



# Annual Progress Report 2009

Submitted by

The Government of

[**BENIN**]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 14 May 2010

**Deadline for submission: 15 May 2010**

Please send an electronic copy of the Annual Progress Report and attachments to the following email address: [apr@gavialliance.org](mailto:apr@gavialliance.org)

A hard copy can be sent to:

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

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

**Note: Before starting to fill out this form, get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.**

## **GAVI ALLIANCE GRANT TERMS AND CONDITIONS**

### **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

### **AMENDMENT TO THE APPLICATION**

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

### **RETURN OF FUNDS**

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

### **SUSPENSION/ TERMINATION**

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

### **ANTICORRUPTION**

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

### **AUDITS AND RECORDS**

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

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

### **CONFIRMATION OF LEGAL VALIDITY**

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

### **CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY**

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

### **USE OF COMMERCIAL BANK ACCOUNTS**

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

### **ARBITRATION**

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

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

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

### **By filling this APR the country will inform GAVI about :**

- *Accomplishments using GAVI resources in the past year;*
- *Important problems that were encountered and how the country has tried to overcome them;*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners;*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released;*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

**Government Signatures Page for all methods of GAVI support (ISS, INS, HSS, CSO)**

In signing this page, Government representatives attest to the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that the vaccines, immunisation supplies and funds have been used in accordance with the GAVI Alliance general conditions as given on page 2 of this APR.

For the Government of [country name] .....

Please note that this APR will not be revised or approved by the Independent Review Committee if it is not signed by the Minister of Health and the Minister of finance, or their authorized representative.

Ministre de la Santé : Professeur Issifou TAKPARA

Titre : Ministre de la Santé

Signature : .....

Date : 12 MAI 2010



Ministre des Finances (ou son représentant autorisé) : Adidjatou MATHYS

Titre : pour le Ministre de l'Economie et des Finances et par délégation La Directrice de Cabinet

Signature : .....

Date : 12 MAI 2010



Ce rapport a été préparé par :

<p>Nom complet ... Dr BOKOSSA Alexis..</p> <p>Fonction : Chef service Vaccination à la DNPEV-SSP</p> <p>Téléphone : (229) 21 33 75 90. ou (229) 90 94 37 67 .et. 97 28 59 53..</p> <p>Courriel : bokale2000@yahoo.fr</p>	<p>Nom complet : Dr NAGO Marie-Rose..</p> <p>Fonction...Directrice. du PEV-SSP..</p> <p>Téléphone.... (229) 21 33 75 90. ou (229) 95 06 52 18. et 96 28 54 55</p> <p>Courriel : maronago@yahoo.fr.</p>
<p>Nom complet : Dr BIEY José</p> <p>Fonction: Point Focal PEV à l'OMS/ Bénin.</p> <p>Téléphone.. : (229).213150 06. ou : (229)97290258</p> <p>Courriel : &lt;bieyj@intnet.bj</p>	<p>Nom complet : HASSAN Jacques..</p> <p>Fonction : Point Focal PEV à l'UNICEF/ Bénin</p> <p>Téléphone. : (229) 21303796 ou (229).98293994.</p> <p>Courriel :jhassan@unicef.org...</p>

**ICC Signatures Page**

*If the country is reporting on ISS, INS or NVS*

We, the undersigned members of the Interagency Coordination Committee (ICC) on immunisation, endorse this report. Signature of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Nom/Titre	Institution/Organisation	Signature	Date
Dr Akpe R. GBARY, Rep	Organisation Mondiale de la Santé		11/05/2010
M. Souleymane Diallo, Rep.	Fonds des Nations Unies pour l'Enfance		12/05/2010
MIRCHANDANI ASHOK R.	Agence Américaine pour le ROTARY International		11/05/2010
Dr. Yao Koss'a	Agence de Médecine Préventive		11/05/2010
ABATHO Josephine	Fondation PÉV Bénin		11.05.10

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
 All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:

.....

.....

## HSCC Signatures Page: NA

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
 All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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

**NA**

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

Name : .....

Function : .....

Organization ...

Date : .....

Signature : .....

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

We, the undersigned members of the National Health Sector Coordinating Committee, .....  
(insert name of committee) endorse this report on the GAVI Alliance CSO Support.

