



GAVI Alliance

# Annual Progress Report **2013**

submitted by  
the Government of  
***Ivory Coast***

Reporting year: **2013**

Requesting for support for the year: **2015**

Submitted on: **May 14, 2014**

**Deadline for submission: 22/05/2014**

Please submit the **2013** annual progress report via the online platform  
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or to the representatives of a GAVI Alliance partner. Documents may be provided to GAVI partners, their staff and the public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** *We invite you to use previous annual status reports and approved requests for support from GAVI as reference documents. The electronic copy of previous annual status reports and GAVI support requests are available from the following address: <http://www.gavialliance.org/country/>*

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMS**

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

**AMENDMENT TO THIS PROPOSAL**

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

**REIMBURSEMENT OF FUNDS**

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

**SUSPENSION/ CANCELLATION**

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

**ANTICORRUPTION**

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country accept any gifts, payments or benefits 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 assessments to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will 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 this support application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programs described in this application.

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

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (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 the responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

**ARBITRATION**

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period, time will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages 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 programs described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programs described in this application.

***By preparing 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. Features of the Support

Reporting year: **2013**

Requesting for support year: **2015**

### 1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	2015

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

### 1.2. Extension of the Program

No NVS is eligible for an extension of this year

### 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2013	Request for Approval of	Eligible For <b>2013</b> ISS reward
ISS	Yes	next installment: N/C	N/C
HSS	Yes	HSS grant next installment Yes	N/C
VIG	No	Not applicable	N/C
COS	Yes	Not applicable	N/C

AVI: Allocation of vaccine introduction; CSO: Operational support for a campaign

### 1.4. Previous IRC Report

The annual progress report (APR) of IRC for the year **2012** is available [here](#). French version is also available [here](#).

## 2. Signatures

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

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

For the government of **Ivory Coast**

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

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

*This report has been complied by (these persons can be contacted in case GAVI Secretariat has any queries on this document):*

Full name	Position	Telephone	E-mail
PR BOA YAPO FELIX	Director General of Health	(00225) 20 21 72 09 / 07 09 64 94	boa.felix@gmail.com
Dr. Félix Bledi Dr. Aka Noël Brou	EPI Coordinator and Director	(00225) 21 24 25 29 / 05 86 73 96	alloukassi.am@gmail.com

### 2.2. ICC Signatures Page

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

**In some countries, 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 is an integral part of GAVI Alliance monitoring of country's 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.

#### 2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

### 2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **Expanded Theme Group (ICC)** endorse this report on the Health System Strengthening Program. 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's 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
Composition of the ICC	Composition of the ICC		

If HSCC wishes it may send informal comments to: [apr@gavialliance.org](mailto: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)

Ivory Coast does not present any report on the utilization of CSO funds (Type A and B) in 2014

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## 4. Baseline and annual targets

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

Number	Achievements in line with WHO/UNICEF Joint Report		Targets (Preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	825,342	861,666	836,765	889,097	847,069	847,069
Total infants' deaths	74,611	74,251	74,388	76,652	74,034	74,034
Total number of surviving infants	750,731	787,415	762,377	812,445	773,035	773,035
Total pregnant women	866,609	904,753	878,603	933,561	889,422	889,422
Number of infants who have received (yet to receive) BCG vaccine	660,274	771,940	711,251	844,642	762,363	844,951
BCG coverage	80%	90%	85%	95%	90%	100 %
Number of infants who received (yet to receive) OPV3 vaccine	705,688	797,512	731,882	779,947	757,575	757,575
OPV3 coverage	94%	101%	96%	96%	98%	98%
Number of infants who have received (yet to receive) DTP1 vaccine	783,228	821,283	812,300	812,445	840,816	840,816
Number of infants who received (yet to receive) DTP3 vaccine	705,688	797,512	731,882	779,947	757,575	757,575
DTP3 coverage	94%	101%	96%	96%	98%	98%
Wastage[1] rate during the reference year and anticipated thereafter (%) for DTP vaccine	10	10	10	10	0	10
Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine	1.11	1.11	1.11	1.11	1.00	1.11
Number of infants who received (yet to receive) 1 dose(s) of DTP-HepB-Hib vaccine	783,228	821,283	812,300	812,445	840,816	840,816
Number of infants who received (yet to receive) 3 dose(s) of DTP-HepB-Hib vaccine	783,228	797,512	812,300	779,947	757,575	757,575
DTP-HepB+Hib coverage	104%	101%	107%	96%	98%	98%
Wastage [1] rate in base-year and planned thereafter (%) [2]	10	17	10	10	10	10
Wastage [1] factor in base-year and planned thereafter (%)	1.11	1.2	1.11	1.11	1.11	1.11
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose (s) per vial, LIQUID	25%	0%	25%	25%	25%	25%

Number of infants who received (yet to receive) 1 dose(s) of Pneumococcal (PCV13) vaccine		0	762,377	406,223		840,816
Number of infants who received (yet to receive) 3 dose(s) of Pneumococcal (PCV13) vaccine		0	762,377	365,600		757,575
Pneumococcal (PCV13) coverage		0%	100%	45%		98%
Wastage [1] rate in base-year and planned thereafter (%)		5	5	5		5
Wastage [1] factor in base-year and planned thereafter (%)		1.05	1.05	1.05		1.05
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose (s) per vial, LIQUID	0%	5%	5%	5%	0%	5%
Number of infants who received (yet to receive) 1st dose(s) of measles vaccine	638,122	673,225	686,140	731,200	734,384	734,384
Measles coverage	85%	85%	90%	90%	95%	95%
Pregnant women immunized with TT+	693,288	731,087	720,455	765,520	756,009	756,009
TT+ coverage	80%	81%	82%	82%	85%	85%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	6,967,944	0	0	0	0
Annual DTP Dropout rate [(DTP1–DTP3)/DTP1] x100	10%	3%	10%	4%	10%	10%

\*\* Number of infants vaccinated out of total surviving infants

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

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

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

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

## 5. General Program Management Component

### 5.1. Updated Baseline and Annual Targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) of immunization activities for 2013**. The figures for 2014 - 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 the space below, please provide justification and reasons for those numbers in this APR that are different from the referenced ones:

- Justification for any changes in **births**:

No changes were made

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

No changes were made

- Provide justification for any changes in Targets by vaccine: **Please note that for targets more than 10%, the results from previous years must be justified.**

The objectives for the year 2013 do not exceed more than 10% of the results obtained in 2012.

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

No changes were made

### 5.2. Immunization achievements in 2013

5.2.1. Please comment on the achievements of immunization program against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

Review of the fixed objectives in 2013:

- Routine immunization to be carried out on children aged 0 to 11 months against the 9 EPI target diseases, to the minimum extent of: 99% for the BCG, DTP-HepB-Hib 3 and OPV3 and 95% for the MV and TT2+
- Routine immunization to be carried out on pregnant women to the minimum extent of 98% for the second dose of TT.

The main activities carried out are:

- recovery activities in fixed, outreach and mobile strategies
- organization of (7) intensified immunization weeks
- equipping the district centers with vehicles and cold chain
- implementation of an internal quality audit data in 30 health districts
- establishment of a monitoring and remediation system for the children not vaccinated or incompletely vaccinated. Campaign on “One sponsor for 100 children to be immunized” and reminder on appointments for vaccination by SMS

Results obtained in 2013:

BCG: 89%

DTP-HepB-Hib1 104%

DTP-HepB-Hib3 101%

OPV3: 101%

MV: 84%

YFV : 84%

TT2+ : 81%

The objectives have been achieved only for the DTP-HepB-Hib3 and the OPV3.

