



Annual Progress Report 2008

Submitted by

The Government of

BENIN

Reporting on year: 2008

Requesting support for years: 2010/2011

Date of submission: 15 May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy can be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and the general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of *[Name of the Country]* Benin...

Minister of Health:

Title: **Professor Issifou Takpara**

Signature: *(Signed + seal)*.....

Date: **12 May 2009**.....

Minister of Finance:

Title:

Signature:

Date:

This report has been compiled by:

Full name: Dr BOKOSSA Alexis

Position: Head of the Immunization Department at the National Directorate of the Enlarged Programme on Immunization and Primary Health Care (NDEPI/PHC)

Telephone: (229) 21 33 75 90 and (229) 90 94 37 67

E-mail: bokale2000@yahoo.fr

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of *[Name of the Country]* Benin...

Minister of Health:

Title: **Professor Issifou Takpara**

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

This report has been compiled by:

Full name: Dr BOKOSSA Alexis

Position: Head of the Immunization Department at the National Directorate of the Enlarged Programme on Immunization and Primary Health Care (NDEPI/PHC)

Telephone: (229) 21 33 75 90 and (229) 90 94 37 67

E-mail: bokale2000@yahoo.fr

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Full name / Title	Agency / Organisation	Signature	Date
	World Health Organisation		
	United Nations International Children's Emergency Fund		
	U.S. Agency for International Development (USAID)		
	ROTARY International		
	Agency for Preventive Medicine (AMP)		
	Benin EPI Foundation		

Comments from partners:

If you want to, you may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially.

As this report been reviewed by the GAVI core regional work group: yes/no

HSCC Signatures Page NOT APPLICABLE

If the country is reporting on HSS and CSO support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Full Name / Title	Agency / Organisation	Signature	Date
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Comments from partners:
*If you want to, you may send informal comments to: apr@gavialliance.org
All comments will be treated confidentially*

.....

.....

.....

.....

.....

**Signatures Page for GAVI Alliance CSO Support (Type A et B)
NOT APPLICABLE**

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

Full Name:
 Position:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with the CSO representatives who take part in national level coordinating mechanisms (HSCC or equivalent and IACC) and those involved in the mapping of the CSOs (for Type A support), together with those who receive financial support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B support).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent), on behalf of the members of the HSCC:

Full Name:
 Position:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name), endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Full Name / Title	Agency / Organisation	Signature	Date
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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

Annual Progress Report 2008: Table of Contents

This APR reports on activities completed between January to December 2008 and specifies requests for the period from January to December 2010.

Table A: Latest baseline data and annual targets

Table B: Updated baseline data and annual targets

1. Immunization programme support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

1.1.2 Use of Immunization Services Support

1.1.3 IACC meetings

1.1.4 Immunization Data Quality Audit

1.2 GAVI Alliance New or Under-used Vaccine Support (NVS)

1.2.1 Receipt of new or under-used vaccines

1.2.2 Major activities

1.2.3 Use of the GAVI Alliance financial support (US \$ 100,000) for the introduction of the new vaccine

1.2.4 Evaluation of the Vaccine Management System

1.3 Injection Safety Support (INS)

1.3.1 Receipt of injection safety support

1.3.2 Progress of transition plan for safe injections and a risk-free management of sharp and pointed waste

1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

3. Request for new or under-used vaccines for 2010

3.1 Up-dated immunization targets

4. Health Systems Strengthening (HSS) Support

5. Strengthened Involvement of Civil Society Organisations (CSOs)

6. Checklist

7. Comments

The text boxes provided in this report are only meant to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline data and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2013	2014	2015	
Births	334 598	345 472	356 700	368 293	380 262	392 621		
Infants' deaths	22 418	23 147	23 899	24 676	25 478	25 306		
Surviving infants	312 180	322 325	332 801	343 617	354 784	367 315		
Pregnant women	334 598	345 472	356 700	368 293	380 262	392 621		
Target population vaccinated with the BCG	324 560	338 562	349 566	360 293	372 656	384 768		
BCG coverage*	97%	98%	98%	98%	98%	98%		
Target population vaccinated with OPV 3	255 996	283 646	312 833	329 872	344 141	384 768		
OPV 3 coverage**	82%	90%	94%	96%	97%	105%		
Target population vaccinated with DTP 3***	255 996	283 646	299 521	316 128	333 498	347 999		
DTP3 coverage**	82%	88%	90%	92%	94%	95%		
Target population vaccinated with DTP 1***	312 180	322 325	356 700	368 293	380 262	392 621		
Wastage ¹ rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%		
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 3 rd dose of DTP – Hep – Hib 3	255 996	283 646	299 521	316 128	333 498	347 999		
DTP – Hep – Hib 3 coverage**	82%	88%	90%	92%	94%	95%		
Target population vaccinated with the 1 st dose	334 598	345 472	356 700	368 293	380 262	392 621		
Wastage ¹ rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%		
Target population vaccinated with the 1 st dose of the measles vaccine	234 218	269 468	299 628	320 414	342 235	361 211		
Target population vaccinated with the 2 nd dose of the measles vaccine	NA	NA	NA	NA	NA	NA		
Measles vaccine coverage**	70%	78%	84%	87%	90%	92%		
Pregnant women vaccinated with tetanus toxoid (TT+)	281 062	290 196	303 195	313 049	327 025	337 654		
TT+ coverage****	84%	84%	85%	85%	86%	86%		
Vitamin A supplement	2 416 987	2 654 332						