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

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



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## List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
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## 1. General Programme Management Component

### 1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-Excel)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2009. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

*Provide justification for any changes in **births**: Populations health data are updated, validated and distributed annually by the Ministry of Health Statistics and Documentation Department (SSD/DPP). This also involves the National Institute of Statistics and Economic Analysis (INSAE). Variations were therefore reported in the 2009 immunisation targets where validated target populations were available at the end of June.*

*Provide justification for any changes in **surviving infants**: The number of surviving infants also varies depending on the number of children under one year. This variation has not yet been taken into account by the Ministry of Health Statistics Department, which does not use survivor data in the SNIGS (National Health Information and Management System).*

*Provide justification for any changes in **targets by vaccine**: The changes made are those included in the 2009-2013 cMYP, which took the achievements in Benin's 2008 EPI external review report into consideration.*

*Provide justification for any changes in **wastage by vaccine**: The wastage by vaccine objectives take into consideration the results of the latest 2008 external EPI review.*

## 1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

The objectives selected for 2009 took the results of the external programme assessment conducted at the end of 2008 into account. Coverage achievements at the end of December 2009 are as follows:

BCG: 110% (objectives: 98%)  
DTP1-Hep1-Hib1: 106% (objectives: 88%)  
OPV3: 98% (objectives 90%)  
DTP3-Hep3-Hib3: 98% (objectives: 88%)  
AMV: 95% (objectives: 78%)  
AAV: 95% (objectives: 78%)  
TT2+: 68% (objectives: 84%)

- 82% of the country's communities achieved at least 90% coverage for the pentavalent vaccine (DTP3-Hep3-Hib3)
- 96% of communities achieved the 80% AMV coverage objective
- 56 communities, or 73% of the total, had a drop-out rate of less than 10% between the 1st and 3rd dose of DTP-Hep-Hib
- The drop-out rate between BCG and AMV exceeded 20% in 15 of the 77 communities.

The activities conducted during the year are summarized as:

- Ensuring the provisioning of health departments and facilities with vaccines and consumables
- Re-launching communication activities
- Strengthening the capacities of providers at the intermediate and operational levels
- Monitoring data by organizing interdepartmental and national meetings
- Developing RED micro plans for all communes
- Actively seeking cases of AFP (Acute Flaccid Paralysis) and other diseases with epidemic potential
- Strengthening cold chain capacities and logistical means in departments

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

The obstacles to reaching objectives related to:

- Insufficient planning and resource management  
All health zones have an annual programme budget for activity planning, as well as a health development plan. However, the inadequacy lies in the poor planning of EPI activities in neighbourhood health area micro plans and the small share of funding allotted to EPI activities in the various operational-level plans.
- Inadequate funding to implement RED micro plans in communes
- Low involvement of stakeholders at the operational level (chief physicians, EPI officials) in monitoring EPI data
- Operational-level agent laxity in conducting advanced strategy activities
- Lack of motivation on the part of some agents involved in EPI activities who consider immunisation activities limiting

### 1.3 Data assessments

- 1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different<sup>1</sup>):

In order to better respond to the new issues of immunization that are part of the introduction of other new vaccines, the immunization of the maximum number of children as is stipulated in the GIVS and the attainment of Millennium Development Goals, the Ministry of Health of Benin decided to conduct an external review of the EPI with the technical and financial support of these traditional partners (AMP, WHO, UNICEF, USAID, etc.).

The performance indicators of the children's EPI are the following:

- The rate of child immunization card retention is 77% (41% to 91%)
- Access to immunisation is 97% (84% to 100%)
- The proportion of "zero dose" children is 3% (0 to 16%)
- The use of EPI services is 94% (80% to 98%); gross CV Penta 1 by card or history
- The drop-out rate between Penta1 and AMV is 25% (8% to 50%)
- The proportion of invalid AMV doses is 8% (0% to 18%).

The strengths are good access of children to immunization services, good BCG vaccine technique, and good ability to reach children under a year old.

The main weaknesses as regards vaccine coverage are the limited coverage of the EPI, the low continuity of the EPI, poor conforming to the immunization schedule, the low vaccination card retention rates, the parents' lack of information on immunization, and the high proportion of cases of non-immunization, related to immunization services.

Thus, (DTP+HepB+Hib) 3 coverage, by health card or medical history, was 82% versus routine coverage of 95%.

Likewise, AMV coverage (card or history) was 70% versus 86% routine.

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<sup>1</sup> Note that WHO/UNICEF estimates for 2009 will only be available in July 2010 and may include retrospective changes in chronological series.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? ?

**IF YES:**

Please describe the assessment(s) and when they took place.

**Operational level**

Several health zones organized assessment audits of data quality in their health areas.

The specific objectives selected for these audits were to:

- Verify:
  - Completeness of EPI reports
  - Preciseness of reported number of immunisations;
  - Quality of the immunisation monitoring system;
- Propose corrective actions to improve EPI performance in health zones.

The results of these audits revealed gaps in reporting by level, either over- or under-reporting.

**National level**

- Organizing validation and standardization sessions for immunisation data (end of 2009) and surveillance (start of 2009) by health pyramid level.

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Activities conducted to improve administrative data systems:

- Designing and setting up immunisation registries in both mixed and advance positions, and registries for disease surveillance. Providers were trained in how to fill out these tools.
- Organizing twice-yearly interdepartmental meetings about EPI data monitoring.
- Scaling up the RED strategy
- Organizing data validation sessions with EPI Data Quality Audits (DQS) in several health zones, by Health Zone Team Leaders (HZTL).
- The programme organizing EPI data and surveillance validation and standardization trips in the 12 departments.