The main difficulty faced was the shortage of antigens. Such failures are due to issues at the State treasury which in turn caused delays in payments to the suppliers.

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

Objectives that were not achieved relate to BCG, MV, AAV and TT. The reasons are attributed to the stockouts for long periods.

### 5.3. Monitoring the implementation of GAVI gender policy

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

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

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

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

To minimize the gender barriers in the access to vaccination, communication strategies have been strengthened with tailored messages based on knowledge, attitudes and target centered practices.

5.3.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **Not selected**

5.3.4. How the gender-related barriers at the access and at the implementation of immunization services (for example, mothers having no access to the services, the gender of service provider of services, etc.) were resolved from the programs point of view? (For more information on these gender-related barriers, refer to the GAVI "Gender and immunization" sheet at <http://www.gavialliance.org/fr/librairie/>)

Drafting of a communication plan along with the development of strategies for the special population.

### 5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunization 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 Immunization Coverage and the official country estimate are different)

There is no gap between the administrative immunization coverage data and those of the WHO / UNICEF estimate. But there is a difference between the DHS-MICS data and the administrative data. The DHS-MICS was conducted in 2012 based on 2011 data. In 2011, after the crisis, there has been an interruption of all health services to the population in most parts of the country. Therefore, the vaccination coverage activities collapsed; Since that time, several activities have been undertaken to improve performance.

Please note that the WHO/UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

A self-assessment of the quality of immunization data was conducted from 18 March to 13 April 2013 in 30 health districts.

The overall objective of the DQS was to assess the quality of the reporting system on immunization data and

the quality of the monitoring system on vaccinations.

The accuracy of immunization data was measured by the verification factor obtained by comparing the number of vaccinations recounted to the number of vaccinations reported to the next level.

The assessment of the monitoring system on vaccinations was made by estimating a quality index calculated based on the weighted number of affirmative responses, the total number of points and the number of non-applicable responses.

Main Results:

- Accuracy of immunization data;
  - Health District Level :
    - satisfactory verification factors with values estimated at 95% for Penta 3 and 96% for MV
    - discrepancy of data whatever the source of verification.
  - Health Center Level
    - unsatisfactory verification factors with values estimated at 81% for Penta3 and 77% for MV
    - data mismatches regardless of the source of verification
- Quality of the monitoring system for vaccinations:
  - At the health district level: aggregate quality index: 64%. Lowest scores are recorded for the components' supervision of monitoring staff for activities "(IQ = 34%)," essential analysis and use of data for action "(IQ = 47%)," collection, recording and reporting "(IQ = 59%) and "data storage" (IQ = 65%).

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

#### **Validation of immunization data:**

It was conducted between September and October 2013. It was concerned about:

- Compare the accuracy of the data transmitted by the districts to the central level with those available at the district level
- Harmonize data from the central level with the district level
- Make recommendations for good reporting of data.

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.

Three major activities have been identified for improving systems for the production of administrative data:

#### **1 - Training in the use of the DVD-MT tool**

It will be organized in 2014 and will involve staff from central and peripheral level teams (Officers for epidemiological surveillance and CEPI Coordinators of regions and districts)

This will involve:

- Making immunization data management tools available to the MEC and CEPI
- Training MEC and CEPI in the correct filling of EPI monthly reports
- Training the MEC and CEPI on using the new version of DVDMT

The training will focus on theoretical and practical aspects of the management of immunization data.

#### **2 - Formalizing the systematic conduct of DQS in districts**

It will train the regional and district health directors in implementing the internal audit on data quality.

This training is planned for the second half of 2014.

Systematic conduct of DQS in the districts will begin in 2015.

#### **3- Organization of 3 workshops on validation of immunization data**

These workshops will be held on a quarterly basis with the data managers of regions and districts.

## **5.5. Overall Expenditure and Financing for Immunization**

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

<b>Exchange rate used</b>	1 US\$ = 478.31	Enter just the exchange rate and not the name of local currency
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**Table 5.5a:** Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditures by Category	Year of Expenditure 2013	Sources of Finance						
		Country	GAVI	UNICEF	WHO	Rotary International	HKI	SODETAP
Traditional vaccines*	4,798,171	4,664,289	0	133,882	0	0	0	0
New and Under-used Vaccines (NVS)**	2,136,645	254,065	1,882,580	0	0	0	0	0
Injection material (AD syringes and others)	1,789,855	212,935	1,576,920	0	0	0	0	0
Cold Chain equipment	460,508	93,253	0	365,206	0	0	0	2,049
Staff	848,065	848,065	0	0	0	0	0	0
Other routine recurrent costs	4,604,764	3,370,929	0	728,351	482,486	0	22,998	0
Other Capital Costs	276,335	478	0	254,951	0	20,906	0	0
Campaigns costs	3,634,251	451,589	0	318,206	2,371,663	492,793	0	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunization	18,548,594							
Total Government Health expenditures		9,895,603	3,459,500	1,800,596	2,854,149	513,699	22,998	2,049

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

5.5.1. If no government funds are allocated to traditional vaccines, please find why and provide plans for expected sources of funding for 2014 and 2015

APR

## 5.6 Financial Management

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

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

Action plan from Aide-Mémoire	Implementation?
The Ministry will have communicated to the GAVI Alliance the names and specimen signatures of the persons authorized to handle the account	Yes
Reprogramming the HSS GAVI budget will be made, validated by the competent national courts, submitted to the Independent Review Committee and approved by the Board of GAVI	Yes
The Ministry of Health will introduce new conditions for the management of GAVI HSS funds in conformity with the provisions of the policy of transparency and accountability set out by GAVI Alliance	Yes
Annual allocation of GAVI HSS and GAVI ISS funds will be listed on the State and Ministry of Health budget, under external support, and then reflected in the SIGFIP	No
The steering committee of the GAVI HSS program will be merged within a committee that will also include the ICC which will monitor both the GAVI programs.	Yes

The transcription by the Superintendent of GAVI HSS activities in the budget of Public Accounting shall be subject to the prior approval of GAVI after its submission to the ICC	Yes
The Ministries of Economy and Finance and the Fight against AIDS will take the necessary steps to confirm the exemption from duties and taxes on the expenditure on GAVI funds	Yes
A procedure will be established to ensure the internal control on the per diem payment assignments and activities, which assures that the payments cover missions and activities actually carried out during the period covered by the payment received by the beneficiaries	Yes
The procurement of equipment will only be performed with the authorized distributors of these materials and with a license allowing them to provide after-sales service and warranty	Yes
The financial statements prepared by the programs will cover the calendar year and report transactions on cash and non-budgetary commitments.	Yes

If the above table shows that the plan from Aide-Mémoire was completely or partially implemented, briefly describe what was exactly executed.

With the implementation of the checklist, Ivory Coast has made progress in the financial management of GAVI Fund in cash; financial control has been strengthened by the appointment of a financial controller for HSS and the integration of an internal audit and an external audit in various plans. There has been a relaxation of internal procedures by the adoption of a simplified procedure through various agencies. The new conditions for the management of HSS program were established with the formalization of the procedure for payment of per diem and the use of commercial banks for holding funds.