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where: A = The number of doses distributed to be used according to the supply records and corrected to taken into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table α after Table 7.1.

Annual DTP drop out rate $[(DTP1-DTP3)/DTP1] \times 100$	18%	12%	16%	14%	12%	11%		
Annual measles vaccine drop out rate (for countries applying for the yellow fever vaccine)	18%	12%	16%	14%	12%	11%		

* Number of infants vaccinated out of the total number of births

** Number of infants vaccinated out of the number of surviving infants

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

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

NB: The levels of coverage or the coverage objectives used have been taken from the routine data and are connected to the initial objectives of the cMYP 2007-2011; moreover the immunization targets used are the surviving infants

Table B: Updated baseline data and annual targets

Number	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	334 598	345 472	356 700	368 293	380 262	392 621		
Infants' deaths	22 418	23 147	23 899	24 676	25 478	25 306		
Surviving infants	312 180	322 325	332 801	343 617	354 784	367 315		
Pregnant women	334 598	345 472	356 700	368 293	380 262	392 621		
Target population vaccinated with the BCG	324 560	338 562	349 566	360 293	372 656	384 768		
BCG coverage*	97%	98%	98%	98%	98%	98%		
Target population vaccinated with OPV 3	255 996	283 646	312 833	329 872	344 141	384 768		
OPV 3 coverage**	82%	90%	94%	96%	97%	105%		
Target population vaccinated with DTP 3***	255 996	283 646	290 093	316 128	333 498	347 999		
DTP3 coverage**	82%	88%	90%	92%	94%	95%		
Target population vaccinated with DTP1***	312 180	322 325	332 801	343 617	380 262	392 621		
Wastage ² rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%		
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 3 rd dose of the pneumococcal vaccine	NA	NA	166 401	316 128	333 498	347 999		
Pneumococcal vaccine coverage**	NA	NA	50%	92%	94%	95%		
Target population vaccinated with the 1 st dose	NA	NA	178 350	343 617	354 785	366 315		
Wastage ¹ rate in base-year and planned thereafter	NA	NA	10%	10%	10%	10%		
Target population vaccinated with the 1 st dose of the measles vaccine	234 218	269 468	299 628	320 414	342 235	361 211		
Target population vaccinated with the 2 nd dose of the measles vaccine	NA	NA	NA	NA	NA	NA		
Measles vaccine coverage**	70%	78%	84%	87%	90%	92%		
Pregnant women vaccinated with tetanus toxoid (TT+)	281 062	290 196	303 195	313 049	327 025	337 654		
TT+ coverage****	84%	84%	85%	85%	86%	86%		
Vitamin A supplement	2 416 987	2 654 332						
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	18%	12%	16%	14%	12%	11%		

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where: A = The number of doses distributed to be used according to the supply records and corrected to taken into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table α after Table 7.1.

Annual Measles Drop out rate (for countries applying for the yellow fever vaccine)	18%	12%	16%	14%	12%	11%		
--	-----	-----	-----	-----	-----	-----	--	--

* Number of infants vaccinated out of the total number of births

** Number of infants vaccinated out of the number of surviving infants

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

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

NB: the variations noted are related to the data from the EPI review which carried out in December 2008; the said report was available in March 2009

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS recorded in the budget in 2008? (Are they in the Ministry of Health and/or Ministry of Finance budget): **Yes**

If yes, please explain in detail how the GAVI Alliance ISS funding is shown in the Ministry of Health / Ministry of Finance budget in the box below.

If not, please explain why the GAVI Alliance ISS funding is not shown in the Ministry of Health / Ministry of Finance budget and whether the country intends to record the ISS funding in the budget in the near future?

As the availability of ISS funds is progressive, part of the resources was used as an extra-budgetary item of the 2007 programme to train new service providers and develop the cMYP 2007-2011 and the EPI technical sheets; the remainder of the funds is recorded in the 2008 operational budget of the Enlarged Programme on Immunization and is used as a complement to the government's and partners' financing but are not recorded in the Ministry of Finance budget.

1.1.1 Management of ISS Funds

Please describe the management mechanism of the ISS funds, including the role played by the Inter Agency Coordinating Committee (IACC).

Please report on any problems that have been encountered involving the use of these funds, such as delays in the availability of the funds for the completion of the programme.

