GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Côte d'Ivoire

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission:

Deadline for submission: 5/15/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support *(EXAMPLE)*

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

1.2. Programme extension

No NVS eligible for extension this year

1.3. ISS, HSS, CSO support *(EXAMPLE)*

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 results: Yes

HSS	Yes	Next tranche of HSS allocation: Yes
CSO Type A	No	Does not apply – N/C
CSO Type B	No	Extension of support to CSO Type B by decision of the Board of Directors July 2011 N/C

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here in English.

2. Signatures

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

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

For the Government of Côte d'Ivoire

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

Minister of Health (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	Professor Therèse N'DRI-YOMAN	**Name**	Mr. DIBY Koffi Charles
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr. BROU Aka Noel	EPI Director/Coordinator	+225 21 24 25 29/+225 05 86 73 96	brouaka_1@yahoo.com
Dr. KOUASSI-GOHOU Valérie	Director of Communications / Planning and Evaluation	+225 20 32 33 17/+225 46 00 75 37	dipemshp2@gmail.com

2.2. ICC signatures page

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

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

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this

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

Name/Title	Agency/Organization	Signature	Date
Prof. ASSA Allou / Director General for Health	Ministry of Health and AIDS Control		
Dr. KOFFI Zamblé / External Department Focal Point	Ministry of Health and AIDS Control		
Mr. AMANI Yao Joseph / Director of Financial Affairs of the Ministry of Health and AIDS Control	Ministry of Health and AIDS Control		
Mr. TRA Bi Yrié Denis / Director of Infrastructures, Equipment and Maintenance	Ministry of Health and AIDS Control		
Mr. LOUKOU Dia / Director of Human Resources	Ministry of Health and AIDS Control		
Dr. ASSAOLE N'Dri David / Director of Community Health and Outreach Medicine	Ministry of Health and AIDS Control		
Dr. DUNCAN Rachel / Director of Pharmacy and Drugs	Ministry of Health and AIDS Control		
Dr. KOUASSI-GOHOU Adri Valérie / Director of Training, Planning and Evaluation	Ministry of Health and AIDS Control		
Physician/Commissioner Nambala TOURE /Director of Medical Education and Professions	Ministry of Health and AIDS Control		
Dr. Yokouidé ALLARANGAR	World Health Organisation		
Mr. Hervé Ludovic de Lys	United Nations Children's Fund		
Dr. Aristide APLOGAN / Director Africa	Agency of Preventive Medicine		

Mme Marie Irène RICHMOND / President of the Polio Plus Committee	ROTARY International		
Prof. ODEHOURI Koudou Paul/Director National Institute of Public Hygiene	Ministry of Health and AIDS Control		
Prof.. KOUASSI Dinard/Director of the National Institute of Public Health	Ministry of Health and AIDS Control		
Dr BROU Aka Noël/Director/Coordinator of the Expanded Programme of Immunisation	Ministry of Health and AIDS Control		
Prof. SAMBA Mamadou/Director of Prospects, Planning and Strategy	Ministry of Health and AIDS Control		
Dr Bassalia DIAWARA/Chief of Support Services for External and Regional Services	Ministry of Health and AIDS Control		
M. AKOTO Kouassi Olivier /Head of Communications and Public Relations Department	Ministry of Health and AIDS Control		
M. ADJA David/Financial Controller of the Ministry of Health and AIDS Control	Ministry of Economy and Finance		
Dr ANOUAN N'Guessan Jean/Country Coordinator of the National EPIVAC Network	Ministry of Health and AIDS Control		
Mme LATTROH Marie/Technical Advisor/Ministry of Economy and Finance	Ministry of Economy and Finance		
M. TRAORE Issoufou / Representative of the Ministry of State/Ministry of the Interior	Ministry of State/Ministry of the Interior		
Mrs. YAO Bi Bakayoko Zegela / Technical Advisor/Ministry of Communications	Ministry of Communications		
Prof. DOSSO Mireille/Director of the Pasteur Institute of Côte d'Ivoire	Pasteur Institute of Côte d'Ivoire		

Pr DAGNAN N'Cho Simplice/Representative of the Medical Science TRU [training and research unit]	Medical Science Training and Research Unit		
Pr YAPI Désiré/Director of Pharmacy and Public Health	Ministry of Health and AIDS Control		

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

All comments will be treated confidentially

Comments from Partners:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Côte d'Ivoire is not submitting a report on the use of CSO funds (types A and B) in 2012.