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

Not applicable

## 5.7 Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **5**

Please attach the minutes (**Document N°4**) from all the ICC meetings held in 2014, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Overall Expenditures and Financing for Immunization](#) to [Overall Expenditure and Financing for Immunization](#)

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

If yes, which ones?

List CSO members of ICC:
FENOS-CI (National Federation of Organizations of the Civil Society of Ivory Coast)
Rotary International
RIE (Réseau Epivac Net Ivory Coast)

## 5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI program for 2014 to 2015?

**Year 2014:**

The main targets are:

- Achieve immunization coverage at the national level in at least 90% of districts for all antigens: BCG 95%, Penta 3 and OPV 3. 96%, MV and AYFV 90%, TT2+ 82%, PCV13 3. 50%
- Reduce the abandonment rate of Penta 3 to less than 10% at the national level
- Introduce the Pneumococcus vaccine
- Achieve and maintain the criteria for the pre- elimination of measles and the elimination of maternal and neonatal tetanus, certification of polio eradication and control of yellow fever
- Strengthen the data quality at all levels (DQS)
- Improve the system for AEFI monitoring

- Ensure continuous and adequate supply of vaccines and injection materials at all levels
- Strengthen cold chain equipment and vehicles in the districts and health centers
- Achieve quality indicators for the effective vaccine management (EVM)
- Strengthen community ownership of the program
- Achieve an anti HPV vaccination coverage of at least 50% in two health districts of the demonstration project for the first dose
- Attain a vaccination coverage of at least 95% for the MenAfriVac vaccine in 25 health districts

#### Priority activities

- Support the districts in the development of
- Support the immunization activities under the fixed, advanced and mobile strategies
- Revise the modules, tools and guidelines for the EPI
- Train managers and service providers at all levels in the management of EPI
- Train the regional and district teams on the DQS process
- Organize the DQS at central, regional and district levels
- Organize supervision at all levels on a regular basis
- Organize regular meetings for the monitoring of immunization activities
- Organize immunization data validation meetings at the regional level
- Develop plans for the introduction of IPV vaccine against rotavirus diarrhea for submission to GAVI
- Organize the campaign for the administration of the first dose of the vaccine against HPV in the districts of the demonstration project (Abengourou and Korhogo)
- Train community volunteers in the active search for children who are either not vaccinated or inadequately vaccinated
- Organize vaccination against meningitis A in the 25 districts at risk
- Conduct a follow-up campaign against measles
- Organize the active surveillance of diseases
- Organize a workshop for estimating the annual requirements of vaccines and
- Procure / distribute vaccines and consumables
- Organize quarterly programs for the distribution of vaccines and consumables
- Monitor the use of vaccines and consumables at all levels
- Organize joint supervision missions on vaccine management at regional and district levels
- Provide the central, regional and district levels and health centers with good transport vehicles
- Equip the central, regional and district level with computer hardware
- Provide the district levels and health centers with cold chain equipment
- Organize a training workshop for the staff (MEC & CEPI) on the use of DVD-MT
- Build an incinerator of large capacity
- Organize Orientation meetings for the primary teachers for popularizing of the comic strip "Vaccine, the friend of children"
- Organize monthly monitoring visits to popularize the comic strip
- Produce and distribute communication materials adapted to the community including community descriptions of the target diseases
- Organize the official launch of the Pneumococcal vaccine
- Produce and broadcast media spots on immunization daily
- Organize the African Immunization Week
- Organize advocacy sessions for quick disbursement of funds for the implementation of activities (including the purchase of vaccines)

#### Year 2015 :

The main objectives are:

- Achieve immunization coverage at the national level in at least 90% of districts for all antigens: BCG 95%, Penta 3 and OPV 3.97%, MV et AYFV 92%, TT2+ 85%, PCV 13 3 97%, Rota 3 50% IVP 1.50%
- Reduce the abandonment rate of Penta 3 to less than 10% at the national level
- maintain the criteria for the pre- elimination of measles and the elimination of maternal and neonatal tetanus, certification of polio eradication and control of yellow fever
- Improve data quality:



- Improve the system for AEFI monitoring
- Ensure continuous and adequate supply of vaccines and injection materials at all levels
- Strengthen cold chain equipment and rolling stock in the districts and health centers
- Achieve quality indicators for the effective vaccine management (EVM)
- Strengthen community ownership of the program
- Achieve a HPV vaccination coverage of at least 50% in the two districts of the demonstration project for the 3rd dose
- To introduce the vaccine against the rotavirus diarrheas and the IPV in routine EPI

#### Priority activities

- Implement the immunization activities under fixed, advanced and mobile strategies
- Organize DQS at the district level
- Organize supervision at all levels on a regular basis
- Organize regular meetings for the monitoring of immunization activities at all levels.
- Organize immunization data validation meetings at the regional level
- Organize the preparatory activities and the introduction of IPV and the vaccine against rotavirus diarrhea
- Organize the campaign for the administration of the second and third doses of the vaccine against HPV in the districts of the demonstration project
- Train community volunteers in the active search for children who are either not vaccinated or inadequately vaccinated
- Organize the active surveillance of diseases
- Organize a workshop for estimating the annual requirements of vaccines and
- Procure / distribute vaccines and consumables
- Organize quarterly programs for the distribution of vaccines and consumables
- Monitor the use of vaccines and consumables at all levels
- Provide the central, regional and district levels with good transport vehicles, computer hardware and cold chain equipment.
- Organize the official launch of the introduction of IPV and anti-rotavirus vaccines
- Produce and broadcast media spots on immunization daily
- Organize the African Immunization Week
- Organize advocacy sessions for quick disbursement of funds for the implementation of activities (including the purchase of vaccines)

### 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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
FR BCG	AD syringes 0.05 ml +AD syringes 2 ml	STATE
FR Measles	AD syringes 0.05 ml +AD syringes 5 ml	STATE
FR TT	AD syringe 0.5ml	STATE
FR DTP-containing vaccine	AD syringe 0.5ml	STATE + GAVI

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

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

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

In accordance with the guidelines on national injection safety policy, all sharp waste should be incinerated. However, due to lack of incinerator in all the districts, some vaccination centers could not incinerate this waste and hence other alternatives have been used including burning and burial <xml:?.? Namespace prefix = "o" />

Please explain how in 2013 sharps have been eliminated, what were the problems, etc...

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

## 6. Immunization Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2013

	Amount in USD	Amount in local currency
Funds received in 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	8,671	3,945,386
Total Available Funds in 2013 (C=A+B)	8,671	3,945,386
Total expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	8,671	3,945,386

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 program use.

#### Provisions and procedures of financial management

The budget is prepared by the Technical Committee in consultation with the program management unit and it is validated by the ICC for the fiscal year 2013

Financial management of ISS funds is done as per the national procedure framed by the memorandum signed between the Government of Ivory Coast and GAVI Alliance on financial management of GAVI funds. The state has set up an imprest account

Annual allocation of GAVI funds are registered in the State budget and that of the Ministry of Health and fight against AIDS, under an external support then reflected in the SIGFIP.

Expenditures are initiated by the Director and Coordinator of EPI who is the credit administrator. The expenditure circuit involves a financial controller. Expenses are paid by the imprest administrator.

At the sub national level, payments are done through the departmental treasuries.