The use of the ISS funds complies with the management requirements of the Code on Government Procurement; a quarterly and annual self-assessment report is drawn up and sent to the Directorate of Programming and Forward Planning at the Ministry of Health; a utilization plan was submitted to the IACC in 2008 for the remainder of the funds.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: 91 250

Remaining funds (carry over) from 2007:

Balance to be carried over to 2009: 82 852 120 CFA francs

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Procurement of vehicles and motorbikes	25 925 000	17 000 000		8 925 000	
Training of 30 service providers per department in EPI management	20 128 650			20 128 650	
Supervision of the service providers in 6 departments	3 099 000			3 099 000	
Monitoring and evaluation (monitoring of the quality of the EPI data)	3 099 000			3 099 000	
Epidemiological surveillance (active search for AFP cases and other potentially epidemic diseases)	3 099 000			3 099 000	
Cold chain equipment (procurement of spare parts for the refrigerators)	8 700 000			8 700 000	
Teaching material – Computer material	8 239 100	3000 000		5 239 100	
Procurement of microcomputers and accessories for the 6 head divisions of immunization	10 500 000	540 000	9 960 000		
Total:	82 789 750	20 540 000	9 960 000	52 289 750	
Remaining funds for the following year:	62 370				

1.1.3 IACC meetings

How many times did the IACC meet in 2008? **3**

Please attach the minutes (DOCUMENT N°.....) from all the IACC meetings held in 2008 and in particular the minutes of the IACC meetings during which the allocation and utilization of the funds were discussed.

Are any Civil Society Organizations members of the IACC: **[Yes]**
If yes, which ones?

List CSO member organisations: Rotary International
Beninese Red Cross
Benin EPI Foundation
Beninese Paediatric Company

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to the implementation of your multi-year plan.

<p><i>The IACC met on 3 occasions in 2008; minutes were drawn up for each of the meetings. The items that were included in the agenda or discussed during the meetings were connected with:</i></p> <ul style="list-style-type: none">- <i>The presentation for endorsement of the national micro plan and the budget for the polio national immunization days which took place in April 2008</i>- <i>The submission of the national micro plan and the budget for the 2nd round of the measles monitoring campaign which took place in November 2008</i>- <i>The presentation of the results of the national immunization days which took place in April 2008 and the polio local immunization days which took place in the departments in the north</i>- <i>The presentation of the GAVI application for the organisation of the national campaign against yellow fever</i>- <i>Submission to the members of the IACC</i> <p><i>Several recommendations were made during the meetings; note should be made of the Rotary International's donation of generating sets for the health centres and support for social mobilization through the preparation of various awareness media (t-shirts, baseball caps, numbers, posters and brochures). The role of the Beninese Red Cross was decisive in certain areas for the IEC within the scope of the 2nd round of the measles monitoring campaign which took place in November 2008.</i></p> <p><i>The difficulties encountered in implementing the cMYP can be summarized as follows:</i></p> <ul style="list-style-type: none">- <i>Cumbersome administrative procedures with regard to the mobilization of national budget funds</i>- <i>Delays in the availability of funds by certain partners</i>- <i>Inflation rendered certain costs obsolete hence the need to update the budget</i>

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°) of the IACC meeting which endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the IACC meeting during which the financial statement was presented to the IACC.
- b) The most recent external audit report (DOCUMENT N°.....) (e.g.: Auditor General's Report or equivalent) of the **account(s)** to which the GAVI ISS funds were transferred.

- c) A detailed Financial Statement of the funds (DOCUMENT N°) spent during the year under review (2008)
- d) The detailed Financial Statement must be signed by the Financial Controller at the Ministry of Health and/or Ministry of Finance and the Chair of the IACC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was carried out in 2007 or 2008 please indicate its recommendations below:

List the major recommendations of the DQA

Several of the country's health zones carried out an immunization data quality audit (the health zones of Comè, Natitingou, Tchaourou ...) with the DQS tool; the points identified by these zones which need improving are the following:

Document the immunization data per strategy; use the target population method to calculate vaccine needs; prepare a health map for the health zone; replace the refrigerators which have broken down; equip the health facilities with an indoor thermometer; implement the new vaccine and consumable management tools; ensure that the management material is filled in regularly (storage, order forms ...); prepare a management chart for the monitoring of EPI data in all the health facilities; set up a detection system of the lost to follow-up; render the harmonized notification sheets of potentially epidemic diseases available in the health centres

Moreover, it should be mentioned that from November to December 2008 the programme was assessed and an immunization coverage survey was carried out. The major recommendations can be summarized as follows:

- Feedback on the results of the review to the EPI players (department, health zone, community and health centre), local council members and COGECS together with a local analysis of the reasons for the poor performance,
- Strengthen the scaling up of the "Reach Every District" approach in all the health zones
- Strengthen the skills of the immunization personnel on the management and provision of immunization activities, including communication in favour of the EPI,
- Reduce the losses of information on the immunization status of children and mothers through the harmonization of vaccination cards,
- The introduction of vaccination registers,
- The introduction of the idea of keeping the cards in a safe place during IEC sessions and ensuring that the EPI management tools are kept updated,
- Conduct a study on the validity and feasibility of the coverage data per card or history

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, please indicate the status and progress of implementation of the recommendations and attach the plan.