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

2.4.1. CSO report editors

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

Name/Title	Agency/Organization	Signature	Date

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivalent committees), endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date

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

3. Table of Contents

This APR reports on (Country)'s activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	807,674	807,674	817 149	817 149	825 342	825 342	836 765	836 765	847 069	847 069
Total infants' deaths	74 983	72 682	75 096	75 096	74 611	74 611	74 388	74 388	74 034	74 034
Total surviving infants	732591	734 892	742 053	742 053	750 731	750 731	762 377	762 377	773 035	773 035
Total pregnant women	847 953	847 953	858 006	858 006	866 609	866 609	878 603	878 603	889 422	889 422
Number of infants vaccinated (to be vaccinated) with BCG	565 302	594 235	612 862	612 862	660 274	660 274	711 251	711 251	762 363	762 363
BCG coverage	70 %	74 %	75 %	75 %	80 %	80 %	85 %	85 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	659 332	427 116	682 689	682 689	705 688	705 688	731 882	731 882	757 575	757 575
OPV3 coverage	90 %	58 %	92 %	92 %	94 %	94 %	96 %	96 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	732 591	547 419	751 431	751 431	783 228	783 228	812 300	812 300	840 816	840 816
Number of infants vaccinated (to be vaccinated) with DTP3	659 332	452 259	682 689	682 689	705 688	705 688	731 882	731 882	757 575	757 575
DTP3 coverage	85 %	62 %	82 %	92 %	94 %	94 %	96 %	96 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	10	0	10	0	10	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1,00	1,05	1,00	1,11	1,00	1,11	1,00	1,11	1,00	1,00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	649 110	547 419	670 529	670 529	783 228	783 228	812 300	812 300	840 816	840 816
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	622 463	452 259	604 781	604 781	705 688	705 688	731 882	731 882	757 575	757 575
DTP-HepB-Hib coverage	85 %	62 %	82 %	82 %	94 %	94 %	96 %	96 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	25	10	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter	1,05	1,05	1,33	1,11	1,11	1,11	1,11	1,11	1,11	1,11
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	586 073	357 000	630 745	630 745	638 122	638 122	686 140	686 140	734 384	734 384

Yellow Fever coverage	80 %	49 %	85 %	85 %	85 %	85 %	90 %	90 %	95 %	95 %
Pregnant women vaccinated with TT+	635 463	497 010	686 405	686 405	693 288	693 288	720 455	720 455	756 009	756 009
TT+ coverage	75 %	59 %	80 %	80 %	80 %	80 %	82 %	82 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	84 482	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	6 195 330	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	17 %	9 %	9 %	10 %	10 %	10 %	10 %	10 %	10 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

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

  APR
- Justification for any changes in **targets by vaccine**

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

  The pentavalent vaccine wastage rate rose from 5 to 10% due to the change in the vaccine. From 2009 to 2010. Ivory Coast used the single dose version. Since 2011, the country has been using the multi-dose version (10 doses).

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

Targets set for 2011

- Routine vaccination of children ages 0 to 11 months against the 9 EPI target diseases in proportions of at least 70% for BCG, 90% for the 3rd doses of pentavalent vaccine (DT-HepB-Hib3) and the oral polio vaccine (OPV3), 80% for the measles vaccine (MCV) and the yellow fever vaccine (YFV)

- Administer two doses of the tetanus toxoid vaccine (TT) to at least 75% of pregnant women

Results obtained in 2011 :

BCG: 74%, DTP-HepB-Hib3: 62%, OPV3: 57%, MCV: 49%, TT2+: 59%
Vaccine coverage for all antigens fell between 2010 and 2011 except for BCG and to a lesser extent for the second dose of TT. For the third dose of the pentavalent and the OPV, we were down from 87% to 62% and from 83% to 57% respectively. The vaccine targets were reached only for BCG.