#### Inclusion of ISS funds in national health sector plans and budgets.

The budget was included in the 2014 budget of the Ministry of health and the fight against AIDS in respect of external support

#### Problem encountered in the use of ISS funds

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 channeled 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

#### Type of bank account

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

#### Budget approval procedures

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

The provision of funds for the implementation of activities is made under the simplified procedure

(establishment of an imprest GAVI ISS) of the National Budget Implementation procedure:

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

The development and approval of the budget is a participatory process involving government structures, CSOs and development partners including WHO, UNICEF and AMP through a technical committee (GTV).

Once approved at the technical committee the budget is submitted to the ICC for the final approval. It is the budget approved by the ICC, which is sent to the GAVI Secretariat.

It should be noted that Ivory Coast, according to the Aide-Mémoire of the HSS and ISS programs have a single steering committee which is the ICC

### **Procedures for channeling funds to sub-national levels**

For activities implemented at the health region levels funds are transferred from the central level (commercial bank), to the accounts of the treasury of the locality concerned. Payments are made by the treasurer of the locality in accordance with the payment orders issued by the imprest administrator for GAVI HSS funds. Funds transferred into local treasuries are used only for payment of expenses for which they were transferred.

### **Provisions for financial reporting at the sub-national and national levels**

### **Global role of the ICC**

The ICC is the supreme decision-making body of the HSS and ISS programs. For this, it is responsible to:

- monitor the implementation of activities for the improvement of health system and those of the planned immunization activities.
- express an opinion on the functioning of the GAVIHSS program
- issue an opinion on the draft budget of DCEPI- ISS, funded by BGE and partners and monitor its implementation;
- issue an opinion on the GHD draft budget in the context of HSS, funded by the BGE and partners and monitor its implementation;
- review and approve the annual report of THE GAVI HSS program, brought out by the GAVI HSS focal point.

6.1.3. Please report on major activities conducted to strengthen immunization using ISS funds in 2013

No activity was conducted in 2013 as the country has not received GAVI ISS funds.

6.1.4. Indicate whether ISS funds have been included in national health sector plans and budgets. **No**

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document No. 7). (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? **Yes**

6.2.3. External audit reports for ISS, HSS and CSO Type B programs 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 HSS program during your government's most recent fiscal year, this should also be attached .(Document Number 8).

### **6.3. Request for ISS reward**

The request for prorated ISS reward is not applicable for Burundi IN 2013

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

### 7.1. Receipt of new & under-used vaccines for 2013 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the vaccination program in 2013 that GAVI communicated to you in its decision letter (DL)? Please fill the table below

**Table 7.1:** Vaccines received for 2013 vaccinations against approvals for 2013.

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2013 in DL	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Has the country experienced a stockout at any level in 2013?
DTP-HepB-Hib	1,795,500	1,795,500	1. 308.000	No
Pneumococcal (PCV13)		0	0	Not selected

\* Please also include any deliveries from the previous year received against this DL

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

- What are the main problems encountered? (Lower vaccine utilization 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 color or because of the expiry date?)

No problem.

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

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

Not applicable

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

No stockout for the Pentavalent, but stockout existed for two months for BCG, 2 months for OPV, 3 months for MV, 4 months for AYFV and 2 months for TT at the national level

## 7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	Yes	02/06/2014
The time and scale of introduction was as planned in the proposal? If No, Why?	Yes	

DTP-HepB-Hib, 10 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	Yes	

7.2.2. When is the Post introduction evaluation (PIE) planned? **April 2015**

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 No.9))

An evaluation was conducted in 2012.

The main results of this evaluation are:

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

**The main recommendations are:**

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

**Status of Implementation of recommendations of evaluation**

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

### 7.2.3. Post Immunization Adverse Events (PIAE)

Is there a national dedicated vaccine pharmaco-vigilance capacity? **Yes**

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

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

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

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

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

### 7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

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

Has your country conducted special studies on:

a. Rotavirus diarrhea? **Yes**

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

If yes, the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC), does it regularly examine the data from sentinel surveillance and special studies to make recommendations on the quality of data produced and on how to further improve the quality of data? **No**

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

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

#### **Results of monitoring rotavirus diarrhea in 2013:**

- Reported cases 325
- Positive cases: 97 or 30%

#### **Results of monitoring of pediatric bacterial meningitis in 2013:**

- Reported cases 452
- Proportion of lumbar puncture performed: 100%
- proportion of suspect cases 71%
- Proportion of probable cases: 3%

- Bacterial meningitis caused by Haemophilus influenza: 0%
- Bacterial pneumococcal meningitis: 1%
- Salmonella bacterial meningitis: 0.4%
- Bacterial meningitis due to Enterobacter cloacae: 0.2%

These results are presented in the GTR and ICC meeting with the periodic EPI reports (quarterly and annual). Analysis of these data is used to help decision making on the introduction of new vaccines (PCV13 and Rotavirus).

## **7.3. Lump sum allocation for the introduction of a new vaccine in 2013**

### 7.3.1. Financial Management Reporting

	Amount in USD	Amount in local currency
Funds received in 2013 (A)	0	0
Balance of funds carried forward from 2012	0	0
Total Available Funds in 2013 (C=A+B)	0	0
Total expenditures in 2013(D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document No. 10, 11). (Terms of reference for this financial statement are attached in **Annex 1.**) Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

### 7.3.2. 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.

Not Applicable

Please describe any problems encountered in the implementation of planned activities:

Not Applicable

Please describe the activities that will be undertaken with the balance of funds carried forward to 2014

Not Applicable

### 7.4. Report on country co-financing in 2013

**Table 7.4:** 5 questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	0	0
Vaccine selected # 2: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	467,000	213,500
Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources?		
Government	467000	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Pneumococcal	0	0



(PCV13), 1 dose (s) per vial, LIQUID		
Vaccine selected # 2: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	210,935	205,075
	<b>Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?</b>	
<b>Schedule of Co-Financing Payments</b>	Proposed Payment Date for 2015	Funding source
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	December	STATE
Vaccine selected # 2: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	December	STATE
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.</b>	
	The country plans to introduce more costly new vaccines in the EPI. Technical assistance is hence needed to help the country in developing financial sustainability strategies.	

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/program-policies/co-financing/>

Not Applicable

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

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

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at [http://www.who.int/immunization\\_delivery/systems\\_policy/logistics/en/index6.html](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. The progress of the implementation of this plan is reported in annual progress report. The EVM assessment is valid for a period of three years.*

When was the last assessment made in vaccine management (EGV) or other evaluation (GEEV OR EVM)?  
**mars 2012**

Please attach the following documents:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

Not Applicable

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

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Ivory Coast does not report on the SVN as part of a prevention campaign

### 7.7. Change of vaccine presentation

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

### 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year support for Ivory Coast is not available in 2014

### 7.9. Request for continued support for vaccines for 2015 vaccination program

In order to request NVS support for 2015 vaccination do the following:

Confirm here below that your request for 2015 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain:

Not Applicable

## 7.10. Weighted average prices of supplies and related freight costs

**Table 7.10.1:** Commodities Cost

Estimated prices of supply are not disclosed

**Table 7.10.2:** Freight cost

Vaccine Antigens	Vaccine Type	No threshold	200,000\$		250,000\$	
			<=	>	<=	>
Yellow fever	YF	7.80%				
Type A meningococcal	MENINACONJUGATE	10.20%				
Pneumococcal (PCV10)	PNEUMO	3.00%				
Pneumococcal (PCV13)	PNEUMO	6.00%				
Rotavirus	ROTA	5.00%				
Measles second dose	MEASLES	14.00%				
DTP-HepB	HEPBHIB	2.00%				
HPV bivalent	HPV2	3.50%				
HPV quadrivalent	HPV2	3.50%				
RR	OR	13.20%				