Feedback on the results and the sharing of the recommendations with the peripheral level is programmed but has not been carried out yet

Please indicate during which IACC meeting the plan of action for the last DQA was discussed and endorsed by the IACC. [mm/yyyy]

Please report on the studies conducted and the problems encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys, household surveys, etc.).

List the studies conducted

- Review of the November 2008 programme coupled with the immunization coverage survey (explore the various components of the EPI)
- Self-assessment of the quality of the EPI data in certain health zones

List the problems encountered in collecting and reporting on administrative data:

- Insufficient completeness per level of the pyramid in several departments (<80%)
- Promptness was poor (<80%)
- Gaps noted in certain communes between the data indicated in the health centres and that of the Supervisory Team and then the intermediate level

1.2. GAVI Alliance New or Under-used Vaccine Support (NVS)

1.2.1. Receipt of new or under-used vaccines during 2008

When was the new or under-used vaccine introduced? Please include any change in doses per vial and in the presentation of the vaccines, (e.g. DTP + Hep B mono to DTP – Hep B)

[List the new or under-used vaccine introduced in 2008]: **None for 2008**

[List any change in the doses per vial and in the presentation of the vaccines in 2008]: **None for 2008**

Dates the shipments were received in 2008.

Vaccine	Vial size	Total number of doses	Date of introduction	Date shipments received (2008)
DTP – Hep B + Hib	2 dose vial	227 800	5 June 2005	21 January 2008
DTP – Hep B + Hib	2 dose vial	227 800	5 June 2005	27 April 2008
DTP – Hep B + Hib	2 dose vial	227 800	5 June 2005	16 July 2008
DTP – Hep B + Hib	2 dose vial	227 800	5 June 2005	8 October 2008
Yellow fever vaccine	10 dose vial	275 000	2 August 2002	29 February 2008

Where applicable, please report on any problems encountered.

Nothing to report

[List the problems encountered]

1.2.2. Major activities

Please outline the major activities that have been or will be undertaken in relation to introduction, phasing-in, service strengthening, etc. and report on the problems encountered.

- Assess the capacity of the cold chain
- Update the cMYP with the Excel file
- Develop the application form to be submitted to GAVI for the pneumococcal vaccine
- With the help of the IACC mobilize the financial resources necessary
- Reduce vaccine wastage in particular with the new vaccines
- Ensure the safety of injections through the supply of safety boxes and the use of auto-disable syringes
- Revise the management tools and other documents of the EPI
- Train the service providers on the new vaccine
- Organise communication activities on the new vaccine and its introduction in the EPI
- Estimate the needs of the health zones for the new vaccine
- Develop a logistics and distribution plan for the new vaccine
- Build new incinerators
- Increase the frequency of the supervisions in the four months following the introduction of the new vaccines

- Strengthen the surveillance of undesirable post-vaccination reactions
 - Develop a plan to monitor the introduction and assessment of the impact
- [List the activities]

1.2.3. Use of the GAVI Alliance financial support (US \$ 100 000) for the introduction of the new vaccine: NOT APPLICABLE

These funds were received on the: [dd/mm/yyyy]

Please report on the proportion of the introduction grant used, the activities undertaken, and the problems encountered such as delays in the availability of funds to complete the programme.

Year	Amount in US \$	Date received	Balance remaining in US \$	Activities	List of problems

1.2.4. Effective Vaccine Store Management Assessment / Vaccine Management Assessment

When was the last Effective Vaccine Store Management Assessment (EVSMA) / Vaccine Management Assessment (VMA) conducted? [month/year]

If conducted in 2007/2008, please summarize the major recommendations from the EVSMA / VMA.

The last vaccine management assessment (VMA) / Effective Vaccine Store Management Assessment (EVSMA) was carried out from the 29 August to the 2 September 2005; the recommendations were given in the last progress report.

Moreover, the review of the Programme carried out

The storage capacity of the cold rooms at central level is sufficient for routine EPI requirements even if there are 2 shipments per year. The available storage space is not able to cater for all the quantities during the campaign periods. The cold chain will need to be strengthened with the introduction of the pneumococcal vaccine in 2010 and the rotavirus vaccine in 2011 within the scope of the implementation of the GIVS. It will be necessary to increase the net positive storage capacity from 13 200 to 61 000 litres³ for 4 vaccine shipments per year from 2010. It is strongly recommended to equip the cold chambers with continuous temperature recorders and with a reliable alarm system in case of a power cut.

