Ministry of Health and Public Hygiene

Republic of the Ivory Coast
Union-Discipline-Work

HEALTH SYSTEM STRENGTHENING IN THE IVORY COAST

Submission to the Global Alliance for Vaccines and Immunization (GAVI) for financing

March 2008

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Abbreviations and acronyms

ACD	Reach Each District (RED)
HSCC	Health Sector Coordination Committee (HSCC)
RHC	Regional Hospital Centre (RHC)
CHU	University Hospitals (UH)
CNO	Centre North and West (CNW))
CNTS	National Blood Transfusion Centre (NBTC)
CPN	Antenatal Consultation (A-NC)
CPS	Forward Studies and Strategy Unit (FSSU)
CDF	Cold Chain (CC)
CREMM	Cellule Régionale des Equipements, de la Maintenance et du Matériel
DD	Departmental Division (DD)
DEPS	Department of Health Facilities and Professions (DHFP)
DIEM	Department of Infrastructure, Equipment and Maintenance (DIEM)
DIPE	Department of Information, Planning and Evaluation (DIPE)
DPM	Department of Pharmacy and Medicines (DPM)
DR	Regional Department (RD)
DRH	Department of Human Resources (DHR)
DSC	Department of Community Health (DCH)
DTR	Department of Training and Research (DTR)
DTC	Diphteria, Tetanus, Pertussis (DTP)
EPN	National Public Facility (NPF)
ICHF	Initial Contact Health Facility (ICHF)
FED	European Development Fund (EDF)
GAVI	Global Alliance for Vaccine and Immunization
GH	General Hospital (GH)
INFAS	National Institute for Training Health Agents (NITHA)
NPHI	National Public Hygiene Institution (NPHI)
INS	National Statistical Institute (NSI)
JNV	National Immunization Days (NID)
MEASURE	Monitoring and Evaluation to Asses Use of Result
MICS	Multiple Indicator Cluster Survey
MHPH	Ministry of Health and Public Hygiene
OMD	Millennium Development Goals (MDG)
OMS	World Health Organisation (WHO)
ONG	Non-Governmental Organisation (NGO)
PEPFAR	President's Emergency Plan For AIDS Relief
EPI	Expanded Programme on Immunization (EPI)
NHDP	National Health Development Plan
CMYP	Comprehensive Multiyear Plan (CMYP)
PUR	Emergency Reconstruction Programme (ERP)
PVVIH	People Living with HIV (PLHIV)
PNN	National Nutrition Programme (NNP)
MPA	Minimum Package of Activities (MPA)
GNI	Gross National Income (GNI)
HHR	Health Human Resources (HHR)
HSS	Health System Strengthening (HSS)
SASDE	Accelerated Child Survival and Development Strategy (ACSDS)
SIG	Management Information System (MIS)
UNFPA	United Nations Population Fund (UNPF)
UNICEF	United Nations Childrens Fund
VAT	Antitetanus vaccine (ATV)

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Summary

For the attention of the proposer

- *Please supply a summary of the proposal which contains the aim and the goals of the proposal to obtain GAVI-HSS support, the principal strategies and activities to be undertaken, the anticipated results, the duration of the support and the total amount of funds applied for, as well as the basic data and the goals to be achieved for the priority indicators selected.*

- *Please indicate the person(s) in charge of all the activities involved in preparing the proposal for GAVI-HSS support, and specify the role and nature of the HSCC (or its equivalent), as well as that of the people involved in compiling the proposal.*

The National Health Development Plan (NHDP) 2008-2012 will come into effect three years after the end of the last strategic plan for the health sector (NHDP 1996-2005) whose implementation was marked by unfavourable circumstances (succession of socio-political crises since 1999) which prevented the goals it had set being achieved. The NHDP 2008-2012 will have to take up the challenges relating to (i) the post-conflict reconstruction of the health system in all its aspects, (ii) the fight against disease, (iii) the development of facilities and the modernisation of the sector, (iv) financing for the sector, (v) the management capabilities of the sector and the health partnership. The general aim is to improve the state of health and the well-being of the population within a post-conflict context. More specifically, it concerns:

1) rectifying health problems and malfunctions in the health system resulting from the socio-political crisis;
2) reducing morbidity and mortality associated with major health problems;
3) improving the efficiency of the health system;
4) improving the quality of health services.

The purpose of the proposal submitted by the Ivory Coast to GAVI is to help to achieve the aims of the NHDP. This proposal was drawn up by the national committee for implementing measures associated with strengthening the Ivorian Health System (HSS-GAVI).
This committee, responsible for monitoring the process of compiling and implementing the plan for strengthening the Ivorian Health System was officially set up in 2007 and consists of two bodies:

- **The steering committee:** chaired by the Minister of Health and Public Hygiene or his Representative, brings together the Ministers for Planning and Development, Economy and Finance, the Minister of the Interior, the Minister of Public Functions and Employment or their Representatives, the Resident Representatives of international organisations.
- **The technical committee**: coordinated by the Director General for Health having as his technical secretary the Director of Information, Planning and Evaluation from the Ministry of Health and Public Hygiene (MHPH), brings together the general directors, the central directors and the directors coordinating health programmes, the technical representatives of the Resident Representatives of the international organisations operating in the health sector, and representatives of civil society and the private sector.

The documentary review carried out as part of compiling this proposal identified several obstacles hindering the provision of basic health services, including those associated with immunization. Some are in the process of being overcome as a result of interventions which are under way, but others have not yet reached this position. Some of the problems which are not in the process of being removed have been selected to benefit from GAVI funds.

These include the following: (i) the poor capability of institutions to manage human resources; (ii) the unsuitability of the profile of health human resources (HHR) for the requirements of the minimum package of activities carried out by health structures ; (iii) the inadequate planning and coordination of activities at all levels of the health pyramid; (iv) the inadequacy of material and financial resources, (v) the inadequacy of support for the national health information management system, (vi) the problem of vaccine distribution and the management of medicines and other strategic inputs.

The poor capability of institutions to manage health human resources is the result firstly of insufficient regulatory documents and tools for managing health human resources and, secondly, of the lack of training offered to those managing health human resources on the subjects of coordination, planning, scheduling and follow-up-evaluation at all levels of the health pyramid.

The inadequacy of the profile of health human resources for the requirements of the minimum package of activities provided by health structures is the result of failure to comply with priority requirements relating to continuous training. Training for district management teams and health agents in the application of the MPA within the ICHF and reference hospitals in districts remains a priority if populations are to be offered integrated and effective care.

With regard to planning and coordinating activities, support at central level to regional and district health departments in drawing up their action plans remains inadequate. This support must be organised and reinforced to allow the regional and district health departments to have an operational action plan and to improve their performance. In addition, the mechanisms for follow-up and evaluation must be strengthened at all levels of the health pyramid in order to implement operational action plans.

Inadequacy of material and financial resources is a major problem. It results in inadequate financial provisions for purchasing means of transport, reconstruction, for equipment for health infrastructures and for maintenance. All these aspects contribute to a deterioration in the supply and quality of health services.

The national health information system is experiencing numerous difficulties associated with the inadequacy and dilapidated state of computer equipment, repeated breakdowns in data collection media, inadequate data management training for health operators, resulting in incomplete data, poor feedback and late circulation of reports which does not help to ensure that the data can be used in a timely way when decisions are taken.

The problem with the availability and management of medicines, vaccines and other strategic inputs also affects the implementation of the minimum package of activities provided by medical facilities.

This application to GAVI aimed at increasing and maintaining immunization cover in the Ivory Coast in an enduring way by strengthening the health system has set itself three aims:

1. To strengthen the management abilities of the health personnel in 6 central divisions, 12 Regional Health Departments and of the management teams from 32 Health Districts between 2008 and 2012;
2. To revitalise 326 ICHF, 24 GH and 8 RHC in 32 health districts between 2008 and 2012;
3. To improve the management of health information at all levels of the health pyramid between 2008 and 2012.

The principal activities selected are: (i) continuous training for health personnel, (ii) reconstruction of health structures, providing them with new equipment (iii) and strengthening the management of health information.

This intervention is expected to produce the following results:

- The management capabilities of the health personnel are be strengthened in 6 central divisions, 12 Regional Health Departments and 32 Health Districts. 326 ICHF, 24 GH and 8 RHC in 32 health districts are to be revitalized, offering quality services to assist mothers and children;
- health information management is to be improved at all levels of the health pyramid

The principal strategy developed in order to achieve these results is the strengthening of skills within the following fields of intervention:

- human resources;
- health services and provisions;
- equipment, logistics and reconstruction of structures;
- the system for supplying and distributing vaccines, medicines, consumables and other strategic inputs;
- the National Health Information System;
- operational research.

The HSS/GAVI proposal targets 32 health districts spread throughout 12 regional health departments and covers an estimated population of 8 815 546 inhabitants. The duration of GAVI support for strengthening the health system in the Ivory Coast is 5 years, from 2008 to 2012. The total amount of funds applied for is 8 697 749 USD, namely three billion eight hundred and three million one hundred and two thousand eight hundred and seven CFA francs (3 853 102 807 F CFA).

1st section: process for compiling the proposal

For the attention of the proposer

Please use this section to describe the process for compiling the proposal for GAVI HSS support.

- *Please begin by describing your Health Sector Coordination Committee (HSCC) or its equivalent (table 1.1).*

1.1: The HSCC (or its equivalent in your country)

Name of the HSCC (or its equivalent):

The national committee for implementing Ivorian Health System Strengthening (HSS-GAVI)

The HSCC has been performing all its tasks since:

The national committee for implementing Ivorian Health System Strengthening (HSS-GAVI) was set up by decision n°0731 MHPH/CAB of 15 May 2007 relating to the setting up, organisation, responsibilities and functioning of the national committee for Ivorian Health System Strengthening with the financial support of GAVI (HSS-GAVI).

This decision was then confirmed by order N° 307 MHPH/CAB of 28 September 2007 concerning the setting up, organisation, responsibilities and functioning of the national committee for Ivorian Health System Strengthening with the financial support of GAVI (HSS/GAVI)
This committee is responsible for monitoring the process for compiling and implementing Ivorian Health System Strengthening.

Structure e.g. sub-committee, independent organisation):

The national committee consists of a steering committee and a technical committee
The steering committee:
The Steering Committee chaired by the Minister of Health and Public Hygiene or his Representative consists of the following members:

- The Minister for Planning and Development or his Representative
- The Minister of the Economy and Finances or his Representative
- The Minister of the Interior or his Representative
- The Minister of the Civil Service and Employment or his Representative
- The Resident Representative of the European Union or his Representative
- The Resident Representative of the WHO or his Representative
- The Resident Representative of the UNPF or his Representative
- The Resident Representative of the UNDP or his Representative
- The Resident Representative of Unicef or his Representative
- The Director of PEPFAR or his representative
- The Resident Consultant from MEASURE Evaluation/JSI

The technical committee:
The technical committee which supports the steering committee consists of the following members:
Coordinator: The Director General of Health
Technical Secretary: The Director of Information, Planning and Evaluation
Members:

- The Director General of Public Hygiene
- The Coordinator of the Forward Studies and Strategy Unit
- The Director and Coordinator of the Expanded Programme for Immunization
- The technical Representative of the Resident Representative of the WHO
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- The technical Representative of the Resident Representative of the UNFPA
- The technical Representative of the Resident Representative of UNICEF
- The Director of the Infrastructures for Equipment and Maintenance
- The Director General of the Public Health Pharmacy
- The Director of the NT0 1 TFI t

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- Implementing the approaches drawn up by the Steering Committee
- Monitoring and checking the implementation of the compilation process
- Proposing solutions for any problems associated with the compilation and implementation process
- Producing reports on the compilation and implementation process
- Compiling a summary table for monitoring and evaluation

Frequency of meetings:[1]

The steering committee meets twice a year to ratify the annual action plans and the reports on activities. However, as part of the process for compiling the proposal for health system strengthening, it may meet as many times as required.
The technical committee meets every fifteen days or as many times as required.

For the attention of the proposer

- *Please describe below the procedure followed by your country in compiling the proposal for GAVI support for HSS (table 1.2)*

1.2: Summary of the process for compiling the proposal

[1] Reports on meetings of the HSCC relating to HSS support, including the report on the meeting in the course of which the proposal was adopted, must be attached to the proposal, as supporting documents. Reports must be signed by the chairman of the HSCC. The report on the meeting for adopting this proposal for GAVI-HSS support must be signed by all the members of the HSCC.

Who has coordinated and supervised the process for compiling the proposal?

The process for compiling the proposal was coordinated and supervised by the steering committee for Health System Strengthening via its technical committee.

Who was in charge of compiling the proposal? Was technical assistance provided?

The process for compiling the proposal was supervised by the Director of Information, Planning and Evaluation. It was compiled with the help of technical assistance provided by three national consultants recruited after an application procedure, and an international consultant selected in collaboration with the WHO-Ivory Coast office.

The technical representatives from the key international organisations, in particular WHO and Unicef and the NGOs supporting the interventions within the health system were involved in this process.

Please describe the brief chronological process of activities, meetings and examination sessions which preceded the submission of the proposal.

- An Ivorian delegation (Director of Information, Planning and Evaluation, the Director and Coordinator of the Expanded Programme on Immunization (EPI), the person in charge of the WHO health system, the EPI manager of the WHO and a representative from Unicef) took part in the mission for the regional launch of the project in March 2007 in Ouagadougou in Burkina Faso.
- A working session bringing together the DIPE, the Expanded Programme on Immunization Coordination Department (EPICD) and the Forward Studies and Strategy Unit was organised on 26 May 2007 in order to prepare a presentation and produce the timing chart for compiling the proposal.
- Under the chairmanship of the Director General of Health, on 29 May 2007 a summary of the HSS/GAVI project was presented and the timing chart for compiling the Ivory Coast proposal was adopted by the technical committee, expanded to include other governmental structures, the development partners and civil society.
- The commencement of this work was marked by the setting up of reflection groups on 13 June 2007 in accordance with the priority intervention issues recommended by GAVI. These reflection groups consisted of the principal departments from the Ministry of Health. A summary of the work carried out by the groups highlighting the main obstacles associated with the health system which might influence immunization cover or even the health of the mother and child was produced on 19 July 2007.
- A meeting to inform the members of the steering committee about GAVI support for health system strengthening took place on 08 August 2007.
- Three national consultants recruited after an application procedure produced draft 0 of the HSS/GAVI Ivory Coast Proposal which was submitted on 17 September 2007 to the members of the expanded technical committee which put forward its recommendations with a view to making improvements. Once these recommendations had been taken into account the consultants were able to make available draft 1 of the proposal which was pre-ratified on 27 September 2007 by the technical committee.
- This pre-ratified draft was submitted on 03 October 2007 to the members of the steering committee for approval. On this occasion, the steering committee asked for submission to be postponed until 07 March 2008, and recommended that the compilation process be continued in order to finalize the proposal.
- The draft was submitted for the consideration of experts appointed by the cabinet from the Ministry of health in order to examine the NHDP 2008-2012. In the course of a study trip between 16-18 January 2008 to Grand Bassam, 30 km away from Abidjan, they examined the proposal and proceeded to bring the HSS/GAVI proposal into line with the national health development plan in the process of being compiled.

- F Draft 2 which resulted from this study trip was then examined by the international consultant recruited in January 2008. The latter made his contribution in the course of a workshop held in Grand Bassam with the support of other national experts between 29 January and 06 February 2008. In the light of the resulting observations, a recommendation was made to set up a restricted group to continue the compilation work and to finalise the document.
- F This small group was set up on 06 February 2008 by the Director General of Health, coordinator of the technical committee with a view to drafting the final document. This group worked for three weeks without a break in order to produce the first version.
- F This version of the proposal document was shared with the international consultant and sub-regional peers identified by the Ivory Coast WHO.
- F Then the document was submitted to the expanded technical committee on 29 February 2008 and the recommendations from this meeting were taken into account in order to improve the content of the proposal.
- F Finally this completed version was submitted to the steering committee which met on 04 March 2008 to ratify and approve the proposal.

Who was involved in examining the proposal, and what were the methods used?

The organisations which were involved in examining the HSS proposal are as follows:

1. the steering committee
2. the World Health Organisation (national Office)
3. The United Nations Childhood Fund (national Office)
4. the UNPF (United Nations Population Fund)
5. MEASUR/Evaluation/JSI

The methods used to examine the HSS proposal were as follows:

1. once a draft of the proposal was completed, it was examined by the members of the expanded technical committee in order to gather observations and improve the draft in the course of a meeting. Three meetings took place for this reason.
2. Draft 1 was examined by the experts from the NHDP 2008-2012 in the course of a workshop.
3. Draft 2 was examined by the international consultant in the course of a workshop.
4. Draft 3 finalized by the restricted group was resubmitted to the international consultant and to the sub-regional peers
5. The drafts were submitted to the steering committee in the course of a meeting for ratification and approval. Two meetings were organised for this purpose.

Who approved and adopted the proposal before it was submitted to the GAVI Secretariat?

The proposal was approved and adopted by the steering committee.

For the attention of the proposer

- *On the following page please describe the roles and responsibilities of the key partners associated with compiling the proposal for GAVI-HSS support (table 1.3).*

N.B.: Please make sure that all the key-partners are listed in the description: the Ministry of Health, the Ministry of Finance, the immunization programme, bilateral and multilateral partners, the relevant coordination committees, the NGOs and the civil society and finally colleagues from the private sector. If the civil society or the private sector were not involved in compiling the proposal for GAVI-HSS support, please give reasons below (1.4).

1.3: Roles and responsibilities of key-partners (members of the HSCC and others)

Title / Post	Organisation	Member of the HSCC yes/no	Roles and responsibilities of this partner in compiling the proposal for GAVI-HSS support

The Minister	Ministry of Health and Public Hygiene	Yes/Chairman of the steering committee	Ratification of the HSS-GAVI proposal for the Ivory Coast
Director	Director General of Health	Yes/Coordinator of the technical committee	Coordination of the process for compiling the HSS/GAVI proposal
Director	Department of Information, Planning and Evaluation MHPH	Yes/Secretary of the technical committee	Organisation and monitoring of the process for compiling the HSS/GAVI proposal
Assistant Director of economic studies	The Department of Administrative and Financial Affairs MHPH	Yes/Member of the technical committee	Technical support in taking into account the budgetary stipulations when compiling the proposal
Head of the Unit	The Forward Studies and Strategy Unit MHPH	Yes/Member of the technical committee	Monitoring compliance of the proposal with the NHDP
Director-coordinator	The Expanded Programme for Immunization	no	Technical support with compiling the HSS/GAVI proposal
Technical consultant	Ministry of Economy and Finances	Yes/Member of the steering committee	Technical support with compiling the HSS/GAVI proposal
Engineer Statistician Economist	State Ministry, Ministry for Planning and Development	Yes/Member of the steering committee	Technical support with compiling the HSS/GAVI proposal
Manager of health system	WHO	Yes/Member of the steering committee	Technical support with compiling the HSS/GAVI proposal Making available an international consultancy
Health administrator	UNICEF	Yes/Member of the steering committee	Technical support with compiling the HSS/GAVI proposal
Reproductive health manager	UNPF	Yes/Member of the steering committee	Technical support with compiling the HSS/GAVI proposal
Programme Consultant	UNDP	Yes/Member of the steering committee	Technical support with compiling the HSS/GAVI proposal

For the attention of the proposer

- *If the HSCC would like to add any more comments or has any recommendations to make regarding submitting the proposal for GAVI-HSS support to the GAVI Secretariat and to the independent examination Committee, please do so below:*

- *If the civil society or the private sector were not involved, please state the reasons and indicate whether the latter will be asked to play a role in the provision of services or in the advocacy procedure within the framework of implementing GAVI-HSS support.*

1.4: Other remarks on the process for compiling the proposal for GAVI-HSS support

The process for compiling and examining the proposal for Ivory Coast health system strengthening benefited from the contribution of all the partners from the health sector (bilateral, multilateral cooperation and united nations systems, NGOs and civil society). However, on account of scheduling commitments, certain partners were not able to take part in all the activities.

Within the framework of compiling the NHDP, there is a committee known as Steering committee for the process for compiling the NHDP 2008-2012 whose members are virtually the same as those on the national committee for implementing Ivorian Health System Strengthening (HSS-GAVI). However, for better coordination of the interventions for Ivorian Health System Strengthening, ultimately the plans are to set up a single steering committee. This will be responsible for monitoring and implementing health system strengthening in the Ivory Coast.

2nd section: General information about the country

For the attention of the proposer

- *Please supply the most recent demographic and socio-economic information you have available in relation to your country. Please specify the sources of the dates and data provided. (table 2.1).*

2.1: Most recent socio-demographic and economic information relating to your country[1]

Sociodemographic and economic characteristics are typical of the countries in the West African subregion located around the borders of the Gulf of Guinea. Demographic transition has not yet taken place as is the case in many developing countries. The Ivory Coast shows the signs of a sociocultural diversity which has been enriched over the decades by the contribution of immigration from the countries on its borders. Its progress towards modern democracy is in its infancy as a result of a number of sociopolitical crises.

a) Geographical information

Located in West Africa in the subequatorial zone between the 5th and 10th degrees North latitude, and the 4th and 8th degrees West longitude, the Ivory Coast covers a surface area of 322 462 Km². It is delimited to the North by Burkina Faso and Mali, to the West by Liberia and Guinea, to the East by Ghana and to the South by the Gulf of Guinea. The political capital is Yamoussoukro located in the centre of the country, 248 km away from Abidjan, the economic capital, located in the south of the country. This geographical position firstly explains the climatic variations. Traditionally four (4) seasons succeed one another, one major and one minor rainy season, one major and one minor dry season. Secondly it explains the two principal types of vegetation (forest in the south and savannah in the north).

b) Demographic information

The estimated population of the Ivory Coast, in 2007, was 20,581,770 inhabitants according to the demographic perspectives of the National Statistical Institute (NSI) drawn up in 2000 on the basis of the General Population and Housing Census (RGPH) of 1998. Demographic dynamism is characterised by high and early fertility with a gross birth rate of 39 per thousand and an overall fertility rate of 4.6 in 2005[2]. Over 43% of the population is under 15 years of age. Urbanization is very strong with a rate estimated at 42.5% in 1998 and 46% in 2001. A crossroads of economic and cultural exchanges on account of its geographical and historical situation, the Ivory Coast is the African country with the highest immigration, according to the global report on population status in 2006.

c) Sociopolitical information

The Ivory Coast is a republic with a democratic system of a presidential type. For many years considered to be an example of peace and political stability in the subregion and in Africa, during this decade it has experienced a series of sociopolitical crises. The one which broke out on 19 September 2002, resulted in partition of the country into two zones: the south under governmental control; and the centre, the north and the west (CNW) under the control of the new forces (NF) where administrative services did not operate between 2002 and 2006. The most recent interim government put in place on 7 April 2007 is taking action to prepare to emerge from the crisis with the support of the international community, with the aim of holding free, democratic elections open to the various protagonists from political life.

[1] *If the proposal identifies activities to be carried out at infranational level, infranational data must be provided if available. This data must be provided in addition to national data.*

[2] AIDS Indicators Survey

d) Development of the macro-economic framework

The growth of the GDP was severely shaken in 2000 with an annual rate of -2.3%. Growth recovered in 2004 and 2005 with a rate of 1.8%. In 2006 growth was 1.2%. The UNDP 2006 report on human development indicates, for the Ivory Coast, a Human Development Index (HDI) of 41.5% and a ranking of 164 out of 177 countries, whereas this index was 42.7% in 2000. The proportion of households living below the poverty threshold was evaluated at 38.4% in 2002 according to the survey produced by the National Statistical Institute (NSI). This level is currently estimated at over 40% according to the UNDP, with the main victims being young people.

Table: Sociodemographic and economic indicators

Information	Value	Information	Value
Population	20 581 770[1]	GNI per inhabitant	576 USD[2]
Annual birth cohort	607 163[3]	Level of mortality for children of under five years of age	125 /1000[4]
Surviving infants*	536109[5]	Level of infantile mortality	84/1000[6]
Percentage of the GNI allocated to health	4.03% [7]	Percentage of government expenditure on health	5.44%[8]

* Surviving infants = infants still alive at the age of 12 months

e) Organisation of the health system

The Ivory Coast health system is of a pyramidal type with two sides: the administrative side and the provision of care side. Each side has three levels with components corresponding to each level.

The administrative side consists of the following:

The central level comprises the Ministry cabinet, the services attached to the cabinet, two general departments, the central departments and the National Public Facilities.

The intermediate level corresponds to the **regional departments of which there are 19,** responsible for coordinating the activities of the health services set up under their territorial jurisdiction.

The peripheral level represented by **72 health districts** which constitute the system's operational level. Top level health structures are associated with each district as well as a reference hospital to implement primary health care.

The provision of care side comprises the following:

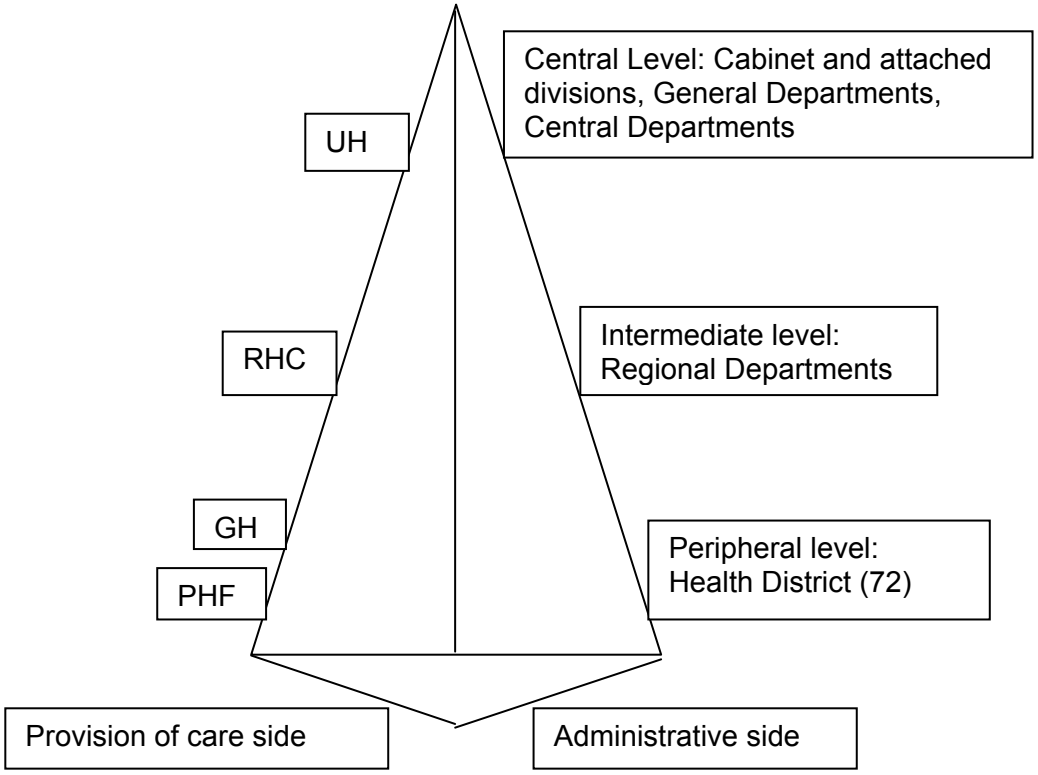
The first level, the system entry point consists of initial contact health establishments which are the health centres (urban and rural), and the urban health units.

The second level consists of health establishments which support the first reference (general hospitals and regional hospital centres, specialist hospital centres).

[1] Population projection in accordance with the general population and habitat census of 1998, NSI, 2007
[2] Ministry of Economy and Finances
[3] National Statistical Institute, 2007
[4] AIDS Indicators Survey
[5] National Statistical Institute, 2007
[6] National Statistical Institute, 2005
[7] Percentage of the GNI allocated to health, UEMOA (West African Monetary and Economic Union), 2006
[8] Ministry of Economy and Finances

The third level comprises the health establishments which support the second reference. This level comprises the CHU (*University Hospitals*), l'Institut de Cardiologie d'Abidjan (*Abidjan Cardiology Institute*), l'Institut Raoul Follereau (*Raoul Follereau Institute*), l'Institut National d'Hygiène Publique (*National Public Hygiene Institute*) (INHP), l'Institut National de la Santé Publique (*National Public Health Institute*) (INSP), the Centre National de Transfusion Sanguine (*National Blood Transfusion Centre*) (CNTS), le Laboratoire National de la Santé Publique (*National Public Health Laboratory*) (LNSP) and the emergency medical services (SAMU).

Figure 1: health pyramid for the Ivory Coast



For the attention of the proposer

- *Please provide a brief summary of the health sector Plan for your country (or its equivalent) which contains the principal aims of the plan, the main strengths and weaknesses identified in the course of analyses of the health sector, as well as the areas which are a priority for future improvement (table 2.2).*

2.2: Summary of the national strategic Plan for the health sector

The National Health Development Plan (NHDP) 2008-2012 is to come into effect three years after the end of the last health sector strategic plan (NHDP 1996-2005);

The socio-political crises which have succeeded one another in the Ivory Coast since 1999 disrupted the implementation of the NHDP 1996-2005. It should be pointed out that achieving the targets of the NHDP greatly depended on external financial support and on the stability of the economic and sociopolitical parameters within the country. The halting of financial and technical cooperation with certain key partners constituted a major handicap for effective implementation of the NHDP 1996-2005.

These various crises, in particular the armed crisis in 2002, helped to exacerbate the health situation, which was already a cause for concern, with the destruction, pillage of health infrastructures and the massive shift of populations from the zones of conflict known as Centre, North and West zones (CNW) to the rest of the country.

However, the positive developments noted in the course of 2007, moving towards a return to peace, proved conducive to a new planning exercise, this time covering a five-year period 2008-2012. This planning takes into account the needs for post-conflict reconstruction of health facilities and for further development of reforms within the sector, including the millennium development goals (MDG).

The analysis of the situation produced as part of compiling the new NHDP identified difficulties and malfunctions of an organisational, operational and financial kind. The principal health indicators are at levels judged to be unsatisfactory.

Strengths

A minimum package of activities was defined both for the care services (ICHF, GH, RHC) and for the administrative services (Departmental and regional departments) at peripheral and intermediate level.

Priority health programmes (including the Expanded Programme for Immunization, the reproductive health programme, the infant health programme) **have been put in place** covering priority transmissible and non transmissible diseases.

The Ivory Coast **possesses health human resources who have benefited from good basic training in several areas of skills**. So, in 2005, there were 17 677 health agents in the public sector, distributed as follows: 2 030 medical personnel (1 698 doctors, 128 pharmacists and 204 dental surgeons), 9 372 paramedical personnel (6 842 of whom were nurses, 2 146 midwives and 391 auxiliary nurses); 1 269 medico-technical personnel; 2 420 administrative and social personnel; and 2 579 labourers. In the private sector, there were 300 doctors; 700 pharmacists and 120 dental surgeons. In the course of 2007, the Government organised an exceptional recruitment drive: **1287 senior health executives, 953 of whom were doctors, 263 pharmacists and 71 dental surgeons.**

With regard to the **health infrastructures**, in 2000 cover in terms of care facilities was estimated at 1 ICHF health Infrastructure for 12 822 inhabitants, 1 maternity unit for 14 000 women of childbearing age, 1 hospital bed for 2 890 inhabitants**.**

Financing of the health sector in the Ivory Coast is mainly provided by the State and the communities and partners in the development. State intervention mainly targets the functions of the health system. As far as external support is concerned, this is generally directed towards investments to reinforce infrastructures, equipment and logistics. The implementation of health programmes also benefits from financial support via resources granted as part of multilateral cooperation (WHO, UNICEF, FNUAP, PNUD, World Bank, Global Fund) or as part of bilateral cooperation (PEPFAR, Belgian cooperation, European Union, etc.)

The health movement in which these associations are involved has experienced remarkable development over recent years. These associations and non-governmental organisations are appearing as new protagonists and partners of the health system whose complementarity is evaluated at its correct value. They are involved in major cities as well as in rural areas. The interventions of these non-governmental organisations are supported financially and technically both by the State and by the partners in the development.

Weaknesses

The general health situation in the Ivory Coast reflects significant, persistent, largely unsatisfied health needs. In spite of a certain amount of progress, the provision of services is still poor in many fields. Generally speaking it is managed inefficiently for various reasons:

Accessibility to treatment and health care is poor for certain populations.
We are seeing a fall in the quality of the provision of services and in take-up of the services.

Inadequate coordination of interventions by national and international partners. Lack of motivation of technical personnel accentuated by the socio-political crisis.

Overall, very little operational research into the health system has been carried out, particularly at health district level where these needs are very evident.
In spite of the quality of the human resources available, they are insufficient in terms of numbers and unevenly distributed.

The health sector in the Ivory Coast is in a situation of perpetual under-financing. This under-financing is associated firstly with the weakness of financial flows channelled towards the sector, in particular State budgetary allowances, and secondly with the weakness of financial flows generated by the sector itself. On average the State devotes 5% of the overall budget to the Ministry of health. Only 25% of this budget is allocated to investments. In addition, the State allocates health resources to other sectors such as the Ministries for the fight against AIDS, defence and education.

The levels of indicators relating to morbidity and mortality reveal a degree of weakness in the Ivorian health system. Gross mortality rate was 14‰ in 2006. Life expectancy at birth was estimated at 46 years in 2006. Infant mortality rose to 89 deaths for 1000 live births in 2005. Maternal mortality was estimated at 543 deaths for 100 thousand live births in 2005. It also reveals inadequate cover in obstetric care and inadequate prevention and management of cases involving pregnancy and labour complications.

A resurgence of diseases which can be avoided through immunization has been observed as a result of the crisis. In fact, an increase in the number of suspected cases of measles was noted (from 5842 in 2001 to 7633 in 2002), confirmed cases of poliomyelitis (from 0 in 2001 to 17 in 2004) and maternal and neonatal tetanus (from 19 in 2001 to 31 in 2005).

This crisis also had the consequence of damaging the indicators for the routine EPI. National vaccine cover per antigen was generally below 80% for the period from 2001 to 2005. It is tending to stagnate or drop, confirmed by the surveys carried out by external reviews conducted in 2001 and 2006. Between these years the fall in vaccine cover observed is approximately 8 points on average per antigen. The levels of abandonment between the first and third dose of DTC-HepB are high rising from 22% in 2001 to 29% in 2005. In terms of the performance indicators for the health districts, the percentage of districts with a DTC3 vaccine cover of at least 80% dropped from 13% in 2001 to 9% in 2005. That of districts with a vaccine cover for measles of at least 80% dropped from 13% to 9% during the same period.

In terms of epidemiological surveillance, this situation has affected the notification system. Certain districts have remained silent. Data on promptness and thoroughness showed a drop in 2002 which rose again in subsequent years.

The challenges relate to (i) the post-conflict reconstruction of the health system in every respect, (ii) the fight against disease, in particular HIV/AIDS, malaria, tuberculosis (iii) institutional development and modernisation of the sector, (iv) financing of the sector, (v) the management skills within the sector and the health partnership.

In view of the challenges to be met, seven (7) fields of priority action or priority programmes have been identified, namely:

1) the programme for post-conflict reconstruction/recovery of national health facilities;
2) the programme for developing institutions and for strengthening management;
3) the programme for improving the health of mother and child;
4) the programme for the fight against disease;
5) the programme for developing health resources;
6) the programme for developing hygiene and for the prevention of health risks;
7) the programme for developing the partnership and cooperation for health.

The general aim of the NHDP 2008-2012 is to improve the state of health and the well-being of populations within a post-conflict context.
More specifically, it will have to:

1) correct health problems and malfunctions in the health system resulting from the socio-political crisis;
2) reduce the morbidity and mortality associated with major health problems;
3) improve the efficiency of the health system;
4) improve the quality of health services.

The strategies of the NHDP 2008-2012

Three (3) global strategic approaches are envisaged, namely (i) adaptation of the sector, (ii) acceleration of transfers and modernisation of the sector and (iii) anticipation of future challenges with strategies specific to each of the targets.

3rd part: Analysis of situation / evaluation of needs

For the attention of the proposer

GAVI-HSS support GAVI-HSS support cannot tackle all the obstacles present in the health system which have repercussions on the immunization services and the other health services for mother and child. GAVI-HSS support must complete and not replace or double up on existing (or planned) activities and initiatives for strengthening the health system. GAVI-HSS support must target the "gaps" in existence in attempts to improve the health system which are already under way.

- *Please supply information about the most recent evaluations of the health sector which have identified constraints and obstacles within the health system. (table 3.1)*

N.B.: The evaluations could include a recent summary of the health sector (produced in the course of the last 3 years), a report or recent study on constraints within the sector, an analysis of the situation (as produced for the CMYP [Comprehensive Multiyear Plan]), or any summary of these documents. Please attach the reports on these evaluations to the proposal (with summaries if you have any). Please number them and provide a list in appendix 1.

N.B.: If there has been no recent in-depth evaluation of the health system (over the last 3 years), it will be essential to carry out an examination to identify and analyse the main bottlenecks in the health systems prior to submitting your request to obtain GAVI-HSS support. This examination must identify the main strengths and weaknesses of the health system and the points where it will be necessary to reinforce the system's capacities to allow it to achieve an improvement in immunization cover and to maintain the level achieved.

3.1: Recent evaluations of the health system[1]

Title of the evaluation	Organisations involved	Fields / topics covered	Dates
National Health Development Plan 2008- 2012 Volume 1	Ministry of Health and Public Hygiene Ministry of the Economy and Finances, Ministry of Planning and Development, WHO, EU, UNPF, UNICEF	Diagnosis of the health system	2008
National Health Development Plan 2008- -2012 Volume 2	Ministry of Health and Public Hygiene Ministry of the Economy and Finances, Ministry of Planning and Development, WHO, EU, UNPF, UNICEF	Reconstruction, and post-conflict recovery of the national health facilities - institutional development and strengthening management - improving the health of mother and child; - Fight against disease - Development of health resources -Development of hygiene and prevention of health risks -Development of the partnership and of health cooperation	2008

[1] Over the last three years.

Comprehensive Multiyear Plan 2007 to 2011 for the Expanded Programme for Immunization in the Ivory Coast	Ministry of Health and Public Hygiene	Analysis of the situation, Goals, Strategies, Activities involved in the Expanded Immunization Programme from 2007 to 2011	April 2007
Internal evaluation report on the phase II emergency and rehabilitation plan for the Ivory Coast /Unicef/ European Union cooperation programme in the Centre North and West zones	Ministry of Health and Public Hygiene Unicef, European Union	Functionality of the health structures Quality of care management Epidemiological situation Financial support Community opinion	July 2007
Preliminary report on the investigation into the use of services in the Ivory Coast	Forecast and strategy unit from the Ministry of Health and Public Hygiene	Use of services Quality of treatment	August 2007
DQA: Data Quality Audit	Ministry of Health and Public Hygiene, the WHO, UNICEF, GAVI	The collection and registration of data, archiving and reporting of data, monitoring and evaluation, system design, denominator	2007
Strategic plan on the development of human resources in the health sector in the Ivory Coast 2007-2012	Department of Human Resources at the Ministry of Health and Public Hygiene	Human Resources	2007
	PHR+ and ABT Associates	Human Resources	2006
External review 2006 of the Expanded Programme for Immunization	Ministry of Health and Public Hygiene WHO, UNICEF, AMP	Cost and financing of immunization Communication Disease surveillance Immunization cover Operational and logistics management	June to September 2006
Multiple Indicator Cluster Survey (MICS 2006)	National Statistical Institution (Ministry of Planning and Development), UNICEF, PAM, UNFPA, PNUD, European Union	Reproductive health Nutrition, Child development Infant health Education Child protection HIV/AIDS and orphan and vulnerable children	14 August to 31 October 2006
Report on the activities of the Public Health Pharmacy in the Ivory Coast, financial year 2006	Ministry of Health and Public Hygiene	Management of medicines (supplies, distribution, stock management)	2006
AIS: AIDS Indicators survey	Ministry of Health and Public Hygiene, MLS, Ministry of planning and development, ORC MACRO, the NSI, USAID, RETROCI, WHO UNICEF, UNDP, UNPF UNAIDS, Global Fund, PEPFAR	Household characteristics, Fertility and reproductive health, Infant and adult mortality, Motherhood Orphans and Vulnerable children, HIV/AIDS, Gender and violence towards women.	2005

Report on the evaluation of the information and management system as part of preventing mother-child transmission of HIV in the Ivory Coast	Ministry for the Fight against AIDS, MEASURE Evaluation	Health information system	2004

For the attention of the proposer

- *Please supply information about the main obstacles present in the health system hindering the improvement of immunization cover which have been identified by the recent evaluations listed above. (table 3.2)*
- *Please supply information about the obstacles which are being overcome in a satisfactory way using existing resources (table 3.3).*
- *Please supply information about the obstacles which are not being overcome in a satisfactory way and which require GAVI-HSS support (table 3.4).*

3.2 : Main obstacles to the improvement of immunization cover identified by recent evaluations

The Ivorian health system has just experienced the most difficult period in its development.
The armed crisis which erupted in 2002 halted its development process, worsening the malfunctions already in existence.

The recent evaluations carried out within the health field have revealed inadequacies in the following fields:

- human resources;
- the organisation and management of health services including finance;
- the National Health Information System;
- the system for supplying and distributing vaccines, medicines, consumables and other strategic inputs;
- infrastructures, equipment and logistics;
- operational research.

3.2.1 : Human resources

Between 2005 and 2007 four main evaluations were carried out in the Ivory Coast within the field of HHR with a view to compiling the first strategic HHR plan. The main problems identified in this field essentially concern:

- **the poor institutional capacity for managing health human resources at all levels of the health pyramid marked by the institutional inadequacy of central and decentralised structures on the subject of coordination, planning, scheduling, monitoring and evaluation.**

- **The inadequate coordination of continuous training carried out** as part of implementing health programmes. In fact, this training usually takes place if the partners involved in the health field provide technical and financial support, without any real regard for the priority

needs of the Ministry of health, with this making the HHR profile inadequate for the requirements of the MPA[1].

- **the quantitative imbalance between the production of medical and paramedical professionals and requirements.** In spite of the **numerical size of HHR** (17 677)[2] notified in the statistical data for 2005 from the Department of Human Resources at the Ministry of health, cover for needs is still unsatisfactory[3]. The shortfall in earnings is more marked for certain categories of agents, in particular nurses and midwives who represent the principal primary health care facilitators. In 2006 the estimated requirements for covering the supply of treatment within the health services were in the order of 949 for nurses, 449 for midwives, 144 for senior health Technicians and 125 for medical personnel.
- According to the Evaluation of health human resources in the Ivory Coast (2005), in 2008 there is likely to be a shortfall in total numbers of paramedical personnel in comparison with needs and this could affect the provision of basic health services.

- **the deficits and disparities in the distribution of medical and paramedical personnel in health structures.** A high concentration of these categories of personnel in the southern regions and in the major cities has been noted. These deficits and disparities in the distribution of personnel have been accentuated by the military-political crisis which took place in 2002 as this encouraged a mass exodus of health personnel from the central, north and west zones (CNW) to the other regions of the Ivory Coast. In 2004, the lagoon region including the city of Abidjan, the economic capital, and its surrounding area accounted for approximately 60% of the numbers of personnel working in the health services. Doctors represented 64% and nurses 48% of the total numbers of health personnel in the lagoon region alone, out of the 19 health regions.

  In view of the shortfall, malfunctions of varying degrees have been noted in the provision of care within health services, ranging from cessation of activities in the acute phase of the crisis to one-off interruptions. Within the field of immunization, the report from the external national review for the EPI, produced in 2006 noted interruptions in immunization activities in 25% of cases as a result of a lack of qualified personnel.

– **inadequate appreciation of HHR** has been a demotivating factor for service providers. This inadequacy had an effect on their productivity, their performance and the quality of the services offered. The main causes mentioned are, amongst others, failure to acknowledge merit in work, the absence of a career plan for certain categories of health personnel, the freezing of the financial effects of the automatic promotion of agents for over 10 years and the failure to appoint managers who have benefited from continuous training to rewarding posts[4]. (Source at the foot of the page: HHR strategic plan 2007-2012 p. 11)

3.2.2: The obstacles associated with the organisation, management and provision of health services

The main obstacles identified are:

– **inadequate planning of activities at all levels of the health pyramid**. Up until recently, an operational action plan was drawn up on an annual basis to reflect the action plans produced

[1] Strategic plan for the development of human resources in the health sector in the Ivory Coast 2007-2012
[2] Distribution of staff: medical personnel 11%, paramedical personnel 53%, technical personnel 7%, administrative and welfare personnel 14% and labouring personnel 15%.
[3] National Health Development Plan 2008- -2012 Volume 1 p.34
[4] Strategic plan for the development of human resources in the health sector in the Ivory Coast 2007-2012

by the departments and services at the Ministry of health. This exercise has been halted. Generally the planning exercises undertaken are not the result of a rational analysis of data. In addition, the low level of financing for implementing operational plans has led to the demotivation of those in charge, with the consequent halt in the systematic production of these plans. This situation is aggravated by the absence of a mechanism for monitoring and functional evaluation[1].

- **the weakness of legislative and regulatory texts (definition of responsibilities, functions, MPA)** applied by the regional Departments and the health Districts. As a result, these structures were not able to play an effective role in providing technical support (planning, monitoring of the implementation, supervision and collection of health data) to the health services falling within their area of competence.

- **the inadequacy of supervision carried out by health agents** is noted in a general way, as a result of the lack of financial and logistics resources. This weakness was more marked during the crisis in the central, north and west zones. The irregular supervision carried out by health agents was identified by the internal evaluation carried out for the Emergency Reconstruction Programme phase II (ERP 2) of the cooperation programme for the Ivory Coast, UNICEF, European Union in July 2007.

- ***the low involvement of community volunteers and the collaboration between the health services and the NGO in relation to health promotion activities.*** *Only 600 community volunteers are trained and operational out of the envisaged 32571.*

- ***the under-financing of health activities*** *at all levels of the health pyramid. In fact,* there is an inadequacy in State allocation of resources for carrying out activities at all levels (central, regional and district). According to the data from the external review of the EPI 2006, it was noted that immunization activities involving mobile strategy could not be carried out in 80% of districts because of a lack of means of transport, fuel and financial resources. The same **applies for budgetary provisions for meeting requirements in human resources;**

- ***The problem with the management of health waste[2] remains a major concern.*** *The evaluation of the management of biomedical waste in 8 representative public health structures showed that waste is collected by untrained personnel. In addition, most structures often do not have equipment for pre-collection, in this particular case: dustbins, sufficient quantities of secure boxes and disinfecting and sterilisation equipment which is sometimes in poor condition. In addition, harmful practices can be observed in the community which lead to exposure to risks of contamination.*

3.2.3 : The obstacles associated with the National Health Information System

The National Health Information System (SNIS) is managed by the Department of Information for Planning and Evaluation (DIPE) then **decentralised to the Regional departments, and the health districts. The data collection tools are standardised and made available to the initial contact public health facilities, the General and Regional Hospitals, with the exception of national public hospital and non-hospital facilities (EPN), health services from other sectors and private facilities.**
In accordance with the mechanism put in place, data is collected on paper medium from the ICHF, GH, RHC and is sent on a monthly basis to the corresponding health district which enters and compiles it using a SIGVISION computer application. Then it is sent to each regional department which compiles it before sending it on to the DIPE.

[1] National Health Development Plan 2008- -2012 Volume 1 p.42
[2] National medical waste management plan p. 12, 19, 59.

Certain difficulties appear repeatedly within the process, resulting in poor performance of the health Information system. The resulting consequences are mainly low levels of promptness and thoroughness of health data especially at the level of the DIPE which centralises it. As a result, in its everyday management the DIPE is confronted with the problem of availability in real time of health data to assist with decision-taking. The main obstacles identified as being linked with this problem are associated with[1] :

- **repeated breaks in** data collection media and **the lack of resources** for circulating data throughout the circuit in the absence of an Internet connection;
- **the dilapidated condition of computer equipment in many of the health districts**
- **the inadequate training of health operators in data management** (use of consultation **registers, collection, compilation), and weakness in communicating information (poor feedback) after the final analysis of the data. In addition, those in charge of the epidemiological surveillance centres in the districts and health regions are not sufficiently skilled in using the new SIGVISION integrated computer application which has recently** been adopted, incorporating all the information from the health programmes.
- **the absence of any updating of the health map** since **1998**. This is a resource which provides key information about all the equipment, infrastructures, human resources and provision of care throughout the country. This means that no planning forecasts for regulating the provision of care can be produced in a rational, participative and fair way to meet the needs of the populations.
- **the inadequacy of means of mobility and communication** to allow the data needed for taking a decision be available in real time. Certain departments for coordinating health programmes, such as the EPI and other partners involved in the field of health, have overcome the obstacle by putting in place their own data collection and information processing system.

3.2.4 : The problems in the system for supplying and distributing vaccines, medicines, consumables and other strategic inputs;

The Ministry of Health and Public Hygiene has at its disposal a national public facility (Public Health Pharmacy - PHP) exclusively responsible for supplying essential medicines, vaccines and consumables, as well as for stock control and distribution within all health structures at all levels of the health pyramid. This facility is encountering certain difficulties in carrying out its functions. These concern the following:

- **Delays in the supply of essential medicines and vaccines thus leading to a long periods of breaks in supply.** The report on the activities of the PHP in 2006 showed a level of break in supply of 20.70% for high rotation medicines[2]. In 2006 the Ivory Coast also experienced six months of breaks in stock of BCG and TT_.
- **The inadequacy of training and supervision of operators responsible for managing essential medicines** can also be noted. This results in stock control problems in the districts and health facilities.

The Ministry of Health and Public Hygiene also has a national public facility (National Institute of Public Hygiene) in charge of distributing vaccines in districts in the interior of the country. Frequent breakdowns are observed because of the ageing state of the refrigerated trucks.

[1] Report on the evaluation of the information and management system as part of the prevention of mother-child transmission of HIV in the Ivory Coast, p.3

[2] Report on the activities of the Public Health Pharmacy in the Ivory Coast, for the financial year 2006, p.37

3. 2. 5: The problems associated with equipment, logistics and infrastructures

From an institutional point of view, there is a Department of Infrastructure, Equipment and Maintenance (DIEM). In the same way as other central departments, the DIEM is also faced with daily difficulties in carrying out these duties because of the inadequacy of resources (human, financial and material) for it to function.

Consequently, visits in the field to carry out preventive and curative maintenance of the equipment and other logistics materials have rarely been carried out, thus resulting in:

- **the deterioration of certain buildings or premises housing health services, as well as electricity, telephone, water and drainage facilities;**
- **the inadequacy and ageing of the rolling stock, equipment, cold chain in particular refrigerated chambers for storing vaccines and medicines.**

In view of the poor logistics capacity, supervision has not been possible at all levels of the health pyramid. This actual situation worsened during the crisis thus resulting in more significant deterioration and the loss of medical equipment and materials especially in the departments in the centre, north and west zones, according to the general report produced by the EPI 2 evaluation mission.

3.2.6: The problems associated with operational research

Overall, very little operational research into the health system has been carried out, in particular at the level of the health districts and priority health programmes where these needs are very evident. Inadequate training, coordination, mobilisation of financial resources and the non-existence of a health research plan constitute major obstacles to the development of operational health research.

3.3: Problems which are in the process of being overcome in a satisfactory way using existing resources

Now that the crisis has come to an end, certain obstacles in the health system have been more or less overcome. Significant progress has been noted in relation to improving the health system.

3.3.1: Progress noted in the field of human resources

Faced with the insufficient numbers of health providers within the health services, in 2007, the government proceeded to carry out the exceptional recruitment of 1287 senior health executives 953 of whom were doctors, 263 pharmacists and 71 dental surgeons. It also recruited almost all the nurses and midwives leaving foundation colleges in order to make up the deficit in HHR, particularly in terms of medical and paramedical personnel.

In addition, a redeployment programme has been put in place by the Government to encourage all state employees to return to the posts they had abandoned because of the crisis. Within this context, 3500 health agents who had moved away have been redeployed.

In order to increase the production of HHR and paramedics (nurses and midwives) in particular, three colleges have been opened for initial training. These are branches of the INFAS (*National Institute for Training Health Agents*) in Bouaké (Centre), Korhogo (North) and Aboisso (South East).

In order to improve the salaries of health personnel, the Government signed an order granting compensation associated with the risks for medical and paramedical personnel and has taken steps to lift the block on the financial effects of salary rises for agents, which has been in existence

for over 10 years. However, the actual implementation of all these new provisions is scheduled for 2009.

It is also important to point out that for the first time a strategic human resources health plan is in the process of being finalised. After its ratification it will be used in order to mobilise the finance required to effectively resolve the various problems associated with HHR management and development.

3.3.2: The progress noted within the organisation, and in the management of health services.

The Ministry of Health has just equipped itself with a new NHDP covering the period from 2008-2012. This plan will come into operation three years after the end of the last strategic plan for the health sector (NHDP 1996-2005).
The texts concerning the organisation and functioning of the Regional and Departmental Health Departments have been revised in order to reinforce leadership in these departments as part of the coordination, technical support and supervision of the services which are respectively attached to them. Their Minimum Activities Packages have also been updated.
With regard to reinforcing routine immunization, 48 districts are implementing the RED (Reach Each District) strategy with the support of the WHO and UNICEF partners.

3.3.3: The progress noted in the National Health Information System

Since November 2004, the routine national health information system has benefited from various institutions (DIPE, regional departments and health districts) being strengthened. As part of this strengthening process, the DIPE is benefiting from technical assistance from the PEPFAR via MEASURE Evaluation/JSI. This has resulted in a revised and updated list of national health indicators for the health programmes, as well as a review of national data collection tools. Certain regional departments (3) and health districts (9) have received computer equipment as a consequence.

In order to facilitate the collection and transmission of data from health districts and regions to the DIPE, an advocacy presentation to the Ministry of Economy and Finance has led to a project being set up in 2007 to interconnect the National Health Information System with the information system and the public finances management national network (SIGFIP). The interconnection has begun in three health districts and is to extend to all health regions and districts within two years.

A database (TIMS) has been put in place to collect data specifically relating to people who have received continuous training within the field of HIV thanks to the financial and technical support of PEPFAR and JHPIEGO (*John Hopkins Program for International Education in Gynecology and Obstetrics*). After its trial phase, plans are to take into consideration other fields of intervention in relation to which personnel have received continuous training.

A consultation framework has been put in place to develop tools suitable for the routine collection of data in the UH, the health services of other public sectors (Ministries of defence, economy and finance, etc.) and private health facilities so that their data can be taken into account in the national health information system.

3.3.4: Progress noted in the system for supplying, distributing and storing vaccines, medicines and consumables

In 2006 the total number of cold chambers purchased for vaccine storage was as follows: 4 negative cold chambers, two of which are allocated to central level, and 4 positive cold chambers for the regional branches of the National Institute of Public Hygiene. In 2007, the cold chain equipment for 32 health districts was renewed.

3.3.5: The progress noted from the point of view of equipment, logistics and infrastructures

As part of implementing the Emergency and Reconstruction Programme notable progress has been observed in the health services for the CNO zones. In fact, 62% of the ICHF have been more or less reconstructed and equipped. In 2005, in the CNO zones, 31 4X4 vehicles and 274 motorbikes were purchased and made available to the health districts. However, the purchase of these motorbikes only covers 1/5th of the motorbike requirements of these zones.

As part of promoting routine immunization, the EPI Coordination Department has begun the process of producing EPI educational kits and media intended for community health operators and health districts.

3.4: Obstacles which are not currently being overcome in a satisfactory way and which require GAVI-HSS support

GAVI support has been requested in order to tackle the obstacles identified in the various system components. This support will be directed towards the revitalisation and strengthening of the management and coordination skills of the managers of the health and administrative structures. GAVI support will help to strengthen skills:

- in human resources and motivation;
- in management of the health services;
- in management of health information;
- in equipment, logistics, and in the reconstruction of infrastructures;
- in management of medicines (supplies, distribution and stock management)
- on the subject of operational research.

3.4.1: Strengthening the skills of Human resources and motivation

Strengthening skills in HHR remains essential for improving productivity and for offering long-lasting high-quality services. This strengthening will essentially be based on continuous training which takes into account certain activities from the HHR strategic plan.
Consequently this training will target the Regional Directors, the Departmental Directors, certain DRH and DTR managers, the district managerial teams and the health providers from the ICHF, and reference hospitals from the districts targeted.

Managers at central level will benefit from training focused on planning, monitoring-evaluation and management of human resources.

- **At the level of the RD and DD which have been targeted, training will involve the planning, monitoring-evaluation, management of human resources, directives issued in relation to the MPA and supervision**

- The administrators of health data at RD and DD level will be trained in data management, use of computer applications, epidemiological surveillance and monitoring-evaluation.

- Health providers from the EPSC and reference hospitals will be trained in the use of data collection tools and in notifying cases, stock control, MPA directives and community mobilisation

- The community health operators will benefit from training in community mobilisation.

The viability of this strengthening of skills must be supported by a motivation system. This will involve organising days of excellence to reward the best health structures which present top quality results. This activity will be carried out jointly with the key protagonists and other partners from the health sector.

3.4.2: The strengthening of skills for managing services and health services

Support at central level for the regional and district health departments to assist them with producing their action plan remains inadequate. This support must be organised and strengthened to allow the regional and district health departments to have an operational action plan and to improve their performance.
In addition, follow-up and evaluation mechanisms must be reinforced at all levels of the health pyramid so that operational action plans can be implemented.

The inadequate provision of resources for carrying out activities will be helped by the purchase of means of transport, the provision of fuel and the availability of financial resources. This will provide help with carrying out activities, particularly supervision. This contribution will reinforce the help received from other partners in the field. These contributions will thus allow increasingly effective interventions.

The promotion of health activities within the community will be reinforced through the use of mass media.

Tools for managing human resources and for determining standards will help to improve the management of human resources.

3.4.3: Strengthening equipment and logistics and rehabilitating structures

In 2005, in the CNO zones, 31 4X4 vehicles and 274 motorbikes were purchased and made available to the health districts. However, the purchase of these motorbikes only covers 1/5th of requirements in these zones. Support from GAVI will be a great help in filling the gaps within these areas and will reinforce the efforts of the other partners in the field. There are further plans to reinforce the system by providing 3 central services, 5 regional Departments and 32 health districts with a total of 32 4X4 type vehicles, 200 motorbikes and 15 4X4 type supervisory vehicles. This support will help with the renewal of the ageing or absent rolling stock.

As part of the revitalisation plans, in addition to strengthening equipment, health centres will be reconstructed in accordance with inventories.

3.4.4: Strengthening the system for supplying and distributing vaccines, medicines, consumables and other strategic inputs

Faced with the problems of stock control in the districts and health facilities as a result of inadequate training and supervision, support from GAVI is being requested to strengthen skills, firstly of managers and secondly of agents, in order to ensure an excellent level of stocks of essential medicines and consumables with a view to better treatment for mother and child.
In view of the frequent breakdowns of refrigerated trucks for transporting vaccines, GAVI support is requested in order to make a contribution to their renewal.

3.4.5: Strengthening the National Health Information System

As part of its harmonious development and in order to improve its performance, the National Health Information System is requesting support from GAVI to strengthen the stock and availability of tools (paper media, computer applications including SIGVISION) for data collection at all levels of the health pyramid

Quarterly meetings with the data managers from the regions and health districts will help to strengthen the skills of these agents in using the computer applications more successfully. These meetings will allow the harmonisation and regular ratification of all routine health data and more specifically the data on epidemiological surveillance, thus providing a better response to epidemics.

This support will also be used to improve the cover provided by health structures, regional departments and districts in terms of computer equipment and will facilitate data transmission to the DIPE for its analysis. This will guarantee systematic feedback through the transmission of reports and/or the issuing of regular bulletins with process indicators and results.

GAVI support will also back up the action already undertaken to bring together efforts to put in place a single system for data collection and processing.

Meetings for actually putting in place a single national coordination framework for data processing involving all the key partners from various health sectors (public, private or profit-making organisations) will be supported by GAVI with the contribution of the other partners.

3.4.6. **Reinforcement of operational research**

In view of the weakness of operational research, GAVI support will be used to evaluate and develop interventions with a view to changing the attitudes of health agents, as well as attitudes within the community, in order to increase immunization cover in the Ivory Coast and the use of health services, particularly within the field of immunization.

4th section: aims and goals for GAVI-HSS support

For the attention of the proposer

- *Please describe the goals for GAVI-HSS support below (table 4.1).*
- *Please describe (and number) the targets for GAVI-HSS support (table 4.2). Please ensure that the goals selected are strategic, measurable, achievable, realistic and limited in time.*

4.1: Goals for GAVI-HSS support

To contribute to the reinforcement of the health system in order to increase and maintain immunization cover in a long-lasting way in the Ivory Coast.

4.2: Targets for GAVI-HSS support

Target 1: To strengthen the management skills of the health personnel in 6 central services, 12 Regional Health Departments and in the managerial teams of 32 Health Districts from 2008 to 2012.

Target 2: To revitalise 326 ICHF, 24 GH and 8 RHC in 32 health districts between 2008 and 2012;

Target 3: To improve health information management at all levels of the pyramid from 2008 to 2012.

4.3 : Choice of health structures targeted by the HSS/GAVI Ivory Coast proposal

Support for the HSS/GAVI targets 32 districts in 12 health regions. In addition, six central departments of the MHPH will benefit from this support.

- **Selection criteria for the 32 health districts and the 12 regional Departments:**

The choice of the 32 health districts targeted is made on the basis of the following criteria:

- Certain districts located in the Centre, North, West zones (zone of the military-political conflict in 2002) are at a very advanced state of deterioration and have not benefited from reconstruction. Those with the highest number of badly deteriorated health structures have been selected. There are fifteen (15) of these.
- Some districts which suffered greatly from the pillaging of their equipment during the armed crisis have not yet been able to benefit from equipment which allows them to carry out their activities in a satisfactory way. These districts, which are eight (**8**) in number, have also been selected.
- New health districts have been set up in the Ivory Coast and do not yet have the equipment they need in order to operate. This concerns seven (**7**) health districts.
- Two (**2**) health districts have been selected because they took in high numbers of people as a result of their proximity to the zone of armed conflict and also because of their poor cover in terms of health structures.

The regional departments under which the targeted health districts fall have been systematically selected. The support provided by GAVI to these regional departments will increase their coordination and supervision skills.

- **Criteria for selecting 6 central structures from the Ministry of Health and Public Hygiene.**

The central departments of the MHPH have been selected to benefit from GAVI support, because of their involvement in implementing activities for health system strengthening, given their missions[1]:

- The General Health Department is responsible for coordinating the action of the Regional Departments and the Departmental Divisions (health districts) in the field of Health, for ensuring the monitoring and evaluation of the functioning and implementation of the action plans produced by the Regional Departments and the Departmental Divisions associated with the Service for Supporting External Services and Decentralisation (SASED).

- The Department of Information, Planning and Evaluation (DIPE) is responsible for collecting, processing and circulating health information and for producing the Annual Report on the national Health Situation (RASS), for setting up a database and for arranging the electronic archiving of all information relating to the health system, for producing studies, for planning and scheduling developments in the health system.

- The Department of Community Health (DCH) is responsible for reactivating and promoting the implementation of the national strategy for Primary Health Care in terms of its promotional, preventive and curative components, and for providing overall coordination, monitoring and evaluation of priority health programmes.

- The Service for Supporting External Services and Decentralisation (SASED) is responsible for assisting the DR and DD on the subject of planning, organising and conducting the activities for monitoring and evaluating health activities within their respective areas, for assisting the general hospitals (GH) and for providing health training in order to promote the quality of health services.

- The Department of Training and Research (DTR) is responsible for planning and scheduling continuous training, and for evaluating the requirements in initial and continuous training.

- The Department of Infrastructures, Equipment and Maintenance (DIEM) is responsible for providing maintenance for infrastructures and equipment, and, within the field of equipment and health infrastructures, for providing assistance and advice to all the structures of the Ministry of Health and Public Hygiene.

The support to be provided to these structures at central level will basically involve strengthening skills to allow these structures to ensure good coordination of activities and supervision of health personnel.

- Intervention strategies

GAVI support for health system strengthening in the Ivory Coast will involve personnel in relation to the management and provision of care, including planning, monitoring-evaluation and supervision, recovery, equipment for health structures and community mobilisation. Strengthening skills is the major strategic approach used to in relation to providing this support.

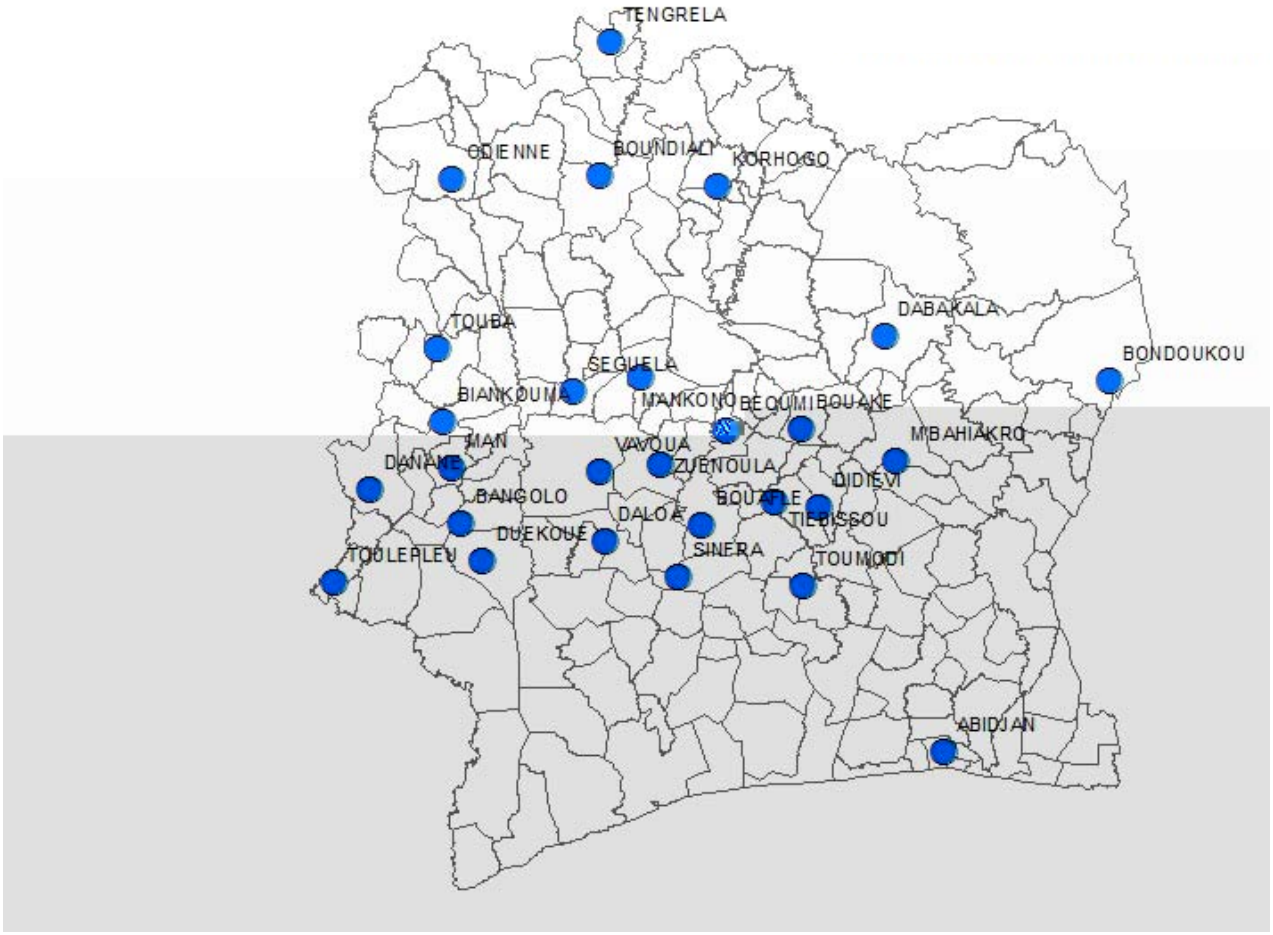
[1] Order N° 2006- 33 of 08 March 2006 concerning the organisation of the Ministry of Health and Public Hygiene

TABLE: 2007 LEVEL OF IMMUNIZATION COVER PER ANTIGEN IN THE GAVI HSS INTERVENTION ZONES

REGION	DISTRICT		DTC3+HepB3	MEASLES	TT2+ (toxoid tetanus 2)
1. DENGELE-BAFING	1	ODIENNE	85%	72%	36%
	2	TOUBA	81%	73%	41%
2. HAUT SASSANDRA	3	DALOA-ZOUKOUGBEU	43%	45%	19%
	4	VAVOUA	75%	60%	39%
3. LAKES	5	TIEBISSOU	99%	80%	41%
	6	TOUMODI	88%	79%	47%
	7	DIDIEVI	93%	80%	47%
4.LAGOONS	8	ABIDJAN CENTRE(Adjamé-plateau)	87%	85%	47%
	9	ABIDJAN CENTRE(Attecoubé)	87%	85%	47%
	10	ABIDJAN WEST (Yopougon East)	73%	61%	51%
	11	ABIDJAN NORTH (Abobo West)	85%	71%	47%
	12	ABIDJAN NORTH (Anyama)	85%	71%	47%
	13	ABIDJAN SOUTH2 (Marcory)	63%	55%	40%
5. MARAHOUE	14	BOUAFLE	73%	59%	46%
	15	SINFRA	78%	65%	55%
	16	ZUENOULA	66%	59%	43%
6. MOUNTAINS	17	BANGOLO	62%	74%	44%
	18	BIANKOUMA	61%	87%	45%
	19	DANANE-ZOUANHOUNIEN	66%	62%	46%
	20	MAN-FACOBLY	61%	51%	41%
7. MID CAVALY	21	DUEKOUE	90%	92%	67%
	22	TOULEPLEU	93%	83%	66%
8. N'ZI COMOE	23	MBAHIAKRO	86%	88%	44%
9. SAVANNAH	24	BOUNDIALI	90%	70%	55%
	25	KORHOGO-SIRASSO	49%	51%	37%
	26	TENGRELA	68%	89%	69%
10. BANDAMA VALLEY	27	BEOUMI	80%	77%	35%
	28	BOUAKE WEST	87%	79%	43%
	29	DABAKALA	116%	109%	53%
11. WORODOUGOU	30	MANKONO	94%	81%	58%
	31	SEGUELA	95%	90%	66%
12. ZANZAN	32	BONDOUKOU	73%	63%	29%

In 2007, national immunization cover is 74% for DTC-HepB, 65% for MEAS and 43% for TT_ 2.

Figure 2: Health districts selected for GAVI-HSS-CI support from 2008 to 2012



NB: in Abidjan, 6 health districts have been selected as part of GAVI-HSS

5th section: activities associated with GAVI-HSS support and timetable

For the attention of the proposer

- *For each target identified in table 4.2, please provide a detailed analysis of the principal activities to be carried out to achieve the stated target and the timetable for each of these activities for the duration of GAVI-HSS support (table 5.2 on the next page).*

N.B.: GAVI recommends that GAVI-HSS support should only tackle a limited number of aims and activities whose level of priority is very high. It must be possible to implement, monitor and evaluate the activities throughout the duration of GAVI-HSS support.

N.B.: Please add (or delete) lines so that table 5.2 contains the exact number of targets corresponding to your proposal for GAVI-HSS support, and the exact number of activities for each of your essential targets.

N.B.: Please add (or delete) years so that table 5.2 corresponds to the duration of your proposal for GAVI-HSS support.

For the attention of the proposer

- *Please indicate how you intend to maintain the results obtained using GAVI-HSS support (5.1) from a technical or financial point of view when the resources provided by GAVI-HSS support are no longer available.*

5.1: Permanence of GAVI HSS support

The emergence from the crisis which has experienced a significant advance since the Ouagadougou political agreement was signed on 4 March 2007, and the various reforms undertaken by the government, will help firstly to establish a climate of confidence for continued investment, particularly within the oil domain, a great supplier of financial resources, and secondly to improve the country's tax revenue, particularly in fields such as mobile telephony, thus contributing to improvements in the level of public financing. The progressive stabilisation of public finances will allow these benefits to be consolidated with a progressive increase in the State budget and, as a consequence, an increase in the budget devoted to health.

The NDS/MDG[1] (National development strategy based on millennium goals) is an initiative of the government and the United Nations system and constitutes one of numerous practical measures, such as increasing public investment, strengthening skills, mobilising internal resources, public aid for development, in order to achieve MDGs by 2012. It highlights the investments and strategies required to rise to, and overcome, the challenge of economic and social revival, particularly in the fields of health, fight against hunger, education, HIV/AIDS and the environment.

The real desire of Ivorians to live in peace expressed through the political agreements reached in Ouagadougou on 04 March 2007

Consequently, the country, which is involved in the initiative for heavily indebted poor countries (HIPC Initiative) will reach the point of making a decision on this initiative by the end of the current electoral process. The cancellation or reduction of foreign debt will therefore constitute an opportunity for the country as it emerges from the crisis. The resources released will be allocated as a priority to welfare sectors, including the health sector.

All these substantial resources, combined with the resources mobilised by the EPI financial viability plan will allow continued interventions involving GAVI-HSS support in the Ivory Coast, with a political commitment reflected in advocacy presented to the political decision-makers, and aimed at increasing the proportion of the budget allocated to health.

[1] National development strategy based on achieving MDGs, version 4, November 2007

5.2 : Main activities and timetable

Goal 1: To strengthen the management capacities of the health personnel from 6 central services, 12 Regional Health Departments and the managerial teams of 32 health districts from 2008 to 2012

Activities		2008				2009				2010				2011				2012			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity 1.1	Support for the participation of 16 executives from the Ministry of Health and Public Hygiene in meetings/conferences/study trips at international level relating to reinforcing the health system																				
Activity 1.2	Revising the MPA manuals for the ICHF																				
Activity 1.3	Copying manuals																				
Activity 1.4	Training for 160 members of district management teams for the 32 health districts relating to MPA directives for ICHF and hospitals																				
Activity 1.5	Training for 160 members of district management teams for 32 health districts relating to the management of medical waste																				
Activity 1.6	Training for 144 persons in using tools for monitoring and evaluating health activities: Central services (6x4), Regional Departments (12X2) district management teams (32X3)																				
Activity 1.7	Training for 12 Regional Directors and 32 departmental health Directors in the management of health human resources and for 6 managers from central services																				
Activity 1.8	Support for the DRH in producing regulatory documents and tools for managing health human resources																				
Activity 1.9	Support in producing communication media and in health promotion awareness																				

Activity 1.10	Training for 12 Regional Directors and 32 departmental Directors in producing operational action plans for districts and regions and 6 executives at central level																					
Activity 1.11	Organisation of annual workshops for producing operational plans for 32 districts and 12 health regions																					
Activity 1.12	Support with quarterly monitoring in the 32 districts																					
Activity 1.13	Support with the six-monthly monitoring of operational plans for 12 health regions																					
Activity 1.14	Organisation of six-monthly workshops for programme monitoring and management by the technical committee																					
Activity 1.15	Organisation of mission for central level to carry out six-monthly supervision of health regions																					
Activity 1.16	Organisation of mission for regional level to carry out quarterly supervision of health districts																					
Activity 1.17	Organisation of mission for district management to carry out fortnightly supervision of health facilities																					
Activity 1.18	Training in supervision for 12 Regional Directors, 32 departmental Directors and 6 national managers																					
Activity 1.19	Organisation of the annual review of activities by the steering committee																					
Activity 1.20	Support with coordination and functions for monitoring the implementation of activities (central management committee, region, district)																					
Activity 1.21	Organisation of annual internal audits by the Administrative and Financial Director and the MHPH management auditing service																					
Activity 1.22	Organisation of an evaluation midway through 2010																					
Activity 1.23	Organisation of a final evaluation in 2012																					

Goal 2: To revitalise 326 ICHF, 24 GH and 8 RHC in 32 health districts between 2008 and 2012;

Activities		2008				2009				2010				2011				2012			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity 2.1	Organisation of an inventory for the health structures of 32 health districts (data collection)																				
Activity 2.2	Training/recycling of at least 800 operators from health facilities in the application of MPA directives in 32 districts (awareness of directives)																				
Activity 2.3	Reconstruction and equipment in the form of office furniture for 12 DR, 32 Departmental Offices 8 RHC, 24 General hospitals and 326 ICHF																				
Activity 2.4	Support for NPHI for purchasing refrigerated trucks																				
Activity 2.5	Equipping 7 new health districts, 5 Regional Departments and 3 central services with 4x4 type supervision vehicles																				
Activity 2.6	Equipping at least 2 health districts with mobile units for implementing activities associated with mobile strategy																				
Activity 2.7	Equipping 100 ICHF with motorbikes to carry out advanced strategy activities as successfully as possible																				
Activity 2.8	Support for advanced and mobile strategies																				

Activity 2.9	Training for 800 health operators in community mobilisation in 32 health districts																					
Activity 2.10	Training for 8000 community health operators in community mobilisation in 32 health districts																					
Activity 2.11	Circulating community mobilisation messages on local radios																					
Activity 2.12	Annually organising a day of excellence to reward the best 5 DDS and 5 ICHF																					

Goal 3: To improve health information management at all levels of the pyramid from 2008 to 2012.

Activity		2008				2009				2010				2011				2012			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity 3.1	Equipping 32 districts, 12 regional Departments and 6 central services with computer equipment and consumables																				
Activity 3.2	Equipping 12 regional departments, 32 districts and 652 ICHF with data collection media																				
Activity 3.3	Support with the maintenance of computer equipment in 3 central divisions, 12 regional Departments and 32 districts																				
Activity 3.4	Strengthening skills of data managers in the use and administration of data																				
Activity 3.5	Evaluation of responses to epidemics																				
Activity 3.6	Support in the evaluation of quality of data in districts																				

Activity 3.7	Support for producing the health statistics directory																				
Activity 3.8	Organisation of quarterly meetings for harmonising surveillance data with the districts and regions																				
Activity 3.9	Support with integrating data from the private health sub-sector within the health information system																				

5.2.1 Brief note about the principal activities considered in this proposal.

Activities are divided up in accordance with fields of intervention. The expected results from each field of intervention are also indicated.
The main fields of intervention are:

- strengthening skills within human resources;
- strengthening skills for managing health services;
- strengthening management of information and operational research;
- strengthening equipment, logistics, and restoration of infrastructures;
- coordination and evaluation monitoring.

a) Strengthening skills in human resources

The effective strengthening of skills in human resources will involve organising study trips, training workshops and training sessions on sites.

The expected results in terms of human resources skills are:

- 16 national managers from the central services are to take part in international and sub-regional meetings and conferences on the subject of strengthening the health system;
- 160 members from 32 district management teams have received training on the MPA directives for both ICHFs and hospitals;
- 144 monitoring and evaluation operators from 6 central services, 12 health regions and 32 health districts have received training on the methods and tools used to monitor and follow-up health programmes and to produce operational action plans;
- 800 health operators have received training in the directives relating to the minimum package of activities including supervision
- 8000 community volunteers will be trained in community mobilisation;
- A day of excellence is organised every year to reward the best 5 ICHF, the best 2 hospitals, the best 2 HDD (*Health Departmental Divisions*) and the best HRD (*Health Regional Departments*) in the zones of intervention.

b) strengthening health services management;

strengthening planning and management within the health system will take place by means of developing planning and management tools.
legislative documents and human resources management tools will be produced with the technical support of consultants. The documents and tools for managing resources will be produced and ratified in the course of a national workshop.

The district operational action plans will be produced with the participation of all the members of the management teams, with support from the regional team. In the same health region, the operational plans for the districts will be consolidated in order to draw up a regional action plan, with support from central level.
The expected results are as follows:

- the DHR (Department of Human Resources) to be supported in the production of legislative documents and tools for managing health human resources;
- the operational action plans for 12 health regions to be produced each year;
- the operational action plans for 32 health districts to be produced each year;

c) strengthening the management of information and operational research

The management of information and operational research will be strengthened by means of (i) strengthening the skills of the protagonists involved in the collection, management and analysis of data by means of training, supervision and regular meetings to ratify data, providing equipment in terms of computer materials and supplying data collection media.

The inventory of the health structures which is to be produced at the start of the interventions being implemented with GAVI financing will allow real needs to be determined by taking into account any support from other partners.

The evaluation of data quality will be an exercise to allow not only the evaluation of the reliability of the health data produced, but also an analysis of the bottlenecks at all stages of the process involved in the collection, processing, transmission, analysis and use of data at all levels of the health pyramid.

The expected results are as follows:

- 32 districts, 12 regional departments and 6 central services to be equipped with computer equipment and consumables for data management and analysis;
- The data collection media (registers, monthly reports on activities, weekly report on epidemiological surveillance) to be supplied to 686 health facilities, 32 departmental health departments and 12 regional health Departments each year;
- Data administrators (6 from central level, 12 from regional level, 32 from district level) to be trained to use computer software for data management;
- 4 quarterly meetings for data harmonisation to be organised every year with the data administrators from the districts, regions and central level;
- Surveys to evaluate responses to epidemics to be carried out and circulated;
- Quarterly bulletins on health statistics to be produced by the districts and circulated to all the health structures
- Six-monthly reviews of health statistics to be produced by the regional departments and circulated to the districts;
- Directories on health statistics to be produced and published by the DIPE every year;
- A survey to evaluate data quality to be carried out every year.

d) The strengthening of equipment, logistics, and the reconstruction of infrastructures

Equipment, logistics and reconstruction to be strengthened at all levels of the health system. A preliminary inventory is to be carried out in order to obtain accurate information about all the needs and interventions under way on the subject of equipment and reconstruction, with the support of other partners. Data analysis at the time of drawing up this proposal must be able to quantify, in principle, the minimum requirements on the subject of reconstruction and equipment.

The expected results for this field are as follows:

- The inventory of the health structures to be produced;
- 12 regional Departments, 32 Departmental Departments, 8 RHC, 24 GH and 326 ICHF to be rehabilitated and equipped with office furniture;
- The NPHI is equipped with at least one refrigerated truck;
- 7 new health districts, 5 Regional Departments and 3 central services are each to be equipped with a 4x4 type vehicle for supervision;
- At least 2 health districts are to be equipped with a mobile unit for activities associated with mobile strategy;
- At least 100 ICHF are each to be equipped with motorcycles in order to successfully accomplish activities associated with advanced strategies.

e) Coordination and monitoring/evaluation of interventions

Achieving the expected results, as well as quality assurance for the interventions, depend on better coordination with the relevant monitoring and evaluation activities. As part of implementing interventions using financing from GAVI and from other partners, action supporting coordination is planned at central level and at operational level, “tandem” supervision from central level to district level, including the region as the intermediate level, will

guarantee the performance of the protagonists involved in implementing the activities. Annual reviews will allow the lessons learned in implementing operational plans at all levels to be documented. A mid-term evaluation will be organised with the support of technical assistants, consisting of national and international consultants, to allow a mid-term assessment to be made of the effectiveness of the interventions, the best practices and the lessons learned, in order to improve action aimed at guaranteeing that the goals set are achieved.

A final evaluation will also be organised to assess the general status of the actions implemented. This will consider the effectiveness of the interventions and their effect in accordance with the indicators identified, the best practices which can be applied in other regions and with the support of other partners.

Financial management will be monitored by conducting an internal audit every year.
The expected results relating to coordination and monitoring-evaluation are as follows:

- Management committees at central, regional and district level to benefit from support for their operations;
- A weekly monitoring workshop to be organised;
- The 12 regional Departments to be supervised every six months by the central services;
- The 32 health districts to be supervised every three months by the regional health departments;
- The 652 ICHF and the 32 hospitals to be supervised every 2 months by the district management team;
- A review of the action plans to be organised every year at district, regional and central level;
- A financial audit to be carried out every year;
- A mid-term evaluation to be carried out;
- A final evaluation to be carried out.

6th section: monitoring, evaluation and operational research

For the attention of the proposer

- *All the proposals must include the following three principal impact / results indicators for GAVI-HSS support:*

i) National cover by the DTP3 (diphtheria, tetanus, pertussis vaccine) (%)

ii) *The number / % of districts achieving ≥ 80% of cover by the DTC3*[1]
iii) The mortality rate for children of under five years of age (per 1000)

- *In addition, please indicate a maximum of three impact / results indicators which can be used to evaluate the effects of GAVI-HSS support in relation to improving immunization services and other health services for mother and child.*

N.B.: We strongly urge you to select indicators associated with some of the targets of the proposal and not necessarily with activities.

- *For all indicators, please indicate the source of the data, the value and the date acting as a reference basis for the indicator, and a target level and date. Certain indicators may have more than one data source (table 6.1).*

N.B.: The indicators selected must be taken from those used to monitor the national health sector Plan (or its equivalent) and in principle will already have been measured (i.e. it will not cost anything further to measure them). They do not necessarily have to be typical of GAVI-HSS support. Examples of impact and additional results indicators are provided in the tables below. In particular if the activities are implemented at infranational level, an additional recommendation is to monitor them at infranational level as far as possible.

Examples of impact indicators
- Maternal mortality rate

Examples of results indicators
- National cover with measles vaccine
- Proportion of districts with cover of at least 80%
- Cover with Hib
- Cover with HepB, cover with BCG
- Level of abandonment between DTP1-DTP3
- Proportion of labours assisted by qualified health personnel
- Use of prenatal care
- Level of vitamin A supplements

[1] If the number of districts is supplied, then the total number of districts in the country must also be supplied.

Intervention	Possible indicators
Immunization	National cover by the measles vaccine; proportion of districts with cover of at least 80%; cover by BCG; cover by Polio 3; cover by Hib; cover by HepB3
Maternity protection	Use of prenatal care; qualified assistance with labour; at least 2 doses of tetanus toxoid; level of Caesarians; postnatal care
Family planning	Use of contraceptives by women
Care provided to sick children	Oral rehydratation and continued feeding of children suffering from diarrhoea; demand for treatment for pneumonia; antibiotic treatment of pneumonia
Nutrition	Level of breast-feeding; (starting on the first day, exclusively between 0 and 3 months, dietary diversification between 6 and 9 months); level of vitamin A supplementing for children of between 6 and 59 months (in the last 6 months) and of mothers for up to 8 weeks after birth
Water/hygiene	Access to a source of clean water; health facilities satisfactory
Tuberculosis	DOTS cover, treatment directly observed, short period (treatment success levels, screening levels)
Malaria	Children suffering from fever receiving anti-malarials; children sleeping under impregnated mosquito net.
AIDS	% of pregnant women seropositive for HIV receiving ARV therapy; PTMCT (*prevention of mother to child transmission*) amongst pregnant women

For the attention of the proposer

- *Please indicate a maximum of 6 activity indicators based on the activities selected in the 5th section (table 6.2).*

- *For all indicators, please indicate the data source, the value and the date acting as a reference basis for the indicator, a target level and date, as well as a numerator and denominator. Certain indicators may have more than one data source (table 6.1).*

N.B.: Examples of activity indicators which can be used are indicated below with the numerator, denominator (if applicable) and the data source. As far as possible, existing sources of information must be used to collect information about the indicators selected. In certain countries, it will sometimes be necessary to produce an inventory of the health facilities or households, or to set up demographic surveillance. If additional funds are required for these activities, they must be included.

Examples of activity indicators

Indicator	Numerator	Denominator	Data source
Systematic supervision	Number of health centres which have received at least 6 visits during the last year, in the course of which a quantified check list was used.	Total number of health centres	Inventory of health facilities
Skills of the health personnel	Average rating obtained by the health personnel in public health centres or those run by the NGOs as a result of verbal checks on knowledge including examples of concrete cases.		Inventory of health facilities
Index of availability of medicines	Average number of ten types of essential medicines in stock in the health centres included in the sample		SIGS (Management Information System) & inventory of health facilities

6.1: Impact indicators and results

Indicator	Data source	Value of the reference base[1]	Source[2]	Date of reference base	Aim	Cut-off Date
1. National cover with DTC3 (%)	CMYP	77 %	EPI	2006	90 %	2011
2. Number / % of districts achieving ≥80% cover with DTC3	CMYP	46 %	EPI	2006	100 %	2011
3. Mortality rate for children of under five years of age (per 1000)	Report on AIDS Indicators survey	84 per 1000	INS	2005	NHDP target (30% of 84/1000)	2012
4. Proportion of children of between 6 and 59 months and of mothers receiving vitamin A supplements	MICS	55 % children 39 % mothers	INS	2006	90%	2012
5. Proportion of labours assisted by qualified personnel	MICS3 Survey	57 %	INS/UNICEF	2006	70%	2012
6. Proportion of pregnant women screened as being seropositive for HIV and receiving ARV therapy for themselves	Report on HIV/AIDS activity	75%	DIPE	2006	100%	2012

[1] If basic data is not available, please indicate whether there are plans to gather this data and when it will be collected.
[2] This information is important for facilitating access to data and to check its conformity.

6.2 : Activity indicators

Indicator	Numerator	Denominator	Data source	Value of reference base	Source:	Date of reference base	Aim	Cut-off date
1- % of health centres which have been supervised by the DMT (*District Management Teams*) at least 6 times during the past year	Number of health centres which have received at least 6 visits during the last year, in the course of which a quantified check list was used.	Total number of centres in existence	Reports on activities Supervision report SIG report	10%	Districts, regional Departments	2006	50%	2012
2. Level of carrying out personnel training	Number of trained health personnel	Total number of health personnel to be trained	Training report	0%	Regions Districts, DIPE	2006	75%	2012
3. Total number of health ICHF which have been rewarded	Total number of health ICHF which have been rewarded		List of prizewinners	0	Department of Human Resources, Health Inspectorate	2007	25	2012
4. % DDS with computer equipment which can be used for data management	Number of districts which have been equipped with functional computer equipment	Number of districts in the intervention zone	Report evaluating the DIPE/MEASURE					2011

5. Level of carrying out annual reviews of operational action plans in the districts and regions	Number of districts and health regions which have organised an annual review of their action plans	Total number of districts and health regions in the intervention zone	Report on activity	0	DIPE	2007	10	2012
6. Level of evaluation of responses to epidemics	Number of evaluations of responses to epidemics produced	Number of epidemic episodes recorded	Evaluation report	0	DIPE	2007	1	2012

For the attention of the proposer

- *Please indicate the way in which the data will be collected, analysed and used. As far as possible, the existing methods for data collection and analysis must be used. Please indicate in the last column the way in which the data will be used at local level and notified to the other parties involved (table 6.3).*

6.3 : Collection, analysis and use of data

Indicator	Data collection	Data analysis	Use of data
Impact and results			
1. National cover with DTC3 (%)	Data will be collected from tally sheets and from the immunization register. This data is summarised in the EPI monthly report for each vaccinating centre. This data will be compiled at district level in the EPI monthly report for the district. The data compiled is sent to the EPI Coordination Department (EPICD) with a copy to the Regional Department of health before the 10 of the current month. The plan is to set up an integrated collection system in which the data will be transmitted via Internet and circulated to the various health programmes	An initial analysis is carried out by the district teams and sent to the regional department. The regional Department analyses the data and submits it at the time of EPI monitoring meetings. The DIPE, in collaboration with the EPICD carries out a more thorough analysis and sends the report to the Cabinet of the Minister, to the central Departments and to the partners in the development.	The data collected will be used by the EPICD after analysis to adapt its strategies, with the target being to improve results. It is used to produce advocacy statements to be submitted to the State and the partners for improving the level of immunization cover or to maintain this level if is very good. Feedback is provided at every level of the health pyramid: From district level to the health centres in the course of the monthly meetings, from central level to district and regional levels in the course of the quarterly meetings. Feedback will allow the operational level to react promptly in relation to areas which are not achieving and to congratulate the most deserving.

2. Number / % of districts achieving ≥80% cover with DTC3	information is collected at central level on the basis of the routine monthly reports from the districts.	The analysis is carried out by the DCPEV and the DIPE	The information is sent to the other central departments and to the cabinet for action to be taken. Feedback is provided at district and regional level in the course of quarterly action meetings.
3. Mortality rate for children of under five years of age (per 1000)	- Data is collected from the consultation registers, from the maternity unit, from hospital admissions. The data is compiled in the SIG report on morbidity and mortality - surveys (AIS, MICS, etc.).	The analysis is carried out at each level. The health committee (HC) is responsible for compilation at district level and sends the information to central level with a copy to regional level The data is analysed by the NSI	The data will be used to conduct vigorous action against the most deadly diseases at operational level An advocacy statement will also be submitted to the government and the partners to direct resources in the fight against these diseases. Continuous training can be undertaken in relation to the management and prevention of the diseases implicated
4. Proportion of pregnant women who have received at least 2 doses of TT	The information is collected from the prenatal consultation registers, EPI tally sheets at health facility level. They are compiled in the monthly EPI and SIG report and follow the routine information circuit	The analysis is carried out at each operational level. The HC is responsible for compilation at district level and sends the information to central level with a copy to regional level Analysis at central level is carried out by the EPI and PNSR (*Projet National des Services Ruraux – National Programme for Rural Services*)/PF (*Planification Familiale – Family Planning*) in collaboration with the DIPE.	If the level of cover is low measures will be taken to improve cover particularly by making women aware that they should attend antenatal appointments.

5. Proportion of children of between 6 and 59 months and mothers in the immediate post-partum period receiving vitamin A supplements	Register and tally sheet for vitamin A in labour	The analysis is carried out at each operational level. The HC is responsible for compilation at district level and sends the information to central level with a copy to regional level Analysis at central level is carried out by the NNP in collaboration with the DIPE.	Taking decisions at each level of the pyramid in accordance with the data. The information is shared with the central departments, the ministerial cabinet and with the partners in the development.
6. Proportion of children sleeping under impregnated mosquito nets	By household survey	Analysis of data from the survey by consultants	Advocacy statement presented to the Government and financial backers requesting action for monitoring contractual indicators. Internally, taking decisions to improve performances.

Activity			
1- % of health centres which have been supervised by the DMT (*District Management Teams*) at least 6 times during the past year	Information gathered from districts and regional departments. In fact, every quarter the districts send in a report on activities to the DIPE (type D1 report) as part of the SIG	The analysis must be carried out every year. The evaluation of data quality will allow a check to be made on data in the health centres	The DMT will use this information to evaluate their performance on the subject of supervision in order to find solutions to improve the organisation of health facilities supervision. Regional level will use this indicator to evaluate the performance of the districts.
2. Level of carrying out personnel training	The information is collected from reports on training, on activities carried out by of districts, regions and central departments and from programmes and from the DTR (*Department of Training and Research*)	The analysis of training reports takes place at district, regional and central level (DTR and the DHR)	At local level, the level of carrying out training will be an indicator which must be used to assess the quality of the services offered and the motivation of the health personnel.
3. Accumulated number of health structures which have been rewarded	On the basis of the results produced by the services. Criteria for analysis must be drawn up by the technical committee	The analysis will be carried out taking into account the type of health structure as well as results and performances.	Motivation of personnel
4. % DDS with computer equipment which can be used for data management	The information will be collected in the course of the six-monthly supervision organised by the central services, in particular the DIPE	Analysis carried out by the DIPE in collaboration with the DIEM	Used to evaluate the level of strengthening of data management and skills in relation to processing health data. The information will be used to take decisions and to improve the national health information system

5. Level of carrying out annual reviews of operational action plans in the districts and regions	The information will be collected via DDS and DRS reports	The analysis will be carried out taking into account the period for producing annual reviews, the availability of the review report and the number of participants	Used to evaluate the planning and monitoring/evaluation capacities of the districts and health regions.
6. Level of evaluation of responses to epidemics	The information will be collected from evaluation reports and the quarterly report on districts and health regions	The analysis will be carried out by the DIPE, the NPHI and the EPICD with the support of the districts and health regions	Will allow responses to epidemics to be improved

For the attention of the proposer

- *Please indicate whether the M&E (Monitoring and Evaluation) system needs to be strengthened in order to measure the indicators listed, and if so, specify which indicators in particular may require strengthening. (table 6.4).*
- *Please indicate whether the proposal for GAVI-HSS support covers aspects of operational research which tackle some of the problems present in the health systems in order to obtain the best possible information to guide the decision-making process and to have a better awareness of the results for health. (table 6.5).*

6.4 : Reinforcement of the S&E system

The system for monitoring/evaluation the health system involves the DIPE, the 3 levels of the health pyramid and those in charge of monitoring and evaluating health programmes. This system is based on the routine health information system and on other studies and surveys

The health information system in the Ivory Coast presents several problems which can be summarised as follows:

- Coverage of health establishments by the management information system is inadequate particularly in the hospital and non-hospital national public facilities (EPN), the health facilities in the other public sectors and the private health facilities.
- *The level of thoroughness is generally low.*
- *The data coming from the SIG is not always used when decisions are taken at all levels of the health system.*
- *Certain information needed for implementing the proposal is not always available (current status of the infrastructures and equipment, health training, etc.).*

This means that the current performance of the SIG is not able to guarantee better monitoring and satisfactory evaluation of the HSS/GAVI proposal. To rectify this situation and to allow the information needed for implementing, monitoring and evaluating the proposal to be made available, action must be taken, and this concerns:

- Training in data management which must be incorporated in the training provided for the DMT and for the health personnel in relation to the directives and application of the MPA by the ICHF and the hospitals
- Equipping the health structures (ICHF, GHs, districts and health regions) with data collection media
- Making available the computer tools needed for data management at district, health region and central level
- The strengthening of the skills of those in charge of data management in the targeted Regional Departments and Health Districts in using and mastering computer applications for data management (SIGVISION, Excel etc.)

The organisation of annual reviews of the health sector in the course of which a discussion will take place on, among other things, progress with the obstacles to the provision of health services in a general way and those concerning the health of mother and child in particular. In fact, the reviews of the programmes that are currently organised in the country only rarely deal with questions associated with the health system;

- A survey will be carried out when the HSS/GAVI proposal begins to be implemented and when it comes to an end. At the beginning, this survey will help to generate information which is not available at the moment (basic data for certain indicators, information about infrastructures, equipment in the health structures which are to be targeted). Once completed the survey will allow the results and impact of the project on the health system and on the health of communities to be evaluated.

The publication of quarterly bulletins of health statistics in the health districts, the publication of six-monthly reviews of health statistics in the health regions and the publication of the directory of health statistics at national level will allow indicators to be made available on (i) health resources, (ii) the cover of services, (iii) impact and activities for monitoring and evaluating action taken as a result of the financing provided by GAVI and other partners. These publications will promote feedback at all levels of the health system in order to guarantee greater efficiency in implementing health interventions.

6.5 : Operational research

Development and evaluation of interventions intended to change attitudes amongst health operators and in the community in order to increase immunization cover in the Ivory Coast: 1) Cost effectiveness of these interventions and 2) Factors influencing the changes in the attitude of health agents and in the community.
Themes:

- Participation of the NGOs in mobilising communities to use health services
- Availability of health data for decision-taking

7th section: systems for implementation

For the attention of the proposer

- *Please specify how the support provided by GAVI to the HSS will be managed (table 7.1). Also please indicate the roles and responsibilities of all the key-partners in the implementation of GAVI-HSS support (table 7.2).*

N.B.: GAVI supports the alignment of GAVI-HSS support with the mechanisms already in existence in the country. We strongly dissuade proposers from putting in place project management units (PMU) for GAVI-HSS support. Support for any PMU will only be examined under exceptional conditions, and on the basis of substantiated justification.

7.1 : Management of GAVI-HSS support

Management mechanism	Description
Name of the person in charge / group in charge of managing the implementation of GAVI-HSS support / M&E etc.	The Director of the Department of Information, Planning and Evaluation (DIPE) will be responsible for managing GAVI-HSS support and for the monitoring-evaluation of the proposal for the Ivory Coast.
Role of the technical committee	The technical committee is responsible for the following: • Compiling proposals for reinforcing the health system • Compiling annual action plans for reinforcing the health system • Informing the Steering Committee of changes in the implementation of action plans • Implementing the approaches drawn up by the Steering Committee • Proposing disbursement plans for the proposal • Monitoring how the budget is used • Proposing solutions for any problems associated with carrying out action plans • Producing reports on activities for the steering committee
Role of the HSCC committee (or its equivalent) in implementing GAVI-HSS support and in M&E	The Steering Committee is responsible for the following: • Ratifying annual action plans for implementing the HSS/GAVI proposal for the Ivory Coast proposed by the technical committee; • Approving disbursement plans for the proposal; • Determining the approaches of the technical committee • Monitoring the proposal at the time of its six-monthly meetings; • Initiating audits on the management of HSS-GAVI financial resources; • Initiating the annual evaluation for implementing the proposal at the time of the annual reviews of the sector.

Mechanism for coordinating GAVI-HSS support with the other system activities and programmes	The mechanism for coordinating GAVI-HSS support with the other interventions will consist of: - Organising quarterly meetings with all the protagonists from the health sector to discuss the consistency and relevance of these interventions with sectorial strategy, - Organising annual reviews of the sector to evaluate the implementation of all the interventions and to decide on future guidelines needed to improve performances. - Extraordinary meetings of the National Steering Committee will be organised if required.

7.2: Roles and responsibilities of key-partners (members of the HSCC and others)

Title / Post	Organisation	Member of the HSCC yes/no	Roles and responsibilities of this partner in implementing GAVI-HSS support
Cabinet Director Assistant to the Minister of health	Ministry of Public Health and the Population	Yes/Chairman of the steering committee	1. Chairing meetings of the National Steering Committee in the absence of the Minister of Health 2. Organising annual reviews of the health sector, 3. Initiating the annual audits indicated in the proposal
Director General of Health	Director General of Health	Yes/Member of the technical committee	1. Monitors the compiling of annual action plans for strengthening the health system 2. Informs the Steering Committee of changes in implementing action plans 3. Monitors the implementation of the guidelines drawn up by the Steering Committee 4. Monitors how the budget is handled 5. Proposes solutions for any problems associated with carrying out action plans 6. Provides the steering committee with reports on activities
UNICEF representative	United Nations Childhood Fund	Yes/Member of the steering committee	1. Provides technical and financial support for carrying out the infant survival activities contained in the proposal 2. Carries out financial audits and audits on the quality of data relating to infant survival.
WHO representative	World Health Organisation	Yes/Member of the steering committee	1. Provides technical support in compiling annual plans for implementing the proposal, 2. Supports central level in compiling the legislative documents required for reforms in the health sector 3. Provides technical support for the various proposal evaluations.
UNFPA representative	United Nations Population Fund	Yes/Member of the steering committee	1. Provides additional technical and financial support for carrying out health activities associated with reproduction 2. Carries out audits on the quality of data relating to reproductive health
Manager of the Health sector	European Commission	Yes/Member of the steering committee	1. Provides technical support (in the form of international consultancy) for resolving technical problems associated with implementing the proposal
Representative	MEASURE EVALUATION/JSI	Yes/Member of the steering committee	- **Participates in the ratification of action plans and the budget** - **Provides support for monitoring the implementation of the action plan.** - **Takes part in adopting the annual evaluation report.**

For the attention of the proposer

- *Please describe the financial management systems for GAVI-HSS support. GAVI supports funds management in compliance with the government budget. Please indicate how this goal will be achieved (table 7.3).*
- *Please describe any purchase mechanisms which will be used for GAVI-HSS support (table 7.4).*

7.3 : Financial management of GAVI-HSS support

For the time being, GAVI funds for strengthening the health system in the Ivory Coast will be kept in the GAVI EPI account. Soon more specific information will be provided to the GAVI administrative office.

Mechanism / procedure	**Description**
Mechanism for transferring funds for GAVI-HSS support to the country	By express waiver by the Ministry of the Economy and Finances the funds will be deposited in an account opened with a bank in Abidjan. In the case in question, this will be the establishment “Banque Centrale des Etats de l'Afrique de l'Ouest”.
Mechanism for transferring GAVI-HSS support funds from central level to the periphery	The funds dedicated to financing the micro-plans drawn up in each district concerned are transferred by non-endorsable cheque each month into accounts opened with bank branches located within each health District. Plans are to reach an agreement with the Fédération Nationale des Coopératives d’Epargne et de crédit (mutual and cooperative Bank), in order to open, in the name of the Department of Information, Planning and Evaluation, an account in each targeted location granting a mandate for carrying out operations jointly to the chief district physician and to the head of the district Financial department.

Mechanism (and responsibilities) for using the budget and for authorisation	**The Director of Information, Planning and Evaluation: proposes** the commitment of funds (payment order and terms of reference for the activity to be carried out). **The Director of Financial Affairs at the Ministry of Health and Public Hygiene: c**onfirms the commitments and authorises the expenditure by initialling the payment order. The **financial auditor:** checks that the service has actually been provided and confirms this by initialling the payment order. **The Central Treasury Accountant:** signs the cheques. **The Inter Agency Coordination Committee (partners' Representative):** provides a joint signature on the cheques for payment.
Mechanism for disbursing funds for GAVI-HSS support	Requests are submitted to the technical Committee which ratifies them in accordance with the plan of action and the plan for using the funds which were ratified at the beginning of the year by the steering committee. If the request is approved, th**e Director of Information, Planning and Evaluation proposes** the commitment of funds (payment order and terms of reference for the activity to be carried out); the **Director of Financial Affairs for the Ministry of Health and Hygiene c**onfirms the undertakings and orders the expenditure by initialling the payment order; the **financial auditor** verifies that the service has actually been provided and confirms this by stamping the payment order; the cheque is jointly signed by the **Central Accountant at the Treasury and the partners' Representative (WHO).** . Every quarter, the technical working group meets to discuss how the funds have been used, to check the budget and the action plan. A report is then made to the steering committee.
Audit procedures	Once the annual action plan has been implemented an internal financial audit is ordered to certify the accounts. This audit will be carried out by the Administrative and Financial Director and the department for checking MHPH management and the audit reports are sent to the steering group for their adoption.

7.4 Purchase and supply mechanisms

As far as purchases are concerned, this mainly concerns equipment and logistics materials such as motorcycles and vehicles.
The purchases will be made via an annual call for bids, open or restricted depending on the procedure for administering calls for bids in the government contracting department at the Ministry of the Economy and Finances.

For the attention of the proposer

- *Please describe the systems for reporting the progress made in implementing and using GAVI-HSS support funds, indicating the body responsible for preparing the annual report on the situation (RAS). (table 7.5)*

N.B.: The annual Report on the GAVI situation, which must be submitted on 15 May of each year, must provide: proof of the appropriate use of the GAVI-HSS support funds, the existence of financial audits and purchases in compliance with rules (in accordance with national regulations or via UNICEF), proof of actual disbursements effectively carried out (from central level to infranational levels, as part of a SWAp mechanism, if appropriate), and finally, signs of progress showing that the goals for annual activity and the targets for more long term results can be achieved.

7.5 : Systems for compiling reports

In order to report back on the progress made, accounts and reports on quarterly activities (three months) must be drawn up and sent on a regular basis to the technical committee. The technical committee produces a summary of the reports on activities which it submits to the steering committee every six (06) months.
The status report is produced every year when the technical committee has completed its activities. This report is ratified by the steering committee and sent to GAVI by the technical administrative office.
The status report must take into account the scheduled activities, the activities carried out, the planned budget and the budget implemented. This report is accompanied by the report on the financial audit, the accounts of the meeting of the technical committee, accounts of the steering committee meeting.

For the attention of the proposer

- *Certain countries will require technical assistance in order to implement GAVI support. Please specify the type of technical assistance needed throughout the duration of the GAVI-HSS support, as well as its origin if this is known (table 7.6).*

7.6 : Requirements in technical assistance

Activities requiring technical assistance	Envisaged duration	Date envisaged (year, quarter)	Provenance envisaged (local, partner, etc.)
1. Maintenance of cold chain equipment	6 months	First six months of 2009	GAVI
2. Compilation of annual action plans for the districts	2 years	2008- 2009	GAVI
3. Evaluation of the implementation of the GAVI support project		Midway (end of 2009) Final (2012)	GAVI

It is essential for this technical assistance to be provided to personnel when starting up the activities for implementing GAVI support funds for Ivorian health system strengthening. Progressive withdrawal of this assistance is envisaged after certain people have gained knowledge and confidence.

8th section: costs and financing for GAVI-HSS support

For the attention of the proposer

- *Please calculate the costs of all the activities throughout the duration of GAVI-HSS support. Please add or delete lines / columns to reflect the exact number of goals, activities and years. (table 8.1)*

N.B.: Please make sure that all the costs of support for management, M&E and technical assistance are included. Please convert all the costs into USD (at the current rate of exchange), and make sure that GAVI deflators are used for future costs (see directives on the GAVI Web site: www.gavialliance.org).

N.B.: The general total for the GAVI-HSS support funds applied for in table 8.1 must not exceed the general total of the funds for GAVI-HSS support allocated in table 8.2. The funds can be requested in annual tranches in accordance with the estimated annual costs of the activities. The latter may vary from one year to another in relation to with the sums allocated in table 8.2.

8.1: Cost of implementing activities for GAVI-HSS support (in CFA)

Target 1 To reinforce the management skills of the health personnel of 6 central services, 12 Regional Health Departments and management teams from 32 health districts between 2008 and 2012

ACTIVITY		2008	2009	2010	2011	2012	Total
Activity 1.1	Support for 16 executives from the Ministry of Health and Public Hygiene to take part in meetings/conferences/study trips at international level relating to reinforcing the health system	7 825	15 651	15 651	15 651	7 825	62 603
Activity 1.2	Revising the MPA manuals for the ICHF	19 391	-	-	-	-	19 391
Activity 1.3	Copying manuals	17 269	74 492	-	-	-	91 761
Activity 1.4	Training for 160 members of the district management teams for the 32 health districts in relation to MPA directives for the ICHF and hospitals	60 786	60 786	-	-	-	121 571
Activity 1.5	Training for 160 members of the district management teams for 32 health districts in relation to the management of medical waste	-	-	-	-	-	-
Activity 1.6	Training for 144 persons in using tools for monitoring and evaluating health activities: Central services (6x4), Regional Departments (12X2) district management teams (32X3)	113 973	-	-	-	-	113 973
Activity 1.7	Training for 12 Regional Directors and 32 departmental health Directors in the management of health human resources and for 6 managers from central services	-	37 991	-	-	-	37 991
Activity 1.8	Support for the DRH in producing regulatory documents and tools for managing health human resources	42 167	-	-	-	-	42 167
Activity 1.9	Support in producing communication media and in health promotion awareness	-	15 621	-	-	-	15 621

Activity 1.10	Training for 12 Regional Directors and 32 departmental Directors in producing operational action plans for districts and regions and for 6 executives at central level	37 991	-	-	-	-	37 991
Activity 1.11	Organisation of annual workshops for producing operational plans for 32 districts and 12 health regions	38 898	100 524	100 524	100 524	61 625	402 095
Activity 1.12	Support with quarterly monitoring in the 32 districts	112 686	112 686	112 686	112 686	112 686	563 431
Activity 1.13	Support with the six-monthly monitoring of operational plans for 12 health regions	49 707	49 707	49 707	49 707	49 707	248 533
Activity 1.14	Organisation of six-monthly workshops for monitoring and management of the project by the technical committee	9 914	9 914	9 914	9 914	9 914	49 571
Activity 1.15	Organisation of six-monthly supervision mission for health regions by central level	15 801	15 801	15 801	15 801	15 801	79 007
Activity 1.16	Organisation of quarterly supervision mission for health districts by regional level	11 847	11 847	11 847	11 847	11 847	59 233
Activity 1.17	Organisation of fortnightly supervision mission for health facilities by the district management team	88 578	88 578	88 578	88 578	88 578	442 889
Activity 1.18	Training for 12 Regional Directors and 32 departmental Directors in supervision and for 6 national managers	24 312	-	-	-	-	24 312
Activity 1.19	Organisation of the annual review of activities by the steering committee	29 447	29 447	29 447	29 447	29 447	147 235
Activity 1.20	Support with coordination and functioning in relation to monitoring the implementation of activities (central, regional and district management committee)	121 896	121 896	121 896	121 896	121 896	609 481
Activity 1.21	Organisation of annual internal audits by the Administrative and Financial Director and the MHPH management auditing service	-	12 698	12 698	12 698	25 395	63 488
Activity 1.22	Organisation on a mid-term evaluation in 2010	-	-	59 191	-	-	59 191
Activity 1.23	Organisation of a final evaluation in 2012	-	-	-	-	56 783	56 783
TOTAL TARGET 1		**802 487**	**757 637**	**627 939**	**568 748**	**591 505**	**3 348 316**

Target 2 **To revitalise 326 ICHF, 24 GH and 8 RHC in 32 health districts between 2008 and 2012;**

Activity		2008	2009	2010	2011	2012	Total
Activity 2.1	Organising an inventory for the health structures in the 32 health districts (data collection)	59 481	-	-	-	-	59 481
Activity 2.2	Training/recycling of at least 800 operators from health facilities in the application of MPA directives in 32 districts (awareness of directives)	-	57 968	-	-	-	57 968
Activity 2.3	Rehabilitation and equipment in the form of office furniture for 12 DR, 32 Departmental Offices 8 RHC, 24 General hospitals and 326 ICHF	-	10 158	135 440	660 271	551 919	1 357 788
Activity 2.4	NPHI support for purchasing refrigerated trucks	-	-	135 440	-	-	135 440
Activity 2.5	Equipping 7 new health districts, 5 Regional Departments and 3 central services with 4x4 type supervision vehicles	-	289 691	154 251	154 251	79 007	677 201
Activity 2.6	Equipping at least 2 health districts with mobile units for implementing activities associated with mobile strategy	33 860	33 860	33 860	33 860	-	135 440
Activity 2.7	Equipping 100 ICHF with motorbikes to carry out the advanced strategy activities as successfully as possible	150 489	-	300 978	-	-	451 467
Activity 2.8	Support for advanced and mobile strategies	205 598	205 598	205 598	205 598	205 598	1 027 991
Activity 2.9	Training for 800 health operators in community mobilisation in 32 health districts	41 625	41 625	-	-	-	83 251
Activity 2.10	Training for 8000 community health operators in community mobilisation in 32 health districts	-	135 440	-	-	-	135 440
Activity 2.11	Circulating community mobilisation messages on local radios	-	33 228	33 228	33 228	-	99 684
Activity 2.12	Annually organising a day of excellence to reward the best 5 DHD and 5 ICHF	-	16 930	16 930	16 930	16 930	67 720
Total Target 2		**491 053**	**824 500**	**1 015 726**	**1 104 138**	**853 454**	**4 288 871**

Target 3 **To improve health information management at all levels of the health pyramid between 2008 and 2012**

Activity		2008	2009	2010	2011	2012	Total
Activity 3.1	Equipping 32 districts, 12 regional Departments and 6 central services with computer equipment and consumables	249 436	-	-	-	-	249 436
Activity 3.2	Equipping 12 regional departments, 32 districts and 652 ICHF with data collection media	45 129	45 129	45 129	45 129	45 129	225 643
Activity 3.3	Support with the maintenance of computer equipment in 3 central services, 12 regional Departments and 32 districts	-	-	-	-	-	-
Activity 3.4	Strengthening data managers' skills in using and administering data	74 068	-	-	-	-	74 068
Activity 3.5	Support for activities for monitoring committees in the fight against epidemics	-	-	-	-	-	-
Activity 3.6	Evaluation of responses to epidemics	903	903	903	903	903	4 515
Activity 3.7	Support with the evaluation of data quality in districts	18 059	17 720	17 720	17 720	17 720	88 939
Activity 3.8	Support with the production of the health statistics directory	22 935	22 935	22 935	22 935	22 935	114 673
Activity 3.9	Organisation of quarterly meetings for harmonising surveillance data with the districts and regions	34 334	34 334	34 334	34 334	34 334	171 670
Activity 3.10	Support with integrating data from the private health sub-sector within the health information system	51 777	79 842	-	-	-	131 619
Total Target 3		**496 639**	**200 862**	**121 020**	**121 020**	**121 020**	**1 060 562**

Table: Summary of costs per field of intervention

Field		2008	2009	2010	2011	2012	Total
1. operational level		1 626 853	1 410 509	1 622 778	1 711 190	1 383 515	7 754 844
2. national level		163 327	372 491	141 907	82 716	182 464	942 905
General total		**1 790 179**	**1 782 999**	**1 764 685**	**1 793 907**	**1 565 979**	**8 697 749**

Field		Year 1	Year 2	Year 3	Year 4	Year 5	Total
1. Operational cost		**227 282 886**	**179 267 533**	**31 391 871**	**31 480 283**	**27 716 208**	**497 138 781**
	Strengthening skills in human resources (training, supervision)	509 834	401 673	67 863	67 863	60 038	1 107 272
	Rehabilitation	-	10 158	135 440	660 271	551 919	1 357 788
	Equipment and logistics	496 182	443 172	669 658	233 240	124 135	1 966 388
	Communication	-	48 849	33 228	33 228	-	115 305
	Planning	98 379	100 524	100 524	100 524	61 625	461 576
	Supervision	321 824	321 824	321 824	321 824	321 824	1 609 120
2. Cost of support		**462 339**	**557 323**	**536 672**	**477 481**	**508 063**	**2 541 877**
	Functioning	121 896	121 896	121 896	121 896	121 896	609 481
	Planning and Monitoring - Evaluation	335 363	419 343	351 728	342 887	310 422	1 759 744
	Internal Audit	-	12 698	12 698	12 698	25 395	63 488
	Technical assistance;	5 079	3 386	50 350	-	50 350	109 165
General total		**1 790 179**	**1 782 999**	**1 764 685**	**1 793 907**	**1 565 979**	**499 680 658**

Table: Summary of costs per goal

Target		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Goal 1	To reinforce the management abilities of the health personnel in 6 central services, 12 Regional Health Departments and the management teams from 32 Health Districts between 2008 and 2012;	802 487	757 637	627 939	568 748	591 505	3 348 316
Goal 2	To revitalise 326 ICHF, 24 GH and 8 RHC in 32 health districts between 2008 and 2012;	491 053	824 500	1 015 726	1 104 138	853 454	4 288 871
Goal 3	To improve the management of health information at all levels of the health pyramid between 2008 and 2012.	496 639	200 862	121 020	121 020	121 020	1 060 562
General total		**1 790 179**	**1 782 999**	**1 764 685**	**1 793 907**	**1 565 979**	**8 697 749**

NB: 1 USD = 443 FCFA (28 February 2008)

For the attention of the proposer

- *Please calculate the amount of funds available per annum provided by GAVI for the proposed activities associated with GAVI-HSS support, on the basis of the annual birth figures and the GNI per inhabitant in the following way (table 8.2):*

- *If the GNI < 365 USD per inhabitant, the country is entitled to receive a maximum of 5 USD per inhabitant.*
- *If the GNI > 365 USD per inhabitant, the country is entitled to receive a maximum of 2.5 USD per inhabitant.*

N.B.: The example below assumes that the birth cohort for the year considered in the GAVI proposal is 100 000 and provides the total funds allocation if the GNI < 365 USD per inhabitant and if the GNI > 365 per inhabitant.

Examples: Calculation of the allocation of GAVI-HSS support in countries

Allocation of GAVI-HSS support (GNI < 365 USD per inhabitant)	**Allocation per annum (USD)**				
	2007	**2008**	**2009**	**2010**	**TOTAL FUNDS**
Birth cohort	100 000	102 000	104 000	106 000	
Allowance per newborn	5 USD	5 USD	5 USD	5 USD	
Annual allowance	500,000 USD	510,000 USD	520,000 USD	530,000 USD	**2,060,000 USD**

Allocation of GAVI-HSS support (GNI > 365 USD per inhabitant)	**Allocation per annum (USD)**				
	2007	**2008**	**2009**	**2010**	**TOTAL FUNDS**
Birth cohort	100 000	102 000	104 000	106 000	
Allowance per newborn	2.5 USD	2.5 USD	2.5 USD	2.5 USD	
Annual allowance	250,000 USD	255,000 USD	260,000 USD	265,000 USD	**1,030,000 USD**

8.2 Calculation of the allocation of GAVI HSS support for the countries

Allocation of GAVI-HSS support	**Allocation per annum (USD)**						
	Year of the proposal to GAVI	Year 1 of implementation	Year 2 of implementation	Year 3 of implementation	Year 4 of implementation	Year 5 of implementation	**TOTAL FUNDS**
	2007	2008	2009	2010	2011	2012	
Birth cohort	607144	627180	647877	669257	691343	714157	**3 349 814**
Allowance per newborn	2,5	2,5	2,5	2,5	2,5	2,5	**2,5**
Annual allowance		1567950	1619693	1673143	1728358	1785393	**8374535 USD**

Source and date of information on GNI and the birth cohort.

GNI: Ministry of Economy and Finances: 2007

Birth cohort: CMYP 2006

Total others: .....

For the attention of the proposer

N.B.: Table 8.3 does not necessarily have to be completed.

- *Please make an effort to specify the total amount of all the expenditure anticipated in the country under the heading of strengthening the health system throughout the duration of the proposal for GAVI-HSS support (table 8.3).*

N.B.: Please specify the contribution from government funds, from GAVI and from the partners or other financial institutions. If there are more than four principal donors, please insert additional lines. Please indicate the names of the partners in the table, and group together all the remaining funds contributions together. Please indicate the data source (Review of public expenses, CDMT (Cadre de Dépenses à Moyen Terme – Medium term Expenditure Framework), reports from donors, etc.)

8.3 : Origin of all the financing envisaged for the activities for strengthening the health systems

Sources of financing	**Allocation per annum (USD)**						
	Year of the proposal to GAVI	Year 1 of implementation	Year 2 of implementation	Year 3 of implementation	Year 4 of implementation	Year 5 of implementation	**TOTAL FUNDS**
	2007…	2008…	2009…	2010…	2011…	2012…	
GAVI		**1 790 179**	**1 782 999**	**1 764 685**	**1 793 907**	**1 565 979**	**8 697 749**
Government	204 028 240	222 252 727					
Donor 1. (WHO)	258 000	303 000	303 000				
Donor 2. (UNICEF)	1 119 004	9 310 300					
Donor 3. (PEPFAR)	4 000 000	5 000 000					
Donor 4.							
Total others							
TOTAL FINANCING							

Source of information about the origin of financing:

GAVI: HSS/GAVI .....

Government: State budget: .....

Donor 1: WHO: Cooperation plan .....

Donor 2: UNICEF: Cooperation plan.....

Donor 3: PEPFAR: Cooperation plan.....

Total others: .....

9th section: adoption of the proposal

For the attention of the proposer

- *Representatives of the Ministry of Health and the Ministry of Finances and of the coordination Committee for the health sector (HSCC), or its equivalent, must sign the proposal for GAVI support for the HSS.*
- *All the members of the HSCC are obliged to sign the report on the meeting in the course of which the proposal for GAVI-HSS support was adopted. The report must be submitted with the proposal (numbered and listed in appendix 1)*
- *Please provide the name and contact details for the person to be contacted by GAVI if necessary.*

N.B.: The signature of the members of the HSCC indicates their agreement with the information and plans submitted in this proposal and their support for implementing these projects. It does not imply any financial or legal undertaking made by the partner institution or the individual.

9.1: Government support

The government of the **Ivory Coast** undertakes to provide immunization services and other health services for mother and child on a long-lasting basis. The effectiveness of strengthening the health systems will be evaluated every year on the basis of a transparent monitoring system. The government asks the partners of GAVI Alliance to provide financial assistance to support the strengthening of the health system as described in this proposal.

Ministry of Health:
Name: Dr BLEDI TROUIN Félix

Title / Post: Assistant Cabinet Director / Ministry of Health and Public Hygiene

Signature

(stamp and signature)

Date 04 March 2008

Ministry of finances:
Name: H KOUASSI KOUAME

Title / Post:

Director General of Budget and Finances

Signature

(stamp and signature)

Date: 06/03/2008

MINISTRY OF HEALTH AND PUBLIC HYGIENE

REPUBLIC OF THE IVORY COAST
Union-Discipline-Work

We, the undersigned, members of the steering committee for Ivorian Health System strengthening, met on 04 March 2008 to examine this proposal. At this meeting we approved this proposal on the basis of the attached supporting documents.

The report on this meeting is attached.

Institution / Organisation	**Name / Title**
Minister of Health and Public Hygiene	**Dr BLEDI TROUIN Félix.** Assistant cabinet director **(signature)**
Ministry of State. Ministry of Planning and Development	**Mr ALLOU Manizan, Assistant Director**
World Health Organisation (WHO)	**Dr YAO Théodore, programme consultant**
United Nations Children's Fund (UNICEF)	**Dr BENDIB Abdelhab, Head of Health programme**.
European Union (EU)	**Dr TIBALDESCHI Grazia, Health Expert**

Institution / Organisation	Name / Title
Ministry for the fight against Aids	**Mr MONSAN Ignace**, Assistant Director (signature) 04/03/2008
Ministry for the City and Urban Health	**Dr OMONO Martin**, Director (signature) 04/03/2008
Ministry of the Environment	**Mr KAMAN Paul,** Head of Department (signature)
Ministry of Defence	**MED/CNE OUATTARA Lamine,** Project Leader (signature) 04/03/2008
Ministry of Health and Public Hygiene Department of Financial Affairs	**Mme YO MARINA,** Assistant Director (signature) 04/03/2008

9.2 : Support of the Health Sector Coordination Committee (HSCC) or its equivalent in the country

The members of the Health Sector Coordination Committee or its equivalent have indicated their support for this proposal at a meeting held on 04 March 2008.
The signed report is attached as appendix 1.

Chairman of the HSCC (or his equivalent)/representative

Name: BLEDI TROUIN Félix

Post/Organisation: Assistant Cabinet Director/ Ministry of Health and Public Hygiene

Date: 07 March 2008

Signature: (signature)

9.3: Contact person for any information:

Name: GUESSAN BI Gouzan Bernard

Title: Director of Information, Planning and Evaluation (DIPE)

Tel N°:(225) 20 32 33 17

Address: 04 BP 341 Abidjan 04

Fax N°: 20 32 34 40

Email: bigouzanbernard@yahoo.fr
kougnace@yahoo.fr

APPENDIX 1 **Documents in support of the proposal for GAVI-HSS support**

For the attention of the proposer

- *Please number and list in the table below all the documents submitted with this proposal.*

N.B.: All the supporting documents must be submitted in the English or French language, in the form of electronic copies as far as possible. Only the documents referred to in the proposal must be submitted.

Document (with the equivalent name in general use in the country)	**Available (Yes/No)**	**Duration**	**Number of document attached**
National Health Development Plan 2008- 2012 Volume 1 (NHDP Volume 1)	yes	2008- 2012	1
National Health Development Plan 2008- -2012 Volume 2 (NHDP Volume 2)	yes	2008- 2012	2
Strategic plan on the development of human resources in the health sector (HHR) in the Ivory Coast 2007-2012	yes	2007-2012	3
Report on the evaluation of the information and management system as part of the prevention of mother-child transmission of HIV in the Ivory Coast	yes	2007-2011	4
National plan for medical waste management	yes	2005-2010	5
Report on the activities of the Public Health Pharmacy in the Ivory Coast, financial year 2006	yes	2006	6
Decision N° 0731 MHPH/CAB of 15 May 2007 concerning the setting up, organisation, responsibilities and functions of the national committee for reinforcing the Ivorian health system with the financial support of GAVI (HSS/GAVI)	yes	2007	7
Decision N° 307 MHPH/CAB of 28 September 2007 concerning the setting up, organisation, responsibilities and functions of the national committee for reinforcing the Ivorian health system with the financial support of GAVI (HSS/GAVI)	yes	2007	8
Order N° 2006- -33 of 08 March 2006 concerning the organisation of the Ministry of Health and Public Hygiene	yes	2007	9
National development strategy based on the MDG (millennium development goals), version 4, November 2007	yes	2007	10