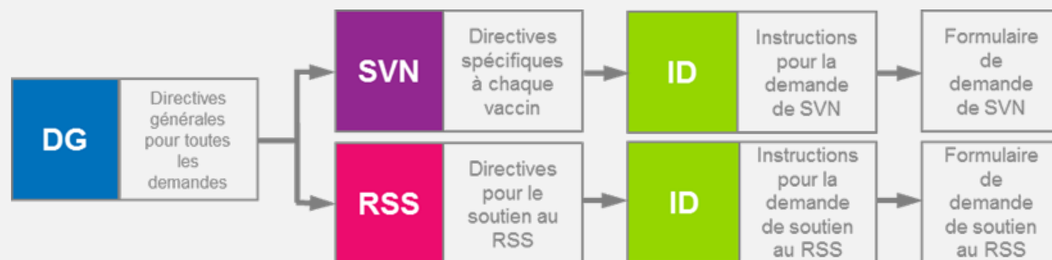
Application Form: Health System Strengthening (HSS) Support in 2016

Application deadline:
15 January 2016
01 May 2016
09 September 2016

Document date: October 2015
(This document replaces all subsequent versions).

Application for 2016:

It is recommended that countries applying for any type of support from Gavi in 2016 consult the following documents in the order in which they are presented below:



Application form for HSS support

Goal of this document:

This form must be completed in order to request HSS support from Gavi. Applicants are required to read the instructions for the HSS request before completing this form, and are asked to refer to these instructions while completing the application form. Applicants must first read the general guidelines for all types of support, as well as the guidelines for HSS before filling out this document.

The application form and attachments must be submitted in English, French, Portuguese, Spanish, or Russian.

Internet links and contact information:

All applications are available on the web page for Gavi support requests: www.gavi.org/support/apply/. For any questions on application guidelines, please contact applications@gavi.org or your country programme manager.

SUMMARY TABLE

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PART A: SUMMARY OF SUPPORT REQUESTED AND APPLICANT INFORMATION

1 Applicant Information		
Total funding requested from Gavi (in US$)	*This should correspond exactly to the budget requested in question 17 (detailed budget).*	
Does your country have a finalised and approved National Health Development Plan (NHDP)?	Yes ☒	No ☐
	*Indicate the **end year** of the NHDP:* 2020 ***Provide mandatory attachment #8: NHDP***	
Does your country have a finalised and approved comprehensive Multi-Year Plan (cMYP)?	Yes ☒	No ☐
	*Indicate the **end year** of the cMYP:* 2020 *Provide mandatory attachment No. 11: cMYP*	
Proposed HSS grant start date:	Indicate the month and year of the planned start date of the grant: 01 March 2017	
Proposed HSS grant end date:	*Indicate the month and year of the planned end date of the grant:* 31 December 2021	
Joint Appraisal Planning:	*Indicate when in the year the joint appraisal will be conducted, and to which High Level Review Panel the joint appraisal will be submitted.* *First joint appraisal period: June 2017* *Frequency of joint appraisals: annual* *Panel:*	

2 Application development process (maximum 2 pages)

In 2008, Côte d'Ivoire developed its first health system strengthening (HSS) proposal through Gavi, the Global Alliance on Vaccines and Immunisation. This proposal is in addition to the Immunisation Services Support (ISS) that Côte d'Ivoire has received since 2001. After three years of suspension (2011, 2012, and 2013) a new work plan was defined in 2014; this was a customised road-map. This plan took into account new needs with regard to the post-election crisis and was funded based on the balance of Injection Safety Support (INS) funds. Its main objective was to improve immunisation coverage, by strengthening logistics capacities at the regional and district levels, including health centres, and by strengthening monitoring and management activities.

Thus, HSS contributed to increasing means of transportation and thus to the mobility of health region stakeholders from 40 to 97%. There were 74 supervision vehicles made available to regional and departmental directors for health, and 724 motorbikes to nurses for conducting outreach strategies. Therefore, through the roadmap, this HSS helped improve: (i) funding for the "Reach Every Community (REC)" strategy, (ii) vaccine availability and (iii) provision of immunisation in all health regions and social strata in Côte d'Ivoire. Implementing the roadmap helped improve immunisation coverages, especially Penta3 and measles-containing vaccine (MCV) in 2015.

In light of these results, and faced with the need to consolidate gains, Côte d'Ivoire requested and was granted the opportunity to submit a new HSS proposal, which will cover the period 2017-2021. This proposal was drafted in five steps, from April to September 2016.

Step one: Launching the drafting process

This activity saw different stakeholders involved in implementing HSS in Côte d'Ivoire, namely:

- technical structures of the Ministry of Health and Public Hygiene: the General Directorate of Health, central directorates, National Public Establishments (NPE) for health and directorates

for coordinating health programmes;

- technical structures from other Ministries (Prime Minister's cabinet, Ministry for Economy and Finance, Ministry of Budget, Ministry of Planning and Development);
- a civil society organisation, the National Federation of Health Organisations in Côte d'Ivoire (FENOS-CI);
- Research and Training Units for health (UFR of medical sciences, UFR of pharmaceutical and biological sciences);
- technical and financial partners of the Ministry of Health (WHO, UNICEF);
- Implementation partner: Preventive Medicine Agency (Agence de Médecins Préventive or AMP) representative

At the end of this launch, 17 thematic groups were formed in order to propose activities. Under the guidance of the Directorate General for Health, a technical secretariat made up of 22 members from the MHPH, some technical ministries (Ministry for the Economy and Finance, Ministry of Budget, Ministry of Planning and Development) and of civil society was set up. This secretariat was responsible for monitoring and compiling activity proposals resulting from the work of thematic groups.

Step two: Defining strategic focus areas and objectives

The output from thematic groups was sent on to the technical secretariat. After compiling and reviewing proposed activities, a workshop that brought together the technical secretariat, civil society organisations and technical partners made it possible to flesh out six strategic focus areas and seven objectives, taking into account the different pillars of the health system and priorities defined by NHDP 2016-2020 and cMYP 2016-2020.

Step three: Writing the draft proposal

The technical secretariat was subdivided into six committees. Each committee was to propose a narrative part in compliance with the proposal submission framework. This made it possible to obtain a first draft that was consolidated during a workshop, with the participation of members of the technical secretariat and partners. Moreover, this proposal is part of the recommendations from the harmonisation workshop with the TFP, which made it possible to better target activities to be funded by Gavi.

Step four: Proposal endorsement

The proposal was endorsed during a workshop that brought together the technical secretariat and the other stakeholders, in particular representatives of regional and departmental health directorates, technical Ministries, civil society and technical and financial partners. The groups that were formed reviewed and amended the draft of the document that was subsequently adopted in plenary session. Ultimately, four objectives were chosen for this proposal.

Step five: Submitting the proposal to Gavi

After ICC approval during its 01 September 2016 session, the HSS2 proposal from Côte d'Ivoire was sent to the Gavi secretariat.

3 Signatures

3a. Government approval

*Includes approval of the HSS proposal by the Ministry of Health and the Ministry of Finance -- **Attachment #2 is mandatory***

We, the undersigned, affirm that the objectives and activities of the Gavi proposal are perfectly aligned with the national strategic plan for health (or equivalent), and that the funds for implementing all of these activities, including national funds and any necessary co-financing for vaccines, will be included in the Ministry of Health's annual budget.

The Minister of Health (or delegate)	**The Minister of Finance** (or delegate)
Name:	Name:
Signature:	Signature:
Date:	Date:

3b. Approval by the Health Sector Coordinating Committee (HSCC)

*Include official approval from the HSCC for the HSS proposal -- **Mandatory attachment #3***

Include the signature of each committee member present, as well as the date.

Mandatory attachment #3: Approval of HSS proposal by the HSCC

We the members of the HSCC, or equivalent committee met on the ____ (date) to review this proposal. At that meeting we endorsed this proposal on the basis of the attached supporting documentation. The minutes of the meeting endorsing this proposal are attached to this application.

Please list all HSCC members	Title/Organisation	Name	Sign below to confirm:	
			Participation in the meeting at which the proposal was endorsed	Endorsement of the minutes where the proposal was discussed
Chair				
Secretary				
Members of MoH				
Development partners				
CSO members				
WHO				
UNICEF				
Other				

4 Executive summary (2 page maximum)

The HSS2 grant application to Gavi aims to strengthen the performance of the Côte d'Ivoire health system through immunisation activities. To this end, this proposal addresses priority bottlenecks of the health system that affect immunisation outcomes, namely: (*i) low storage capacity and poor management of health products, including vaccines, (ii) deficiencies in health care delivery, (iii) lack of community involvement in implementing programmes and projects for health and (iv) lack of quality and utilisation of data produced by the health information system.*

This proposal conforms with the National Health Development Plan (NHDP) 2016-2020 and comprehensive Multi-Year Plan (cMYP) 2016-2020 of the EPI.
Its general objective is to help improve immunisation coverage through the establishment of a functional health system, which will allow immunisation activities to be conducted properly. Specifically, four objectives underlie this proposal and by the end of 2021 aim to:

1. strengthen the provision of immunisation services in the 29 targeted health districts;
2. strengthen the demand for immunisation services in the 29 targeted health districts;
3. improve quality and utilisation of immunisation data at all levels of the health pyramid;
4. strengthen vaccine storage capacity in the 82 health districts.

The expected outcomes of this proposal can be summarised as follows:

- improve the provision and quality of immunisation services delivery through among other things, strengthening capacities of vaccinators on immunisation practices, implementing outreach and mobile strategies and strengthening the cold chain;
- elicit demand for health services, including for immunisation, in particular by training CSOs and organising local awareness-raising missions on health;
- ensure equity of access to and utilisation of immunisation services.

The overall budget for implementing proposal activities over a period of five years (2017-2021) is estimated at US$ 10,140,000, of which US$ 2,136,119 (or 21%) is for community activities.

As regards the implementation mechanism, the Ministry of Health, through the General Directorate for Health, is the technical and institutional authority. However, technical and financial partners, especially statutory partners of Gavi (WHO and UNICEF) and other partners such as the Agency for Preventive Medicine (AMP) as well as Civil Society Organisations (CSOs) participating in immunisation activities will be included in implementation operations according to their respective mandates.

CSOs will participate in implementing the current HSS through community activities in support of health, including immunisation. These actions will be conducted as a priority in difficult-to-access areas, under the coordination of FENOS-CI.

The authority for the HSS strategic focus is the ICC, which endorsed the proposal before submitting it to Gavi.

HSS funds will be managed by the Directorate General for Health, which will be the authorising officer for expenditures.

Funds will undergo regular monitoring through internal audit missions performed by the Inspectorate General of Finance and external audit missions performed by private firms, selected after a call for bids.
Monitoring and evaluation indicators will be both standard performance framework indicators (Penta3 coverage; MCV1 coverage; geographical equity for Penta3 coverage) and indicators specific to HSS2 activities.

Procurement of goods will either be through direct purchase through the supply systems and purchase from development partners, or through public procurement procedures in force in Côte d’Ivoire.

5 Acronyms	
Provide a complete list of all acronyms used in this application	
Acronym	**Meaning of acronym**
ACCD	*Central account agency*
RED	*Reach Every District (Strategy)*
AMD	*District maintenance branch*
AMP	*Agency for Preventive Medicine*
CHW	*Community health worker*
SIA	*Supplementary immunisation activities*
WB	*World Bank*
ICC	*Inter-Agency Coordinating Committee for Immunisation*
HSCC	*Health Sector Coordination Committee*
Cold chain	*Cold chain*
CHR	*Centre hospitalier régional [Regional Hospital]*
CHU	*University Hospital Centre*
COGES	*Health Facility Management Committee*
EPIC	*EPI Coordinator*
CRIEMM	*Regional centre for equipment, materials and maintenance infrastructures*
RMC	*Regional Monitoring Committee*
CSE	*Epidemiological Surveillance Officer*
DAF	*Office of financial affairs*
EPI Coordination Office	*Coordination Office for the Expanded Programme on Immunisation*
DDH	*Departmental Directorate for Health*
GG	*General guidelines*
DGH	*Directorate General for Health*
DHIS	*District health information system*
IEMD	*Infrastructure, Equipment and Maintenance Division*
DPML	*Directorate of Pharmacy and Medication*
DGH	*Directorate General for Health*
DQS	*Data quality self-assessment*
HRD	*Human Resources Directorate*
RDH	*Regional Directorate for Health*
DTP-HepB-Hib	*Combined vaccine for diphtheria, tetanus, pertussis, viral hepatitis B and haemophilus influenzae infections*
DVDMT	*District Vaccine Data Management Tool*
AJA	*Annual Joint Appraisal*
DMT	*District Management Team*
RMT	*Regional management team*
EVMA	*Effective Vaccine Management Assessment*
EPN	*National public establishments*
RHT	*Regional health team*
FCHF	*First contact health facility*
PBF	*Performance-Based Funding*
RBF	*Results-Based Funding*

FENOS-CI	*National Federation of Health Organisations in Côte d'Ivoire.*
Gavi	*Global Alliance for Vaccines and Immunisation*
LTG	*Limited thematic group*
GVAP	*Global Vaccine Action Plan*
HAI	*Health Alliance International*
HG	*General Hospital*
HPV	*Human Papilloma virus*
AI	*Application instructions*
IDE	*Infirmier Diplômé d'Etat (State Registered Nurse with Degree)*
IGF	*Inspectorate General of Finance*
INHP	*National Institute of Public Hygiene*
LQAS	*Lot Quality Assurance Sampling*
AEFI	*Adverse Events Following Immunisation*
MHPH	*Ministry of Health and Public Hygiene*
WHO	*World Health Organization*
CSO	*Civil Society Organisation*
EPI	*Expanded Programme on Immunisation*
PNDAP	*National programme for the development of pharmaceutical activities*
NHDP	*National Health Development Plan*
PNPMT	*National programme for promoting traditional medicine*
cMYP	*comprehensive Multi-Year Plan*
PSRV	*Strategic regional plan for immunisation*
TFP	*Technical and Financial Partner*
AHSR	*Annual health situation report*
HRH	*Human Resources for Health*
MR	*Measles and rubella (combined vaccine)*
HSS	*Health system strengthening*
SFDE	*Sage-femme Diplômée d'Etat (State Registered Midwife with Degree)*
AIDS	*Acquired Immunodeficiency Syndrome*
SIGFIP	*Integrated system for managing public finances*
SIGL	*Logistics Management Information System*
SMT	*Stock Management Tool*
NHIS	*National Health Information System*
NVS	*New and underused vaccines support*
ToR	*Terms of Reference*
UFR	*Training and research unit*
UNDAF	*United Nations Development Assistance Framework*
UNICEF	*United Nations Children's Fund*
UNFPA	*United Nations Population Fund*
US	*United States*
MCV	*Measles-containing vaccine*
HIV	*Human Immunodeficiency Virus*

PART B: BACKGROUND

6 Description of the national health sector (1 page maximum)

The Ivorian health system is a pyramid and includes two sides: administrative and care provision.

In the administrative structure, three (3) levels can be identified: (i)**The central level,** whose mission is to define national health policy; support and overall coordination for health includes the Minister's cabinet, the general directorate, central directorates and departments and health programmes; (ii) **the intermediate level**, comprised of 20 regional directorates, has a mission to coordinate and support health districts in implementing health policy; (iii) **the peripheral level** is made up of 82 health districts. The health district is the operational unit of the health system. It coordinates activities and provides operational and logistics support to health services in its operating area.

Care provision is dominated by the public sector. The private sector is booming. Traditional medicine holds a relatively important place.

Public health care facilities are organised into three levels providing primary, secondary and tertiary care, depending on their technical platform.

- The primary level includes the 1,945 First Contact Health Facilities (FCHF)
- The secondary level is comprised of referral health facilities for first referral. It is made up of 83 general hospitals, 17 regional hospitals and 2 specialised hospital centres.
- The tertiary level is made up of six referral health facilities for the second referral, including four university hospitals (CHU). These facilities have the status of National Public Establishments.

In addition, other ministries (Defence, Economy and Finance, Public Service and Administrative Reform, Solidarity, Family, Women and Children, National Education and Interior and Security) participate in provisioning care through their health infrastructures.

Despite this significant care mechanism, areas remain that have no health care activity. According to data from the 2013 health map, over 29% of the population lives more than 15km from a health facility.

The private health sector has grown in the past few years, with the emergence of health facilities of all types (polyclinics and clinics, medical offices and centres, pharmacies and private infirmaries). This sector included 2,036 private health facilities in 2011. The denominational private sector also participates in health care provisioning, especially at the primary level.

Traditional medicine figures among the Ministry of Health's priorities. It is considered as an alternative to the population's health needs to improve health coverage, and reduce disparities and inequalities in the populations' access to quality health care. A national programme to promote traditional medicine (PNPMT) was created within the Ministry of Health. This sector includes approximately 8,500 practitioners of traditional medicine. It is regulated by Law No. 2015-536 of 20 July 2015, on the code of ethics of practitioners of traditional medicine.

7 National Health Development Plan (NHDP) and its relation to the cMYP (2 page maximum)

Côte d'Ivoire has equipped itself with a National Health Development Plan (NHDP 2016-2020), whose objective is to strengthen the availability of quality health services in all regions, for appropriate and optimal care of the populations.

The NHDP 2016-2020 defined five strategic focus areas:

- **Area 1: governance and leadership** This includes three priority action areas: managing the system, decentralisation and devolution of the health system, and the health information system;
- **Area 2: Health Funding** This is comprised of three priority action areas, namely funding, managing financial resources and populations' financial accessibility to care.
- **Area 3: provisioning and utilisation of services** This is comprised of five priority action areas: (i) human resources, (ii) infrastructure and equipment, (iii) pharmaceuticals, blood products and vaccines, (iv) the quality of services, and (v) resilience in the face of disasters;
- **Area 4: fighting disease** This includes eight priority action areas: (i) malaria, (ii) HIV/AIDS, (iii) malnutrition, (iv) immunisation, (v) diseases with epidemic potential, (vi) tuberculosis, (vii) non-communicable diseases and (viii) neglected tropical diseases;
- **Area 5: mother, newborn, child, adolescent and youth health** This includes four priority action areas: (i) maternal mortality, (ii) reproductive and sexual health of adolescents, youth and women, (iii) contraception and (iv) newborn mortality.

To draft the cMYP 2016-2020, the Expanded Programme on Immunisation Coordination Office performed an external review of the EPI in 2015. This review made it possible to identify bottlenecks relative to the different functional units of the immunisation system: (i) Service delivery, (ii) surveillance and disease control, (iii) vaccine supply, quality and logistics, (iv) generating demand and communication, (v) programme management. In order to remove these bottlenecks, objectives, strategies and activities have been identified for the period 2016-2020.

The NHDP 2016-2020 identified immunisation and surveillance of diseases with epidemic potential as priority actions of strategic focus areas 3 and 4. The immunisation system, with its different functional units, is incorporated into the health system either by immunisation-specific actions (supply of vaccines and inputs, different immunisation strategies, equipping the cold chain), or by transverse actions related to the health system (governance, health care funding, provision and utilisation of services).

The strategic focus areas were defined in the cMYP 2016-2020 in compliance with the orientations of the global vaccine action plan (GVAP) 2011-2020, the regional strategic plan for immunisation (PSRV) 2014-2020, the NHDP 2016-2020, according to the different functional units of the immunisation system.

An analysis of the information above shows that the relationship between the cMYP 2016-2020 and the NHDP 2016-2020 can be articulated as follows:

- The strategic focus areas "strengthening immunisation services" and "strengthening community monitoring mechanisms for children" from the functional unit "*Delivery of immunisation services*" of the cMYP reference strategic focus areas 3 and 4 of the NHDP. The strategic focus areas "strengthening capacities" and "strengthening the management system at all levels" of the functional unit "*Provisioning, quality and logistics*" of the cMYP are linked to strategic focus area 3 of the NHDP. The strategic focus areas (i) strengthening strategic planning/supportive research/monitoring evaluation, (ii) strengthening behaviour change communication (BCC) (iii) strengthening social mobilisation of the functional unit "*Communication and generating demand*" of the cMYP reference strategic focus areas 3 and 4 of the NHDP.

- The strategic focus areas (i) strengthening active surveillance of disease cases, (ii) organising supplementary immunisation activities (SIAs), (iii) organising AEFI surveillance, including

acute intussusception and (iv) organising community-based surveillance of the functional unit "Surveillance and disease control" relate to strategic focus area 4 of the NHDP.