To conclude, the EPI cold chain requires improving at all levels in terms of:

- updating the equipment inventory by using the existing standard systematization tools;
- strengthening the storage capacities at central, intermediate and peripheral levels with the introduction of new vaccines (PCV-7 and RotaTeq);
- strengthening monitoring to ensure that vaccines are correctly stored in the cold chain and during transport through an effective supervision at all levels.

[List the major recommendations]

Was an action plan prepared following the EVSMA / VMA? **No**

If yes, please summarize the main activities under the EVSMA plan and the activities to address the recommendations and their implementation status.

[List the major activities]

When will the next EVSMA / VMA* be conducted? *[month/year]*

**All countries will need to conduct an EVSMA / VMA in the second year of new vaccines support under GAVI Phase 2.*

Table 1.2

Vaccine 1: Vaccine 2: Yellow fever	
Anticipated stock on 1 January 2010	..00
DTP Hep B + Hib (2 doses)	
Anticipated stock on 1 January 2010	1 162 000
Vaccine 3: PCV 10	
Anticipated stock on 1 January 2010	... 1 044 000

1.3 Injection Safety Support (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Do you receive Injection Safety Support in cash or supplies? **(Supplies)**

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
Auto-disable syringes	441 600	29 August 2008
Auto-disable syringes	130 300	2 November 2008
2 ml reconstitution syringes	253 000	2 October 2008
5 ml reconstitution syringes	30 600	2 November 2008
Safety boxes	15 375	12 September 2008
Safety boxes	1 800	2 November 2008

Please report on any problems encountered.

Nothing to report

[List the problems encountered]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharp and pointed waste.

If support has ended, please report on how injection safety supplies are funded.

The assessment of the various components of the EPI programme took place in November 2008 and revealed that:

- the injection material was available in 88% of the centres visited; the personnel who were questioned confirmed that auto-disable syringes and safety boxes had been available throughout the previous year
- Moreover, the balance between the vaccines and injection material was ensured in at least 84% of the health centres visited, and the balance between syringes and safety boxes was ensured in 70% of the health centres visited
- The budget for the functioning of the incinerators was not available in the department of Mono/Couffo

Nevertheless the cMYP 2007 - 2011 and the 2008 operational plan of the NDEPI-PHC had a budget line for the procurement of vaccines and consumables; furthermore, the multi year plan included a financial sustainability section which provided for financing of the INS and the management of sharp or pointed waste when the support came to an end

Moreover the Directorate of Basic Hygiene and Sanitation (DBHS) at the Ministry of Health, and certain partners and NGOs also provided technical and financial support for the construction of Montfort incinerators in certain Department Hospital Centres (DHC) and new health centres.

Benin is currently preparing another application which it will submit for GAVI HSS support; this represents another opportunity for injection safety strengthening through the financing of the construction of new incinerators

[List the sources of funding for the injection safety material in 2008]

Please report on how sharp and pointed waste is disposed of.

The analysis of the injection safety situation during the last review showed that:

The practices for the collection and disposal of vaccine waste were recorded in the departments, communes and health centres visited. In 6 out of the 6 departments, and 6 out of the 12 communes visited, there was no management vaccine waste plan. On the other hand, in all the departments and communes visited, there were waste management managers who were trained to run incinerators.

Used syringes and needles were collected in the safety boxes and disposed of mainly through incineration but also through burning. The health centres disposed of their waste on a weekly basis. Note was made of the fact that there were no used needles and syringes in the courtyard of the health centres or around the waste disposal sites.

To make up for the lack of Montfort incinerators in the health centres, a collection network has been established in the health zones:

- Collection of the auto-disable syringes used in vaccination activities and sharp or pointed waste in the safety boxes
- Storage of the boxes on secured premises in the health facilities
- Transport of the full safety boxes by the supervision vehicle or the motorbike of the centre towards the sites which are equipped with a Montfort incinerator to be destroyed

Nevertheless, it should be noted that the vehicles to transport the full safety boxes are not always available in all the communes.

[Describe how sharp and pointed waste is disposed of by the health centres]

Please report on the problems encountered during the implementation of the transitional plan for safe injections and management of sharp and pointed waste.

The administration of curative care in the health facilities produces a large quantity of sharp and pointed waste; certain of the Ministry of Health programmes do not always promote the use of the safety boxes for the systematic collection of sharp and pointed waste used during curative services. The quantities of safety boxes required for collection purposes continue to increase in the health facilities. Furthermore, the poor organisation of the collection and transport in certain health zones worsens the situation which leads to an accumulation of sharp and pointed waste in the health facilities and the use of destruction processes which have not been recommended.

[List the problems]

1.3.3. Statement on the use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

During 2007, Benin continued to benefit from GAVI injection safety support in the form of supplies and auto-disable syringes, dilution syringes and safety boxes.