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

- A funding plan for scaling up the "Self-evaluation of EPI data quality" strategy
- A plan for mobilizing resources for the effective implementation of RED micro plans in communes
- Assessing the RED strategy
- Vaccine coverage surveys
- Monitoring meetings scheduled regularly (every 3 months) at department level

#### 1.4 Overall Expenditure and Financing for Immunisation

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

**Table 2:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

<i>Expenditures by Category</i>	<b>Expenditure Year 2009 (US dollars)</b>	<b>Budgeted Year 2010</b>	<b>Budgeted Year 2011</b>
Traditional Vaccines	836,865	524,949	517,095
New Vaccines	''''''''	8,097,214	14,588,634
Injection supplies with AD syringes			
Injection supply with syringes other than ADs		359,758	415,504
Cold Chain equipment	291,621	524,746	201,941
Rolling stock		591086	758,739
Operational costs	356,800	818,324	875,641
Other (please specify)		2,709,918	38,928
Under-used vaccines	121,916	565,189	532,129
Supplementary Immunisation Activities	2,759,830	9,607,845	3,974,128
Program support (WHO; UNICEF)	257,540	1,181,509	3,188,641
<b>Total EPI</b>	<b>4,624,572</b>	<b>23,799,029</b>	<b>25,091,379</b>
<b>Total Government Health</b>	<b>42,048,274</b>	<b>50,094,049</b>	<b>58,618,386</b>

<b>Exchange rate used</b>	466.385
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Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging or 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.

At the end of the fiscal year we observed a low rate of financial execution of the national budget (9.6%). This is explained by the non-disbursement of national budget funds to pay for the operational costs of the yellow fever campaign that was conducted from November 23 to December 6, 2009. GAVI not only supplied the anti-measles vaccines but also contributed significantly to the operational costs of the campaign.

<sup>2</sup> Traditional vaccines: BCG, DTP, OPV (or IPV), 1st dose of measles vaccine (or combined vaccine or MMR), tetanus (TT). Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

## 1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? **.03.**

Please attach the minutes (**document no. 2**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

*List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4*

The ICC approved of revising Coverage objectives after referring to the results of the 2008 review. Commitments were made by technical and financial partners for programme mobilisation and funding. They also recommended setting up an intranet and internet network with the operational level for improved monitoring of EPI data, and proposed organizing a national vaccine coverage survey in 2010.

Are any Civil Society Organisations members of the ICC? **[Yes]** If yes, which ones?

*List CSO member organisations:*

EPI Foundation of Benin

Red Cross of Benin

Benin Paediatric Society

Polio Plus Committee

## 1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked to the cMYP?

The programme decided to review the cMYP for the period from 2009 to 2013. An operational plan resulted from this strategic plan whose objectives are linked with the cMYP, i.e.:

### **General Objective**

To contribute to achieving Millennium Development Goals by reducing infant-juvenile morbidity and mortality resulting from EPI target illnesses.

### **- Specific Objectives**

#### 1. Specific objectives for routine EPI

- To increase the percentage of districts with a fully-immunised child rate of over 80% from 68 % to at least 80 % by 2013.
- To increase national immunisation coverage of children aged 0-11 months, those in the range 15-23 months and pregnant women to the levels shown below by 2013:

**Penta3: at least 92%**

**CVC: at least 80%**

**TT2+: 85%**



## 2. Other objectives for 2010-2011

- Raise the proportion of health centres controlling vaccine and supply management from 65% to 83%
- Increase vaccine storage capacity in health centres from 76% to 93% by 2011
- Raise the proportion of communes with a functional supervision vehicle from 44% to 58%
- Increase availability of the motorcycles used for advanced immunisation strategies from 52% to 76% by 2011
- Achieve Penta3 (DTP+Hep B+Hib) coverage of >80%+ in 90% of communes (and for all EPI antigens) by 2011
- Have 84% of communes report at least one case of AFP per 100 000 children under age 15 per year by 2011
- Have at least 77% of communes notify at least one suspected case of yellow fever by 2011
- Reduce the incidence of maternal and neonatal tetanus (MNT) to less than one case per 1,000 live births in all communes (<1 case/1,000 live births) by 2011
- Have 88% of districts to notify at least one suspected case of measles by 2011
- Raise the percent of health zones planning, budgeting and conducting EPI activities at the health area level from 60% to 80%
- Make EPI data monitoring monthly in 60% of health centres by 2011