The main activities conducted in 2011:

- Support in implementing the "Reach Every District " in the districts affected by the post-election crisis
- Strengthen the capacities of the workers in charge of epidemiological surveillance
- Hold national immunisation days against poliomyelitis (7) with administration of vitamin A and dewormer in June and October
- Hold a national measles monitoring campaign

Obstacles encountered

- Major population movements with epidemic outbreaks
- Disruption of the healthcare system with immunisation services interrupted in more than 50% of the health districts
- Disruption of the epidemiological surveillance system
- Disruption in supply of vaccines and medical supplies

5.2.2. If the targets were not reached, please give the reasons:

- Insufficient supply of immunisation services in all strategies (fixed, outreach and mobile)
- Insufficient monitoring of activities and supervision of workers at all levels
- Security problems in supplying the health districts regularly with vaccines and injection supplies
- Problems raising funds from the government to purchase vaccines for routine activities
- Problems raising the government's financial contribution for additional immunisation activities
- Poor responsiveness by the disease surveillance system

  Poor grasp of population data as the general population and housing census dates back more than ten conventional years

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three:

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

Immunisation activities are equal for all genders of the target population

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? No

What action have you taken to achieve this goal?

APR

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? No

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

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

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	US$1 = 500	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	ROTARY	To be filled in by country	To be filled in by country
Traditional Vaccines*	2,773,698	97,423	0	2,676,275	0	0	0	0
New and underused Vaccines**	3,697,970	116,725	3,581,245	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	3,658,498	90,775	2,654,755	912,968	0	0	0	0
Cold Chain equipment	962,217	0	0	962,217	0	0	0	0
Personnel	848,065	848,065	0	0	0	0	0	0
Other routine recurrent costs	8,879,121	3,727,561	0	4,645,442	506,118	0	0	0
Other Capital Costs	702,837	0	0	702,837	0	0	0	0
Campaigns costs	22,229,592	682,200	0	18,593,347	2,371,785	582.260	0	0
APR		0	0	0	0	0	0	

Total Expenditures for Immunisation	43,751,998							
Total Government Health		5,562,749	6,236,000	28,493,086	2,877,903	582,260	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

There is no difference between available funding and expenditures.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

The funding received and spent was below the initial budget for the 2011-2015 cMYP, This is a decrease of 12%. Upon closer examination, all the areas are underfunded.
Reason: interruption in activities during the post-election crisis

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The government is funding the purchase of traditional vaccines.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year {0} 2012	Budgeted Year {0} 2013
Traditional Vaccines*	3,288,787	3,377,261
New and underused Vaccines**	5,158,794	25,917,598
Injection supplies (both AD syringes and syringes other than ADs)	2,212,408	2,469,479
Injection supplies with syringes other than AD	0	0
Cold Chain equipment	598,944	666,014
Personnel	2,528,565	2,579,136
Other routine recurrent costs	4,535,055	5,272,952
Additional immunisation activities	4,966,380	0
Total Expenditures for Immunisation	23,288,933	40,282,440

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Funds are still being raised and so far the funding announced includes the following:

1. Government: US$ 2,787,191
2. GAVI (NVS) US$ 6,835,500
3. GAVI (ISS award): US$ 570,661
4. UNICEF US$ 10,055,000

Or a total of US$ 20,256,352

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

APR

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? Yes, partially implemented

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

Action plan from Aide Mémoire	Implemented?
A start was made on implementing the recommendations pending the formal signing of the Aide Mémoire	Yes

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

A budget line item was created in the financial plan for the completion of the external audit by an independent firm.
The 2012 financial plan has been prepared for six (6) months and validated by the ICC.
The 2011 annual progress report of the VSS and the HSS was approved by a single ICC meeting chaired by Madame the Minister of Health and AIDS Control,

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011?

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Reference data and annual targets updated to 5.5 Overall Expenditures and Funding for Immunisation

Are any Civil Society Organisations members of the ICC? Yes

If Yes, which ones?