[List the items funded by GAVI Alliance cash support and the funds remaining at the end of 2008]

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI to understand the broad trends in immunization programme expenditures and financial flows.

Please complete the following table in US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted expenditures	Budgeted expenditures
<i>Expenditures by Category</i>			
Traditional Vaccines	392 826	521 904	545 049
New Vaccines	105 600	3 990 602	8 319 887
Injection supplies	-	589 164	670 971
Cold Chain equipment	230 365	597 310	232 801
Operational expenditures	10 281 570	12 415 223	12 114 703
Other (various investments: construction of the cold chamber, equipment ...): costs in capital	189 957	1 00 1743	915 441
Total EPI	11 200 318	19 115 946	22 798 852
Total Government Health expenditures	121 342 880	195 554 555	

Exchange rate used	421.78
---------------------------	--------

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; please indicate whether the funding gaps are manageable, whether they represent a problem or whether they are alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Future Country Co-Financing (in US \$)

Please refer to the excel spreadsheet in Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per vaccine dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" in Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Please submit the electronic version of the excel spreadsheets of Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI supported vaccines. If your country has received more than one new vaccine, please complete a separate table for each vaccine co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and estimate of costs in US \$)

1st vaccine: Yellow fever		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose		0.20	1	1	1	1	1
Number of vaccine doses	#	791 710	693 448	814 888	837 018	Not available	Not available
Number of auto-disable syringes	#	1 024 581	1 054 558	1 085 430	1 114 907	Not available	Not available
Number of reconstitution syringes	#	85 382	87 880	90 453	92 909	Not available	Not available
Number of safety boxes	#	10 000	12 681	13 052	13 407	Not available	Not available
Total value to be co-financed by the country	\$	\$230 770	\$1 564 985	\$1 610 801	\$1 654 545	Not available	Not available

Table 2.2.2: Portion of supply to be co-financed by the country (and estimate of costs in US \$)

2nd vaccine: DTP – Hep – Hib B		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose		0	0.20	0.20	0.20	0.20	0.20
Number of vaccine doses	#	0	1 133 932	1 167 132	1 198 827	Not available	Not available
Number of auto-disable syringes	#	0	2 897 195	2 982 021	3 063 002	Not available	Not available
Number of reconstitution syringes	#	0	786 665	809 698	831 686	Not available	Not available
Number of safety boxes	#	0				Not	Not

			40 891	42 088	43 231	available	available
Total value to be co-financed by the country	\$	00	\$2 600 697	\$2 500 897	\$2 083 706	Not available	Not available

Table 2.2.3: Portion of supply to be co-financed by the country (and estimate of costs in US \$)

<i>2nd vaccine: NOT APPLICABLE</i>		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose							
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by the country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in the Reporting Year	Actual Payments Date in the Reporting Year	Proposed Payment Date for the following year
	(month/year)	(day/month)	
1 st Vaccine Awarded (specify): yellow fever	2 nd quarter 2008	1 December 2008	2 nd quarter 2009
2 nd Vaccine Awarded (specify): yellow fever	2 nd quarter 2009		
3 rd Vaccine Awarded (specify)			

Q. 2: How much did you co-finance?		
Co-Financed Payments	Total Amount in US \$	Total Number of Doses
1 st Vaccine Awarded (specify): Yellow fever	70 500	76 500
2 nd Vaccine Awarded (specify)		
3 rd Vaccine Awarded (specify)		

Q. 3: What factors have slowed or hindered or accelerated the mobilization of resources for vaccine co-financing?
1. <i>The constraints linked to national administrative procedures</i>
2.
3.
4.

If the country is in default of payment, please describe and explain the steps the country is planning take to honour its commitments.

3. Request for new or under-used vaccines for year 2010

Section 3 concerns the request for new or under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline data, targets, wastage rates, vaccine presentations, etc. from the previously approved plan, and differences in the figures reported with those reported in the **WHO/UNICEF Joint Reporting Form on immunization activities** in the space provided below.

Are there changes between table A and B? **No**

If there are changes, please describe the reasons and justification for these changes below:

Please provide justification for any changes *in births*:

NOT APPLICABLE

Provide justification for any changes in the number of *surviving infants*:

NOT APPLICABLE

Provide justification for any changes *in Targets per vaccine*:

NOT APPLICABLE

Provide justification for any changes *in Wastage per vaccine*:

i

Vaccine 1: Pneumococcal vaccines: PCV10

Please refer to the excel spreadsheet in Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per vaccine dose.
- Please summarise the list of specifications of the vaccines and the related immunization programme in Table 3.1 below, using the population data (taken from Table B of this annual progress report) and the price list and co-financing levels (in Tables B, C and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” in Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets in Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of the vaccinations to be carried out with the new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#	160 701	304 373	320 089	332 965	Not available	Not available
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#	50%	92%	94%	95%	Not available	Not available
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#	321 403	330 841	340 520	350 490	Not available	Not available
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.15	0.20	0.20	0.20	0.20	0.20