### **Some priority activities for 2010-2011 contained in the cMYP**

- Develop long-term predictions of needs for vaccines and supplies (FORCAST).
- Ensure the regular purchase of vaccines and supplies
- Set up a monitoring system at the level of each health zone (stock recording, movement monitoring, information transmission, inventory, etc.) of the stock situation (vaccines, supplies) of health facilities.
- Procure missing CC equipment for health facilities
- Acquire spare parts for the CC
- Update the RED micro plans in each commune
- Actively involve the local media and community leaders in publicizing messages about vaccination (contracts with 12 nearby radio stations)
- Provide monthly monitoring of activities at all levels in order to improve program performance
- Organize a vaccine coverage survey to validate EPI data
- Make EPI data quality audits periodic and routine in health zones
- Organize supplemental immunisation campaigns and responses to polio integrating vitamin A, an anti-parasitic and routine EPI antigens
- Organize supplemental immunisation campaigns to measles integrating vitamin A, an anti-parasitic and routine EPI antigens
- Notify and investigate all cases of AFP and other diseases that are under surveillance (measles, yellow fever, tetanus etc.)
- Involve the paediatricians in epidemiological surveillance
- Take biological samples and transport them to the laboratory
- Organise meetings of the various committees (Certification Committee and Committee of Experts)
- Advocate at the Ministry level and to partners for the continued renewal of supervision vehicles and motorcycles for advanced strategy immunisation.



## 2. Immunisation Services Support (ISS)

### 2.1 Report on the use of ISS funds in 2009

Funds received in 2009: US\$ 00

Remaining funds (carried over) from 2008: US \$54,428

Balance carried over to 2010: US \$ 32,359

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

A portion of the funds was used to train service providers in EPI management, for about 180 health agents trained. (Cost of 10,292,723 francs CFA, or US \$22,069 USD for an exchange rate of 466.385)

### 2.2 Management of ISS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES]:** please complete **Part A** below. **NA**  
**[IF NO]:** please complete **Part B** below.

**Part A:** Briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

**NA**

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

*The use of ISS funds must meet the management requirements of government contracts: a quarterly and annual self-assessment report must be written and sent to the Ministry of Health Directorate of Programming and Forecasting; a utilisation plan was sent to the ICC in 2008 for the remainder of the funds.*

ISS funds were held in a bank account in the Programme's name; two signatories signed at the bank for payment operations.

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

2.3 Detailed expenditure of ISS funds during 2009 calendar year

Immunisation Services Support (ISS) Sector	Total Amount in US\$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR and Others
		Central	Region / State / Province	District	
Purchase of vehicle and motorcycles					
Train 30 providers per department in EPI management	22,069			22,069	
Supervision of providers in 6 departments					
Monitoring and evaluation (monitoring EPI data quality)					
Epidemiological surveillance (active search for cases of AFP and other diseases with epidemic potential)					
<b>Total:</b>	22,069			22,069	
<b>Balance of funds for the next year:</b>	<b>32,359</b>				

NDEPI-PHC accountant

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**document n°.....**). (*Instructions for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

**The external audit of ISS funds received in 2007-2008 was not conducted; it will be done by the end of May, and the report will be sent to you before the report study in June 2010.**

## 2.4 Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the year with the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1<sup>3</sup>.

---

<sup>3</sup> The IRC will evaluate the section of the APR related to ISS after the WHO/UNICEF estimate of vaccine coverage has been published.

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

#### 3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill in Table 4.

**Table 4:** Vaccines received for 2009 vaccinations against approvals for 2009

	[ A ]		[ B ]
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *
DTP-HEPB+Hib	1 279 400	23-05-2009	1,279,400
AAV	460 200	23-05-2009	460,200

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

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

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Problems with cold chain?)	<ul style="list-style-type: none"> <li>• NA</li> </ul>
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in country and with UNICEF supplies)	<ul style="list-style-type: none"> <li>• . NA</li> </ul>

#### 3.2 Introduction of a New Vaccine in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....NA
Phased introduction [YES / NO]:	Date of introduction <b>NA</b>
Nationwide introduction [YES / NO]:	Date of introduction <b>NA</b>
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> <li>• <b>Notification of GAVI approval for the introduction of the pneumococcus vaccine was made in April 2009; the introduction was not yet scheduled, as Benin was awaiting the GAVI Board decision in June 2010.</b></li> </ul>

#### 3.2.2 Use of new vaccines introduction grant (or lump sum)

Funds of Vaccines Introduction Grant received:	US\$	Receipt date: <b>NA</b>
--	------	-------------------------

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

<b>NA</b>
-----------

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

**NA**

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]

If YES, how much? US\$ **NA**

.....