Vaccine Antigens	Vaccine Type	500,000\$		2,000,000\$	
		<=	>	<=	>
Yellow fever	YF				
Type A meningococcal	MENINACONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles second dose	MEASLES				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50%	6.40%		
HPV bivalent	HPV2				
HPV quadrivalent	HPV2				
RR	OR				

## 7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	750,731	762,377	773,035	2,286,143
Number of children to be vaccinated with the first dose	Table 4	#	783,228	812,300	840,816	2,436,344
Number of children to be vaccinated with the third dose	Table 4	#	783,228	812,300	757,575	2,353,103
Immunization coverage with	Table 4	%	104.33 %	106.55 %	98.00 %	

	the third dose					
	Number of doses per child	Parameter:	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	297,990		
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	297,990		
	Number of doses per vial	Parameter:	#		10	10
	AD syringes required	Parameter:	#		Yes	Yes
	Reconstitution syringes required	Parameter:	#		No	No
	Safety boxes required	Parameter:	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40%	6.40%
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%

\* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

\*\* The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

Not Applicable

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months are pre-selected.

Not defined

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

Co-financing group	Intermediate		
	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.30
Your co-financing	0.26	0.26	0.30

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

		2014	2015
Number of vaccine doses	#	2,401,000	3,832,000

<b>Number of AD syringes</b>	#	2,382,600	3,965,000
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	26,225	43,625
<b>Total value to be co-financed by GAVI</b>	\$	5,025,000	8,125,500

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

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	340,600	631,600
<b>Number of AD syringes</b>	#	338,000	653,500
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	3,725	7,200
<b>Total value of country co-financing</b>	\$	713,000	1,339,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	12.42 %		
B	Number of children to be vaccinated with the first dose	Table 4	783,228	812,300	100,912	711,388
B1	Number of children to be vaccinated with the third dose	Table 4	783,228	812,300	100,912	711,388
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,349,684	2,436,900	302,734	2,134,166
E	Estimated vaccine wastage factor	Table 4	1.11	1.11		
F	Number of doses required including wastage	$D \times E$		2,704,960	336,035	2,368,925
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		36,304	4,511	31,793
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Stock on 1st January	Table 7.11.1	0	297,990		
H3	Shipment plan	UNICEF shipment report		1,546,700		
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,741,500	340,574	2,400,926
J	Number of doses per vial	Vaccine parameter		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		2,720,525	337,968	2,382,557
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		29,926	3,718	26,208
N	Cost of the required vaccines	$1 * \text{price of vaccine per dose}(g)$		5,277,388	655,605	4,621,783
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit } (ca)$		122,424	15,209	107,215
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit } (cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes } (cs)$		150	19	131
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value } (fv)$		337,753	41,959	295,794
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies } (fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		5,737,715	712,791	5,024,924
U	Total country co-financing	$I \times \text{Country co-financing per dose } (cc)$		712,790		
V	Country co-financing % of GAVI supported proportion	$U / T$		12.42 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	14.15 %		
B	Number of children to be vaccinated with the first dose	Table 4	840,816	118,964	721,852
B1	Number of children to be vaccinated with the third dose	Table 4	757,575	107,187	650,388
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,405,079	340,285	2,064,794
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses required including wastage	$D \times E$	2,669,638	377,716	2,291,922
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	- 11,932	- 1,688	- 10,244
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	- 1,805,356	- 255,432	- 1,549,924
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	- 809,889	- 114,587	- 695,302
H2	Stock on 1st January	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	4,463,500	631,522	3,831,978
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	4,618,354	653,432	3,964,922
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	50,802	7,188	43,614
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose (g)}$	8,699,362	1,230,836	7,468,526
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	207,826	29,405	178,421
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	255	37	218
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$	556,760	78,774	477,986
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	9,464,203	1,339,050	8,125,153
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	1,339,050		
V	Country co-financing % of GAVI supported proportion	$U / T$	14.15 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

APR

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.







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

		2014	2015
Number of vaccine doses	#	164,900	172,300
Number of AD syringes	#	174,500	180,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1 925	2,000
Total value of country co-financing	\$	600,500	623,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	5.49 %		
B	Number of children to be vaccinated with the first dose	Table 4	0	762,377	41,865	720,512
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B \times C$	0	2,287,131	125,594	2,161,537
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses required including wastage	$D \times E$		2,401,488	131,873	2,269,615
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		600,372	32,969	567,403
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		3,002,400	164,871	2,837,529
J	Number of doses per vial	Vaccine parameter		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		3,176,254	174,418	3,001,836
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		34,939	1,919	33,020
N	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		10,181,139	559,077	9,622,062
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		142,932	7,849	135,083
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		175	10	165
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		610,869	33,545	577,324
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		10,935,115	600,480	10,334,635
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		600,480		
V	Country co-financing % of GAVI supported proportion	$U / T$		5.49 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	6.35 %		
B	Number of children to be vaccinated with the first dose	Table 4	840,816	53,431	787,385
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	2,522,448	160,291	2,362,157
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	2,648,571	168,306	2,480,265
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	61,771	3,926	57,845
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,710,800	172,260	2,538,540
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	2,842,641	180,638	2,662,003
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	31,270	1,988	29,282
N	Cost of the required vaccines	$I^* \text{ price of vaccine per dose}(g)$	9,135,396	580,515	8,554,881
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	127,919	8,129	119,790
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	157	10	147
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	548,124	34,831	513,293
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	9,811,596	623,484	9,188,112
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	623,484		
V	Country co-financing % of GAVI supported proportion	$U / T$	6.35 %		

## 8. Injection Safety Support (INS)

This type of support is no longer available

## 9. Health System Strengthening Support (HSS)

### Instructions for reporting on HSS funds received

1. **Please complete this section only if your country was approved for and received HSS funds before or during January to December 2013.** All countries are expected to report on:

- a. The progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on startup activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email at [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org).

5. If you are requesting additional funds, 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 the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report of HSS funds during the most recent fiscal year (if available).

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstrating (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 monitor 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 installment of HSS funds.

## 9.1. Report on the use of ISS funds in 2013 and request for additional funds

Countries that have already received the final disbursement of GAVI approved funds under HSS grant and require no further financing: Is the implementation of HSS grant completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **Not selected**

If NO, please indicate the anticipated date for completion of the HSS grant.

Not Applicable

Please attach all studies and evaluations related to GAVI HSS grant or financed by it.

Please attach the gender disaggregated data, if any, by rural/urban areas, district/state, especially for immunization coverage indicators. This is mainly important if the GAVI HSS grants are used to target populations and/or specific geographic locations in the country.

If the CSOs are involved in HSS implementation, please attach a list of those involved in implementing the grant, financing received by CSOs for GAVI HSS grant and activities that are conducted. If the CSO involvement was already planned in the initial proposal approved by GAVI, but no financing was provided to CSOs, please explain why. Go to <http://www.gavialliance.org/support/cso/>, for the GAVI CSO implementation framework.

Not Applicable

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

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

Please attach the latest report of national/monitoring and evaluation framework results of the health sector (with actual data reported for the latest year available in the country).

### 9.1.1. Report on the use of HSS funds in **2013**

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 program and both in US\$ and local currency

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

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

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

These funds will be sufficient to ensure the HSS allocation until December 2015.

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

N.B.: Country will fill both \$ and local currency tables. This enables the consistency check for TAP.

Table 9.1.3a \$(US)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	1,790,000	1,783,000	1,764,500	1,794,000	1,556,000	1,556,000
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0		4,404,464

Total funds received from GAVI during the calendar year (A)	1,616,170	0	0	0	0	2,070,294
Remaining funds (carry over) from previous year (A)	0	1,616,170	830,928	343,674	343,674	343,674
Total Funds available during the calendar year (C=A+B)	1,616,170	1,616,170	830,928	343,674	343,674	2,428,551
Total expenditure during the calendar year (D)	0	785,242	50,574	0	0	334
Balance carried forward to the next calendar year (E=C-D)	1,616,170	830,928	343,674	343,674	343,674	2,428,217
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	0



	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budget (if revised during a review of the previous years' annual reports)	2,450,452			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (A)	2,428,227			
Total Funds available during the calendar year (C=A+B)	2,428,227			
Total expenditure during the calendar year (D)				
Balance carried forward to the next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	2,334,170	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	898,580,000	895,066,000	866,369,500	897,000,000	778,000,000	778,000,000
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0	0	2,074,502,544
Total funds received from GAVI during the calendar year (A)	811,317,500	0	0	0	0	975,103,764
Remaining funds (carry over) from previous year (A)	0	811,317,500	417,125,908	168,743,977	168,743,977	168,743,977
Total Funds available during the calendar year (C=A+B)	811,317,500	811,317,500	417,125,908	168,743,977	168,743,977	1,143,847,741
Total expenditure during the calendar year (D)	0	394,191,592	24,831,931	0	0	157,250
Balance carried forward to the next calendar year (E=C-D)	811,307,500	417,125,908	168,743,977	168,743,977	168,743,977	1,143,690,491
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budget (if revised during a review of the previous years' annual reports)	1,154,162,892			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (A)	1,143,690,491			
Total Funds available during the calendar year (C=A+B)	1,143,690,491			
Total expenditure during the calendar year (D)				
Balance carried forward to the next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	1,099,394,070	0	0	0

### Report of Exchange Rate Fluctuation

Please indicate in [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1st January	502	502	491	500	500	491
Closing on 31st December	502	502	491	500	500	471

### Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

### Financial management of HSS funds

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

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

In Ivory Coast, the GAVI funds allocated for ISS are kept in a commercial bank opened in 2013 after the signing of the memorandum between GAVI Alliance and Ivory Coast. The funds are handled by an imprest administrator appointed by the Ministry responsible for economy and finance.

GAVI ISS funds are listed under the State Budget 2014 with external support and will then be transferred into the Public Accounting budget.

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

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

For activities implemented at the health region levels funds are transferred from the central level (commercial bank), to the accounts of the treasury of the locality concerned. Payments are made by the treasurer of the locality in accordance with the payment orders issued by the imprest administrator for GAVI HSS funds. Funds transferred into local treasuries are used exclusively for payment of expenses for which they were transferred.

The development and approval of the budget is a participatory process involving government structures, CSOs and development partners including WHO, UNICEF and AMP through a technical committee (GTV).

Once approved at the technical committee the budget is submitted to the ICC for the final approval. It is the budget approved by the ICC, which is sent to the GAVI Secretariat.

It should be noted that in Ivory Coast, according to the Aide-Mémoire, the HSS and ISS programs have a single steering committee which is the ICC

Financial reports are prepared by the Imprest Administrator on the basis of transactions recorded in his books in the chronological order of execution of transactions (cash, banking and capital). They include activities at the sub national level which are initially recorded by the Imprest Administrator provisionally and finalized upon receipt of supporting documents thereto published by the concerned Treasury accountant.

The ICC is the supreme decision-making body of the HSS and ISS programs. For this, it is responsible to:

- monitor the implementation of activities for the improvement of Health System and those of the planned immunization activities.
- express an opinion on the functioning of the GAVI HSS program
- issue an opinion on the draft budget of DCEPI ISS, funded by BGE and partners and monitor its implementation;
- send an opinion on the GHD budget in the context of HSS, financed by BGE and partners, and monitor its execution ;
- review and approve the annual report of the GAVI HSS program, brought out by the GAVI HSS focal point.

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

**External audit reports for HSS programs 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: 21)

## 9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

- The percentage of 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 2013 reporting year

Major Activities (insert as many rows as necessary)	Activity planned for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Not Applicable	Not Applicable	0	Not Applicable

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. assessments, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and constraints
Not Applicable	Not Applicable

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

- No activity was carried out in 2013. Activities planned for the months of October to March 2013 were approved at the ICC meeting held on 14 October 2013. Funding was made available on December 20, 2013. The implementation of these activities has been postponed to 2014 due to the late availability of funds and also to account for the fiscal year in Ivory Coast. The amount of funding to be disbursed by GAVI had to be listed in State budget 2014.

9.2.3 If the GAVI HSS grant has been utilized 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 have not been used to provide incentives to national human resources measures.

## 9.3. General overview of targets achieved

Please complete **table 9.3** for each indicator and objective outlined in the original approved proposal and the decision letter. Please use the baseline values and targets for 2012 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	2013 target	2009	2010	2011	2012	2013	Data Source	Explanation if any targets were not achieved
	Baseline Value	Baseline source/date									
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable					

## 9.4 Program implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

there was no realization in 2013 due to the late provision of funds by GAVI ( December 20, 2013) and due to concerns on considering the fiscal year in Ivory Coast which coincides with the calendar year.

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

Not Applicable

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

Not Applicable

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

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?
- Where there any constraints in disbursing internal funds?
- Actions taken to address any issues and to improve the management
- Any changes to management processes in the coming year?

Not Applicable

## 9.5. HSS Activities planned for 2014

Please use **Table 9.4** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014, please explain these changes in the table below and provide explanations for these changes.

**Table 9.4:** Activities planned for 2014

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Activity 1.1	organize annual workshops to prepare operational plans in 31 districts and 12 regions	54532000		this activity will not be implemented on the HSS budget line as originally scheduled	This is because the amount paid by GAVI was below the amount planned for and hence will be reflected in the ISS budget line in support of State funding. This choice was validated by the extraordinary ICC meeting dated April 11, 2014	0
Activity 1.2	support monitoring of activities at the	35000000	0			35000000

	district and region levels					
Activity 1.3	organize the monitoring and management of the project by the technical committee	20,000,000	0		the budget has been adjusted to reflect the amount available in one hand and on the other hand to take into account the fact that activities planned remain under the jurisdiction of the state funding and therefore not supported by GAVI funding. This readjustment was also validated by the extraordinary ICC meeting dated April 11, 2014	8075491
Activity 1.4	organize an internal audit by the General Inspectorate of Finance of MEF at the end of six months of implementation	5,625,000	0			5,625,000
Activity 2.1	provide health districts and regional directorates with supervisory vehicles of the type 4x4	540,000,000	0			540,000,000
Activity 2.2	provide 205 FCHF with motorbikes to carry out the activities of advanced strategies	410,000,000	0			410,000,000
Activity 3.1	provide 31 districts, 12 regional directorates and 7 central directorates with computers and consumables	80,000,000	0			80,000,000
Activity 3.2:	Equip 12 regional directorates, 31 districts and 326 FCHF with data collection supports.	64,990,000	0			64,990,000
		1,210,147,000	0			1,143,690,491

## 9.6. HSS Activities planned for 2015

Please use **Table 9.6** to outline planned activities for 2015. 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 the change in the budget is over 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to IRC for approval with the required proof.**

**Table 9.6:** HSS Activities planned for 2015

Major Activities	Activity planned for	Original budget for 2015 (as approved in the HSS proposal)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if
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(insert as many rows as necessary)	2015	or as adjusted during past Annual Progress Reviews)			relevant)
<b>Activity 1.12</b>	Support quarterly monitoring of the 32 districts	112,686		revised upwards budget to account for the rearrangements made in the 32 target districts	123,955
<b>Activity 1.13</b>	Support biannual monitoring of operational plans in the 12 health regions	49,707		budget revised upward to reflect the new arrangements for the quarterly monitoring of health districts. These terms give a prominent place at the regional level	164,033
<b>Activity 1.16</b>	organization of quarterly supervision missions to the health districts by the regional level	11,847		the budget for this activity was underestimated in the original proposal	39,095
<b>Activity 1.17</b>	organization of fortnightly supervision missions to the health facilities by the district management team	88,578			97,436
<b>Activity 1.20</b>	support the coordination and operation for monitoring the implementation of activities.	121,896		The budget for this activity has been downgraded because a part of it will be taken into account by the counterpart funds from the state particularly in connection with certain operating costs of the management unit	67,043
<b>Activity 1.21</b>	organization of an internal audit by the General Inspectorate of Finance of the Ministry of Economy and Finance	25,395	organizing an annual internal audits by the DAF and management control division of the MOH	The audit is now conducted by the General Inspectorate of Finance in accordance with terms of the Aide Memoire	13,967
	organization of an external audit by a private firm	0		new activity has been defined to reflect the requirements of the Aide Memoire	27,935
<b>Activity 1.23</b>	organization of an assessment of the proposal	56,783	organization of a final evaluation in 2012	The final evaluation will finally take place in 2015 in compliance with the proposal	173,906
<b>Activity 2.5</b>	Equip 7 new health districts, 5 regional directorates and 3 central departments with supervision vehicle of the type 4x4	0		this activity was retained to help acquire additional vehicles for the health districts that are very large.	277,111
<b>Activity 2.6</b>	provision of at least two health districts with mobile units to carry out the activities of mobile strategy	33,860		the budget for this activity has been increased to take into account all the districts that are difficult to be covered by fixed and advanced strategies	148,984
<b>Activity 2.7</b>	provide 100 FCHF with motorbikes to carry out the activities of advanced strategies	0		This activity aims to cover the rest of the FCHF not covered by previous acquisitions	330,000



<b>Activity 2.8</b>	support the advanced and mobile strategies	205,598			325,142
<b>Activity 2.11</b>	broadcast community mobilization messages in the local radio	33,228			36,551
<b>Activity 3.2</b>	equip 12 regional directorates, 32 districts and 652 FCHF with data collection supports.	45,129			49,642
<b>Activity 3.8</b>	organize quarterly meetings on harmonization of surveillance data with the districts and regions	34,334			37,767
	conduct a SARRA survey	0		This new activity aims among other things to provide additional information necessary for the formulation of the next submission to HSS GAVI Secretariat	88,000
<b>Activity 1.9</b>	organization of integrated communication activities and awareness on health promotion including vaccination at CSOs in districts with low performance	50,000	support the development of communication materials and awareness on health promotion	This activity meets the need to strengthen the role of civil society in promoting vaccination. Initially planned budgets for years 1 and 2 were combined in this year for better efficiency	144,771
<b>Activity 1.11</b>	annual workshops for developing operational plan in 32 districts and 12 health regions	109,064			188,834
		978,105			

## 9.7. Revised indicators in case of reprogramming

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

## 9.8. Other sources of funding for HSS

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

Table 9.8: Sources of funds for HSS in your country

Donor	Amount in USD	Duration of support	Type of activities funded
Funds from the rest of the world (External Partners)	176,611,157	Not Determined	Health system strengthening
Private funds including households	964,632,351	Unlimited	Health system strengthening
Public Funds (STATE)	3,917,567,073	Unlimited	Health system strengthening

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

## 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 substantive issue as to the accuracy or validity of the information (especially financial data and indicator values) and how these issues were addressed and resolved.

Table 9.9: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
National Health Committee (NHC) 2009-2010	Information validated by the steering committee NHC	No problem
The balance sheet on management of GAVI funds for 2013 (due to freezing of funds since 2010)	Information approved during ICC meetings.	No problem

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 problem, however it should be noted that the last column of Table 9.6 does not have the provision to reflect the total amount in the last line. Moreover, we recommend that Table 9.1.3 a and b are automated on certain points including the conversion between the dollar and the local currency, once the conversion rate is specified <xml: namespace prefix = "o" />

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?

Please attach:

1. The minutes from all the HSCC meetings held in 2014, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

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

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

Ivory Coast **has not received GAVI support for the Type A CSOs**

Ivory Coast has not presented report on GAVI support to the Type A CSOs in 2013

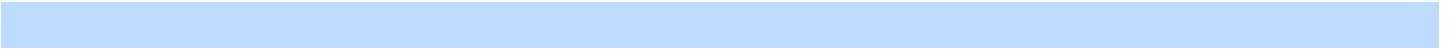
## 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or CMYP

Ivory Coast **has not received GAVI support for the Type B CSOs**

Ivory Coast has not presented report on GAVI support to the Type B CSOs in 2013

## 11. Comments from ICC/HSCC Chairs

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



## 12. Annexes

### 12.1. Annex 1: ISS instructions

#### INSTRUCTIONS:

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

All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. Financial statements should be compiled based on the countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided in the following page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own system of economic classification, and relevant cost categories (for example: salaries and wages). Cost categories used shall be based on the economic classification of your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013(referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the financial year 2013. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

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

### MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION 1

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53,000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125,523</b>

\* Enter the exchange rate at opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

## 12.3. Annex 3 - Instructions for HSS support

### INSTRUCTIONS:

#### FINANCIAL STATEMENTS FOR **HEALTH SYSTEM STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided in the following page.
  - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification of your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.



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

### MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

*An example of income & expenditure statement*

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53,000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125,523</b>

\* Enter the exchange rate at opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

## 12.5. Annex 5 - Instructions for CSO support

### INSTRUCTIONS:

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

- I. All countries that have received CSO - Type B grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided in the following page.
  - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved type B CSO support, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification of your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for the CSO-Type B funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

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

### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON TYPE- B CSO SUPPORT:

*An example of income & expenditure statement*










Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53,000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125,523</b>

