS. An external audit was also conducted by an independent firm at the end of the fiscal year.

5. Information on the supply management devices for the GAVI anti-HPV vaccine demonstration program:

Which supply system is or will be used for the GAVI anti-HPV vaccine demonstration program?

As part of the co-financing for pentavalent vaccines with GAVI, the vaccines will be procured through the central procurement division of UNICEF in compliance with the memorandum, dated October 2009, mutually signed between the Ivorian Government and UNICEF.

1. Signatures

9.1. Government

The Government of [the Ivory Coast] acknowledges that this Program is intended to assist the government to determine if and how it could implement the HPV vaccine nationwide. If the Demonstration Program finds the HPV vaccination is feasible (i.e. greater than 50% coverage of target girls) and acceptable, GAVI will encourage and entertain a national application during the second year of the Program. Application forms and guidelines for national applications are available at [www.gavialliance.org](http://www.gavialliance.org). The data from the Demonstration Program and timing of a national application are intended to allow uninterrupted provision of vaccine in the demonstration district and nation-wide scale-up.

The Government of [the Ivory Coast] would like to expand the existing partnership with the GAVI Alliance for the improvement the health of adolescent girls in the country and hereby requests GAVI support for an HPV Demonstration Program.

The Government of [the Ivory Coast] commits itself to improving immunization services on a sustainable basis. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support the immunization of targeted adolescent girls with the HPV vaccine as outlined in this application.

The Government of [the Ivory Coast] acknowledges that some activities anticipated in the demonstration program could be considered research requiring approval by local ethics committees (e.g., collecting data from a random sample of parents of eligible girls for the HPV vaccine coverage survey). We acknowledge we are responsible for consulting and obtaining approval from appropriate local ethics committees (e.g., human subject protection committee or Institutional Review Boards) in our country, as required. By signing this application, the Government of [the Ivory Coast] and the TAG members acknowledge that such approval may be necessary and that it will obtain such approval as appropriate.

The table in Section 6 of this application shows the amount of support requested from the GAVI Alliance as well as the Government of [the Ivory Coast]’s financial commitment toward the HPV Demonstration Program.

Please note that this application will not be reviewed by GAVI’s Independent Review Committee (IRC) without the signatures of both the Minister of Health and the Minister of Education or their delegated authority.

**Q32.** Please provide appropriate signatures below.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minister of Health**  **(or delegated authority)** | | **Minister of Education** (if social mobilization, vaccination or other activities will occur through schools)  **(or delegated authority)** | |
| **Name** | [Type text]  39-1 | **Name** | [Type text]  39-2 |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

**Q33.** This application has been compiled by:

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Position** | **Telephone** | **Email** |
| Clarice Patricia ASSA Epse KOUAME-ASSOUAN | Deputy Coordinating Director of EPI | (00225) 07 51 24 18 | [assa.clarice@gmail.com](mailto:assa.clarice@gmail.com) |
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| Comoé Jean Claude KOUASSI | Head of research - multisectoral partnership | (00225) 05 89 70 47 | [comoekouassi@hotmail.com](mailto:comoekouassi@hotmail.com) |
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| Koffi Djaban Jacques YEBOUA | Assistant Director DMOSS/MENET | (00225) 01 02 18 80 | [koffidjaban@yahoo.fr](mailto:koffidjaban@yahoo.fr) |

* 1. National Coordinating Body – Inter-Agency Coordinating Committee (ICC) for Immunization

**Q34.** We the members of the ICC, HSCC, or equivalent committee met on 09/09/2013 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: [1].

Enter the family name in capital letters.

| **No.** | **NAME** | **POSITION** | **EMAIL** |
| --- | --- | --- | --- |
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|  | Marie Irène RICHMOND AHOUA | President of the PolioPlus Committee of Rotary International | [mirarichmond@gmail.com](mailto:mirarichmond@gmail.com) |
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**Q35.** In case the GAVI Secretariat has queries on this submission, please contact:

Enter the family name in capital letters.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. Optional supplementary information

**Q36.** (***Optional***) If available, countries may provide additional detail in the table below on training content, role, and framework.