Please describe the activities that will be undertaken with the balance of funds:

**NA**

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

**NA**

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**document n°.....**). (*Instructions for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

### 3.3 Report on country co-financing in 2009 (if applicable)

**Table 5:** Four questions on country co-financing in 2009

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in 2009</b>	<b>Actual Payments Date in 2009</b>	<b>Proposed Payment Date for 2010</b>
	(month/year)	(day/month)	N/A
1st Awarded Vaccine (specify) <b>Yellow fever</b>	JUNE 2009	August 06, 2009	N/A
2nd Awarded Vaccine (specify) <b>DTP HepB + Hib (2 doses)</b>	NA	NA	NA
3rd Awarded Vaccine (specify)			
<b>Q.2: Actual co-financed amounts and doses?</b>			
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>	
1st Awarded Vaccine (specify): Anti-amaril vaccine	520,613	565,883	
2nd Awarded Vaccine (specify): <b>DTP HepB + Hib</b>	3,883,797	1,064,054	
3rd Awarded Vaccine (specify)			
<b>Q.3: Sources of funding for co-financing?</b>			
1. Government: <b>YES</b>			
2. Donor (specify)			
3. Other (specify)			
<b>Q.4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?</b>			



1. Existence of a secured line for the procurement of vaccines at the Ministry of Health budget level
2. Lighter administrative procedures for the mobilisation of vaccine procurement funds
3. Development of FORCAST in the last quarter of each year in collaboration with UNICEF, who orders the vaccines
4.

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: [http://www.gavialliance.org/resources/9\\_\\_\\_Co\\_Financing\\_Default\\_Policy.pdf](http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf).

**NA**

### 3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy] **in 2008/2009 during the external review of the programme and review of the 2009-2013 cMYP.**

If conducted in 2008/2009, please attach the report. (**document n°.....**).

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? [YES]

If yes, please summarize main activities to address the EVSM/VMA recommendations and their implementation status.

The list of activities conducted via the programme's 2009 action plan is a snapshot of activities conducted within its framework, i.e.:

Recommendations for the cold chain and logistics

- 100% of activities scheduled as part of strengthening operational-level agent capacities were conducted;
- Office equipment (computer equipment) at all EPI focal points;
- 21% of cold chain equipment underwent maintenance;
- Vaccine storage materials were acquired for 100% of planned funds (refrigerators, freezers, accumulators, thermometers, vaccine carriers, coolers);
- 100% of supervision visits to departments for computerized vaccine management were conducted;
- 84% of the positive and negative cold rooms (refrigerators and freezers) construction in the Atacora department in the north was completed;
- 32% of cold room construction in two departments (Zou in the centre and Atlantic in the south) was completed;
- A generator for the Ouémé department cold chain was not acquired.

When is the next EVSM/VMA\* planned? [**Year 2011**]

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

### 3.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/freeze-dried) to the other; etc.), please provide the vaccine specifications and attach the minutes of the

ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

**NA**

Please attach the minutes of the ICC meeting (**document n°1**) that endorsed the requested change.

### 3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010:

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for **NA**. [vaccine type(s)] vaccine for the years 2011-... [end year]. At the same time it commits itself to co-finance the procurement of **DTP-HepB\_Hib** [vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarized in Annex 1.

The multi-year extension of **PNEUMOCOCCUS**[vaccine type(s)] vaccine support is in line with the new cMYP for the years **2010 to 2013**... [1st and last years] which is attached to this APR (**document N° 3**).

The country ICC has endorsed this request for extended support of **NA** [vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR (**document no. ....**).

### 3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table 2 HepB & Hib; Table 4.2 Yellow fever, etc.)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for Yellow Fever Vaccine, etc.)
4. Verify the support that will be provided by GAVI and the share paid by the country. These amounts are automatically calculated in the two tables (e.g., Table 4.1.2 and 4.1.3 for Hep & Hib; Tables 4.2.2 and 4.2.3 for yellow fever vaccine, etc.).
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

**[YES, I confirm]**

If you don't confirm, please explain:

## 4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

#### 4.1 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [ YES/NO ] or supplies [ YES ] ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

**Table 7:** Injection Safety Material Received in 2009

Injection Safety Material	Quantity	Date received
DS 2 ML	4,596,900	July 29, 2009
DS 5 ML	394,000	July 29, 2009
ADS 0,5 ml	9,101,800	November 14, 2009
SB 5l	75,000	November 14, 2009

Please report on any problems encountered:

Most of the syringes were received for the 2009 yellow fever campaign. A summary of problems encountered:

- Delay noted in shipment of supplies (syringes)
- Variations noted in stock received versus need expressed (10 mL syringes in the stock when no need was expressed; an excess of 2 mL syringes instead of 5mL syringes)

#### 4.2 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

**Table 8:** Funding sources of Injection Safety Material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	ADS 0.5 mL	Government
Measles	ADS 0.5 mL	Government
Tetanus Toxoid	ADS 0.5 mL	Government
DTP-containing vaccine	ADS 0.5 mL	GAVI
Dilution Syringe	DS 2 mL	GAVI
Dilution Syringe	DS 5 mL	Government

Please report how sharps waste is being disposed of:

The 2008 external EPI review revealed the following weaknesses:

- Absence of a plan for disposing of waste
- Non-documentation of waste disposal
- Insufficient good-quality incinerators
- Absence of a maintenance plan
- Inadequate monitoring of the operation and use of incinerators

The following recommendations were formulated:

- Rehabilitate all incinerators at health centre level
- Continue constructing/providing health centres with incinerators
- Strengthen incinerator use monitoring

- Organize health personnel training in injection safety and waste management
- Develop and implement an operational plan for managing and disposing of vaccination waste
- Strengthen supervision in injection safety and waste management

To make up for the Montfort incinerator not being available, a collection route was set up in health centres in the health zones for:

- Collecting ADS from immunisation, sharps waste in safety boxes
- Storing boxes in secured locations at health facilities
- Transporting filled safety boxes by the supervision vehicle or motorcycle to sites that have a Montfort-type incinerator for destruction

Nonetheless, we should note that means for transporting full safety boxes are not always available in all communities.