\* Enter the exchange rate at opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1		<a href="#">Signature Ministres.doc</a> File desc: .... Date/Time: 14/05/2014 07:48:34 Size: 471 KB
2	Signature of Finance Minister (or delegated authority)	2.1		<a href="#">Signature Ministres.doc</a> File desc: .... Date/Time: 14/05/2014 07:50:19 Size: 471 KB
3	Signatures of the ICC members	2.2		<a href="#">Signature des membres du CCIA 2014.doc</a> File desc: .... Date/Time: 13/05/2014 12:11:41 Size: 811 KB
4	Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013.	5.7		<a href="#">PV CCIA Jeudi 8 mai 2014.docx</a> File desc: .... Date/Time: 14/05/2014 07:53:17 Size: 3 MB
5	Signature of the HSCC members	2.3		<a href="#">Signature des membres du CCIA 2014.doc</a> File desc: .... Date/Time: 13/05/2014 12:13:20 Size: 811 KB
6	Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013	9.9.3		<a href="#">PV CCIA Jeudi 8 mai 2014.docx</a> File desc: .... Date/Time: 14/05/2014 07:59:03 Size: 3 MB
7	Financial statements for ISS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1.		<a href="#">annexe 8 Non réalisation audit comptes SS 2013.doc</a> File desc: .... Date/Time: 14/05/2014 10:04:39 Size: 162 KB
8	External audit report on the allocation of ISS funds (fiscal year 2013)	6.2.3		<a href="#">annexe 8 Non réalisation audit comptes SS 2013.doc</a> File desc: .... Date/Time: 14/05/2014 10:06:08 Size: 162 KB
9	Post-introduction Evaluation Report	7.2.2.		<a href="#">CIV Rapport final PIE.pdf</a> File desc: .... Date/Time: 08/05/2014 06:38:17

				Size: 1 MB
10	Financial statements for grants for introducing a new vaccine (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	<a href="#">annexe 10&amp;11 Absence d'état financier et r audit somme forfaitaire intro nvx vaccin.doc</a> File desc: .... Date/Time: 14/05/2014 10:08:01 Size: 175 KB
11	External audit report on grants allocated for introducing a new vaccine (fiscal year 2013), if the total expenses in 2013 are greater than USD 250,000	7.3.1	✓	<a href="#">annexe 10&amp;11 Absence d'état financier et r audit somme forfaitaire intro nvx vaccin.doc</a> File desc: .... Date/Time: 14/05/2014 10:10:04 Size: 175 KB
12	EVSM/VMA/EVM report	7.5	✓	<a href="#">Rapport Final Cote d'Ivoire GEV 2012.pdf</a> File desc: .... Date/Time: 29/04/2014 05:40:25 Size: 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	<a href="#">Rapport Final Cote d'Ivoire GEV 2012.pdf</a> File desc: .... Date/Time: 29/04/2014 05:41:30 Size: 1 MB
14	Status of the implementation of EVSM/VMA/EVM improvement plan	7.5	✓	<a href="#">Rapport MEO Evaluation Gev CIV avril 2</a> File desc: .... Date/Time: 29/04/2014 06:03:42 Size: 547 KB
				<a href="#">Rapport MEO Evaluation Gev CIV avril 2</a> File desc: .... Date/Time: 29/04/2014 06:23:56 Size: 547 KB
16	The cMYP valid if the country requests for extension of support	7.8	✗	<a href="#">annexe 16à 18 Absence de documents pou prolongation du soutien.doc</a> File desc: .... Date/Time: 14/05/2014 10:13:59 Size: 174 KB
17	Costing tool for the cMYP is valid if the country requests for extension of support.	7.8	✗	<a href="#">annexe 16à 18 Absence de documents pou prolongation du soutien.doc</a> File desc: .... Date/Time: 14/05/2014 10:15:30 Size: 174 KB

18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8	X	<a href="#">annexe 16à 18_Absence de documents pour prolongation du soutien.doc</a> <b>File desc:</b> .... <b>Date/Time:</b> 14/05/2014 10:16:57 <b>Size:</b> 174 KB
19	Financial statements for the HSS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	✓	<a href="#">SANS OBJET.docx</a> <b>Desc file:</b> Ivory Coast has not conducted an activity on the HSS budget in 2013 that requires the use of available funds (ref. bank statement in attachment 26). HSS GAVI funds have been disbursed in December 2013 at the end of the year to Ivory Coast. <b>Date/Time:</b> 14/05/2014 07:15:37 <b>Size:</b> 14 KB
20	Financial statements for the HSS funds for the period January-April 2014 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	✓	<a href="#">SANS OBJET.docx</a> <b>Desc file:</b> Ivory Coast has not conducted an activity HSS component from January to April 2014 requiring the use of available funds (bank statement gives the other attachments imprest HSS GAVI 2014) <b>Date/Time:</b> 14/05/2014 07:44:08 <b>Size:</b> 14 KB
21	External audit report on the allocation of HSS funds (fiscal year 2013)	9.1.3	✓	<a href="#">SANS OBJET.docx</a> <b>Desc file:</b> Ivory Coast did not conduct activities requiring the use of GAVI HSS funds in 2013. There has been no external audit for the fiscal year 2013. <b>Date/Time:</b> 14/05/2014 07:47:10 <b>Size:</b> 14 KB
22	Review report on the health sector-HSS	9.9.3	✓	<a href="#">PNDS 12-15_DEF.pdf</a> <b>File desc:</b> .... <b>Date/Time:</b> 13/05/2014 11:40:28 <b>Size:</b> 1 MB
23	Listing Report - Type A - CSO support	10.1.1	X	<a href="#">Annexe 24à26_Absence État financier pour l'allocation du soutien aux OSC type B (exercice fiscal 2013).doc</a> <b>File desc:</b> .... <b>Date/Time:</b> 14/05/2014 12:27:34 <b>Size:</b> 209 KB
24	Financial statement for the allocation of type B CSO support (fiscal year 2013)	10.2.4	X	<a href="#">Annexe 24à26_Absence État financier pour l'allocation du soutien aux OSC type B (exercice fiscal 2013).doc</a> <b>File desc:</b> .... <b>Date/Time:</b> 14/05/2014 12:29:31 <b>Size:</b> 209 KB

25	External audit report on Type B CSO support (fiscal year 2013)	10.2.4	X	<a href="#">Annexe 24à26_Absence État financier pour l'allocation du soutien aux OSC type B (exercice fiscal 2013).doc</a> <b>File desc:</b> .... <b>Date/Time:</b> 14/05/2014 12:31:45 <b>Size:</b> 209 KB
26	Bank statements for each program funded in cash or a cumulative bank statement for all the programs funded in cash if funds are kept in the same bank account where the opening and closing balance for the year 2013 i) January 1, 2013 and ii) closing balance as on December 31, 2013 appear.	0	✓	<a href="#">REGIE D'AVANCE RSS GAVI dec 2013.pdf</a> <b>File desc:</b> .... <b>Date/Time:</b> 08/05/2014 06:48:40 <b>Size:</b> 49 KB
27	compte_rendu_réunion_ccia_changement_présentation_vaccin	7.7	X	<a href="#">Annexe 27 absence PV CCIA pour changement de présentation penta.doc</a> <b>File desc:</b> .... <b>Date/Time:</b> 14/05/2014 12:39:58 <b>Size:</b> 184 KB
	Other documents		X	<a href="#">AVIS DE CREDIT REGIE D'AVANCE GAVI 2013.pdf</a> <b>File desc:</b> .... <b>Date/Time:</b> 13/05/2014 11:57:26 <b>Size:</b> 53 KB  <a href="#">REGIE D'AVANCE RSS GAVI AVRIL 2014.pdf</a> <b>File desc:</b> .... <b>Date/Time:</b> 13/05/2014 11:53:29 <b>Size:</b> 44 KB  <a href="#">REGIE D'AVANCE RSS GAVI mars 2014.pdf</a> <b>File desc:</b> .... <b>Date/Time:</b> 08/05/2014 06:53:28 <b>Size:</b> 55 KB  <a href="#">Relevé de compte SSV GAVI 2013.doc</a> <b>File desc:</b> .... <b>Date/Time:</b> 14/05/2014 12:49:52 <b>Size:</b> 2 MB