List CSO member organisations:
Rotary International

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Main objectives

- Achieve vaccine coverage at the central level and in at least 80% of the health districts: BCG: 75%, DCT-HepB-Hib3: 95%, MCV and YFV: 90%; TT2+: 80%
- Improve the quality of 30% of cold chain equipment and rolling stock at all levels
- Improve 20% of computer equipment for inventory management at all levels
- Reach performance criteria for surveillance of acute flaccid paralysis and other EPI target diseases
- Reach measles pre-elimination criteria

- Reach criteria for validating the elimination of maternal and neonatal tetanus
- See to it that 23% of the parents cite at least 5 EPI target diseases

Priority activities in 2012-201

- Strengthen routine activities by diversifying immunisation services and incorporating prevention activities
- Hold immunisation weeks to catch up with target children missed in 2011
- Strengthen the capacities of the workers involved in immunisation at all levels in EPI management and disease surveillance
- Strengthen supervision by workers and monitoring of immunisation activities at the regional district and health centre levels.
- Complete a self-evaluation of the quality of vaccine data
- Reenergise the epidemiological surveillance system
- Equip the districts and health centres with rolling stock and cold chain equipment
- Hold 4 National Immunisation Days campaigns against poliomyelitis

Are they linked with cMYP? Yes

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	Auto-disable syringes 0.05 ml + ADS 2cc	Government and partners
Measles	Auto-disable syringes 05 ml + ADS 5cc	Partners
TT	Auto-disable syringes 0.5 ml	Partners
DTP-containing vaccine	Auto-disable syringes 0.5 ml	Partners

Does the country have an injection safety policy/plan?

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

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

Yes

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Sharps waste was eliminated using incinerators and high-temperature boilers (industrial units) during mass immunisation campaigns. For routine immunisation activities, most of the districts do not have incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	570,662	285,330,768
Total funds available in 2011 *(C=A+B)*	570,662	285,330,768
Total Expenditures in 2011 *(D)*	0	0
Total Expenditures in 2012 *(D)*	570,662	285,330,768

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

Arrangements and procedures for managing GAVI funds

- The country has a funds management procedures document
- GAVA funds are kept in the Public Revenue Office and managed by a government employee (Ministry of Economy and Finance)

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

- The account used is a government account.
- Every year, the GAVI financial plan is prepared by the EPI team and the partners based on the action plan for the current year.
- This plan is validated during a meeting of the ICC.
- Plan signed by the EPI director, the Director of Foreign Affairs of the Ministry of Health and the representative of the partners (WHO)
- Execution of the plan's activities and release of the funds in accordance with public finance procedures
- Concerning the health districts and regions, once the financial plan is approved by the ICC, the funds are transferred to departmental regional accounts and the budget is executed in accordance with the procedures of the Government's General Budget.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

No activity carried out in 2011

6.1.4. Is GAVI's ISS support reported on the national health sector budget? No

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? No

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

6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			549801	452259
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-97542
3	Calculating	$20	per additional child vaccinated with DTP3		-1950840
4	**Rounded-up estimate of expected reward**				-1950500

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-

HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		2,006,300	0

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

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

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

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

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? No

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	None	
Phased introduction	No	09/03/2009
Nationwide introduction	Yes	09/03/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	APR

7.2.2. When is the Post introduction evaluation (PIE) planned? July 2012

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? No

Is there a national AEFI expert review committee? No

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No). Terms of reference for this financial statement are available in **Annex 1** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

No activity undertaken in 2011

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

APR

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

APR

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing *(VACCINE EXAMPLE)*

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	116,725	66,700
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Yes	
Donor	No	
Other	No	
	Q.3: Did you procure related injections supplies for the co-financing	

	vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	90,775	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	December	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is GAVI's new vaccine support reported on the national health sector budget? No

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? March 2010

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
Insufficient cold chain equipment and rolling stock	Improve cold chain equipment and rolling stock	Equipment at all levels [wd cut off/mot coupé]
Vaccine and supply needs not met	Ensure a regular supply of antigens	Supply district health units and [wd cut off] regularly
Insufficient monitoring of con[word cut off/mot coupé] temperatures	Training and OJT of EPI managers at [wd cut off/mot coupé] level	Train EPI managers at the central [wd cut off] levels
Destruction of sharps waste from [wd cut off/mot coupé] unsatisfactory	Ensure the proper elimination of sharps waste from [wd cut off/mot coupé]	Build in incinerator in 10 health districts

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? June 2012

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Côte d'Ivoire is not submitting a report on NVS as part of a prevention campaign.