- Strategic focus areas (i) improving the mobilisation of financial resources, (ii) strengthening coordination and the institutional framework on immunisation and (iii) improving the quality of immunisation data at all levels of the functional unit "management of the programme, of human resources, cost and funding" of the cMYP reference strategic focus areas 1 and 2 of the NHDP.

8 Monitoring and evaluation plan as part of the National Health Development Plan (2 page maximum)

Situation analysis for the monitoring and evaluation system

The analysis of the monitoring framework made during the review of NHDP 2012-2015 shows a system under reconstruction with several gains, in particular: (i) updating and standardising tools and harmonising data collection procedures at the district level, (ii) computerising the National Health Information System (NHIS) through DHIS2 software, replacing the SIGVISION software.

These different tools made it possible to produce annual health situation reports (AHSR), with a gradual improvement in data quality.

These results cannot conceal the ever-increasing challenge of high quality health information, available in a timely manner and taking into account all sectors (public and private), for decision-making. The National Health Information System (NHIS) is made up of various sub-systems housed in different directorates and organisations of the Ministry of Health and Public Hygiene, with a clear weakness in coordinating operations.

In spite of the efforts made since 2014, the NHIS does not currently provide continuous availability of comprehensive and reliable information, allowing for appropriate decision-making and planning at the different levels of the health system.

Institutional framework for NHDP 2016-2020 monitoring and evaluation

The institutional framework for monitoring and evaluation of the NHDP 2016-2020 will involve coordination authorities at the three levels of the health pyramid.

At the central level, monitoring and evaluation include two components:

- the strategic component, provided by the inter-ministerial steering committee,
- the thematic component, provided by a technical committee for plan review and monitoring.

This technical committee will involve all stakeholders and technical and financial partners of the health sector and its mission will be to: (i) oversee NHDP implementation; (ii) coordinate on a national level the execution of the different plans and programmes; (iii) give technical opinions on implementation of annual plans; (iv) organise annual reviews of the Ministry of Health; (v) endorse NHDP progress reports and adopt the different plans (triennial, annual). At the regional level, NHDP implementation will be monitored by a regional technical monitoring committee (CRS/NHDP). This regional committee will involve the region's local authorities and health districts, as well as the different health stakeholders.

The development partners will be represented by their leader within the steering committee and the technical committee for monitoring and review of the NHDP. They will provide the necessary support for implementation and carrying out monitoring and evaluation of the NHDP.

Control, monitoring and evaluation mechanisms

Tracking the implementation of the NHDP

For the sake of efficiency and transparency, the Ministry of Health and Public Hygiene will strengthen all control and inspection mechanisms at all levels of the health pyramid.

Thus the administrative, financial and accounting management procedures as well as control and audit mechanisms, will be disseminated in order to be applied at all levels of the health system. This will require strengthening actions of the Inspectorate General for Health in association with the Inspectorate General of Finance and the State Inspectorate General. These procedures and mechanisms will be defined based on different existing control bodies and systems.

The Directorate of Financial Affairs and the Audit and Management Control Department of the Ministry of Health and Public Hygiene will ensure, in conjunction with the Inspectorate General of Finance, the correctness of accounting and financial operations of facilities and departments.

The Directorate of Infrastructure, Equipment and Maintenance (DIEM) and the Directorate of Human Resources (DHR) will respectively carry out the annual inventory of the Ministry's assets and the annual monitoring of the workforce.

The regional and departmental directorates for health will be responsible for monitoring accounting and financial operations for the facilities in their administrative district.

Surveys and evaluations

Reviews, evaluations and surveys will be conducted in order to strengthen the monitoring and evaluation system and evaluate the impact of strategies and interventions.

Reviews of the NHDP will be based on plan execution reports at all levels of the health pyramid, periodic supervision reports for each level, audits of health activities and financial and accounting audits. Control and inspection reports will also be taken into account in the evaluations. The conclusions and recommendations from this review will make it possible to give new avenues for achieving results.

Routine and epidemiological disease surveillance data, collected as part of the NHIS, will allow monitoring at each level of the system. Epidemiological or social surveys will also be conducted to monitor the progress achieved. Health programmes will be able to inform specific indicators to enrich the health sector performance and progress report.

The supervision and monitoring system will be strengthened at each level of the health care pyramid.

The technical monitoring and review committee will organise the annual review in cooperation with all of the stakeholders.

The regional directorates will produce a quarterly report and will organise a monthly meeting of the Regional Health Team and a quarterly monitoring meeting for health districts. Health districts will produce a quarterly activity report and will organise monthly meetings of district management teams, and a quarterly monitoring meeting of all facilities.

The evaluation of NHDP implementation will be initiated by the Ministry of Health and Public Hygiene in cooperation with the Ministries that are members of the steering committee. It will be an external evaluation that will aim both to assess the level of achievement of NHDP 2016-2020 objectives and to evaluate administrative, financial and technical aspects of implementing these plans. It will assess the impact of triennial plans implemented at the end of the NHDP 2016-2020 period.

Provide Annex #9 *as a mandatory attachment:* The national monitoring and evaluation plan (for the health sector/strategy) as well any national sub-plan, if applicable. If there is none, explain how the national health plan is currently monitored and provide a timeline for drafting a monitoring and evaluation plan.

*If available, provide **annex #16**: Data quality assessment report; and **annex #17:** Data quality improvement plan*

Pooled fund applicants are required to attach the national monitoring and evaluation plan and all documents regarding the joint review process, including terms of reference, timeline, etc.

9 Alignment with results-based funding programmes (RBF) (if applicable) (1 page maximum)

In 2014, Côte d'Ivoire adopted a National Strategy for Performance-Based Funding (NSPBF) with the support of technical and financial partners, in particular the World Bank, UNICEF, PEPFAR, the Global Fund and the UNFPA. Performance-based funding (PBF) is an opportunity to improve the health system. The National Strategy for Performance-Based Funding (NSPBF) is consistent with the National Health Development Plan (NHDP 2016-2020), which emphasises that funding is one of the major challenges for the health system in Côte d'Ivoire.

This strategy will be made up of two priority action areas, namely:

- a four-year pilot project from 2015 to 2018 will involve 19 health districts for an overall cost of approximately 14 billion CFA francs, 15% of which is covered by the Ivorian government. This project began in August 2016 with 4 health districts (Cocody-Bingerville, Anyama, Sinfra and Bouaflé) and will be expanded to 15 other districts (Grand-Bassam, Adzopé, Tiassalé, San-Pedro, Soubré, Issia, Vavoua, Tiébissou, Yamoussoukro, Niakara, Dabakala, Bouna, Nassian, M'Bahiakro and Prikro) starting in 2017;
- a gradual scale-up will occur beginning in 2018, based on the results of the pilot project.

The Ministry of Health will take on a leadership role for implementing this strategy. However, the multisector nature of funding issues in the health system invites all stakeholders in the social-health, legal and financial sectors to actively participate in implementing this strategy. Indicators regarding immunisation are included in PBF. As Côte d'Ivoire has adopted the concept of PBF, bonuses obtained for good performance in carrying out the current HSS will serve to intensify PBF activities, as part of the scale-up. HSS resources will thus support PBF monitoring activities, and procurement of health indicators including interventions at the community level.

PART C: PROPOSAL DETAILS

10 Bottlenecks in the health system for achieving immunisation outcomes (3 page maximum)

The analysis that led to identifying bottlenecks in the health system that prevent achieving results for immunisation are mainly based on a desk review. The primary bottlenecks identified are summarized in the points below:

- **Inadequacy between training for human resources for health (HRH) and Ministry of Health needs.**

  Health workers coming out of training schools do not always meet the needs of priority health programmes. Moreover, the lack of production of high quality human resources occurs because of poor investments in training and the difficulties of implementing reforms to the education system (NHDP 2016-2020).

- **Low motivation of human resources for health (HRH) and inequitable distribution of health personnel across the country.**

  According to NHDP 2016-2020, human resources for health (HRH) are faced with challenges that are related among other things to: (i) their unequal distribution due to weaknesses in the HRH information management system, (ii) challenges in retention for HRH intensified by the lack of motivation of personnel, especially in remote and difficult-to-access areas and (iii) the lack of a career path.

  There is, moreover, a lack of involvement of medical personnel in immunisation activities, which are entrusted to personnel that do not always have the required qualifications, knowledge and skills. Immunisation activities are sometimes perceived by these workers as not very financially satisfying. In the immunisation system, this results in the fact the act of immunising is carried out

by unqualified staff (nurse's aides) in 59% of health facilities visited (2015 EPI external review report).

- **Deficient provisioning and management of health products, including vaccines**

  The survey using the WHO/HAI methodology conducted in 2013 and 2014 by the DPML and the PNDAP revealed that the average availability of all medications was 31.6%, superimposed on that of the 48 medications from the national list of essential medications, or 31,9% (NHDP 2016-2020). This low availability of medications and products can be explained by the low order fulfilment, the non-adherence to order delivery times, as well as a lack of management of health products by pharmacy managers.

  The lack of storage and distribution capacities of health products at the central and devolved level is related to the lack of compliance of infrastructures and equipment for public health facilities' pharmacy departments, as well as the lack of functionality of ground transportation at the district level.

  With regard to the immunisation system, these insufficiencies result in frequent stock-outs of vaccines and supplies and the lack of storage capacity (dry warehouses and refrigerated warehouses), which forced the introduction of the rotavirus vaccine into routine EPI to be postponed, originally planned for 2015 (2016 Joint Appraisal report).

  These stock-outs can also be attributed in part to the delay in disbursement by the government of funds allocated to the purchase of traditional vaccines and co-financing of new vaccines. In addition, because of delays in paying transit agents, there are challenges for removing vaccines and supplies.

- **Insufficient maintenance and equipment renewal system**

  At the institutional level, there is no national policy document for maintenance of equipment and infrastructures. The organisations responsible for infrastructure and equipment maintenance at the devolved level (CRIEMMS and AMD) are insufficient in number. At the immunisation system level, the maintenance of cold chain equipment is inefficient. According to EVMA results, average wait times for repairing refrigerated equipment are between 6 and 10 months and the quality of work is lacking.

