Document up-dated in May 2009

Country: Cote d'Ivoire

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget USD	Approval Track	Disburse-ment Date
		HSS Prop.	Nat. Health Plan			
CIV	5	2008-2012	2008-2012	8,697,752*	**First Submitted**: *07.03.08* **App. W conditions**: *n.a.* **Not approved**: *n.a.* **Resubmitted**: *n.a.* **Final Approval**: *26.06.08*	29.09.08

*There is a minor arithmetic error. The proposal requested and was approved for US$8,697,749

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

To improve the state of health and the well-being of the population within a post-conflict context. Specifically:

- To rectify health problems and malfunctions in the health system resulting from the socio- political crisis;
- To reduce morbidity and mortality associated with major health problems; and
- To improving the efficiency and quality of the health system.

Proposal Goals

To increase & maintain immunisation cover by strengthening 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; and the National Health Information System.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• To revitalise 326 ICHF, 24 GH and 8 RHC in 32 health districts between 2008 and 2012	• 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; • To improve the management of health information at all levels of the health pyramid between 2008 and 2012.

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Poor access to quality services; • Inadequate support for the devt. of health plans at regional & local levels; • Inadequate legislative and regulatory texts re definition of roles, functions; • Low involvement of c'ty volunteers and NGOs	• Organisation of missions from central level to carry out annual, 6-monthly supervision, quarterly and fortnightly supervision of health regions & districts; • Support with the six-monthly monitoring of operational plans for 12 health regions; • Organise days of excellence to reward the best 5 DDS and 5 ICHF ; • Circulate community mobilisation messages.	2,201565	25.4
Human Resource Development/Performance Management. • Lack of training for management, planning and coordination of activities & human resources at all levels; • Unsuitability of the profile of health human resources (HHR) for the requirements of the minimum package of activities carried out by health structures;	• Development of material for, and conduct of training of 160 members of district management teams for the 32 health districts [MPA directives for ICHF and hospitals & management of medical waste]; • Training for 144 persons [management teams at central, regional & district levels] in using tools for monitoring and evaluating health activities:; • Training for 12 Regional Directors, 32 departmental health Directors, & 6 executives at regional level in supervision, the management of health human resources, and in the production of operational action plans; • Training/recycling of at least 800 operators in the application of MPA directives; • Training for 8800 health operators in community mobilisation; • Strengthening skills of data managers in the use and administration of data	802,352	9.2
Drugs, Equipment, Supplies, Facilities • Ltd. financial resources to purchase & maintain health infrastructure; • Unsatisfactory distribution and management of medicines and other strategic inputs.	• Organisation of an inventory for the health structures of 32 health districts; • Reconstruction and equipment (office furniture) for 12 DR, 32 Departmental Offices 8 RHC, 24 General hospitals and 326 ICHF; • Provide 7 new health districts, 5 Regional Departments and 3 central services with 4x4 type supervision vehicles; • Equipping at least 2 health districts with mobile units; & 100 ICHF with motorbikes .	4,377,855	50.3
Monitoring and Evaluation • Poor epidemiological surveillance; • Weak national health information management system:- dilapidated computer equipment & data collection media, inadequate skills.	• Support communication media and health promotion awareness; • Co-ordinate monitoring of the implementation of activities (all levels); • Organise annual internal audits, and mid-term & final evaluations; • Equip 32 districts, 12 regional Departments and 6 central services with computer equipment and consumables (maintenance included); • Equip12 regional departments, 32 districts and 652 ICHF with data collection media; • Evaluate responses to epidemics; harmonise surveillance data; integrate private HS data.	1,315,980	15.1
Overheads	----------	----	----

TOTALS	**8,697,752**	**100.00**

Health financing Gap: None stated.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2006	Final Targets 2012	Expected Source of Data/Information
Outcomes/Outputs:			
• National cover with DTC3 (%)	77%	90%(2011)	Department of Human Resources, Health Inspectorate & District and Regional department reports
• Number / % of districts achieving ≥80% cover with DTC3	46%	100% (2011)	
• Mortality rate for children U5/ per 1000	84 (2005)	50	
• Proportion of children of between 6 and 59 months and of mothers receiving vitamin A supplements	[55% child; 39% mothers]	90%	
• Proportion of labours assisted by qualified personnel	57%	70%	
• Proportion of pregnant women screened as being seropositive for HIV and receiving ARV therapy.	75%	100%	
• % of health centres which have been supervised by the DMT (*District Management Teams*) at least 6 times during the past year;	10%	50%	
• % of trained health personnel;	0%	75%	
• # of health ICHF which have been rewarded;	0(2007)	25	
• % DDS with computer equipment which can be used for data management;	Not stated	Not stated	
• # districts and health regions which have organised an annual review of their action plans;	0 (2007)	10)	
• # of evaluations of responses to epidemics produced.	0 (2007	1	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: HSCC Technical Committee [includes Director of Planning & Evaluation.]

Channelling/Management of funds: To be received by a special a/c held at the Banque Centrale des Etats de l'Afrique de l'Ouest by the Ministry of Economy & Finanaces. The funds to be transferred each month into special accounts in each health District at the Fédération Nationale des Coopératives d'Epargne et de credit & in the name of the Department of Information, Planning and Evaluation. Signatories := The Director of Information, Planning and Evaluation, the Director of Financial Affairs at the Ministry of Health and Public Hygiene, The Central Treasury Accountant & the IACC. Financial auditing will occur.

Strategies proposed for sustainability of activities: None specifically stated.

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: WHO, UNICEF, UNDP, The United Nations Childhood Fund (national Office), UNPF, MEASURE/Evaluation/JSI
ii) *Proposal Management*: None identified
iii) *Proposal Implementation:* None identified

Other Financial Support for HSS: 2007-2009: US$ 20.29 million received from UNICEF, WHO, PEPFAR.

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