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Table 3.2: Portion of supply which will be provided by GAVI Alliance (and estimate of costs in US \$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	1 265 524	1 302 686	1 340 798	1 380 054	Not available	Not available
Number of auto-disable syringes	#	1 278 180	1 315 713	1 354 205	1 393 855	Not available	Not available
Number of reconstitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	13 421	13 815	14 219	14 635	Not available	Not available
Total value to be co-financed by GAVI	\$	\$ \$1 911 182	\$ \$2 778 859	\$ \$2 699 812	\$ \$2 778 859	Not available	Not available

Vaccine 2: NOT APPLICABLE

Proceed as above (table 3.1 and 3.2)

Table 3.3: Specifications of the vaccinations to be carried out with the new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#						
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be provided by the GAVI Alliance (and estimate in US \$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3: NOT APPLICABLE

Proceed as above (table 3.1 and 3.2)

Table 3.5: Specifications of the vaccinations to be carried out with the new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#						
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be provided by the GAVI Alliance (and estimate in US \$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening Support (HSS)

NOT APPLICABLE

Instructions for reporting on the HSS funds received

1. As a Performance-based organisation, the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting – APR - process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes which are aimed at helping countries complete the HSS section of the annual progress report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15 May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year they can use this as an inception report to discuss the progress achieved and thereby ensure the release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (IACC, HSCC or equivalent) in terms of the accuracy and validity of the facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all annual progress reports. If this were to occur, the report would be sent back to the country which may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template where necessary.

4.1 Information relating to this report: NOT APPLICABLE

- a) The tax year runs from(month) to(month).
- b) This HSS report covers the period from(month/year) to(month year)
- c) The duration of the current National Health Plan is from(month/year) to(month/year).
- d) The duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report for this person to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand the key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to the UNICEF and the WHO country offices for the verifications required on the sources and review to be carried out. Once their feedback had been acted upon, the report was finally sent to the Health Sector Coordination Committee (or IACC or equivalent) for final review and approval. The report was approved at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in the submission of the report	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how the information was verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of the accuracy or validity of the information and if so, how were these dealt with or solved?

This issue should be addressed in each section of the report, as different sections may use different sources. This section however should indicate the MAIN sources of information and the IMPORTANT issues raised in terms of the validity, reliability, etcetera of the information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

- g) In putting together this report did you encounter any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section in the annual progress report? Would it be possible to harmonize the HSS report with the existing report systems in your country better?

4.2 Financial breakdown of overall support: **NOT APPLICABLE**

Period for which support has been approved and new requests. For this annual progress report, these are measured in calendar years, but in future it is hoped that tax years will be used:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds were received									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: The information given in this section should correspond with activities initially included in the HSS proposal. It is very important to give a precise description of the extent of progress. So please allocate a completion percentage to each activity line from 0% to 100%. Use the right hand side of the table to explain the progress achieved and to inform the reviewers of all the changes which occurred or which are proposed from the activities which had been originally planned.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, monitoring & evaluation and technical support) is also very important to the GAVI Alliance. Is the management of the HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve the monitoring and evaluation of HSS funds, and to what extent is the monitoring and evaluation integrated with the country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008) NOT APPLICABLE						
Major Activities	Activities planned for the reporting year	Report on progress completion ³ (% of achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditures of GAVI HSS during the reporting year (2008)	Carried forward (balance) into 2009	Explanation of the differences in the activities and expenditures from the original application or previously approved adjustments, and details of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						

³ For example, the number of Community Health Workers trained, the number of buildings constructed or vehicles distributed.
Annual Progress Report 2008

Activity 3.1:						
Activity 3.2:						
Support Functions						
Management						
Monitoring & Evaluation						
Technical Support						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year during which this report is submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on “Planned expenditures in the coming year” should correspond to the estimates provided in last year’s annual progress report (Table 4.6 of last year’s report) or – in the case of a first HSS reporter - as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditures” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for the current year (ie. January – December 2009) with particular emphasis on the activities which have been carried out between January and April 2009: NOT APPLICABLE

Major Activities	Activities planned for the current year (2009)	Planned expenditures in the coming year	Balance available (To be automatically filled in from the previous table)	Requests for 2009	Explanation of the differences in the activities and expenditures from the original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

Monitoring & Evaluation support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 HSS activities planned for the following year (i.e. 2010). This information will help GAVI to plan its financial commitments.