| **Who will be trained** | **Role in vaccine delivery**  *(e.g., sensitization, mobilization, immunization, supervision, monitoring, etc.)* | **Training content**  *(e.g., basics on cervical cancer, HPV, HPV vaccine, IEC messages, safe injections, AEFI monitoring, etc.)* | **Who will provide the training?** |
| --- | --- | --- | --- |
| Health workers (Healthcare providers) | *[Immunization]* | *Basics on cervical cancer,*  *HPV,*  *HPV vaccines and use of management tools* | *[Executive Team of the District (multidisciplinary)]* |
| Supervisors | *[Supervision*  *Monitoring]* | *- Basics on cervical cancer*  *HPV vaccines]* | *ETD (multidisciplinary)* |
| Teachers | *[Mobilization*  *Sensitization]* | *[Basics on cervical cancer*  *HPV vaccines*  *Injection safety*  *AEFI surveillance*  *Use of management tools* | *[ETD* |
| School officials | *Mobilization* | *Basics on cervical cancer HPV vaccines]* | *[ETD/ Focal Point* |
| District leaders | *Monitoring/Coordination/Supervision* | *Basics on cervical cancer HPV vaccines]* | *Central Team at the central level* |
| NGO: | *[Sensitization]* | *IEC Messages* | *ETD* |
| Community Health workers: | *[Sensitization*  *Mobilization*  *Active search for cases*  *Census]* | *IEC Messages*  *Use of identification sheets* | *Healthcare providers* |
| Other: | *[Type text]* | *[Type text]* | *[Type text]* |

**Q37.** (***Optional***) If available, countries may provide additional detail in the table below on the types of information and/or materials that may be used/disseminated, to which target group, by which mechanism, and the frequency of each.

| **Types of information or materials**  *(e.g., leaflet poster, banner, handbook, radio announcement, etc.)* | **Audience receiving material**  *(girls, parents, teachers, health workers, district officials, community groups, etc.)* | **Method of delivery**  *(e.g., parent meetings, radio, info session at school, house visit, etc.)* | **Who delivers**  *(e.g., teachers, health workers, district officials, etc.)* | **Frequency & Timing**  *(e.g., daily, weekly, twice before program starts, etc.; day of vaccination, two weeks before program starts, etc.; )* |
| --- | --- | --- | --- | --- |
| *Posters* | *General public* | *Posters in health centers, educational institutions, Office of the Government, religious places, railway stations, markets, prefectures, sub-prefectures* | *Health workers, community health workers, teachers, communication focal point of the district* | *One week before the campaign* |
| *Small posters* | *Young girls, teachers, community groups, parents, health workers* | *Home visit, information session at school, meetings with parents and community groups* | *Community health workers, NGOs, community groups, teachers, health workers, district staff* | *For local mobilization: one week before the campaign and during the campaign*  *For meetings: two weeks before the campaign* |
| *Advisory cards* | *Young girls, teachers, community groups, parents, health workers* | *Home visit, information session at school, meetings with parents and community groups* | *Local mobilizers (community health workers, NGOs, community groups) teachers, health workers, district staff* | *For local mobilization: one week before the campaign and during the campaign*  *For meetings: two weeks before the campaign* |
| *Radio commercials* | *The entire population and especially young girls and parents of girls related to the campaign* | *Radio* | *Relayed by radio* | *One week before the campaign and during the campaign* |
| *Radio programs* | *The entire population and especially young girls and parents of girls related to the campaign* | *Radio* | *Communication focal point, central level supervisor, departmental director of health* | *Three days before the campaign and during the campaign* |

**Q38.** (***Optional***) Technical partners (e.g. local WHO staff) are required to participate in planning and conducting the evaluation of HPV vaccine delivery. Please specify if such experts already exist on the country team (name, title, organization). An international participant can be requested through technical partners if additional expertise is thought necessary.

[Type text]

**Q39.** (***Optional***) In the table below, countries can provide a brief summary of the current adolescent health services or interventions and health education activities as well as the implementing agencies selected for implementation of the HPV Demonstration Program.

Please add additional tables if necessary.