- **Insufficient elimination of wastes resulting from immunisation activities**

  According to the national medical waste management plan in Côte d'Ivoire (2009-2011), several factors limit proper waste management in Côte d'Ivoire. These are, among other things: (i) the insufficient or even non-existent materials and equipment for pre-collection, collection and transport, (ii) the non-existent treatment equipment in the majority of facilities, (iii) the lack of training of staff responsible for managing waste and of nursing staff on the risks that medical waste represents, and (iv) the lack of individual and collective protective equipment for workers responsible for waste management.

- **Deficiencies in the provision of health care**

  According to the results of the NHDP2016-2020 situational analysis, the rate of visits and utilisation of health services were 48% and 43.3%, respectively, in 2015 at the national level. Immunisation services are offered at no cost to the populations through fixed, outreach and mobile strategies. The 2015 EPI external review revealed that out of all health facilities, 96% offer immunisation services and the private sector was only marginally involved. However, outreach and mobile strategies were insufficiently implemented (18 districts out of 26 affected carried out mobile strategy visits in 2014).

- **Lack of community involvement in the implementation of health projects and programmes.**

At the community level, the lack of formalisation of CHW status represents a major challenge for the sustainability of demand for the health system (2016 Joint Appraisal report). Other challenges also hampered the utilisation of health services generally and the improvement of immunisation coverage, specifically. Among others, it involved: (i) a lack of interpersonal communication, (ii) prejudices and other socio-cultural negative influences, (iii) lack of knowledge of EPI target diseases and of the vaccine schedule and (iv) the low involvement of CSOs at all levels of the system. To these challenges must be added the difficult access of populations to health facilities (35% located over 5km away from health facilities) and the low economic and decision-making power of women for immunising their children. (2015 EPI external review, NHDP 2016-2020)

- **Deficiencies in the quality and utilisation of data produced by the health information system.**

  The National Health Information System (NHIS) is made up of various sub-systems that are housed in the different directorates and institutions of the Ministry of Health, which poses coordination issues. The NHIS has experienced enormous challenges related to: (i) the lack of integration in the NHIS of data from private health facilities and hospital EPN, (ii) insufficient trained human resources dedicated to managing health data in health facilities, (iii) the frequent shortage of health information management tools and (iv) the lack of a formal feedback framework from the central level to the devolved level (NHDP 2016-2020, 2015 EPI external review). Moreover, the data produced by the NHIS is insufficiently utilised for decision-making, because of its poor quality.

- **Insufficient funding and mobilising financial resources allocated to the health sector.**

  The Ministry of Health's budget represented 6.5% of the national budget in 2015, markedly lower than the threshold of 15% recommended by the Abuja conference in 2001. The share of this budget dedicated to immunisation is insufficient and has undergone decreases from year to year. It thus declined from 2.5% in 2012 to 1.6% in 2015 (2015 EPI external review).

  With respect to the purchase of vaccines and supplies, the government has written into the Ministry of Health's budget two budget lines (one put in the INHP for procuring traditional EPI vaccines and the other in the EPI Coordination Office for co-financing new vaccines). However, the rapid mobilisation of these funds continues to be challenging because of complex accounting procedures, which causes delays in disbursing resources for procuring vaccines and supplies; hence the stock-outs, with repercussions on the performance of the immunisation programme (2015 EVMA report, 2016 joint appraisal report). To this end, the joint appraisal 2016 made it possible to address a recommendation relative to combining the two aforementioned lines.

  In addition, the amounts of these budget lines for procuring vaccines and supplies are repeated identically each year, without taking into account the fact that vaccine requirements increase from year to year, because of the natural increase in target populations, and also with the planned introduction of new vaccines (rotavirus, HPV, MR and MenAfriVac).

  As regards devolved structures, certain weaknesses can be noted: (i) the insufficient budget allocated to health facilities; (ii) the lack of adaptation of the budget architecture with regard to RHD and DDH (supervisions, monitoring, gatherings, meetings and travel off-site) and (iii) insufficient mobilisation of local resources (NHDP 2016-2020).

- **Weaknesses in institutional capacities and in managing health programmes and health facilities.**

  The management framework was improved by implementing a framework for dialogue and coordination of health sector partners, with the aim of strengthening the intra- and inter-sector coordination mechanism for interventions of all health system stakeholders. In spite of the government's efforts, issues remain, in particular the lack of coordination between the different levels of the health pyramid.

At the devolved level, we note: (i) a lack of functionality of management bodies for health facilities (COGES, DMTs and ERS), (ii) a lack of coordination of health interventions, (iii) a lack of leadership at the level of devolved structures and inadequacy of some interventions of local authorities with health priorities (NHDP 2016-2020).

In addition, the desk review revealed the following weaknesses: (i) the lack of a national immunisation policy document, (ii) the lack of a collaboration framework between the Ministry of Health and the Ministry of Communication for health promotion and prevention activities and (iii) the constraint related to the lack of availability of an account for transferring funds to the health regions and districts (2016 joint appraisal report).

***Pooled fund** applicants are required to reference the relevant passages and the pages of the NHDP indicating how the lessons learned from previous NHDP have been incorporated into the current NHDP plan. If available, attach documentation regarding putting into practice lessons learned regarding pooled fund mechanisms, including the relevant sections of annual joint appraisals (AJA), midpoint evaluations, etc.*

11 Bottlenecks at the health system level targeted by Gavi HSS support (2 page maximum)

The analysis that led to identifying bottlenecks in the health system that prevent achieving results for immunisation are mainly based on a desk review. The primary bottlenecks identified are summarised in the points below:

- **Deficiencies in the provision of health care**

  The 2015 external review of the EPI revealed that out of all health facilities, 96% offer immunisation services and the private sector was only marginally involved. However, outreach and mobile strategies were insufficiently implemented (18 districts out of 26 affected carried out mobile strategy visits in 2014).

- **Lack of community involvement in the implementation of health projects and programmes.**

  Several challenges hamper the utilisation of health services in general, and the improvement of immunisation coverage, specifically. The reasons for not immunising or incomplete immunisation of children were dominated by parents' lack of motivation (46.1%) and parents' lack of information (16%) (2015 EPI external review, NHDP 2016-2020). According to the equity survey in the achievement of immunisation coverage objectives, the relationship between populations and health services varies according to geographic area. Approximately 59% of women in Tabou asserted that they had encountered problems within the health structure (equity survey), compared to 14% in Gagnoa.

  According to 2015 external review results, 30% of health districts had a drop-out rate above 10%.

- **Deficiencies in the quality and utilisation of data produced by the health information system.**

  The NHIS has experienced enormous challenges, namely: (i) the lack of trained human resources dedicated to managing health data in health facilities, (ii) the lack of a formal framework for feedback from the central level to the devolved level (NHDP 2016-2020, 2015 EPI external review). According to the 2016 joint appraisal report, computer equipment is insufficient and outdated. The software used for managing immunisation data (eDVDMT and SMT) require very powerful computers. Moreover, the data produced by the NHIS is insufficiently utilised for decision-making, because of its poor quality.

- **Poor storage capacity and management of health products including vaccines**

  The immunisation system has experienced insufficiencies in storage capacity (dry warehouses and refrigerated warehouses), which forced the postponement of the introduction of the rotavirus vaccine into routine EPI, which had originally been planned for 2015 (2016 joint appraisal report).

  According to the Effective Vaccine Management assessment (EVMA 2015), cold rooms and refrigerators do not all have continuous temperature loggers at all levels. Likewise, as part of the introduction of IPV and rotavirus, 52% of facilities visited had insufficient vaccine storage capacity. Also, the MHPH 2015-2020 plan for renewing ground transportation and the cold chain highlighted a need for cold chain equipment, to increase vaccine storage capacity at all levels.

Pooled fund *applicants <u>are not</u> required to answer this question.*

12 Objectives of the NHDP and the support request (2 page maximum)

In the context of this HSS proposal, the intervention areas selected were chosen on the basis of results from the 2015 EPI external review. The analysis of these results showed that only 45% of children 12-23 months of age are completely immunised for BCG (1 dose), the DTP-HepB-Hib vaccine, (3 doses), the oral polio vaccine (3 doses), the measles vaccine (1 dose) and the yellow fever vaccine (1 dose). There are, moreover, geographical disparities as regards immunisation coverage. Low coverage geographical areas are North (39.1%), Northeast (24.8%), Northwest (29.0%), West (42.0%) and Southwest (34.6%).

This proposal will target all health districts located in areas with a proportion of fully immunised target children below the median coverage, which was 42.5% in 2015. This is for health districts located in these areas: southwest (**Guéyo, San Pedro**, **Sassandra**, **Soubré** and **Tabou**), west (**Biankouma**, **Danané**, **Man**, **Zouan-Hounien**, **Bangolo**, **Blolequin**, **Duékoué**, **Guiglo**, **Kouibly** and **Toulepleu**), northwest (**Minigan**, **Odienné**, **Touba**, **Séguéla** and Mankono), north (**Boundiali, Ferkessédougou**, **Korhogo**, **Ouangolodougou** and **Tengrela**) and northeast (**Bondoukou**, **Bouna**, **Nassian** and **Tanda**).

Objectives	Description
Objective 1 By the end of 2021, strengthen the provision of immunisation services in the 29 targeted health districts	This objective is directly related to effect number 3 of NHDP strategic focus area 3, which is formulated as follows: *"The provision of quality services is available and the utilisation of health services is increased."* It is also in relation to the objectives defined in the cMYP 2016-2020, which aims to "achieve, by 2020, an immunisation coverage of at least 95% at the national level and at least 90% in each district and each immunising centre for all antigens."
Objective 2: By the end of 2021, strengthen the demand for immunisation services in the 29 targeted health districts	Objective 2 of the HSS proposal is related to strategic focus area 3 of the NHDP 2016-2020 "provision and utilisation of health services" and focus area 6 of the NHDP "prevention and promotion of health and public hygiene." It is also consistent with the objectives of cMYP 2016-2020 relative to communication and generating demand (specific objectives 6 and 7), which aim to increase the demand for immunisation services and strengthen communities' participation in health activities, including immunisation.
Objective 3: By the end of 2021, improve quality and utilisation of immunisation data at all levels of the health pyramid.	This objective is in connection with output 1.3 of effect 1 of NHDP focus area 1 entitled "the national health information system is improved and is used for decision-making at all levels." It also aligns with the cMYP 2016-2020, in relation to specific objective 3 of the functional unit "programme management," which aims to improve immunisation data quality at all levels.
Objective 4: By the end of 2021, strengthen vaccine storage capacity in the 82 health districts	This objective aligns with output 3.3 of NHDP 2016-2020 effect 3, "provision of high quality services is available and utilisation is increased." It is also related to objective 1 of the functional unit "provision of vaccines and supplies, quality and logistics" of cMYP 2016-2020.