In addition, administration of curative care in health facilities produces a significant amount of sharps waste, so the need for SB in health facilities to collect used syringes continues to grow. This is aggravated by the poor organization of collection and transportation in some health zones, leading to an accumulation of sharps waste in some health centres. It should be noted that, as part of the 2009 AAV campaign, the involvement of hygiene agents in communities and their managers at various levels in the health pyramid led to improved waste management (collection, storage, incineration and waste management documentation).

Does the country have an injection safety policy/plan? **[YES]**

**IF YES:** Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

**IF NO:** Are there plans to have one? (Please report in box below)

While there is an injection safety policy document, guidelines remain to be drawn up to make this policy operational at the operational level. The 2009-2013 cMYP planned for activities in this area, as did the NDEPI 2009 operational plans. Data sheets were developed with injection safety guidelines and were distributed in health facilities. The various communities and health zones developed a waste management micro plan. There is at least one hygiene agent in each community charged with implementing these micro plans, in collaboration with the health agents.

#### **4.2** Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution) **NA**

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

Fund from GAVI received in 2009 (US\$): .....

Amount spent in 2009 (US\$): .....

Balance carried over to 2010 (US\$):.....

**NA**

**Table 9:** Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
<b>Total</b>	

If a balance has been left, list below the activities that will be financed in 2010:

**NA**

**Table 10:** Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
<b>Total</b>	

## 5. Health System Strengthening Support (HSS)

**NA**

### **Instructions for reporting on HSS funds received**

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April 2010 period.
3. HSS reports should be received by 15th May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

### **Background to the 2010 HSS monitoring section**

As noted earlier by the Independent Review Committee, through the mid-2009 HSS assessment and the HSS<sup>4</sup> follow-up study, monitoring of HSS investments is one of the weakest links in this method of support.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

<sup>4</sup>All of these documents are available at <http://www.gavialliance.org/performance/evaluation/index.php>.

5.1 Information relating to this report

- 5.1.1 Government fiscal year (cycle) runs from January to December.
- 5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
- 5.1.3 The national health plan runs from January 2010 (month/year) to December 2012 (month year)
- 5.1.4 The current immunisation cMYP runs from January 2009 (month/year) to December 2013 (month/year).

Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications: **NA**

5.1.5

[It is important for the IRC to understand 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 UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. The report was approved during the March 10, 2009 HSCC meeting, the minutes of which are in Annex XX of this report”]

Name	Organization	Role played in report submission	Contact email and telephone number
<i>Government focal point to contact for any programmatic clarifications:</i>			
<i>Focal point for any accounting of financial management clarifications:</i>			
<i>Other partners and contacts who took part in putting this report together:</i>			

- 5.1.6 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were basic questions raised as to the precise nature or validity of information (especially financial data and indicator values)? If yes, how were they treated or resolved?

**NA**

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, et cetera of information presented. For example: *The main sources of information used were 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.*]

**NA: Benin’s HSS application has just been accepted**

- 5.1.7 In putting together this report did you experience 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 of the APR report? Are there any

ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

5.1.8 Health Sector Coordinating Committee (HSCC) **NA**

How many times did the HSCC meet in 2009?

Please attach the minutes (**document no. ....**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report  
Latest Health Sector Review report is also attached (Document N°

**NA**

5.2 Receipt and expenditure of HSS funds in the 2009 calendar year

**NA**

Please complete Table 11 below for each year of your government's approved multi-year HSS programme.

**Table 11: Receipt and expenditure of HSS funds**

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)									
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year									
Total expenditure during the calendar year									
Balance carried forward to next calendar year									
Amount of funding requested for future calendar year(s)									

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (*For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement?*):

**NA**



### 5.3 Report on HSS activities in 2009 reporting year

**Note on Table 12 above:** This section should report according to the original activities featuring in the HSS application. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

**Table 12: HSS Activities in 2009 reporting year**

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
<b>Objective 1:</b>		
Activity 1.1:		
Activity 1.2:		
<b>Objective 2:</b>		
Activity 2.1:		
Activity 2.2:		
<b>Objective 3:</b>		
Activity 3.1:		
Activity 3.2:		

#### 5.4 Support functions **NA**

*This section on support functions (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with 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?*

##### 5.4.1 Management **NA**

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

##### 5.4.2 Monitoring and Evaluation **NA**

Describe the support needed for monitoring and evaluation activities during the period of the report as well as all support that may be needed the following year to strengthen national capacities to monitor GAVI HSS investments.