|  | **intervention** | **intervention** | **intervention** | **intervention** |
| --- | --- | --- | --- | --- |
| Description of intervention | *Regular medical check-up for detection coupled with deworming*  *This involves:*  *-Checking constants (weight, height, blood pressure)*  *-Visual acuity*  *-Clinical examination (general and oral)*  *-Washing of hands*  *-Taking deworming tablet (Albendazole 400mg or Mébendazole 500mg).* | *Family planning (FP). This involves providing contraception services.*  *-Explaining the different methods of contraception to pupils and students*  *-Supplying contraceptive products (pills, male and female condoms, etc.) to pupils and students* | *IEC/CCC*  *Sensitization about early pregnancies, STDs, HIV-AIDS and oral diseases.*  *Theme-based video conferences are organized in educational institutions* | Managing common pathologies *(malaria, ARF, STDs/ HIV-AIDS, oral diseases) and psychological disorders.*  *This involves preventive and curative treatment of these pathologies* |
| Agency and provider delivering the intervention | *Physicians, dental surgeons, nurses, midwives, special educators, school and university health social service assistants, dispensaries in schools and colleges, medical centers in CROU[[2]](#footnote-3) and colleges[[3]](#footnote-4).* | *Physicians, dental surgeons, nurses, midwives, special educators, school and university health social service assistants, dispensaries in schools and colleges, medical centers in CROU and colleges.* | *Physicians, dental surgeons, nurses, midwives, special educators, school and university health social service assistants, dispensaries in schools and colleges, medical centers in CROU and colleges.*  *-Health clubs in schools and colleges*  *-Hygiene clubs in schools* | *Physicians, dental surgeons, nurses, midwives, special educators, school and university health social service assistants, dispensaries in schools and colleges, medical centers in CROU and colleges.* |
| Target population by age, grade and gender | *Pupils and students*  *-Kindergarten girls and boys*  *-Primary girls and boys (6-11 years)*  *-Secondary girls and boys (12-19 years)*  *-Higher Secondary girls and boys (20-26 years)* | *- Secondary girls and boys (12-19 years)*  *- Higher Secondary girls and boys (20-26 years)* | *- Primary girls and boys (6-11 years)*  *- Secondary girls and boys (12-19 years)*  *- Higher Secondary girls and boys (20-26 years)*  *-Teachers*  *-Educators* | *Pupils and students*  *-Kindergarten girls and boys*  *-Primary girls and boys (6-11 years)*  *-Secondary girls and boys (12-19 years)*  *-Higher Secondary girls and boys (20-26 years)* |
| Number and types of facilities involved | *-SSSU: 127*  -*Medical centers in CROU* and colleges*: 15*  -dispensaries in high schools and colleges*: 118* | *-SSSU: 127*  *-Medical centers in CROU and colleges: 15*  *-dispensaries in high schools and colleges: 118* | *-SSSU: 127*  *-Medical centers in CROU and colleges: 15*  *-dispensaries in high schools and colleges: 118* | *SSSU: 127*  *-Medical centers in CROU and colleges: 15*  *- dispensaries in high schools and colleges: 118* |
| Geographic location(s) of the intervention (where in the country) | *-SSSU and existing dispensaries across the country*  - *Existing medical centers in CROU and colleges in 5 regional capitals (Abidjan, Yamoussoukro, Daloa, Bouaké, Korhogo)* | *-SSSU and existing dispensaries across the country*  - *Existing medical centers in CROU and colleges in 5 regional capitals (Abidjan, Yamoussoukro, Daloa, Bouaké, Korhogo)* | *-SSSU and existing dispensaries across the country*  - *Existing medical centers in CROU and colleges in 5 regional capitals (Abidjan, Yamoussoukro, Daloa, Bouaké, Korhogo)* | *-SSSU and existing dispensaries across the country*  - *Existing medical centers in CROU and colleges in 5 regional capitals (Abidjan, Yamoussoukro, Daloa, Bouaké, Korhogo)* |
| Intervention schedule (when) | *First quarter of the scholastic year.*  *Second deworming session is after 6 months.* | *Throughout the year* | *Throughout the scholastic year* | *Throughout the year* |
| Frequency of intervention (how often) | *Medical check-up is done once a year.*  *Deworming is done twice at an interval of 6 months every year.* | *Continuously* | *Once a year. But in localities with a high early pregnancy rate two sensitization sessions are organized (Daloa, Adzopé, Sassandra, Gagnoa, Bouaké, Abengourou, Korhogo)* | *Continuously* |
| Coverage of the target population (previous year) | *-Deworming:*  *84.29% children in the census records*  *- Medical check-up: 6.57%* | *50%* | *50%* | *70%* |
| Coordinating agency | *National Program for School and University Health (PNSSU)* | *National Program for School and University Health (PNSSU)* | *National Program for School and University Health (PNSSU)* | *National Program for School and University Health (PNSSU)* |
| Collaborating partners | *-Ministries of:*  *--National Education and Technical Education*  *--Higher Education and Scientific Research*  *--Youth, Sports and Leisure*  *--Employment, Social Affairs and Professional Training*  *-School canteen management*  *DDSLS, prefects and parents of pupils*  *-MAP International*  *-Public Health Pharmacy (PHP)* | *-Ministries of:*  *--National Education and Technical Education*  *--Higher Education and Scientific Research*  *--Youth, Sports and Leisure*  *--Employment, Social Affairs and Professional Training*  *-UNFPA, PNSR/PF, PHP* | *-Ministries of:*  *--National Education and Technical Education*  *--Higher Education and Scientific Research*  *--Youth, Sports and Leisure*  *--Employment, Social Affairs and Professional Training*  *-UNFPA, PNSR/PF, PEPFAR, PNPSBD, PNPEC*  *- Non-Governmental Organizations (NGOs)* | *-Health Districts*  *-NGOs*  *-Local communities (Office of the local Government, Regional Councils, autonomous Districts, etc.)*  *-PHP*  *-* *National Program for the Promotion of Oral Health (PNPSBD)*  *-UNFPA, PEPFAR, PNPEC* |
| Implementation costs of the intervention, if known | *[Type text]* | *[Type text]* | *[Type text]* | *[Type text]* |
| Funding source, if known | *General operating budget of PNSSU (GOB)* | *UNFPA PNSR/PF* | *General operating budget of SSSU and PNSSU (GOB)* | *General operating budget of SSSU and PNSSU (GOB)* |
| Data source(s) for the information on each intervention | *PNSSU Activity report* | *PNSSU Activity reports (supervision, monitoring of activities)* | *SSSU Activity reports*  *PNSSU supervision reports* | *SSSU Activity reports*  *PNSSU supervision reports* |