13. Description of activities (3 page maximum)

Objective/Activity	Explanation of link to improving immunisation outcomes
Objective 1: By the end of 2021, strengthen the provision of immunisation services in the 29 targeted health districts	
1.1- Organise workshops for drafting action plans in the 29 target health districts	These annual action plans by district will take into account all of the activities planned as part of the EPI.
1.2- Train 1,800 vaccinators (2 per health area) in the 29 targeted health districts on immunisation practices	The proposed activity will make it possible to strengthen capacities of vaccinators in order to improve the quality of immunisation practices
1.3- Implement outreach and mobile strategies, including outreach posts in the 29 targeted health districts	These interventions will make it possible to improve coverage and equity in the provision of services by adopting the appropriate innovative strategy according to the context.
1.4- Perform quarterly supervisions of the regions to the 29 targeted health districts	Throughout these supervisions, the weaknesses noted will be corrected and the capacities of workers responsible for immunisation will be strengthened in order to better complete programme activities.
1.5- Carry out bi-monthly supervisions in the 29 targeted health districts to their respective health areas	
1.6- Organise two national immunisation coverage surveys	This activity will make it possible to evaluate immunisation performance and to take corrective action
Objective 2: By the end of 2021, strengthen the demand for immunisation services in the 29 targeted health districts	
2.1- Train communication focal points for the 82 health districts in communication and social mobilisation techniques	This activity will allow them to better address immunisation-related communication issues within health districts and to provide assistance to community health workers.
2.2- Expand the initiative "One sponsor for 100 children" to the 29 targeted health districts	The pilot phase of the "One sponsor for 100 children" project carried out in two districts produced convincing results. Drop-out rates fell from 52% at the start of the project to 27% at the end of the project. Scaling-up will make it possible to capitalise on these achievements.
2.3- Train 29 local CSOs in the 29 targeted health districts on basic health concepts, communication techniques and social mobilisation	Strengthening CSOs' capacities on immunisation and communication techniques will enable them to improve their interventions with the populations.
2.4- Organise local awareness-raising campaigns on health every four months, by local CSOs in the 29 targeted health districts.	Raising populations' awareness on health in general, and immunisation in particular will contribute to increasing demand for immunisation at the community level.

2.5- Every six months, hold a monitoring meeting for health programme activities at the district level, expanded to administrative authorities, local authorities and to communities, in the 29 targeted health districts.	This activity will make it possible to involve administrative authorities, local authorities and the community in implementing and monitoring health interventions, including immunisation.
Objective 3: By the end of 2021, improve quality and utilisation of immunisation data at all levels of the health pyramid.	
3.1- Procure 120 complete computer kits (computer + printer + inverter) and 120 external hard drives for central, regional and district level data managers	Replacing equipment will make it possible to improve working conditions and make information available in a timely manner to the different levels of the health pyramid.
3.2- Organise a health data quality assessment (DQS) annually, combined with LQAS by peers	DQS and LQAS will make it possible to identify strengths and weaknesses of the health information system. Getting peers involved will promote an improved ownership of outcomes and sharing of experience on best practices with regard to data management.
3.3- Organise a consensus workshop on incorporating immunisation data into DHIS2	These activities will make it possible to have one single database that includes both immunisation data and data from other pathologies. Crossing these different data will improve the analysis and utilisation of immunisation data for effective decision-making.
3.4- Train 125 central, regional and district level stakeholders on DHIS2 and immunisation data analysis.	
Objective 4: By the end of 2021, strengthen vaccine storage capacity in the 82 health districts	
4.1- Procure 339 solar refrigerators (TCW 40SDD), 294 electrical (TCW 2000), 50 electrical (TCW 3000), 401 stabilisers, and 1,592 30-day continuous temperature loggers.	According to the 2015-2020 replacement plan for the EPI, the country has recorded a gap of 1,083 refrigerators. The value of this equipment will be used as an indicative amount for the country's application to the platform, since an inventory is planned for the end of 2016. This equipment will make it possible to increase vaccine storage capacity and prepare the introduction of new vaccines. The 29 targeted health districts will be prioritised in distributing this equipment.
4.2- Build facilities for installing new cold rooms in 11 health regions.	In order to improve storage capacity and vaccine availability in all of the health regions, new facilities will be built. They will make it possible to house the cold rooms procured for these 11 health regions that do not have any.
4.3- Train 55 logistics specialists for central and regional level depots in using SMT, DVDMT and temperature monitoring tools	This activity will enable improved management of vaccine and supply stocks.

14 Results chain (4 page maximum)

*Please present a **results chain** using the template provided below. For each objective defined in question 12, provide information on: (i) activities (as indicated in question 13); (ii) intermediate results; (iii) immunisation outcomes; (iv) impact; and (v) an estimate of progress.*

*Once the results chain has been developed, the next step is to complete the **performance framework** (for all HSS applications, including applications for pooled fund support). This can be accessed through the Gavi country portal: www.gavi.org*

Pooled fund *applicants are not required to complete this template, but must provide a summary of how the Gavi grants will contribute to improving immunisation outcomes as part of the NHDP.*

Results Chain

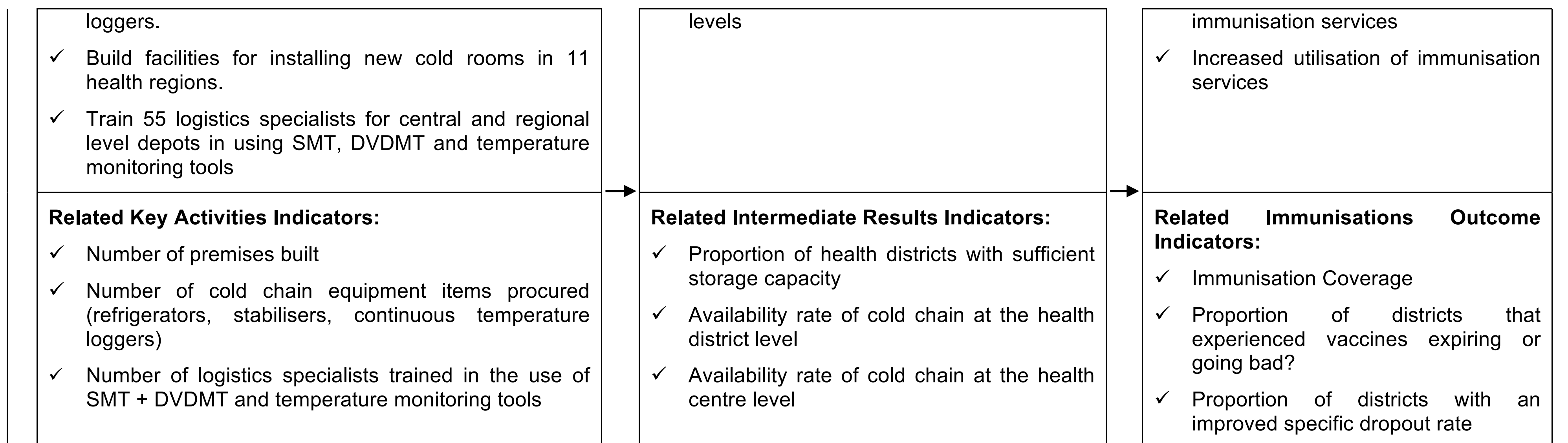
Objective 1: By the end of 2021, strengthen the provision of immunisation services in the 29 targeted health districts

Key Activities	Intermediate Results	Immunisation Outcomes
Key Activities: ✓ Train 1,800 vaccinators in the 29 targeted health districts on immunisation practices ✓ Implement outreach and mobile strategies, including outreach posts in the 29 targeted health districts	**Intermediate Results:** ✓ Services offered are higher quality ✓ Increase in the provision of services ✓ Increase in the number of immunised children in outreach and mobile strategies	**Immunisation Outcomes:** ✓ Improved immunisation coverage at the national level and in each district and health areas ✓ Reduced number of unimmunised children ✓ Reduced number of incompletely immunised children ✓ Geographic and economic equity in immunisation coverage
Related Key Activities Indicators: ✓ Number of vaccinators trained in immunisation practices ✓ Number of immunisation sessions organised in outreach and mobile strategy, including outreach posts	**Related Intermediate Results Indicators:** ✓ Proportion of immunising centres with a vaccinator trained in the immunisation practices ✓ Proportion of children having a scar after BCG immunisation ✓ Proportion of immunised children in outreach and mobile strategies	**Related Immunisations Outcome Indicators:** ✓ Immunisation coverage in children and pregnant women ✓ Proportion of health districts with Penta3 vaccine coverage ≥ 80% ✓ Rate of overall and specific drop-outs in children

Objective 2: By the end of 2021, strengthen the demand for immunisation services in the 29 targeted health districts

Key Activities	Intermediate Results	Immunisation Outcomes
Key Activities: ✓ Train communication focal points from the 82 health districts in communication and social mobilisation techniques ✓ Expand the initiative "One sponsor for 100 children" to the 29 targeted health districts ✓ Organise local awareness-raising campaigns on health every four months, by local CSOs in the 29 targeted health districts.	**Intermediate Results:** ✓ District communication focal points are equipped for conducting communication activities ✓ Communities are involved in implementing immunisation activities and the search for those lost to follow-up ✓ Parents are more familiar with the vaccine schedule and EPI target diseases	**Immunisation Outcomes:** ✓ Increased demand for immunisation services ✓ Reduced number of non-immunised or incompletely immunised children ✓ Improved immunisation coverages

Key Activities	Intermediate Results	Immunisation Outcomes
Related Key Activities Indicators: ✓ Number of community health workers trained on interpersonal communication techniques and searching for those lost to follow-up ✓ Number of districts involved in the "One sponsor for 100 children" initiative ✓ Number of awareness-raising campaigns organised by local CSOs	**Related Intermediate Results Indicators:** ✓ Proportion of health districts with trained communication focal points ✓ Proportion of parents familiar with EPI target diseases and the vaccine schedule	**Related Immunisations Outcome Indicators:** ✓ Immunisation coverage ✓ Rate of children who are fully immunised ✓ Specific and overall drop-out rate
Objective 3: By the end of 2021, improve quality and utilisation of data at all levels of the health pyramid		
Key Activities: ✓ Organise a health data quality survey (DQS) annually, combined with LQAS by peers ✓ Organise a consensus workshop on incorporating immunisation data into DHIS2 ✓ Train 125 central, regional and district level stakeholders on DHIS2 and immunisation data analysis	**Intermediate Results:** ✓ Health data is high quality and available in a timely manner to all levels of the health pyramid ✓ The DHIS2 database is updated with the immunisation data	**Immunisation Outcomes:** ✓ Health districts have high quality immunisation data available ✓ Health districts use immunisation data for decision-making
Related Key Activities Indicators: ✓ Number of evaluations on health data quality (DQS and LQAS) by peers organised in districts ✓ Number of consensus workshops on incorporating immunisation data into DHIS2 organised ✓ Number of central, regional and district level stakeholders trained on DHIS2 and immunisation data analysis	**Related Intermediate Results Indicators:** ✓ Proportion of health districts with high quality immunisation data available ✓ Proportion of health districts using DHIS2 updated with immunisation data	**Related Immunisations Outcome Indicators:** ✓ Completeness of reports ✓ Promptness of reports ✓ Data verification factor ✓ Quality indices for the immunisation system
Objective 4: By the end of 2021, strengthen vaccine storage capacity in the 82 health districts		
Key Activities: ✓ Procure 339 solar refrigerators (TCW 40SDD), 294 electric (TCW 2000), 50 electric (TCW 3000), 401 stabilisers, and 1,592 30-day continuous temperature	**Intermediate Results:** ✓ All health facilities have sufficient storage capacity ✓ Good quality vaccines are available at all	**Immunisation Outcomes:** ✓ Improved immunisation coverage ✓ Improved equity in the provision of



Key Activities		Intermediate Results		Immunisation Outcomes
loggers. ✓ Build facilities for installing new cold rooms in 11 health regions. ✓ Train 55 logistics specialists for central and regional level depots in using SMT, DVDMT and temperature monitoring tools	→	levels	→	immunisation services ✓ Increased utilisation of immunisation services
Related Key Activities Indicators: ✓ Number of premises built ✓ Number of cold chain equipment items procured (refrigerators, stabilisers, continuous temperature loggers) ✓ Number of logistics specialists trained in the use of SMT + DVDMT and temperature monitoring tools		**Related Intermediate Results Indicators:** ✓ Proportion of health districts with sufficient storage capacity ✓ Availability rate of cold chain at the health district level ✓ Availability rate of cold chain at the health centre level		**Related Immunisations Outcome Indicators:** ✓ Immunisation Coverage ✓ Proportion of districts that experienced vaccines expiring or going bad? ✓ Proportion of districts with an improved specific dropout rate

IMPACT

Gavi support as part of Ivorian health system strengthening will allow Côte d'Ivoire to strengthen the different pillars of the health system, in particular governance, information systems, funding, service delivery and provisioning of health products. In order to continue efforts already deployed in order to reduce morbidity and mortality from vaccine-preventable diseases, particularly in children and the most disadvantaged populations.

The neonatal mortality rate has been reduced to 14 deaths per 1,000 live births, ii) infant-child mortality has been reduced to 54 deaths per 1,000 live births, iii) the prevalence of diarrhoea in children under 5 years of age has been reduced to 9%, iv) the prevalence of acute respiratory infections in children under 5 years of age has been reduced to 1.8%, and maternal mortality has been reduced to 307 deaths per 100,000 live births.

ASSUMPTIONS

- Socio-political stability
- Maintaining economic growth
- Availability of public financial resources and other development partners to fill in programmatic gaps;
- Strengthening capacities for devolved structures of the Ministry of Health (DRSHP and DDSHP) for effective implementation of health interventions, including those related to immunisation;
- Improved coordination of EPI activities
- Good governance and transparency in overall management of funds in compliance with the requirements of Gavi and Côte d'Ivoire.

15 Monitoring and Evaluation (M&E) (2 page maximum)

Describe how the outcomes due to the HSS grant will be monitored.

The implementation of HSS2 is planned to start in July 2017. Monitoring and evaluation will be based on the NHDP 2016-2020 monitoring and evaluation plan, through coordination meetings, supervisions, monitoring meetings, audit missions, evaluations and surveys.

National coordination and piloting of the HSS proposal will be handled by the interagency coordination committee for immunisations (ICC) The existing limited thematic group (LTG) will be expanded to the HSS and will be the technical monitoring body for both programmes (HSS and NVS). This committee is made up of representatives of the MHPH, technical and financial partners and civil society. It meets once every two months in ordinary meetings. As necessary, extraordinary meetings may be organised.

The Directorate General for Health (DGH) will handle the coordination of programmatic activities and financial management on a daily basis. It will prepare monthly reports, which it will submit to the LTG and the ICC.

Coordination and monitoring of implementation in health regions and districts will be handled by the structures and mechanisms below, such as have been identified in the monitoring and evaluation plan of the NHDP and the cMYP.

- ✓ **Coordination meetings**

  At the central level, these are weekly DGH meetings, the coordinator of the HSS programme, monthly meetings of the LTG and quarterly meetings of the ICC. These meetings are intended to monitor activity programming, resource allocation and indicators for processes and results.

  At the regional level, monthly meetings of the regional health team act as an exchange framework for assessing the level of activities implementation, to identify weaknesses and propose solutions.

  At the district level: monthly meetings of the district management team will be opportunities to take stock of HSS activities implementation at the departmental level.

- ✓ **Supervision and monitoring**

  At the central level: joint (MHPH, WHO, UNICEF, AMP, etc.) supervision missions will be conducted to support the regions and the districts targeted. They will make it possible to assess the implementation level for planned activities, to build operational capacities for the ERS and DMT.

  At the regional and district level: joint (MHPH and local partners) supervision missions will be conducted, to support the district management teams and the health centre coordinators. These missions will make it possible to assess the level of implementation for the activities. During these supervisions, audits of the quality of immunisation data by peers will be conducted. This tool will make it possible to assess data quality and the quality of the immunisation monitoring system.

- ✓ **Surveys**

  Two immunisation coverage surveys will be conducted in 2019 and 2021 to determine the level of immunisation coverage for the population and obstacles related to immunisation. It will be combined with a KAP survey of households that will make it possible to assess the effects of messages in the first years, but will also offer the opportunity to have at least one year to take advantage of the improvements made.

- ✓ **Audits**

  An internal audit will be conducted all throughout the implementation of the application. It will be conducted by the inspectorate general of finance and will make it possible to measure the level of control of different activities with respect to the funds allocated. The external audit will be

conducted each year and will make it possible to certify the financial statements for HSS accounts.

- ✓ **Evaluations**
  An overall evaluation of the programme will be arranged at the end of 2021. The evaluation will make it possible to take stock of Gavi support and capitalise on experiences in order to make gains sustainable.

In total, information on 14 indicators relative to intermediate results will be given either on a monthly, quarterly or annual basis during the programme's implementation.

16 PBF Data Verification Option

Choose the data verification option to use for calculating performance-based payments

Data verification option	Select an option
Use of country administrative data	☒
Use of WHO / UNICEF estimates	☐
Use of surveys	☐

PART D: WORK PLAN, BUDGET AND GAP ANALYSIS

17 Detailed work plan, budget description and gap analysis (3 page maximum)

*Complete **mandatory attachment #6:** Detailed work plan, budget and gap analysis through the country internet portal.*

Detailed instructions for completing the budget template are available in the first worksheet of the Excel template.

*Once the budget template and the financial gap analysis have been completed, provide a **description of the budget and gap analysis** here.*

This proposal will contribute to strengthening technical and institutional capacities of various Ministry of Health entities, in particular the General Directorate for Health, Regional Health Directorates and Departmental Health Directorates, as well as to developing community activities. Thus, 26% of the budget for the HSS proposal will be dedicated to strengthening the provision of immunisation services, 25% to strengthening the demand for immunisation services, 8% to improving quality and utilisation of data, 33% to strengthening vaccine storage capacities and 8% for programme management (see table below). It should be made clear that 21% of the total budget for the HSS proposal will be dedicated to implementing community activities. The exchange rate used for the detailed budget is **1 $US for 530 CFA francs**.

Objectives	Heading	Amount
Objective 1	By the end of 2021, strengthen the provision of immunisation services in the 29 targeted health districts	US$ 2,058,972
Objective 2	By the end of 2021, strengthen the demand for immunisation services in the 29 targeted health districts	US$ 2,479,633
Objective 3	By the end of 2021, improve quality and utilisation of immunisation data at all levels of the health pyramid.	US$ 1,341,613
Objective 4	By the end of 2021, strengthen vaccine storage capacity in the 82 health districts	US$ 3,469,231
Programme management		US$ 790,552
Total		**US$ 10,140,000**

After the 2015 EPI external review, the country prepared a strategic plan for immunisation (cMYP) covering the period 2016-2020. The financial resources necessary to address the common objectives of this plan and the HSS proposal are outlined in the matrix below.

Objectives	Needs for cMYP resources 2016 -2020	Government	Gavi	WB	GF	Total funding available	Funding gap
Objective 1	28,680,615	13,503,205	2,058,972	-	-	15,562,177	13,118,438
Objective 2	7,681,417	47,170	2,479,633	-	-	2,526,803	5,154,614
Objective 3	3,452,769	99,055	1,341,613	2,830,189	1,237,655	5,508,512	-2,055,743
Objective 4	323,583,010	12,381,200	3,469,231	-	-	15,850,431	307,732,579
Total	**363,397,811**	**26,030,630**	**9,349,449**	**2,830,189**	**1,237,655**	**39,447,923**	**323,949,888**

Out of a total funding of US$ 363,397,811, 11% or US$ 38,307,873 has been obtained. This funding comes from the Government (70%), Gavi (21%), the World Bank (7%) and the Global Fund (3%). A gap of US$ 325,089,937 must be covered.

The cMYP 2016-2020 was endorsed on 1 September 2016 by the ICC and advocacy for finding funding is in progress. Also, the technical and financial partners of the United Nations are in the process of drafting new cooperation plans 2017-2020, as part of UNDAF. Annual reviews of the HSS programme will make it possible to take their contributions into account and to adjust the programming starting in 2017.