**NA**

##### 5.4.3 Technical Assistance **NA**

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

*Note for Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).*

*The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here*

**Table 13: HSS Activities Planned for 2010 NA**

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
<b>Objective 1:</b>					
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>					
Activity 3.1:					
Activity 3.2:					
<b>TOTAL COSTS</b>					

**Table 14:** Planned HSS Activities for next year (i.e. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
<b>Objective 1:</b>				
Activity 1.1:				
Activity 1.2:				
<b>Objective 2:</b>				
Activity 2.1:				
Activity 2.2:				
<b>Objective 3:</b>				
Activity 3.1:				
Activity 3.2:				
<b>TOTAL COSTS</b>				

5.5 Programme implementation for 2009 reporting year **NA**

- 5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), 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 should be based on the original proposal that was approved and explain any significant differences ñ it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, 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.*

**NA**

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

**NA**

5.6 HSS fund management **NA**

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES]:** please complete **Part A** below.  
**[IF NO]:** please complete **Part B** below.

**Part A:** further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

**NA**

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

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

**NA**

5.7 Detailed expenditure of HSS funds during the 2009 calendar year

**NA**

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**document n°.....**) (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January ñ April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**document n°.....**)

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (**document n°.....**)

### 5.8 General overview of targets achieved NA

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Objective
<b>Objective 1:</b>						
1.1						
1.2						
<b>Objective 2:</b>						
2.1						
2.2						

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

Provide justification for any changes in the **denominator**:

Provide justification for any changes in **data source**:

**Table 16:** Trend of values achieved

<b>Name of Indicator</b> (insert indicators as listed in above table, with one row dedicated to each indicator)	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Explanation of any reasons for non achievement of targets</b>
1.1				
1.2				
2.1				
2.2				

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

**NA**

#### 5.9 Other sources of funding in pooled mechanism for HSS NA

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

**Table 17:** Sources of HSS funds in a pooled mechanism

<b>Donor</b>	<b>Amount in US\$</b>	<b>Duration of support</b>	<b>Contributing to which objective of GAVI HSS proposal</b>



## 6. Expanded Civil Society Organisation (CSO) Participation

### 6.1 TYPE A: Support to strengthen coordination and representation of CSOs **NA**

This section is to be completed by countries that have received GAVI TYPE A CSO support<sup>5</sup>.

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

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

**NA: No CSO request was made to GAVI**

#### 6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**document n°.....**)

**NA**

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing 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.

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<sup>5</sup> GAVI Alliance Type A CSO support is available for all eligible countries..

**NA**

#### 6.1.2 Nomination process

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

**NA**

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

**NA**

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

**NA**

**NA**

#### 6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received in 2009: US\$

Remaining funds (carried forward) from 2008: US\$

Balance carried over to 2010: US \$

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

This section is to be completed by countries that have received GAVI TYPE B CSO support.<sup>6</sup>

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

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

NA

6.2.1 Programme implementation

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

NA

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

NA

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<sup>6</sup> GAVI Alliance Type B CSO support is only available for the ten eligible pilot countries: Afghanistan, Burundi, Bolivia, Ethiopia, Georgia, Ghana, Indonesia, Mozambique, Pakistan and the Democratic Republic of Congo.

**NA**

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.

**NA**

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

**NA**

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

**NA**

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 immunisation 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.

**Table 18: Outcomes of CSOs Activities**

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Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening. **NA**

Please also indicate the new activities to be undertaken by those CSOs already supported.

**Table 19:** Planned activities and expected outcomes for 2010/2011

**NA**

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

**NA**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received in 2009: US\$  
Remaining funds (carried forward) from 2008: US\$  
Balance carried over to 2010: US\$

### 6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES]** : please complete **Part A** below.  
**[IF NO ]** : please complete **Part B** below.

**Part A:** further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

**NA**

**Part B:** briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

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

**NA**

### 6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**document n°.....**) (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

### 6.2.5 Monitoring and Evaluation **NA**

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.

**Table 20:** Progress of CSO project implementation

Activity / outcome	Indicator	Data Source	Baseline Value and date	Current status	Date recorded	Target	Date for 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. Indicate any problems experienced in measuring the indicators, and any changes proposed.