Major Activities	Activities planned for the current year (2009)	Planned expenditures in the coming year	Balance available (To be automatically filled in from the previous table)	Requests for 2010	Explanation of differences in the activities and expenditures from the original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
Monitoring & Evaluation support costs					
Technical support					
TOTAL COSTS					

4.6 Implementation of the programme for the reporting year: **NOT APPLICABLE**

- a) Please provide a narrative on major accomplishments (especially impacts on health services programmes, and in particular on the immunization program), the problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of the achievements, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- b) *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their involvement? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

4.7 Financial overview of the reporting year:

4.7 note: In general, HSS funds are expected to be visible in the Ministry of Health budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section.

- a) *Are the funds recorded in the budget? (Are they in the Ministry of Health and/or Ministry of Finance budget)? Yes/No
If not, why not and how will it be ensured that they appear in the budget? Please provide details.*

b) Are there any issues relating to the financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

4.8 General overview of the targets achieved: NOT APPLICABLE

Table 4.8 Progress of the Indicators included in the application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline Value	Target	Date for Target	Current status	Explanation for the non achievement of the target

4.9 Attachments: NOT APPLICABLE

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of the account to which the GAVI HSS funds are transferred
- d. Financial statement of funds spent during the reporting year (2008)
- e. This page must be signed by the government official in charge of the accounts to which the HSS funds have been transferred, as mentioned below.

Financial Controller at the Ministry of Health:

Full name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

NOT APPLICABLE

1.1 TYPE A: Support to strengthen the coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please write in the boxes below and expanded where required.

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

No application was submitted to GAVI by the Beninese CSOs.

5.1.1 Mapping exercise: NOT APPLICABLE

Please describe the progress achieved with any mapping exercise that has been undertaken to identify the key civil society stakeholders involved in health systems strengthening or immunization. Please mention the mapping exercises conducted, the expected outcomes and schedules (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology to identify the most appropriate in-country CSOs which are involved or contribute to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe the progress accomplished in the nomination processes of the CSO representatives to the HSCC (or equivalent) and IACC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and IACC, the current number and the final target. Please state how often CSO representatives attend meetings (% of meetings attended).

Please provide below the Terms of Reference for the CSOs (if developed), or describe the role that they are expected to play. State if there are guidelines / policies governing these points. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether the involvement of the CSOs in the national level coordination mechanisms (HSCC or equivalent and IACC) has resulted in a change in the way the CSOs interact with the Ministry of Health. Is there now a specific team at the Ministry of Health which is responsible for liaising with the CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds: NOT APPLICABLE

Please indicate in the table below the total funds approved by GAVI (per activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds in US \$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					

Nomination process					

Management costs					
TOTAL COSTS					

5.1.4 Management of funds: **NOT APPLICABLE**

Please describe the mechanism for the management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delays in the availability of the funds for the completion of the programme.



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

NOT APPLICABLE

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please write in the boxes below and expanded where required.

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

5.2.1 Programme implementation: NOT APPLICABLE

Briefly describe the progress achieved with regard to the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (by referring to your proposal). State the key successes that have been obtained during this period of GAVI Alliance support to the CSOs.

Please indicate all the major problems encountered (including delays in the implementation of the activities), and how these have been overcome. Please also identify the lead organisation responsible for managing the use of the funds (and indicate if this has changed from the proposal) and the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is only available for 10 pilot GAVI eligible countries: Afghanistan, Bolivia, Burundi, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by the CSOs in immunization and health systems strengthening (please give the current number of CSOs involved in these sectors and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunization and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunization / in HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if they are currently involved in immunization and / or health systems strengthening.

Please also indicate the new activities to be undertaken by the CSOs which have already received support.

Name of CSO (and type of organisation)	Current involvement in immunisation / in HSS	GAVI supported activities which should be conducted in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds: NOT APPLICABLE

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO on a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if they have been incurred yet.

NAME OF THE CSO	Total funds approved	2008 Funds in US \$ (thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all the CSOs)						
Management costs (of the HSCC / regional work group)						
Financial auditing costs (of all the CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate if there are differences with the proposal. Describe the mechanism for budgeting and approving the use of funds and disbursement to the CSOs.

Please give details of the management and auditing costs listed above, and report any problems that have been encountered with regard to the management of funds, including any delays in the availability of the funds.

5.2.4 Monitoring and Evaluation: NOT APPLICABLE

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for achievement of the target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Please indicate any problems encountered in measuring the indicators and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with the previous calendar year)	X	
Government signatures	X	
IACC endorsement	X	
Report on the ISS	X	
Report on the DQA	X	
Report on the use of the Vaccine introduction grant		
Report on injection safety	X	
Report on Immunization Financing & Financial Sustainability (progress compared with immunization financing and financial sustainability indicators)	X	
Request for new vaccines including the co-financing completed and Excel sheet attached	X	
Revised request for injection safety support (where applicable)		
Report on HSS		
IACC minutes attached to the report	X	
HSCC minutes, audit report of the accounts for the HSS funds and annual health sector review report attached to the annual progress report		

7. Comments

IACC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have encountered during the year under review.

~ End ~