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**

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

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

7.6.2. Programmatic Results of Meningococcal preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine

*If no survey is conducted, please provide estimated coverage by independent monitors

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

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

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

What lessons have you learned from the campaign?

7.6.3. Fund utilization of operational cost of Meningococcal preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Total		

7.7. Change of vaccine presentation

Côte d'Ivoire is not requesting a change in vaccine presentation in the next few years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccine support for Côte d'Ivoire is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2012	2013	2014	2015		
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0,900	0,900	0,900	0,900		
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0,900	0,900	0,900	0,900		
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0,520	0,520	0,520	0,520		
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3,500	3,500	3,500	3,500		
Pneumococcal (PCV13) 1 dose per vial LIQUID	1	3,500	3,500	3,500	3,500		
Measles, 10 dose(s) per vial, LYOPHILISED	10	0,219	0,219	0,219	0,219		
DTP-HepB, 10 dose(s) per vial, LIQUID	10						
DTP-HepB, 2 dose(s) per vial, LIQUID	2						
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	2,470	2,320	2,030	1,850		
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	2,470	2,320	2,030	1,850		
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	2,470	2,320	2,030	1,850		
DTP-Hib, 10 dose(s) per vial, LIQUID	10						
HepB monoval, 1 dose(s) per vial, LIQUID	1						
HepB monoval, 2 dose(s) per vial, LIQUID	2						
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1						
Rotavirus, 2 dose(s) schedule	1	2,550	2,550	2,550	2,550		
Rotavirus, 3-dose schedule	1	5,000	3,500	3,500	3,500		
Auto-disable syringe	0	0,047	0,047	0,047	0,047		
Pentavalent reconstitution syringe	0	0,047	0,047	0,047	0,047		
Yellow Fever reconstitution syringe	0	0,004	0,004	0,004	0,004		
Safety box	0	0,006	0,006	0,006	0,006		

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	
Meningococcal, 10 dose(s) per vial, LIQUID	10	
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	
Pneumococcal (PCV13) 1 dose per vial LIQUID	1	
Measles, 10 dose(s) per vial, LYOPHILISED	10	
DTP-HepB, 2 dose(s) per vial, LIQUID	2	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10	
HepB monoval, 1 dose(s) per vial, LIQUID	1	
HepB monoval, 2 dose(s) per vial, LIQUID	2	
Rotavirus, 2 dose(s) schedule	1	2,550
Rotavirus, 3-dose schedule	1	3,500
Auto-disable syringe	0	0,047
Pentavalent reconstitution syringe	0	0,047
Yellow Fever reconstitution syringe	0	0,004
Safety box	0	0,006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

This table is shown for information. **It must be build according Freight cost parameters** AND vaccines Types. Refer to document "GAVI ePlatform – Common functional specifications", Section parameters.

Vaccine Antigens	Vaccine Types	No Threshold	200,000$		250,000$		2,000,000$	
			<=	>	<=	>	<=	>
Yellow fever	YF		20.00%				10.00%	5.00%
Meningococcal	MENINACONJUGATE	9.99 %						
Pneumococcal (PCV10)	PNEUMO	1.00 %						
Pneumococcal (PCV13	PNEUMO	5.00 %						
Rotavirus	ROTA	5.00 %						
Measles	MEASLES	10.00 %						
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	734 892	742 053	750 731	762 377	773 035	3 763 088
	Number of children to be vaccinated with the first dose	Table 4	#	547 419	670 529	783 228	812 300	840 816	3 654 292
	Number of children to be vaccinated with the third dose	Table 4	#	452 259	604 781	705 688	731 882	757 575	3 252 185
	Immunisation coverage with the third dose	Table 4	%	61,54 %	81,50 %	94,00 %	96,00 %	98,00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1,05	1,11	1,11	1,11	1,11	
	Vaccine stock on 1 January 2012		#	1 465 170					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2,47	2,32	2,03	1,85	
cc	**Country co-financing per dose**	Co-financing table	$		0,20	0,26	0,30	0,35	
ca	**AD syringe price per unit**	Table 7.10.1	$		0,0465	0,0465	0,0465	0,0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0,0058	0,0058	0,0058	0,0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3,50 %	3,50 %	3,50 %	3,50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10,00 %	10,00 %	10,00 %	10,00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0,10	0,20	0,23	0,26	0,30
Recommended co-financing as per APR 2010			0,23	0,26	0,30
Your co-financing	0,20	0,20	0,26	0,30	0,35