**NA**



## 7. Checklist

**Table 21:** Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

<b>MANDATORY REQUIREMENTS ((if one is missing the APR is NOT FOR IRC REVIEW))</b>		<b>ISS</b>	<b>NVS</b>	<b>HSS</b>	<b>CSO</b>
1	Signature of Minister of Health (or delegated authority) of APR	X	X		
2	Signature of Minister of Finance (or delegated authority) of APR	X	X		
3	Signatures of members of ICC/HSCC in APR Form	X	X		
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	X	X		
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash	X			
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				
<b>OTHER REQUIREMENTS</b>		<b>ISS</b>	<b>NVS</b>		<b>CSO</b>
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

## **8. Comments**

*Comments from ICC/HSCC Chairs:*

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2  
TERMS OF REFERENCE:  
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND  
NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
  - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. ISS fund audit reports must reach the GAVI Secretariat six months after each country's fiscal year ends

## **MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:**

### ***An example statement of income & expenditure***

<b>Summary of income and expenditure – GAVI ISS</b>						
	<b>Local Currency (CFA)</b>		<b>Value in USD<sup>7</sup></b>			
<b>Balance brought forward from 2008</b> ( <i>balance as of 31 December 2008</i> )	25,392,830		53,000			
<b>Summary of income received during 2009</b>						
Income received from GAVI	57,493,200		120,000			
Income from interest	7,665,760		16,000			
Other income (fees)	179,666		375			
<b>Total Income</b>	65,338,626		136,375			
<b>Total expenditure during 2009</b>	30,592,132		63,852			
<b>Balance as at 31 December 2009</b> ( <i>balance carried forward to 2010</i> )	60,139,324		125,523			
<b>Detailed analysis of expenditure by economic classification<sup>8</sup> – GAVI ISS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditure</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

<sup>7</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>8</sup> Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3  
TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS  
STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

- a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
- b. Income received from GAVI during 2009
- c. Other income received during 2009 (interest, fees, etc.)
- d. Total expenditure during the calendar year
- e. Closing balance as of 31 December 2009
- f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. HSS fund audit reports must reach the GAVI Secretariat six months after each country's fiscal year ends.

**MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:**  
***An example statement of income & expenditure***

<b>Summary of income and expenditure – GAVI HSS</b>		
	<b>Local Currency (CFA)</b>	<b>Value in USD<sup>9</sup></b>
<b>Balance brought forward from 2008</b> ( <i>balance as of 31 December 2008</i> )	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>65,338,626</b>	<b>136,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as at 31 December 2009</b> ( <i>balance carried forward to 2010</i> )	<b>60,139,324</b>	<b>125,523</b>

<b>Detailed analysis of expenditure by economic classification<sup>10</sup> – GAVI HSS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS</b>						
<b>ACTIVITY 1.1: TRAINING OF HEALTH WORKERS</b>						
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
<b>TOTAL FOR ACTIVITY 1.1</b>	<b>24,000,000</b>	<b>50,093</b>	<b>18,800,000</b>	<b>39,239</b>	<b>5,200,000</b>	<b>10,854</b>

<sup>9</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>10</sup> Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

**ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES**

<b>Non-salary expenditure</b>							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
<b>Other expenditure</b>							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
<b>TOTAL FOR ACTIVITY 1.2</b>	<b>18,000,000</b>	<b>37,570</b>	<b>11,792,132</b>	<b>24,613</b>	<b>6,207,868</b>	<b>12,957</b>	
<b>TOTALS FOR OBJECTIVE 1</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>	

GAVI ANNUAL PROGRESS REPORT ANNEX 4  
TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY  
ORGANISATION (CSO) TYPE B

I. All countries that have received CSO “Type B” grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO “Type B” grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)

b. Income received from GAVI during 2009

c. Other income received during 2009 (interest, fees, etc.)

b. Total expenditure during the calendar year

e. Closing balance as of 31 December 2009

f. A detailed analysis of expenditures during 2009, based on ***your government’s own system of economic classification***. This analysis should summarise total annual expenditure by each civil society partner, per your government’s originally approved CSO “Type B” proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government’s own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the “variance”).

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country’s external audit for the 2009 financial year.



**MINIMUM REQUIREMENTS FOR CSO "Type B" FINANCIAL STATEMENTS**  
***An example statement of income & expenditure***

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD <sup>11</sup>
Balance brought forward from 2008 ( <i>balance as of 31 December 2008</i> )	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>65,338,626</b>	<b>136,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)</b>	<b>60,139,324</b>	<b>125,523</b>

Detailed analysis of expenditure by economic classification <sup>12</sup> – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>CSO 1: CARITAS</b>						
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
<b>TOTAL FOR CSO 1: CARITAS</b>	<b>24,000,000</b>	<b>50,093</b>	<b>18,800,000</b>	<b>39,239</b>	<b>5,200,000</b>	<b>10,854</b>
<b>CSO 2: SAVE THE CHILDREN</b>						
<b>Salary expenditure</b>						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

<sup>11</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>12</sup> Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

<b>Non-salary expenditure</b>							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
<b>Other expenditure</b>							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR CSO 2: SAVE THE CHILDREN</b>		<b>18,000,000</b>	<b>37,570</b>	<b>11,792,132</b>	<b>24,613</b>	<b>6,207,868</b>	<b>12,957</b>
<b>TOTALS FOR ALL CSOs</b>		<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>