***Pooled fund** applicants are not required to fill out the template for the work plan, budget and gap analysis, but may instead provide specific information on the sectoral work plan and annual budget.*

18 Sustainability (2 page maximum)

Sustainability, viability and longevity of programme outcomes are of concern to all of the health system stakeholders at all levels. To that end, the government and its technical and financial partners must initiate convergent measures, in response to all of the bottlenecks identified during the different evaluations.

The priority courses of actions that could contribute to this end can be grouped into two levels:

The institutional level

For programme sustainability, the following actions are being considered by 2021:

At the central level:

- enacting the law on immunisation in order to make immunisation mandatory and reduce vaccine stock-outs;
- increasing the portion of the health budget allocated to the EPI from 1.6% to 10%.
- giving support to the vaccine independence initiative in order to improve the availability of vaccines and supplies;
- grouping together budget lines for purchasing EPI vaccines and putting them into priority expenditures in order to allow the country to disburse in a timely manner for procuring vaccines;
- creating an autonomous fund for funding immunisation from taxes taken out on certain consumer products such as mobile telephone products. These funds will make it possible for the country to close the financial gap when Gavi withdraws.
- setting up a legal framework that will grant the EPI Coordination Office financial management autonomy, so as to make it easier to release funds for procuring vaccines and other supplies and for implementing activities;
- setting up a human resources maintenance policy and continuing the policy of equitable distribution and strengthening capacities;
- drafting and implementing a plan for renewal and preventive and curative maintenance for cold chain equipment and ground transportation.

At the regional and district level:

- strengthening the coordination system for ERS and DMT;
- mobilising funds for immunisation from decentralised authorities.

At the community level:

- strengthening operational capacities of civil society and community organisations so that they may handle community mobilisation and local outreach for using immunisation services;
- funding CSO interventions through immunisation funds;
- establishing a financial incentive for community health workers (CHWs);
- revitalising COGES to strengthen community actions on immunisation;

handle effective mobilisation and effective provision of funding for local authorities (city halls, local economic operators, etc) dedicated to health.

***Pooled fund** applicants will be required to provide existing documentation that addresses the issue of sustainability. List the documents provided and indicate the relevant sections.*

PART E: IMPLEMENTATION ARRANGEMENTS AND RISK MITIGATION

19 Implementation arrangements (2 page maximum)

Partners involved in implementing the HSS programme:

- Directorate General for Health;
- Public Debt Accounting Agency;
- Public procurement unit of the Ministry of Health;
- Department responsible for the government budget;
- Inspectorate general of finance
- Expanded Programme on Immunisation Coordination Office
- FENOS-CI

Directorate General for Health:
The DGH is the legal, financial, technical and institutional body responsible for implementing the programme. The director general for health, the programme coordinator, is supported by a programme manager.
Apart from Ministry of Health workers, an imprest administrator and the financial controller, both nominated by ministerial decree, will be sent to the Ministry of Health to manage the programme.
The role of the imprest account is to ensure operations proceed at a good pace, to judge whether supporting documentation is compliant and to file the documentation for safekeeping. The administrator handles payment for services and prepares financial statements. As for the financial controller, this position carries out all controls in its jurisdiction on all expenditure files initiated as part of the programme's implementation. To this end, the controller may endorse, reject or defer files. For each file endorsed, a control form will be created for services rendered.

Public Debt Accounting Agency:
It is the designated financial officer for HSS expenditures. It certifies their budget implementation through accounting records and controls operations carried out by the imprest administrator.

Public procurement unit of the Ministry of Health:
This unit assists the programme coordinator in drafting the procurement plan. This planning includes identifying for each procurement budget line the operations to be conducted, indicating the chronological and indicative dates.

Department responsible for the government budget:
It incorporates funds received from Gavi into the government budget.

Inspectorate general of finance:
The inspectorate general of finance handles internal audit activities for the programme. Its value-added missions will aim to give assurances that the DGS is fulfilling its obligations with regard to governance, risk management and internal control for the HSS programme. The missions, powers and responsibilities of the internal audit department will be reviewed in the audit charter.

Expanded Programme on Immunisation Coordination Office:
The EPICO as the primary beneficiary of the Gavi health system strengthening will handle the coordination secretariat, and for this reason will be included in all decisions made in executing HSS programme activities.

FENOS-CI:

FENOS-CI, as coordinator of civil society interventions, will be responsible for monitoring all activities carried out by CSOs.

Pooled fund *applicants will be required to provide documentation on implementation arrangements for sectoral mechanisms, if applicable. List the documents provided and indicate the relevant sections.*

20 Participation of Civil Society Organisations (CSOs) (2 page maximum)

Objective 2 of this HSS proposal expects to "By the end of 2021, strengthen the demand for immunisation services in the 29 targeted health districts." To achieve this, funding for activities geared towards involving CSOs is planned in order to make them more operational and help improve support of the populations for health activities, including immunisation. For improved coordination of civil society interventions, as FENOS-CI is the lead organisation for CSOs, it will include in its deployment plan interface organisations identified in the different health districts and regions, at the end of a transparent selection process.

As part of this Gavi HSS support application, to increase the utilisation of health services in general and of immunisation in particular, CSOs will become involved at different levels in implementing HSS2:

- ✓ the process of drafting and endorsing the proposal (participation in planning workshops, meetings and working meetings when the Gavi HSS proposal is drafted).
- ✓ Involving CSOs in implementing the HSS grants. FENOS-CI monitors the implementation of activities at the community level. It participates in each HSS coordination process.

As regards strengthening demand at the community level, in compliance with activities selected in the HSS, the CSOs will conduct community mobilisation/advocacy and communication for behaviour and social change activities, in order to help generate demand. Activities listed are among others, community mobilisation/advocacy, strengthening capacities of community stakeholders, communication for behaviour and social change, interpersonal communication, mass communication and active search for those lost to follow-up.

As regards coordination/monitoring of community activities, the monitoring and evaluation system for community activities will be based on periodic data collection at all levels with the appropriate tools.

At the central level, the board of FENOS-CI will work in close collaboration with the EPI communication department. The involvement of CSOs will make it possible to reach strategic results in the districts targeted by this proposal. Among other things, this will be: To increase the number of parents who are familiar with the vaccine schedule and target EPI diseases to 80%, and to reduce the specific and overall drop-out rates to below 10%.

At the peripheral level, CSOs will help lower drop-out rates through actively searching for women, children and other EPI targets that have been lost to follow-up.

***Pooled fund** applicants are required to summarise the role of CSOs in implementing the sectoral plan.*

21 Risks and mitigation measures (2 page maximum)			
Description of risk	***Probability (high, medium, low)***	***Impact (high, medium, low)***	***Mitigation measures***
Objective 1: By the end of 2021, strengthen the provision of immunisation services in the 29 targeted health districts			
Institutional Risks: ⁎ Institutional and socio-political instability	Low	High	Continuing the reconciliation process
Fiduciary Risks: ⁎ Decrease in the government budget's share ⁎ Economic situation with reduction in TFP funding ⁎ Poor management of funds allocated. ⁎ Delay in making funds available at the operational level	Low Low Low Low	Medium Medium High Medium	*Maintaining good governance and government involvement* *Complete accession for the Vaccine Independence Initiative* *Strengthen the programme's internal control* *Create a monitoring mechanism at the operational level*
Operational Risks: Insecurity related to making funds available at the operational level	Low	Medium	*Opening accounts for the health districts regions and districts.*
Risks related to programming and performance: High work load	Medium	Medium	*Better planning of interventions and equitable resources distribution*
Other Risks:			
Overall Risk Rating for Objective 1	Low	Medium	
Objective 2: By the end of 2021, strengthen the demand for immunisation services in the 29 targeted health districts			
Institutional Risks:			
Fiduciary Risks:			
Operational Risks: *Corruption (selling vaccines to beneficiaries) *Rumours and socio-cultural impediments	Medium Low	Medium Medium	*Strengthen control and awareness-raising* *Make the Ministry of Health's hotline accessible to a wider audience* *Strengthen awareness-*

			raising of populations
Risks related to programming and performance:			
Other Risks:			
Overall Risk Rating for Objective 2	Medium	Medium	
Objective 3: By the end of 2021, improve quality and utilisation of immunisation data at all levels of the health pyramid.			
Institutional Risks:			
Fiduciary Risks:			
Operational Risks: *Poor operational effectiveness of the maintenance mechanism for procured computer equipment *Poor internet connection	Medium Medium	Medium Medium	*Strengthen the maintenance system* *Strengthen the internet connection*
Risks related to programming and performance:			
Other Risks:			
Overall Risk Rating for Objective 3	Medium	Medium	
Objective 4: By the end of 2021, strengthen vaccine storage capacity in the 82 health districts			
Institutional Risks:			
Fiduciary Risks: Failure to make government funds available	Low	Medium	*Advocacy with relevant authorities*
Operational Risks: *Lack of adherence to delivery times and delays in installing equipment *Insecurity in areas *Lack of capacity of national service providers to provide maintenance for the solar cold chain	Medium Low Low	Medium Medium Medium	*Strengthen procedures for releasing funds* *Security measures taken by the government* *Selection of businesses on the basis of recognised qualifications and rigorous monitoring of*

			their activities will be ensured
Risks related to programming and performance:			
Other Risks:	Low	Medium	
Overall Risk Rating for Objective 4	Low	Medium	
(add lines for additional objectives if needed)			
Pooled fund *applicants will be required to provide a risk mitigation plan for sector wide/pooled fund mechanisms.*			

22 Financial management and provisioning

Programme management
The Ministry of Health in its capacity of primary beneficiary of Gavi funding will implement new conditions for managing the HSS programme in such a way as to give reasonable assurance that the management of funds allocated to this programme will be done in a way so as to be in compliance with the stipulations of the Gavi Transparency and Financial Accountability Policy. The HSS programme will be managed by the DGH. The Directorate General for Health (DGH) for the HSS programme will assume the role of credit administrator.

Planning, budgeting and coordination
Annual tranches for HSS funding will be incorporated in the Ministry of Health's and the government's budget, in accordance with outside support then reflected in the Integrated Public Financial Management System (SIGFIP). The allocation will be processed in a single transaction.
The budget cycle of the HSS programme will be aligned with the calendar year, as well as all activities, in accordance with the country's proposal document endorsed by Gavi.

The Ministry of Health's DAF transcribing HSS activities into the budget lines so that the activities may be carried out will be submitted to Gavi for prior approval after its submission to the ICC, in order to ensure that the budgetary allocations will be in compliance with the country's proposal document. No activity or expenditure will be embarked upon before obtaining the non-objection notification from Gavi on the transcription of the use plan.

Budgetary execution
An annual execution plan for HSS programme expenditures or cash flow plan will be submitted to the ICC for endorsement before implementation. A copy of this plan will also be transmitted to the Gavi secretariat for any remarks prior to approval.
In accordance with Gavi instructions, the funds will be transferred to a commercial bank. However, for payments of projects or activities outside Abidjan, an account will be opened in the ACCD's accounting books from which the payments will be able to be made to the treasury office of each of the health districts, with no fees. The administrator will be appointed to prepare supporting documents on site.

Carrying out expenditures will be subject to the simplified procedure, which has two steps: commitment-authorisation and payment.

A financial controller will be designated by the Ministry with the Prime Minister for budget and government portfolio for financial control of HSS funds in compliance with the country's proposal document.

The ministers for the Prime Minister of Economy and Finance as well as of budget and the

government portfolio will make the necessary arrangements to confirm that the duties and taxes on expenditures made with Gavi funds will be waived. A procedure will be set up to ensure internal control built into payments of per diems for assignments and activities. The payment of per diems is aligned with the United Nations systems grid following the example of the other Ministry of Health programmes co-financed by the TFP such as UNICEF and WHO.

This procedure will be based on supporting documentation making it possible to guarantee ex-ante and ex-post controls are carried out.

Procurement
Procurement for equipment will be according to national procedures, only through authorised distributors for this equipment, who have approval to provide after sales service and the manufacturer's warranty. Recourse to intermediary suppliers purchasing from local distributors for subsequent resale to programmes will be prohibited.

Accounting and Financial Communication
The financial statements prepared by the HSS programme must cover the calendar year exclusively and present cash flow operations and not budgetary commitments. These financial statements must present the opening cash balance, funds received during the period, expenditures for the period and the closing cash balance.

The financial statements submitted to Gavi must be approved by the HSS programme coordinator (DGH) with a report, then signed by the administrator.

A record of assets financed with HSS programme funds will be completed after conducting an inventory and will be updated after each purchase and will make it possible to precisely identify and locate each asset.

The DGH will carry out twice-yearly missions to verify the existence of equipment procured, that it is in good working order and that the maintenance policy has been implemented.

Internal audit
The General Inspectorate of Finance (GIF) will evaluate governance, risk management and internal control processes and will make recommendations for improvement.

An audit plan and an audit charter will be prepared by the GIF and proposed to the ICC to be endorsed so it may be carried out. The internal audit reports will be sent to the coordinator, the ICC, Gavi, the Ministry of Health's cabinet and the Prime Minister's cabinet.

External audit
An external audit of the HSS programme will be organised and finalised in the six months following the close of the fiscal year and will be carried out by an independent auditing firm. The annual external audit will be carried out in accordance with the standard terms of reference which will be conveyed to the Ministry of Health by the Gavi secretariat. The audit reports will be given to Gavi at the latest within six months following the close of the fiscal year. The budget for external audits is written as an activity to be carried out as part of the HSS programme.

Release of funds
The tranches approved for Health System Strengthening (HSS) will be disbursed into the accounts whose reference information appears below: The main account receives money through a single payment from Gavi. On a quarterly basis, the sub-account receives money to fund scheduled activities. At the end of the quarter, the GDH provides a report on funds management.

Primary account
Bank name:
Bank address:
Account name:
Account number:

Sub-account managed by the administrator Bank name: ECOBANK Bank address: 01 BP 4107 Abidjan 01 Account name: Imprest account - HSS Gavi Account number: CI059 01001 1·31224652802 11
Describe the main constraints of the financial management and budgeting system in the health sector.
Complete the data form (below) regarding budget terms and financial management for each of the organisations that will receive an HSS grant directly from Gavi.
*Provide **mandatory Attachment #7**: Detailed two-year procurement plan*
***Pooled fund** applicants are required to provide relevant financial management and procurement documents under the pooled funding arrangement.*

Data sheet (below) regarding budget and financial management arrangements	
Any organisation/recipient county wishing to receive Gavi funds directly must complete this data sheet (for example, MoH and/or CSO receiving direct funding).	
1. Name and contact information of the head of the Finance Department of the recipient organisation.	Director of Financial Affairs Mr KOUAME KOUAKOU Email: kouatjerom@yahoo.fr
2. Does the recipient organisation have experience with Gavi, the World Bank, WHO, UNICEF, the Global Fund or other development partners (for example receiving previous grants)?	YES
3. If YES: • Please state the name of the grant, years and grant amount. • For past grants from Gavi and other development partners, please provide a brief description of the primary conclusions regarding the use of funds in terms of financial management arrangements. • For on-going grants from Gavi and other development partners: Please provide a brief description of any problem regarding the implementation of financial management (FM) and procurement (eg ineligible expenditures, non-compliant procurement, misappropriation of funds, late audit reports, and reservations).	**Gavi HSS 2008-2016**, Amount: US$ 10,768,033 **Gavi ISS 2013**, Amount: US$ 3,459,500 For HSS 1 from 2013, and ISS from 2013, according to the joint appraisal in 2014 and 2015, for the respective management years 2014 and 2015, we note a clear improvement in programmatic management, with a low absorption rate of funds allocated by Gavi. PRSSE WORLD BANK, amount 14 million CFA francs PARSSE/EU 2011-2017, amount: 10 million euros;
Oversight, Planning and Budgeting	
4. Which organisation will be responsible for oversight in the programme country? Please briefly describe membership, meeting frequency as well as decision making process.	The General Directorate for Health manages the programme and reports back on all of these activities to the ICC.

5. Who will be responsible for the annual planning and budgeting in relation to Gavi HSS?	Directorate General for Health
6. What is the planning & budgeting process and who has the responsibility of approving the Gavi HSS annual work plan and budget?	The DGH initiates planning and budgeting. It submits them to the Gavi secretariat for a non-objection notification and finally to the ICC for endorsement.
7. Will the Gavi-HSS program be reflected in the budget of the Ministry of Health submitted every year to Parliament for approval?	YES
Budget performance (including management of the treasury and cash flow)	
8. What is the suggested banking arrangement? (eg account currency, movement of funds to the programme). Please list the titles of signatories authorised to carry out payment operations and the requests to replenish the fund.	Expenditures will be made in the local currency.
9. Will Gavi HSS funds be transferred to a bank account opened at the Central Bank or at a commercial bank in the name of the Ministry of Health or the implementing entity?	Gavi funds will be transferred to a commercial bank, in the name of the HSS programme.
10. Will this bank account contain only Gavi funds, or will it also be used for funds from other sources ("pooled account" for the funds received from the government funds and/or donors)?	This account will contain only Gavi funds.
11. In the HSS programme, do the funds have to be transferred from the national level to sub-national levels (provinces, districts, etc). If YES, please describe how fund transfers will be executed and controlled. Please indicate in particular at which time of the year (month/quarter) the grant must be received at the national level in order to be paid to the sub-national leaves (at the correct time).	YES An account will be opened in the books of the Central Account Agency (treasury bank), to facilitate securing the release of funds at the regional and district level with no fees. This account will be supplied with the amount for the activity, at the time the activity is carried out. The beneficiaries from districts and health regions will be directly paid to the local office or the administrator will travel in order to pay beneficiaries at the local level. The administrator will be appointed to prepare supporting documents on site. The execution of expenditures will be subject to the simplified procedure, which has two steps: commitment-authorisation and payment. Financial control of expenditures will be handled by a financial controller designated by the Ministry for the Prime Minister in charge of the budget and government portfolio.
Procurement	
12. Which procurement system will be used for the Gavi-HSS programme? (eg National Procurement Code/Act or WB/UNICEF/WHO and other Development Partners' procurement procedures)	The Ivorian public procurement code

13. Must some or all supplies be procured through Gavi partners in the countries (UNICEF, WHO)?	Some procurement will be through UNICEF and WHO.
14. What are the staffing arrangements of the organisation regarding procurement?	A memorandum exists between Côte d'Ivoire and agencies of the United Nations system.
15. Are there procedures in place for physical inspection and quality control of goods, works, or services delivered?	YES In Côte d'Ivoire, there is the principle of payment for a service made by the financial controller for any public expenditures-related purchases.
16. Has a mechanism for filing complaints been set up? Please provide a brief description.	YES Any person may file a complaint with the General Inspectorate of Finance, which includes an anti-fraud and corruption brigade, to the high authority for good governance. The complaint can be submitted using the toll free numbers or by mail. There is also a commercial tribunal, where any economic operator can file a complaint. (If YES, please describe)
17. Are efficient contractual dispute resolution procedures in place? Please provide a brief description.	YES To effectively resolve a dispute, a complaint is filed with the appropriate institution, which will use the existing array of rules to settle the dispute.
Accounting and financial information procedures (including asset management)	
18. What are the arrangements regarding accounting procedures and information on organisation for procurement?	Use of the simplified procedure for the public expenditure circuit of the Côte d'Ivoire Government.
19. Which procurement system will be used for the Gavi-HSS Programme? (eg, is there a specific accounting software or manual accounting system?)	Use of the SIGFIP (Integrated System of Public Funds Management) software.
20. How often does the implementing entity produce intermediate financial reports and to whom are those submitted?	Intermediate financial reports will be produced on a quarterly basis and submitted to the Limited Thematic Group (LTG) and to the Interagency Communication Committee on immunisation.

Controls and internal audits	
21. Does the organisation have an "operating manual" describing the internal control system and financial management operational procedures?	YES
22. Does an internal audit department exist within the beneficiary entity? If so, please describe how the internal audit will be involved with Gavi/HSS	YES Internal audit missions are carried out by the General Inspectorate of Finance (GIF).
23. Is there an audit committee to carry out implementation of the internal audit recommendations?	NO, but the GIF internal audit reports are sent directly to the Prime Minister's cabinet.

	External audits	
24.	Do annual financial statements have to be audited by a private external auditing firm, or by a governmental audit department (eg, controller general)?[1]	YES, by a private firm
25.	Who is responsible for implementing audit recommendations?	The Coordinator, the Director General of Health

[1] If an external audit must be carried out by a private external firm, please include appropriate audit fees in the detailed budget.