**Q40.** (***Optional***) Provide a brief summary of the current cervical cancer prevention and treatment services and implementing agencies selected in the district to implement the HPV Demonstration Program. If available, countries can include information on target populations, delivery structure and funding sources.

[Type text]

**Q41.** (***Optional***) Describe the plan for securing Ministry of Health approval of the draft national cervical cancer prevention and control strategy and any activities for dissemination to national, sub-national, and/or local partners and stakeholders.

[Type text]

**Q42.** (***Optional***) If known, please indicate the representatives of the TAG that will be involved in the assessment of the feasibility of integrating adolescent health interventions with delivery of HPV vaccine.

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Title** | **Agency/Organization** | **Area of Representation** |
| TAG member involved in assessment of adolescent interventions | [Type text] | [Type text] | [Type text] |
| TAG member involved in assessment of adolescent interventions | [Type text] | [Type text] | [Type text] |
| TAG member involved in assessment of adolescent interventions | [Type text] | [Type text] | [Type text] |
| TAG member involved in assessment of adolescent interventions | [Type text] | [Type text] | [Type text] |
| TAG member involved in assessment of adolescent interventions | [Type text] | [Type text] | [Type text] |

**Q43.** (Optional) If known, please indicate the representatives of the TAG that will be involved in the development or revision of the draft national cervical cancer prevention and control strategy.

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Title** | **Agency/Organization** | **Area of Representation** |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |

**Q44.** (***Optional***) If present, please describe the distribution of de-worming medication (anti-helminthes) in the district(s).

|  |  |  |
| --- | --- | --- |
| **Component** | **District 1** [Type text] name | **District 2 (if applicable)** [Type text] name |
| Organization of the de-worming program | [Type text] | [Type text] |
| Lead agency | [Type text] | [Type text] |
| Implementing agency and partners | [Type text] | [Type text] |
| Funding source(s) | [Type text] | [Type text] |
| Frequency and schedule of implementation, e.g. twice yearly in March and October | [Type text] | [Type text] |
| Number of beneficiaries in target population by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |
| De-worming coverage by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |

**Q45.** (***Optional***) If applicable, please describe any semi-annual health days (e.g. Child Health Days) that are currently organized in the district(s).

|  |  |  |
| --- | --- | --- |
| **Component** | **District 1** [Type text] name | **District 2 (if applicable)** [Type text] name |
| Organization of the semi-annual health days | [Type text] | [Type text] |
| Lead agency | [Type text] | [Type text] |
| Implementing agency and partners | [Type text] | [Type text] |
| Funding source(s) | [Type text] | [Type text] |
| Frequency and schedule of implementation, e.g. twice yearly in March and October | [Type text] | [Type text] |
| Services delivered | [Type text] | [Type text] |
| Number of beneficiaries in target population by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |
| Coverage of the different services delivered by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |

**Q46.** (**Optional**) If applicable, please describe any health education programs organized currently in schools and/or in the community in the district(s).

|  |  |  |
| --- | --- | --- |
| **Component** | **District 1** [Type text] name | **District 2 (if applicable)** [Type text] name |
| Organization of the health education program | [Type text] | [Type text] |
| Lead agency | [Type text] | [Type text] |
| Implementing agency and partners | [Type text] | [Type text] |
| Funding source(s) | [Type text] | [Type text] |
| Frequency of services, e.g. once a month, weekly, etc. | [Type text] | [Type text] |
| Services delivered | [Type text] | [Type text] |
| Location(s) of service delivery | [Type text] | [Type text] |
| Number of beneficiaries in target population by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |
| Coverage of the different services delivered by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |

**Q47.** (**Optional**) Please describe if the country intends to conduct other research activities alongside the HPV Demo Program with funding from other sources.

1. NIS: National Institute of Statistics [↑](#footnote-ref-2)
2. DRENET: Regional Directorate of National Education and Technical Education [↑](#footnote-ref-3)
3. University residences [↑](#footnote-ref-4)