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

		2012	2013	2014	2015
Number of vaccine doses	#	828 400	2 415 600	2 348 800	2 321 000
Number of AD syringes	#	2 197 700	2 424 800	2 351 100	2 323 200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	24 400	26 925	26 100	25 800
Total value to be co-financed	$	2 230 500	5 924 500	5 055 500	4 563 500

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

		2012	2013	2014	2015
Number of vaccine doses	#	66 500	286 500	380 500	502 700

Number of AD syringes	#	176 400	287 600	380 800	503 200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1 975	3 200	4 250	5 600
Total value to be co-financed by country	$	179 000	703 000	819 000	988 500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.43 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	547 419	670 529	49 811	620 718
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1 642 257	2 011 587	149 431	1 862 156
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	1 724 370	2 232 862	165 868	2 066 994
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		127 123	9 444	117 679
H	**Stock on 1 January 2012**	*Table 7.11.1*	1 465 170			
I	**Total vaccine doses needed**	*F + G – H*		894 815	66 472	828 343
J	**Number of doses per vial**	*Vaccine parameter (schedule)*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2 373 969	176 350	2 197 619
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		26 352	1 958	24 394
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		2 210 194	164 184	2 046 010
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		110 390	8 201	102 189
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		153	12	141
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*		77 357	5 747	71 610
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*		11 055	822	10 233
T	**Total fund needed**	*(N+O+P+Q+R+S)*		2 409 149	178 964	2 230 185
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		178 963		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		7.43 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	10.60 %			13.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	783 228	83 030	700 198	812 300	113 222	699 078

C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	2 349 684	249 089	2 100 595	2 436 900	339 666	2 097 234
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	2 608 150	276 488	2 331 662	2 704 960	377 030	2 327 930
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	93 822	9 946	83 876	24 203	3 374	20 829
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	2 701 972	286 434	2 415 538	2 729 163	380 403	2 348 760
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2 712 292	287 528	2 424 764	2 731 825	380 774	2 351 051
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	30 107	3 192	26 915	30 324	4 227	26 097
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	6 268 576	664 527	5 604 049	5 540 201	772 218	4 767 983
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	6 268 576	13 371	112 751	5 540 201	17 707	109 323
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	175	19	156	176	25	151
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*	219 401	23 259	196 142	193 908	27 028	166 880
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*	12 630	1 339	11 291	12 721	1 774	10 947
T	**Total fund needed**	*(N+O+P+Q+R+S)*	6 626 904	702 514	5 924 390	5 874 036	818 749	5 055 287
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	702 513			818 749		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	10.60 %			13.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	17.80 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	840 816	149 687	691 129
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	2 522 448	449 059	2 073 389
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	2 799 918	498 456	2 301 462
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	23 740	4 227	19 513
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	2 823 658	502 682	2 320 976
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2 826 269	503 147	2 323 122
L	**Reconstitution syringes (+ 10%**	*I / J * 1.11*	0	0	0

	wastage) needed				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	31 372	5 585	25 787
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	5 223 768	929 961	4 293 807
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	131 422	23 397	108 025
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	182	33	149
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*	182 832	32 549	150 283
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*	13 161	2 343	10 818
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5 551 365	988 281	4 563 084
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	988 281		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	17.80 %		

8. Injection Safety Support (INS)

Cộte d'Ivoire is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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

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

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

a. Minutes of all the HSCC meetings held in 2011

b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

c. Latest Health Sector Review Report

d. Financial statement for the use of HSS funds in the 2011 calendar year

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

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding No

If yes, please indicate the amount of funding requested:

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		1790000	1783000	1764500	1794000	1556000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the		1790000	0	0	0	0

calendar year (*A*)						
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)		1790000	1616170	849544	343674	343674
Total expenditure during the calendar year (*D*)		0	785242	505870	0	0
Balance carried forward to next calendar year (*E=C-D*)			830928	343674	343674	343674
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]		2304316	1823463	1141197	4404464	

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		898580000	895066000	866369500	897000000	778000000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)		811317500	0	0	0	0
Remaining funds (carry over) from previous year (*A*)		0	811317500	417125908	168743977	168743977
Total Funds available during the calendar year (*C=A+B*)		811317500	811317500	417125908	168743977	168743977
Total expenditure during the calendar year (*D*)		0	394191592	248381931	0	0
Balance carried forward to next calendar year (*E=C-D*)		811317500	417125908	168743977	168743977	168743977
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]			1156766666	89532033	570598666	2202231773

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

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

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

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

The action plan for the activities of the implementing structures is validated by the HSCC: funding for the activities follows the procedures described below:

- The Director of the Information, Planning and Evaluation Department (DIPE) administers credit, initiates expenses, issues payment orders to carry out scheduled activities and transmits them to the Financial Affairs Department (DAF).
- The Director of the Financial Affairs Department (DAF) of the Ministry of Health and AIDS Control orders the project after verification, initials the different payment orders; then they are submitted for checking by the financial controller.
- The financial controller verifies the expense to see to it that it is in order and checks the facts regarding the service before initialling the payment orders.
- Then the WHO approves the expense in accordance with the funding plan validated by the Inter-Agency Coordinating Committee (IACC).

These documents are then submitted to the manager for payment.

- The manager, after checking and verifying the accounting records, initials the payment orders and issues the check for payment.

After the activities are carried out, the implementing structures produce programming and financial reports accompanied by supporting documentation for expenses paid with the DIPE finance department, which in turn transmits them to the DAF after verification.

The annual GAVI HSS and GAVI SSV funding has been recorded on the budget of the Government and of the Ministry of Health and AIDS Control as outside GAVI support, and then entered into the SIGFIP. GAVI/HSS funds are kept at the Côte d'Ivoire Treasury Bank.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
No activity undertaken in 2011			

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Not applicable	

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

No activity was undertaken in 2011 because the HSS funds were frozen after the financial management of the project was evaluated by GAVI Alliance from 7 to 17 September, 2010.

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

The GAVI HSS funds were not used so as to provide incentives for national human resources

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Not applicable as activity not undertaken											

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

No activity was undertaken in 2011.

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

of HSS funds.

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

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

Not applicable

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
		901940666	0			2202231773

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		554824000			

9.6.1. If you are reprogramming, please justify why you are doing so.

Following the freeze on HSS funds after the 7-17 September 2010 evaluation by GAVI Alliance of the project's financial management, activities were suspended and have been suspended since that time. The country's new National Health Development Plan for 2012-2015 has identified the country's new needs after the post-election crisis of 2011. The activities are then reprogrammed based on those new needs.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

The changes were proposed during preliminary work sessions organised among the different structures implementing the project activities. A revised draft action plan was produced, which was submitted to the technical committee for approval on 2 May, 2012. The final document was then approved by the IACC on 10 May, 2010.

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? Yes

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
Objective 1:							

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

Indicators did not change despite reprogramming.

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

Not applicable

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Funds from the rest of the world (outside partners)	176,611,157	Information not available	Healthcare system strengthening
Private funds including households	964,632,351	Unlimited	Healthcare system strengthening
Public funds (GOVERNMENT)	3,917,567,073	Unlimited	Healthcare system strengthening

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
National healthcare accounts 2007-2008	Information validated by the NHC steering committee	
The 2009 and 2010 financial balance sheet for GAVI funds management	Information validated in meetings of the HSS GAVI technical committee	

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

No difficulties encountered

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

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

This section is to be completed by countries that have received GAVI TYPE A CSO support 1

Please list any abbreviations and acronyms that are used in this report below:

Côte d'Ivoire is not submitting a report on GAVI support for type A CSOs for 2012

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

Côte d'Ivoire is not submitting a report on GAVI support for type B CSOs for 2012.

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments