



GAVI Alliance

Annual Progress Report **2013**

submitted by
the Government of
Benin

Reporting year: **2013**

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

Submitted on: **5/9/2014**

Deadline for submission: 5/15/2014

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

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

SUSPENSION/ CANCELLATION

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

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country accept any gifts, payments or benefits directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that this support application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By preparing this APR the Country will inform GAVI about:

accomplishments using GAVI resources in the past year

important problems that were encountered and how the country has tried to overcome them

meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent

1. Features of the Support

Reporting year: **2013**

Requesting for support year: **2015**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Yellow fever, 10 dose (s) per vial, LYOPHILIZED	Yellow fever, 10 dose (s) per vial, LYOPHILIZED	2015
Preventive Campaign Support	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED		2012

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

1.2. Extension of the Program

No NVS is eligible for an extension of this year

1.3. ISS, HSS, CSO support

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

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

1.4. Previous IRC Report

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

2. Signatures

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

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

For the government of **Benin**

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

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority):	
Name	DOROTHEE AKOKO KINDE GAZARD	Name	GBIAN JONAS
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	E-mail
NDEYE MARIE BASSABI ALLADJI	DG NIA PHC	00 229 97579091	nmab12000@yahoo.fr
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BARTHELEMY SEMEGAN	MPN WHO	00229 97152687	semeganb@who.int

2.2. ICC Signatures Page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
DOROTHEE AKOKO KINDE GAZARD	Minister of Health		
YOUSSOUF GAMATIE	WHO REPRESENTATIVE		
ANNE VINCENT	UNICEF REPRESENTATIVE		
ASHOK MIRCHANDANI	ROTARY INTERNATIONAL		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
DOROTHEE AKOKO KINDE GAZARD	MOH		
YOUSSOUF GAMATIE	WHO		
ANNE VINCENT	UNICEF		
ASHOK MIRCHANDANI	RI		

If HSCC wishes it may send informal comments to:apr@gavialliance.org

All comments will be treated confidentially

Comments from partners:

N/A

Comments from the Regional Working Group:

N/A

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

Benin will not present the report on use of CSO funds (Type A and B) in 2014

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4. Baseline and annual targets

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

Number	Achievements in line with WHO/UNICEF joint report		Targets (Preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	398,414	398,521	410,964	411,274	424,115	424,434
Total infants' deaths	26,694	26,701	27,755	27,555	28,434	28,437
Total number of surviving infants	371,720	371,820	383,209	383,719	395,681	395,997
Total pregnant women	458,176	458,300	472,838	472,966	487,968	488,100
Number of infants who have received (should receive) BCG vaccine	390,446	378,595	399,650	403,048	412,439	415,946
BCG coverage	98 %	95%	97 %	98 %	97 %	98 %
Number of infants who received (should receive) OPV3 vaccine	364,286	345,793	371,713	372,207	383,811	384,117
OPV3 coverage	98 %	93%	97 %	97 %	97 %	97 %
Number of infants who have received (should receive) DTP1 vaccine	390,446	364,384	383,615	376,045	395,691	388,077
Number of infants who received (should receive) DTP3 vaccine	364,286	345,793	371,713	372,207	383,811	384,117
DTP3 coverage	98 %	93%	97 %	97 %	97 %	97 %
Wastage[1] rate during the reference year and anticipated thereafter (%) for DTP vaccine	10	9	9	15	9	15
Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine	1.11	1.10	1.10	1.18	1.10	1.18
Number of infants who received (should receive) 1 dose(s) of DTP-HepB-Hib vaccine	390,446	364,384	383,615	376,045	395,691	388,077
Number of infants who received (should receive) 3 dose(s) of DTP-HepB-Hib vaccine	390,446	345,793	383,615	372,207	383,811	384,117
DTP-HepB+Hib coverage	105%	93%	100 %	97 %	97 %	97 %
Wastage [1] rate in base-year and planned thereafter (%) [2]	10	15	13	15	13	15
Wastage [1] factor in base-year and planned thereafter (%)	1.11	1.18	1.15	1.18	1.15	1.18
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose (s) per vial, LIQUID	25 %	0%	25 %	25 %	25 %	25 %
Number of infants who received (yet to receive) Yellow fever vaccine	358,573	323,483	368,270	345,347	379,863	356,397

Yellow fever coverage:	96%	87%	96%	90%	96%	90%
Wastage [1] rate in base-year and planned thereafter (%)	45	21	24	25	24	25
Wastage [1] factor in base-year and planned thereafter (%)	1.82	1.27	1.32	1.33	1.32	1.33
Maximum loss rate for Yellow fever, 10 dose (s) per vial, LYOPHILIZED	40 %	40 %	40 %	40 %	50%	40 %
Number of infants who received (should receive) 1 dose(s) of Pneumococcal (PCV13) vaccine	390,446	364,384	436,439	376,045		384,117
Number of infants who received (should receive) 3 dose(s) of Pneumococcal (PCV13) vaccine	390,446	345,793	436,439	372,207		356,397
Pneumococcal (PCV13) coverage	105%	93%	114%	97 %	0%	90%
Wastage [1] rate in base-year and planned thereafter (%)	5	0	5	5		5
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1.05	1	1.05
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose (s) per vial, LIQUID	5%	5%	5%	5%	5%	5%
Number of infants who received (should receive) 1st dose(s) of measles vaccine	358,573	323,483	368,270	345,347	379,863	356,397
Measles coverage	96%	87%	96%	90%	96%	90%
Pregnant women immunized with TT+	394,031	316,227	406,640	340,536	419,652	366,075
TT+ coverage	86%	69%	86%	72%	86%	75 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	3,087,843	0	3,087,843	0	3,087,843
Annual DTP Dropout rate [(DTP1-DTP3)/DTP1] x100	7%	5%	3%	1%	3%	1%

** Number of infants vaccinated out of total surviving infants

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

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

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) of immunization activities for 2013**. The figures for 2014 - 2015 in the Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APRs or in the new application for GAVI support or in the cMYP.

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

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

The live births used for 2013 are obtained by multiplying the number of births in 2012 with an approximate growth rate of 3.2%. In reality, this growth rate has several decimal places which can cause differences in live births according to the users.
Also, Benin conducted a General Population Census in 2013; we will update the demographic data for the remaining years of cMYP 2014-2018.

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

As the number of surviving infants for 2013 is related to the number of live births in 2013, any modification of the latter impacts the number of surviving infants.
The number of surviving infants will be updated as soon as we have the results from General Population Census 2013.

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

The target for TT2+ was fixed at 86% in cMYP 2009-2013 and does not relate to the 2012 results (72%)
Also, for arriving at the provisional results of DHS4, these targets were adjusted to 72% in cMYP 2014 - 2018

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

wastage rates are updated

5.2. Immunization achievements in 2013

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

Antigens	Objectives 2013 (%)	Results (%)
BCG	98	95
OPV3	98	93
(DTP-HepB-Hib)3	98	93
MV	92	87
YFV	92	87
PCV13-3	94	93
TT2+	86	69

MAIN ACTIVITIES CARRIED OUT IN 2013

- Set-up the National Consulting Committee for Immunization and Vaccines (NCCIV) at Benin
- Organized 2 quarterly supervisions of EPI managers
- Organized monthly monitoring of activities at all levels to improve the performance of the program
- Prepared an integrated communication plan for EPI
- Acquired 20 Refrigerators and 19 motorcycles for the Health Facilities
- Conducted data quality audit (DQS) in 18 of the 34 health zones in the country.
- Organized a data validation sessions in 34 health zones
- Organized four Polio NID immunization campaigns
- Organized committee meetings (3 ICC, 3 NPEC, 3 NCC)
- constructed a 15 m3 positive cold chamber at Natitingou
- Organized the African Immunization Week
- Supplied vaccines to departments and health facilities
- Preventive and curative maintenance of the cold chain at department, health zones and health centre levels.
- Preventive and curative maintenance of the cold chain at department, health zones and health centre levels.
- Bi-annual supervision of EPI health care providers at the peripheral level
- Organization of search and remedies in the poor coverage and difficult access zones
- Conduct active search for AFP and other diseases under surveillance
- Send samples of suspected cases to the laboratory
- Specific support for strengthening routine immunization by implementing best practices (RED approach) in ten low-performing municipalities.
- Rehabilitation of the central depot: plan drafted, cold chambers and generators ordered, premises being renovated and awaiting installation of equipment.

OBSTACLES ENCOUNTERED IN 2013

no major obstacles

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

- The targets for 2013 were not achieved due to strikes by Health workers which lasted for almost three months and lack of human resources, materials and finance for implementing routine activities.

5.3. Monitoring the implementation of GAVI gender policy

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

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

Data Source	Year of reference for estimation	DTP3 coverage estimation	
		Boys	Girls
DHS4	2012	74.1	73.3

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

There are no gender-related barriers to immunization at Benin, as shown in DHS4 2012 results

5.3.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **No**

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

There are no gender-related barriers to immunization at Benin, as shown in DHS4 2012 results

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunization coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunization Coverage and the official country estimate are different)

- This difference is explained by the fact that different sources do not use the same collection method.

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

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

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

DQS conducted in 12 out of 34 Health Zones in 2013

Data validation in health facilities

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

- Training of participants at the operational and intermediary levels on the use of monitoring and data management tool for immunization in the municipalities (DVD_MT and DQS)
- Training of routine EPI data managers on collection and analysis tools
- Standardization of coverage data collected by all departments in 2013
- Organization of programs for the validation of EPI data outputs and epidemiological surveillance at the intermediary level
- Training service providers of health zones on LQAS 2013

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

- Organize external EPI review every 4 years
- Contribute to the conduct of Demographic Health Surveys including information on vaccine coverage
- Conduct the national coverage survey once in 2 years
- Systematically organize DQS in 34 health zones every six months
- Organize bi-annual interdepartmental meetings for monitoring EPI data
- Review and monitor data collection and analysis tool for immunization
- Annual data validation at the operational level

5.5. Overall Expenditure and Financing for Immunization

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

Exchange rate used	1 US\$ = 500
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Only enter the exchange rate and not the name of local currency

Table 5.5a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditures by Category	Year of Expenditure 2013	Sources of Finance						
		Country	GAVI	UNICEF	WHO	Church of Jesus Christ of Latter-day Saints	EMBASSY OF FRANCE	NO DONORS
Traditional vaccines*	644,057	644,057	0	0	0	0	0	0
New and Under-used Vaccines (NVS)**	5,881,782	563,302	5,318,480	0	0	0	0	0
Injection material (AD syringes and others)	186,743	186,743	0	0	0	0	0	0
Cold Chain equipment	50,402	0	0	50,402	0	0	0	0
Staff	215,420	215,420	0	0	0	0	0	0

Other routine recurrent costs	872,242	225,640	0	436,122	202,480	0	8,000	0
Other Capital Costs	160,310	153,920	0	6,390	0	0	0	0
Campaigns costs	5,670,396	133,300	0	2,566,533	2,965,563	5,000	0	0
NO OTHER COSTS		0	0	0	0	0	0	0
Total Expenditures for Immunization	13,681,352							
Total Government Health expenditures		2,122,382	5,318,480	3,059,447	3,168,043	5,000	8,000	0

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

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

N/A. Benin funds for the traditional vaccines on its own

5.6 Financial Management

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

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

Action plan from Aide Mémoire	Implementation?
1) Set-up of a coordination unit	Yes
2) Planning and budget formulation	Yes
3) Fund transfer to Benin	Yes

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

N/A

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

N/A

5.7 Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **3**

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

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

Main concerns of ICC - HSCC members

- The rehabilitation status of locations meant to shelter cold chambers at the central level
- The progress in procuring cold chambers and motorcycles
- The need for mobilizing additional resources to re-launch routine immunization
- The need to organize the External Review in 2014

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

If yes, which ones?

List of CSO members of the ICC:
EPI FOUNDATION
ROTARY INTERNATIONAL
BHON (Beninese Health Organizations Network)

5.8. Priority actions in 2014 to 2015

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

General objective: To contribute to the reduction of infant-juvenile mortality and morbidity due to EPI target diseases

Specific objectives:

-Increase the percentage of health zones with children who are completely immunized at the rate of 48% to 80% by 2015

-Increase the immunization coverage of children aged 0 to 11 months, and those aged 12-23 months as well as pregnant women at national level, to the following rates by 2015

*Penta 3: from 93% to at least 97%

*ECV :at least 80%

*TT2+: from 69% to 72%

MAIN ACTIVITIES

1. Implement the RED approach in ten(10) municipalities (scanning, search for the immunization dropouts (unimmunized children - PDV) in low performing districts)
2. Organize quarterly supervision of EPI managers
3. Organize monthly monitoring of activities at all levels to improve the performance of the program
4. Prepare a communication plan for immunization
5. Acquire a refrigerated truck for transportation of vaccines
6. Acquire a dry storage truck for transportation of inputs
7. Acquire cold chain equipment (CH) for the Health Facilities
8. Organize external review of EPI
9. Perform periodic and systematic data quality audits in the health zones
10. Organize two additional immunization campaigns and response programs against polio
11. Strengthening the Epidemiological Surveillance through an active search for cases of AFP (Acute Flaccid Paralysis), MNT (Maternal and neonatal tetanus), Measles, Yellow fever and Hemophilus influenzae B infection and PEC of AEFI cases
12. Organize the fourth follow-up campaign against Measles
13. Organize the committee meetings (ICC, NECP, NCC and NACIV)
14. Organize two data validation sessions in 34 health zones
15. Conduct data quality audit in the 12 health zones
16. Finalize the rehabilitation of cold chambers at the national level
17. Organize the African Immunization Week program
18. Organize a program for the Briefing of doctors on DQS and LQAS tools
19. Conduct and monitor data collection and analysis review for immunization
20. Drafting of plans for the introduction of vaccines: first dose of the injectable polio vaccine (IPV), vaccine against the Human Papilloma Virus (HPV).
21. Drafting the pre-certification report

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
FR BCG	AD 0.05 ml + 2ml dilution syringe	National Budget (NB)
Measles	AD syringe 0.5 ml	National Budget (NB)
FR TT	AD syringe 0.5 ml	National Budget (NB)
FR DTP-containing vaccine	AD syringe 0.5 ml + Dilution Syringe 5 ml	National Budget (NB)

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

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

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

Yes, the country has encountered obstacles while implementing the injection safety policy due to inadequate number of incinerators in health facilities.

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

By incineration at the health centers and hospitals which have operational incinerators. For the other structures without incinerators, a waste collection circuit is introduced.

Some of the challenges are:

- transportation of these sharp wastes
- maintenance of operational incinerators

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Benin does not present the report on the use of ISS funds in 2013

6.2. Detailed expenditure of ISS funds during the calendar year

Benin does not present the report on the use of ISS funds in 2013

6.3. Request for ISS reward

The request for expected ISS reward is not applicable for 2013 in Benin

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

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

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

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

	[A]	[B]		
Vaccine Type	Total doses for 2013 in DL	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Has the country experienced a stock shortage at any level in 2013?
DTP-HepB-Hib	1,304,000	1,314,000	0	No
Pneumococcal (PCV13)	1,234,800	1,233,050	750	No
Yellow Fever	713,400	712,200	1,200	No

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

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

- What are the main problems encountered? (Lower vaccine utilization than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded due to VVM changing color or due to the expiry date?...)

Pentavalent: Excess stock

Pneumococcal and Yellow fever: Insufficient stock

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

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

- Implementation of Efficient Vaccine Management carried out in 2012 (rehabilitation of the cold chain at central level which will increase our storage capacity)

- Regular monitoring of stock management at departments and Health zones

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

Not applicable

7.2. Introduction of a New Vaccine in 2013

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

Yellow fever, 10 dose (s) per vial, LYOPHILIZED		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	Yes	08/0/2002
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	

Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	Yes	07/22/2011
Was the time and scale of the introduction as planned in the proposal? If not, Why?	No	BECAUSE VACCINES AND RESOURCES DID NOT ARRIVE ON TIME

DTP-HepB-Hib, 10 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	Yes	06/01/2005
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	

7.2.2. When is the Post introduction evaluation (PIE) planned? **March 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document No.9)

Not applicable

7.2.3. Post Immunization Adverse Events (PIAE)

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

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

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

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

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

Has your country implemented a risk communication strategy along with national preparedness plans to deal

with possible immunization issues? **Yes**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

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

Has your country conducted special studies on:

a. Rotavirus diarrhea? **No**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **No**

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

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

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

Benin did not conduct specific survey on Rotavirus diarrhea and pneumococcal and meningococcal infections but CNCV Benin was officially set up in September 2013. This group thought about the strategies on introducing the first dose of injectable poliomyelitis vaccine.

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

7.3.1. Financial Management Reporting

	Amount in USD	Amount in local currency
Funds received in 2013 (A)	0	0
Balance of funds carried forward from 2012	7,277	3,638,740
Total Available Funds in 2013 (C=A+B)	7,277	3,638,740
Total expenditures in 2013(D)	0	0
Balance carried over to 2014 (E=C-D)	7,277	3,638,740

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

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

7.3.2. Program Reporting

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

N/A

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

N/A

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

N/A

7.4. Report on country co-financing in 2013

Table 7.4: 5 questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	143,000	712,200
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	261,000	1,233,050
Vaccine selected # 3: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	247,000	1,314,000
Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources?		
Government	618744	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	32,230	712,200
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	4,950	1,233,050
Vaccine selected # 3: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	13,371	1,314,000
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	October	Government
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	October	Government
Vaccine selected # 3: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	October	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.		
Not applicable		

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy <http://www.gavialliance.org/about/governance/program-policies/co-financing/>

Not applicable

Is GAVI's new or under-used vaccines and injection supply support reported in national health sector budget?
Yes

7.5 Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA)

tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in annual progress report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **July 2012**

Please attach the following documents:

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

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

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

If yes, provide details

Not applicable

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for type A Meningococcal Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses for 2012 in Decision Letter	Campaign start Date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
0	15/11/2012	0

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

Benin conducted this MenA campaign in 2012

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

Not applicable

7.6.2. Programmatic Results of type A Meningococcal preventive campaigns

Geographical Area covered	Duration of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of PIAE	Number of PIAE attributed to MenA vaccine
Not applicable	Not applicable	0	0	0	0	0	0	0

*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal? **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the

reason.

N/A Benin did not conduct the campaign in 2013

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

Not applicable

What lessons have you learned from the campaign?

Not applicable

7.6.3. Fund utilization of operational cost of type A Meningococcal preventive campaigns

Category	Expenditure in Local currency	Expenditure in US\$
Not applicable	0	0
Total	0	0

7.7. Change of vaccine presentation

Burundi does not require changes in the vaccine presentation in the coming years.

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

The renewal of multi-year support for Benin is not available in 2014

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

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

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

If you don't confirm, please explain:

N/A

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Cost of commodities

Estimated prices of supply are not disclosed

Table 7.10.2: Freight cost

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

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

7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	371,720	383,209	395,997	1,150,926
Number of children to be vaccinated with the first dose	Table 4	#	390,446	383,615	388,077	1,162,138
Number of children to be vaccinated with the third dose	Table 4	#	390,446	383,615	384,117	1,158,178
Immunization coverage with	Table 4	%	105.04%	100.11%	97.00 %	

	the third dose					
	Number of doses per child	Parameter:	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.11	1.15	1.18
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	993,000		
	Vaccine stock as at January 1, 2014 *(see explanatory note)		#	993,000		
	Number of doses per vial	Parameter:	#		10	10
	AD syringes required	Parameter:	#		Yes	Yes
	Reconstitution syringes required	Parameter:	#		No	No
	Safety boxes required	Parameter:	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40%	6.40%
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%

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

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

Not applicable

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

Not defined

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

Co-financing group	Low
--------------------	-----

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015
Number of vaccine doses	#	1,202,400	526,800

Number of AD syringes	#	1,275,600	411,500
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	14,050	4,550
Total value to be co-financed by GAVI	\$	2,520,500	1,111,000

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

		2014	2015
Number of vaccine doses	#	130,200	56,300
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	266,500	117,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 4	390,446	383,615	37,459	346,156
B1	Number of children to be vaccinated with the third dose	Table 4	390,446	383,615	37,459	346,156
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,171,338	1,150,845	112,377	1,038,468
E	Estimated vaccine wastage factor	Table 4	1.11	1.15		
F	Number of doses required including wastage	$D \times E$		1,323,472	129,233	1,194,239
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		8,733	853	7,880
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Stock on 1st January	Table 7.11.1	0	993,000		
H3	Shipment plan	UNICEF shipment report		1,629,600		
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,332,500	130,115	1,202,385
J	Number of doses per vial	Vaccine parameter		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		1,275,536	0	1,275,536
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		14,031	0	14,031
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$		2,565,063	250,470	2,314,593
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit } (ca)$		57,400	0	57,400
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit } (cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes } (cs)$		71	0	71
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value } (fv)$		164,165	16,031	148,134
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies } (fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		2,786,699	266,500	2,520,199
U	Total country co-financing	$I \times \text{Country co-financing per dose } (cc)$		266,500		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76 %		

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

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	9.64 %		
B	Number of children to be vaccinated with the first dose	Table 4	388,077	37,428	350,649
B1	Number of children to be vaccinated with the third dose	Table 4	384,117	37,046	347,071
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,158,648	111,745	1,046,903
E	Estimated vaccine wastage factor	Table 4	1.18		
F	Number of doses required including wastage	$D \times E$	1,367,205	131,860	1,235,345
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	16 400	1,582	14 818
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	800,981	77,250	723,731
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	1,297,786	125,164	1,172,622
H2	Stock on 1st January	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	583,000	56,227	526,773
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	411,474	0	411,474
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	4,527	0	4,527
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose (g)}$	1,136,267	109,587	1,026,680
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	18,517	0	18,517
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	23	0	23
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$	72,722	7,014	65,708
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	1,227,529	116,600	1,110,929
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	116,600		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.64 %		

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

Table 7.11.1: Characteristics for Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	371,720	383,209	395,997	1,150,926
	Number of children to be vaccinated with the first dose	Table 4	#	390,446	436,439	384,117	1,211,002
	Number of children to be vaccinated with the third dose	Table 4	#	390,446	436,439	356,397	1,183,282
	Immunization coverage with the third dose	Table 4	%	105.04%	113.89 %	90.00%	
	Number of doses per child	Parameter:	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	506,950			
	Vaccine stock as at January 1, 2014 *(see explanatory note)		#	506,950			
	Number of doses per vial	Parameter:	#		1	1	
	AD syringes required	Parameter:	#		Yes	Yes	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00%	6.00%	
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%	

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

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

Not applicable

Co-funding tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Low
--------------------	-----

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015
Number of vaccine doses	#	855,100	951,600
Number of AD syringes	#	922,500	1,044,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	10,150	11,500
Total value to be co-financed by GAVI	\$	3,115,000	3,446,500

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

		2014	2015
Number of vaccine doses	#	50,400	56,500
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	181,500	202,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	5.56 %		
B	Number of children to be vaccinated with the first dose	Table 4	390,446	436,439	24,284	412,155
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B \times C$	1,171,338	1,309,317	72,852	1,236,465
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses required including wastage	$D \times E$		1,374,783	76,495	1,298,288
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		36,220	2,016	34,204
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		905,400	50,378	855,022
J	Number of doses per vial	Vaccine parameter		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		922,446	0	922,446
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		10,147	0	10,147
N	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		3,070,212	170,831	2,899,381
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		41,511	0	41,511
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		51	0	51
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		184,213	10,250	173,963
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		3,295,987	181,080	3,114,907
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		181,080		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.56 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	5,60 %		
B	Number of children to be vaccinated with the first dose	Table 4	384,117	21,506	362,611
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	1,152,351	64,518	1,087,833
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	1,209,969	67,744	1,142,225
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	- 39,241	- 2,197	- 37,044
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	163,254	9,141	154,113
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,008,000	56,436	951,564
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	1,044,841	0	1,044,841
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	11,494	0	11,494
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose}(g)$	3,396,960	190,189	3,206,771
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	47,018	0	47,018
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	58	0	58
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	203,818	11,412	192,406
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	3,647,854	201,600	3,446,254
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	201,600		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5,60 %		

		2014	2015
Number of vaccine doses	#	36,900	58,200
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	44 000	64,500

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose (s) per vial, LYOPHILIZED (section 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0,00 %	16.96 %		
B	Number of children to be vaccinated with the first dose	Table 4	358,573	368,270	62,454	305,816
C	Number of doses per child	The immunization schedule	1	1		
D	Number of doses required	$B \times C$	358,573	368,270	62,454	305,816
E	Estimated vaccine wastage factor	Table 4	1.82	1.32		
F	Number of doses required including wastage	$D \times E$		486,117	82,439	403,678
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		2,425	412	2,013
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	660,000			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		217,500	36,886	180,614
J	Number of doses per vial	Vaccine parameter		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		109,555	0	109,555
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		23,926	0	23,926
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		1,469	0	1,469
N	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		237,946	40,353	197,593
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		4,930	0	4,930
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		96	0	96
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		8	0	8
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		18,560	3,148	15,412
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		504	0	504
T	Total funds required	$(N+O+P+Q+R+S)$		262,044	43,501	218,543
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		43,500		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		16.96 %		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose (s) per vial, LYOPHILIZED (section 2)

	Formula	2015		
		Total	Government	GAVI
A	Country co-financing	V	18.10 %	
B	Number of children to be vaccinated with the first dose	Table 4	356,397	64,510
C	Number of doses per child	The immunization schedule	1	
D	Number of doses required	$B \times C$	356,397	64,510
E	Estimated vaccine wastage factor	Table 4	1.33	
F	Number of doses required including wastage	$D \times E$	474,009	85,798
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	- 2,968	- 537
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	149,571	27,073
H2	Stock on 1st January	Table 7.11.1		
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	321,500	58,193
J	Number of doses per vial	Vaccine parameter	10	
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	224,244	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	35,365	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	2,856	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$	329,538	59,648
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	10,091	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	142	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	15	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	25,704	4,653
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	1 025	0
T	Total funds required	$(N+O+P+Q+R+S)$	366,515	64,301
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	64,300	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	18.10 %	

8. Injection Safety Support (INS)

This type of support is no longer available

9. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

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

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

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

5. If you are requesting additional funds, please make this clear in [section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

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

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitor the GAVI HSS investment in the coming year.

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next installment of HSS funds.

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

Countries that have already received the final disbursement of GAVI approved funds under HSS grant and require no further financing: Is the implementation of HSS grant completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **No**

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

The major part is the construction of the 2nd batch of infrastructures that can be achieved by the end of 2014

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

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

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

N/A

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

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

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

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

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS program and both in US\$ and local currency

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

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

If yes, please indicate the amount of funding requested: **US\$ 1999536**

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

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

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

Table 9.1.3a \$(US)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)						886,500
Revised annual budget (if revised during a review of the previous years' annual reports)						886,500
Total funds received						886,500

from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (A)						0
Total Funds available during the calendar year (C=A+B)						886,500
Total expenditure during the calendar year (D)						279,660
Balance carried forward to the next calendar year (E=C-D)						623,859
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	1,999,536

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	1,999,536	1,599,986	1,588,000	1,599,525
Revised annual budget (if revised during a review of the previous years' annual reports)	1,999,536	1,599,986	1,588,000	1,599,525
Total funds received from GAVI during the calendar year (A)	1,999,536	1,599,986	1,588,000	1,599,525
Remaining funds (carry over) from previous year (A)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	1,999,536	1,599,986	1,588,000	1,599,525
Total expenditure during the calendar year (D)	1,999,536	1,599,986	1,588,000	1,599,525
Balance carried forward to the next calendar year (E=C-D)	1999536	1599986	1588000	1599525
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	1,999,536	1,599,986	1,588,000	1,599,525

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)						440,962,830
Revised annual budget (if revised during a review of the previous years' annual reports)						440,962,830
Total funds received from GAVI during the calendar year (A)						440,962,830
Remaining funds (carry over) from previous year (A)						0
Total Funds available during the calendar year (C=A+B)						440,962,830
Total expenditure during the calendar year (D)						139,830,392
Balance carried forward to the next calendar year (E=C-D)						309,642,006
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	999,768,000

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	999,768,000	799,993,000	794,000,000	799,762,500
Revised annual budget (if revised during a review of the previous years' annual reports)	999,768,000	799,993,000	794,000,000	799,762,500
Total funds received from GAVI during the calendar year (A)	999,768,000	799,993,000	794,000,000	799,762,500
Remaining funds (carry over) from previous year (A)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	999,768,000	799,993,000	794,000,000	799,762,500
Total expenditure during the calendar year (D)	999,768,000	799,993,000	794,000,000	799,762,500
Balance carried forward to the next calendar year (E=C-D)	999,768,000	799,993,000	794,000,000	799,762,500
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	999,768,000	799,993,000	794,000,000	799,762,500

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

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

Detailed expenditure of HSS funds during the 2013 calendar year

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

If any expenditures for the January April 2014 period are reported in Tables 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

- ✓. The account will be credited only with GAVI funds; the other Partners will have separate accounts.
- ✓. **Account:** in CFA francs **Authorized signatories:** National PRSS coordinator and PRSS financial management specialist
- ✓. **Funds transferred to a commercial bank account :** Bank Of Africa BENIN (Cotonou- BENIN) in the name of Benin/GAVI HSS Program
- ✓. The funds for financing HSS activities in the Departments and Health Zones will be transferred to the accounts opened in the branches of the commercial bank receiving funds from GAVI. In the case where a Health zone does not have a branch of the above mentioned bank, a bank account will be opened in the branch of another bank or in a micro-finance institution selected and guaranteed as reliable by the Ministry of Health and Ministry of Finance.
- ✓. The GAVI HSS funds will be confirmed and prescribed by the CU-HSPSP Coordinator.
- ✓. The CU-HSPSP Financial Management Specialist, project accountant, will perform a prior check before execution. The CU-HSPSP internal auditor will perform a post-expenditure audit after execution.
- ✓. Payment orders on GAVI HSS funds will be signed jointly by the CU-HSPSP Coordinator and CU-HSPSP Financial Management Specialist.
- ✓. The Departmental Director of Health (DDH) will authorize the GAVI HSS budget. He will prepare expense proposals, supported by the Terms of reference of activities for which the disbursement is required.
- ✓. The Head of the DDH Financial Resources Department will play the role of an accountant for implementing the activities.
- ✓. The ToR reviews will be provided by the HSS focal point to WHO which provides its technical approval for executing this activity.
- ✓. The account opened at the local branch of the bank where the HSS funds are deposited will be operated with a joint signature of the Departmental Director of Health and the Financial Resources Head of DDH.
- ✓. A prior check of the DDH will be performed by the CU-HSPSP Financial Management Specialist, who will receive the DDH authorized expense proposals by fax, and will provide his approval in writing and also send it to DDH by fax. His opinions will be attached to each expense commitment folder and archived for future purposes.
- ✓. The CU-HSPSP internal auditor will perform a post-expenditure check of the GAVI HSS budget.
- ✓. The departmental level accounts will be transferred to CU-HSPSP at the central level for processing.
- ✓. The periodic and annual accounts and financial statements will be prepared by the CU-HSPSP Financial Management Specialist. All the accounting documents sent by the central level and peripheral level will be transferred to this Coordination Unit for processing it in a suitable accounting software.
- ✓. The annual financial statements are submitted to GAVI along with the annual progress report
- ✓. The below reports are prepared on the financing from World Bank which is currently being implemented by UC/PRPSS:
 - ✓. Quarterly financial report
 - ✓. Bi-annual project execution report and an annual status report.
 - ✓. These reports which are generated on time were always considered of good quality by the World Bank
 - ✓. Budgets are specific to each financing. They are then consolidated and submitted to all Partners to avoid duplication.
- ✓. The Health system strengthening Coordination Committee (HSS-CC) was created by 2011 decree no. 1119/MS/DC/SGM/SA (Creation, Allocation and Operation of the Committee)
- ✓. Health system strengthening Coordination: This committee is responsible for supervising all HSS

activities, especially (article 3 of the decree):

- o to assess the HSS status and ensure consistency with national objectives;
- o to approve HSS annual activity plans;
- o to approve any adjustments or modifications for the proper execution of HSS;
- o to provide recommendations to various stakeholders as part of implementing the Program and achieving its objectives;
- o to initiate technical evaluation missions or HSS financial audit at all times.

UC/PRPSS participates in CCM meetings on the proposal and in all technical meetings related to its preparation.

The coordination mechanism for Global Funds -HSS support with other interventions involves organizing:

- ✓ quarterly meetings with all participants co-presided by the Partner Leader and the Minister of Health to discuss the consistency and relevance of interventions in relation to the sector strategy (PBF) and to monitor the work plan.
- ✓ bi-annual meetings by the technical health group of Partners in the development of health sector;
- ✓ annual reviews of the sector to evaluate the implementation of all interventions and decide the future steps required to improve performances;
- ✓ regular and ad-hoc meetings of the HSS steering committee and CNEEP will be organized if required.

We plan to discuss the opinions on PBF in the technical group established within the Ministry.

Has an external audit been conducted? No

External audit reports for HSS programs are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	Activity planned for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
1. Build infrastructures for the cold chain	Build infrastructures for the cold chain	90	Implementation status of GAVI/HSS activities on March 15, 2014
Equip the cold chain	Equip the cold chain	90	Implementation status of GAVI/HSS activities on March 15, 2014
. Install the cold chain and set-up accessories	Install the cold chain and set-up accessories	0	Implementation status of GAVI/HSS activities on March 15, 2014
Procure 8 computers and accessories (2 at SNIGS in HD: 2 for the 2 CHDs and 4	Procure 8 computers and accessories (2 at SNIGS in HD: 2 for the 2	50	Implementation status of GAVI/HSS activities on March 15, 2014

for the four (4) health zones for a better EPI data management	CHDs and 4 for the four (4) health zones for a better EPI data management		
Procure 32 motorcycles for immunization in advanced strategy in the four (4) targeted health zones	Procure 32 motorcycles for immunization in advanced strategy in the four (4) targeted health zones	100	Implementation status of GAVI/HSS activities on March 15, 2014
Procure a generator	Procure a generator	50	Implementation status of GAVI/HSS activities on March 15, 2014
. Conduct two supervision missions at zonal levels	Conduct two supervision missions at zonal levels	0	Implementation status of GAVI/HSS activities on March 15, 2014
Annual external audit of GAVI accounts	Annual external audit of GAVI accounts	25	Implementation status of GAVI/HSS activities on March 15, 2014

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. assessments, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and constraints
Build infrastructures for the cold chain	Building infrastructures is planned in 2 steps to ensure continuity of the Cold Chain: the first step is scheduled to be completed by March 2014 and the second step is scheduled for three months later (June). Technical study of two steps achieved and works monitored by an independent bureau. National market structure review obtained for batch2 tender. Tender launch scheduled for the week of 12 May 2014 - For the first step, ground study completed, contract allocated, construction works completed at 95% No major obstacle identified
Equip the cold chain	Equipment delivered: 5 40m3 positive cold chambers, 1 20m3 negative cold chamber, 5 15KVA voltage stabilizers and 70KVA generator. The cold chambers are delivered but the generator is yet to be delivered. The installation is scheduled for May 2014
Install the cold chain and set-up accessories	Activity related to delivery of equipment on site, the installation is scheduled for May 2014
Procure 8 computers and accessories (2 at SNIGS)	Service contract signed, contracts being delivered, no obstacle identified
Procure 32 motorcycles for immunization in advanced strategy	Service contract signed, contracts delivered
Procure a generator	Include equipment through UNICEF in the contract, no major obstacle identified
Conduct two supervision missions at zonal levels	Suspended as the field activities have not started, no major obstacle identified
Annual external audit of GAVI accounts	Auditor already recruited by the Supreme Court, ToRs to be revised due to resizing of consultant's financial proposal activities will be sent to WHO before starting the work by the end of the 2nd quarter of 2014, no obstacle identified

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

The supervision of service providers is the only activity that was not executed. It was because monitoring of field activities were not started yet.

9.2.3 If the GAVI HSS grant has been utilized to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

No, the action plan for using the funds had no intention to encourage human resource measures. But this is planned in the new proposal which will begin in 2014.

9.3. General overview of targets achieved

Please complete table 9.3 for each indicator and objective outlined in the original approved proposal and the decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 target						Data Source	Explanation if any targets were not achieved
	Baseline Value	Baseline source/date									
Infrastructure implementation rate	0	Request dated December 27, 2012	Improve the storage capacity in the central depot to receive and store EPI vaccines	90					90%	Progress report of the work	
Acquisition rate of cold chamber equipment	0	Request dated December 27, 2012	Improve the storage capacity in the central depot to receive and store EPI vaccines	90					90%	Delivery note	
Number of motorcycles purchased for health zones	0	Action plan 2013	Support 4 target health zones at 8 per health zone	32					100%	Delivery note	
Number of supervisions planned	2	Action plan 2013	Monitor the implementation of activities	2					0%	Supervision Reports	The activities were not started to be supervised.

9.4 Program implementation in 2013

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

The following are the main accomplishments in 2013 on GAVI HSS funds:

1. Rehabilitation of cold chamber infrastructure

Two steps were selected for this rehabilitation of premises. A part of the premises is renovated while the other part is retained to continue the vaccine and supply storage activities. The first step relating to the rehabilitation of the first part of the premises to house the cold chambers is complete. Five Cold chains procured so far will be installed during May 2014

The second step is to renovate the premises of the current central depot of the Cold chain used to store vaccines in Benin. The renovation works will begin as soon as the first three Cold chambers will have been installed and made operational. However, the procurement process has already begun.

2. Cold chain equipment

5 proposed cold chambers (a 20m3 negative cold chamber, four 40m3 positive cold chambers, 5 15KVA voltage stabilizers and 70KVA generator) were ordered, received and are available on site. The equipment installation is scheduled for May 2014

3. Acquisition of 32 motorcycles for four health zones

32 motorcycles, initially selected at the rate of eight per health zone, are purchased and received and will help in implementing the EPI advanced strategy activities.

4. Acquisition of PCs for EPI monitoring and evaluation

The contract for acquiring computers is already assigned to a service provider. This acquisition will strengthen EPI monitoring and evaluation on the field

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Benin lost more than six months in discussing about the selection of site, option of maintaining infrastructures on the current EPI location and proposed architecture to have a supply store on the floor. A joint WHO/UNICEF mission in collaboration with Beninese authorities was organized to find a concrete solution to various issues and other technical aspects to help start the activities.

Note that the rehabilitation of the Cold chain and acquisition of equipment will help Benin in having a good supply and storage capacity till 2018 and will facilitate the receipt of other new vaccines.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

The monitoring and evaluation system for GAVI-HSS support is based on existing organizations and mechanisms of the Ministry of Health. It is included in the NHDP monitoring-evaluation plan 2009-2018.

Following are the major organizations and mechanisms:

- National Committee for monitoring the Execution and Evaluation of Projects and Programs (NCEEP), chaired by the Minister of Health, is the multi-sector organization (integrating CSOs) responsible for monitoring/evaluating the implementation of health sector reforms and especially, implementation of NHDP.

- Health system strengthening Coordination Committee (HSS-CC) created in 2011 and chaired by the Minister of Health is responsible for monitoring/evaluation and coordination of all HSS activities. This multi-sector committee (MH, MEF, MFSN) including TFP (WHO, health TFP leader + other health TFPs) will be extended to CSOs.

- Directorate of Planning and Prospects (DPP), which depend on:

 - o SNIGS, responsible for collection, validation, analysis and distribution of health information;

 - o Monitoring and Evaluation cell (MEC) responsible for monitoring and implementation of program budget and recommendations from major organizations of the sector, drafting performance report and organizing joint reviews of the sector performance;

 - o PBF unit for ownership and sustainability of achievements after implementing the approach at Benin (in progress)

- The Coordination Unit for the Health system performance strengthening project (CU-HSPSP), a body under the Ministry of Health, responsible for supporting the implementation and management of all HSS programs at Benin. CU-HSPSP is supported by a financial management manager, a procurement specialist, a PBF team and a monitoring-evaluation manager (yet to be recruited).

According to the Benin-GAVI Aide memoire (AM), May 2012, CU-HSPSP will be responsible for drafting the annual National Work Plans (NWP) for GAVI-HSS support in strict compliance with the interventions and annual financial limits defined in the GAVI-HSS proposal and in the GAVI decision letter. These NWPs will include all the activities to be implemented with GAVI-HSS support including those from Central Directorates and other levels of the health pyramid. These budgeted NWPs will include standard activity indicators and processes which will enable measuring the implementation of interventions. These NWPs will be validated by HSS-CC

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

CU-HSPSP will be responsible for monitoring the programmatic and financial implementation of these NWPs. For this, it will be supported by various health administrations and specific PBF monitoring mechanisms. It will prepare quarterly progress reports on the implementation of NWPs and submit it to HSS-CC.

DPP will be responsible for preparing the indicator data (intermediate results, immunization results and impact) selected in the GAVI-HSS monitoring and evaluation plan. To do this, DPP will use various data collection and analysis tools from SNIGS and MH programs along with specific survey results.

For the official database prepared by MH/DPP, CU-HSPSP will be responsible for preparing quarterly and annual progress report (APR) for GAVI-HSS support. These reports will be validated by HSS-CC before sending them to the GAVI Secretariat in compliance with the deadlines.

The monitoring-evaluation of PBF qualitative and quantitative data will be carried out by CU-HSPSP according to specific methods defined in Benin's strategic PBF framework document (document attached). CU-HSPSP will be supported by Zonal Controllers (independent) for verification of indicators and on Community Based Organizations hired for contra verification of indicators.

The attached monitoring-evaluation plan details the selected indicators, reference values and target values along with collection sources.

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

Execution bodies and their responsibilities, key governance methods and control

The Ministry of Health is responsible for implementing this support. It will be ensured by the Health system strengthening Management Unit which is the Coordination Unit for the Health system performance strengthening project (CU-HSPSP), body responsible for coordinating all HSS programs at Benin. It will be carried out in collaboration with Agencies, Directorates with advisory support from TFPs according to the Aide-memoire of the joint GAVI-World Bank-Global Funds-Belgian Technical Cooperation and WHO mission from November 23 to 26, 2010 on standardizing Partners for Benin HSS.

Coordination mechanisms between execution bodies and role of development Partners in supporting the country for implementing the allocation.

There are two coordination bodies (HSS coordination committee and ICC) and UCP/HSS which is an execution body.

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

At Benin, several national and international Non Governmental Organizations (NGOs) involve in health programs. They are found in the zones of resource mobilization, health care, request, social mobilization, advocacy, governance, and monitoring-evaluation. They are also involved in drafting sectoral and sub-sectoral strategies.

At the national level, some of the NGOs, to be more assertive, are organized as a network; for example: Beninese NGO Network for Health (BNNH) or associations like the Association of Social, Religious, Private and Medical Works (ASRPM). They have headquarters at the national level and sub-units at departmental level.

As part of the collaboration with participants from the Ministry of Health, representatives from Civil Society Organizations (CSO) serve on the National Committee for monitoring the Execution and Evaluation of Projects/Programs of the health sector (NCEEP)

Some CSOs are also members of the ICC, National Coordination Committee for projects financed by Global Funds (NCC) and finally as member CSOs of GAVI. Also, note that several CSOs are members of communal management committees of health centers (CMCHC (Ref. AOF CMCHC)

The Civil Society Organizations (CSO) will participate in implementing, monitoring and evaluation of the proposal at various levels in several zones.

The CSOs will contribute to the decisions made by the HSS Coordination Committee: Approval of annual GAVI-HSS work plans and monitoring the programmatic and financial implementation, monitoring the achievement of targets (intermediate results, immunization and impact indicators) approval of progress

reports.

With respect to the PBF implementation in the two target HZ, CU - HSPSP will sign a contract with 4 Community based Organizations (2 per HZ) to ensure contra-verification of quantitative and qualitative PBF indicators. These CSOs will take up the following tasks:

- Perform a contra-verification of quantitative PBF services, every quarter, at the community level;
- Conduct a quality evaluation as experienced by the population based on a sample of health facilities on a quarterly basis at the community level.

For the period 2014-2018, GAVI-HSS funds which will be allocated to 4 Community based Organizations for these contra-verification tasks, will be US\$ 372,443.

The CSOs will also have a significant role in implementing community based health activities (community activities package including the promotion of immunization, active search of the ignorant) in the two target health zones as part of PBF financing.

9.4.7. Please describe the management of HSS funds and include the following:

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

Financial management of HSS funds at Central level

The CU-HSPSP will be responsible for expense proposal, supported by the Terms of reference (ToRs) of activities for which the disbursement is required.

The ToRs will initially be communicated to the WHO HSS Focal Point for technical review. If the Terms of Reference are approved, the WHO HSS Focal Point will provide its signatures on these ToRs and payment orders. Any rejection of the proposed ToRs will be supported by a written note from WHO. No activity should be scheduled before obtaining approval from WHO in compliance with the terms of this article.

The GAVI HSS funds will be confirmed and prescribed by the CU-HSPSP Coordinator.

The CU-HSPSP Financial Management Specialist, project accountant, will perform a prior check before the execution.

The CU-HSPSP internal auditor will perform a post-expenditure audit after the execution.

Payment orders on GAVI HSS funds will be signed jointly by the CU-HSPSP Coordinator and CU-HSPSP Financial Management Specialist.

The periodic and annual accounts and financial statements will be prepared by the CU-HSPSP Financial Management Specialist. All the accounting documents sent by the central level and peripheral level will be transferred to this Coordination Unit for processing it in a suitable accounting software.

The annual financial statements are submitted to GAVI along with the annual progress report.

Financial management of HSS funds at Departmental Level

The Departmental Director of Health (DDH) will authorize the GAVI HSS budget. He will prepare expense proposals, supported by the Terms of reference of activities for which the disbursement is required.

The Head of the DDH Financial Resources Department will play the role of an accountant for implementing the activities.

The ToR reviews will be provided by the HSS focal point to WHO which provides its technical approval for executing this activity.

The account opened at the local branch of the bank where the HSS funds are deposited will be operated with a joint signature of the Departmental Director of Health and the Financial Resources Head of DDH.

A prior check of the DDH will be performed by the CU-HSPSP Financial Management Specialist, who will receive the DDH authorized expense proposals by fax, and will provide his approval in writing and also send it to DDH by fax. His opinions will be attached to each expense commitment folder and archived for future purposes.

The CU-HSPSP internal auditor will perform a post-expenditure check of the GAVI HSS budget.

The departmental level accounts will be transferred to CU-HSPSP at the central level for processing.

Financial management of HSS funds at Health Zone Level

The Health Zone Medical Coordinator (HZMC) or the Head of the Health Facilities will be the GAVI HSS budget Officer of his Zone or facility, as the case maybe.

The Administrative and Resources Head will be the Accountant for GAVI HSS budget of the Health Zone.

The account opened at the local bank or a micro-finance institution will be operated by a double signature from the HZMC or the Health Facilities Head and the Administrative and Resources Head of the HZ.

The Head of the Finance Department of the DDH will perform a prior check and the internal Auditor of the project will perform a check later.

The accounts of the Health Zone will be transferred to CU-HSPSP at the central level for processing.

Procurement

The national procedures given in the administrative, financial and accounting procedures manual of HSPSP drawn from the Public Procurement code applicable to Benin will be used.

Internal audit

The internal audit will be performed by the Internal Auditor appointed for the HSS Program Coordination at Benin by the Technical and Financial partners involved in HSS, and by the Inspection General of the Ministry of Health, in compliance with ToRs sent to them. Copies of the internal audit reports will be sent to GAVI.

The Internal Auditor will be involved in checking the budget implementation according to the provisions given in this Aide-Memoire.

External audit

An external audit will be conducted annually by an independent audit firm and will cover all partner programs at HSS Benin, according to the Aide-memoire of the joint GAVI-World Bank-Global Funds-Belgian Technical Cooperation and WHO mission from November 23 to 26, 2010 on standardizing Partners for Benin HSS. The annual audit report will be communicated to GAVI Alliance within one hundred and eighty (180) days after the closure of the fiscal year.

Thus, the monitoring mechanisms, not only plan for evaluations, but also for regular internal and external audits.

No management issues during 2013

9.5. HSS Activities planned for 2014

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

Table 9.4: Activities planned for 2014

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
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1.1.1 Acquisition of Rolling stock for Health Facilities and DDH	1.1.1 Acquisition of Rolling stock for Health Facilities and DDH	45000000				
1.2.1 Organization of a PBF trainers training session for 25 participants from 2 health zones	1.2.1 Organization of a PBF trainers training session for 25 participants from 2 health zones	8478400				
1.2.2 Organization of three PBF training sessions for 5 days, for 30 participants each in 2 Health zones	1.2.2 Organization of three PBF training sessions for 5 days, for 30 participants each in 2 Health zones	36487000				
1.2.3 Organization of a training session for 30 participants for 3 days on financial management and procurement in each health zone	1.2.3 Organization of a training session for 30 participants for 3 days on financial management and procurement in each health zone	9282600				
1.2.4 Provision of credit for HZ based on performance	1.2.4 Provision of credit for HZ based on performance	200775000				
1.2.5 Organization of annual workshops for PBFs in two Health zones	1.2.5 Organization of annual workshops for PBFs in two Health zones	5400000				
1.2.6 Management of specialists	1.2.6 Management of specialists	62400000				
1.3.1 Contra-verification of data from health facilities by 4 NGOs	1.3.1 Contra-verification of data from health facilities by 4 NGOs	36696960				
1.3.2 Organization of a training session for 30 participants from 4 NGOs for 4 days on PBF and contra-verification of data.	1.3.2 Organization of a training session for 30 participants from 4 NGOs for 4 days on PBF and contra-verification of data.	4175800				
1.3.3 Organization of a training session for 35 local radio presenters for 4 days on PBF	1.3.3 Organization of a training session for 35 local radio presenters for 4 days on PBF	6765800				
1.4.1 Operation of the external audit firm for technical verification of data from the two health	1.4.1 Operation of the external audit firm for technical verification of data from the two health	110023200				

zones	zones					
1.4.2 Supervision rolling stock for external audit firm for 2 health zones	1.4.2 Supervision rolling stock for external audit firm for 2 health zones	33000000				
1.4.3 Computers and office supplies for external audit firms of the 2 health zones	1.4.3 Computers and office supplies for external audit firms of the 2 health zones	13621430				
1.4.4 Management fees for audit firms	1.4.4 Management fees for audit firms	11002320				
1.4.5 Performance contracts with six central and decentralized structures (EEZS, DDH, IGM, NIA PHC, NHDP and RHD) for regulation, monitoring evaluation and checking the implementation	1.4.5 Performance contracts with six central and decentralized structures (EEZS, DDH, IGM, NIA PHC, NHDP and RHD) for regulation, monitoring evaluation and checking the implementation	10038750				
1.4.6 Recruitment of specialized doctors	1.4.6 Recruitment of specialized doctors	1500000				
1.4.7 Implementation of the communication plan	1.4.7 Implementation of the communication plan	4750000				
1.4.8 Procurement consultant to conduct a three-day training for zonal participants on procurement	1.4.8 Procurement consultant to conduct a three-day training for zonal participants on procurement	1260000				
1.4.9 Updating PBF portal for including four GAVI zones	1.4.9 Updating PBF portal for including four GAVI zones	7872000				
1.4.10 Half- yearly internal audit by IGM by three officers for fifteen days in two zones	1.4.10 Half- yearly internal audit by IGM by three officers for fifteen days in two zones	5262000				
2.1.1 strengthening the Cold chain at the departments of Borgou/Alibori and Ouémé Plateau and 2 target HZ	2.1.1 strengthening the Cold chain at the departments of Borgou/Alibori and Ouémé Plateau and 2 target HZ	244960000				
2.1.2 Re- training of 7 national and departmental technicians and 3 health zones for 6	2.1.2 Re- training of 7 national and departmental technicians and 3 health zones for 6	3382160				

days	days					
2.2.1 Maintenance of the departmental chain x2 and 2 target health zones	2.2.1 Maintenance of the departmental chain x2 and 2 target health zones	4000000				
2.3.1 Organize two five-day training sessions for 20 logisticians per session, on vaccine and supply management	2.3.1 Organize two five-day training sessions for 20 logisticians per session, on vaccine and supply management	4874640				
2.3.2 Supply and supervision	2.3.2 Supply and supervision	7526400				
2.4.2 Half-yearly technical and supportive supervision of the Cold chain & management of vaccines of the departments by the central level	2.4.2 Half-yearly technical and supportive supervision of the Cold chain & management of vaccines of the departments by the central level	2734400				
3.1.1 Provide departmental level support (2) to quarterly supervisions of agents responsible for SNIGS data management in target 2 HZ	3.1.1 Provide departmental level support (2) to quarterly supervisions of agents responsible for SNIGS data management in target 2 HZ	2524800				
3.1.6 Support publishing of health statistical yearbooks at the national level	3.1.6 Support publishing of health statistical yearbooks at the national level	2250000				
3.1.7 Support the organization of annual EPI thematic reviews for 2 days	3.1.7 Support the organization of annual EPI thematic reviews for 2 days	4272200				
3.1.8 Organize half-yearly workshops for 3 days on SNIGS data validation in 6 DDH with the support from the central level (total 92 participants + 9 facilitators)	3.1.8 Organize half-yearly workshops for 3 days on SNIGS data validation in 6 DDH with the support from the central level (total 92 participants + 9 facilitators)	24676400				
3.2.1 Prepare DQRC at national level	3.2.1 Prepare DQRC at national level	3027000				
UCP management expenses	UCP management expenses	81748300				
		999767560	0			0

9.6. HSS Activities planned for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that the change in the budget is over 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to IRC for approval with the required proof.

Table 9.6: HSS Activities planned for 2015

Major Activities (insert as many rows as necessary)	Activity planned for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Objective 1: Strengthen the coverage of quality basic health services and mainly immunization and the use of these services in the two target health zones by implementing performance-based funding	Objective 1: Strengthen the coverage of quality basic health services and mainly immunization and the use of these services in the two target health zones by implementing performance-based funding	988239			
Objective 2: Strengthen the cold chain capabilities and efficient vaccine management at intermediate level and in the two target health zones	Objective 2: Strengthen the cold chain capabilities and efficient vaccine management at intermediate level and in the two target health zones	190034			
Objective 3: Strengthen SNIGS and use of data for monitoring-evaluation and strategic planning	Objective 3: Strengthen SNIGS and use of data for monitoring-evaluation and strategic planning	293779			
Program management	Program management	127934			
		1599986			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of funds for HSS in your country

Donor	Amount in USD	Duration of support	Type of activities funded
World Bank	43800000	4 YEARS	Result-based funding in 8 health zones. Support the health care accessibility. Institutional support.
Global funds	37385930	3 YEARS	HSS/Result-based funding in 19 health zones

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any substantive issue as to the accuracy or validity of the information (especially financial data and indicator values) and how these issues were addressed and resolved.

Table 9.9: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
Decision Letter from GAVI Alliance, dated July 2013 granting US\$ 886,500 to Benin	Selection of option B for programming by Benin based on the suggestions from IRC to make a new submission	Nothing to report
Decision Letter from GAVI Alliance, dated November 2013 granting US\$ 8,374,702 to Benin	Request validated by ICC Benin	Nothing to report
HSS action plan 2013 and HSS/GAVI action plan 2014	Request validated by ICC Benin	Nothing to report
GAVI/HSS Bank statements from the Ministry of Health	Request validated by ICC Benin	Nothing to report

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

No problem

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

Please attach:

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

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

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

Benin has not received GAVI support for the Type A CSOs

Benin will not present a report on Type A GAVI support to the CSOs in 2013

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

Benin **has not received GAVI support for the Type B CSOs**

Benin will not present a report on Type B GAVI support to the CSOs in 2013

11. Comments from ICC/HSCC Chairs

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

At Benin, the ICC and HSCC meetings regularly address the major concerns

- Lack of resources (materials, finance and human) for routine immunization
- need to conduct an external EPI review for 2014
- renewal of solar equipment which require significant resources

- cold chain maintenance with transition from petrol equipment to solar equipment
- need to mobilize additional resources for strengthening routine immunization (procurement of motorcycles, refrigerators and strengthening staff capabilities)

12. Annexes

12.1. Annex 1: ISS instructions

INSTRUCTIONS:

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

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

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

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

- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
- b. Income received from GAVI during 2013
- c. Other income received during 2013(interest, fees, etc)
- d. Total expenditure during the calendar year
- e. Closing balance as of 31 December 2013
- f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own system of economic classification, and relevant cost categories (for example: salaries and wages). Cost categories used shall be based on the economic classification from your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013(referred to as the "variance").

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

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

12.2. Annex 2 - Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION OF FUNDS FOR INTRODUCING A NEW VACCINE 1

An example of income & expenditure statement

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

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

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

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

12.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

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

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

An example of an income & expenditure statement

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

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

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

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

12.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

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

12.6. Annex 6 - Example income & expenditure CSO

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

An example of an income & expenditure statement










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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	
1	Signature of the Health Minister (or delegated authority)	2.1		Signature des Ministres RSA File desc: Date/Time: 08/05/2014 07:59: Size: 1 MB
2	Signature of the Finance Minister (or delegated authority)	2.1		Signature des Ministres RSA File desc: Date/Time: 08/05/2014 08:01: Size: 1 MB
3	Signatures of the ICC members	2.2		liste de presence CCIA 22 04 File desc: Date/Time: 06/05/2014 08:16: Size: 2 MB
4	Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013.	5.7		Compte Rendu CCSS -CCIA File desc: Date/Time: 06/05/2014 08:48: Size: 89 KB
5	Signature of the HSCC members	2.3		liste de presence CCIA CNCS File desc: Date/Time: 06/05/2014 08:22: Size: 2 MB
6	Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013	9.9.3		Compte Rendu CCSS -CCIA File desc: Date/Time: 06/05/2014 08:49: Size: 89 KB
7	Financial statements for ISS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1.		ETAT FINANCIER SSV 2013 File desc: Date/Time: 08/05/2014 08:03: Size: 932 KB
8	External audit report on the allocation of ISS funds (fiscal year 2013)	6.2.3		AUDIT EXTERNE SSV 2013 File desc: Date/Time: 08/05/2014 08:04: Size: 371 KB
9	Post-introduction Evaluation Report	7.2.2.		RAPPORT TECHNIQUE DE L'INTRODUCTION DU PCV13 A File desc: Date/Time: 21/04/2014 06:33: Size: 969 KB

10	Financial statements for grants for introducing a new vaccine (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	ETAT FINANCIER ALLOCATI VACCIN 001.jpg File desc: Date/Time: 08/05/2014 08:07: Size: 432 KB
11	External audit report on grants allocated for introducing a new vaccine (fiscal year 2013), if the total expenses in 2013 are greater than USD 250,000	7.3.1	✓	AUDIT EXTERNE ALLOCATI File desc: Date/Time: 08/05/2014 08:08: Size: 394 KB
12	EVSM/VMA/EVM report	7.5	✓	Rapport GEV Bénin.HMD.150 File desc: Date/Time: 21/04/2014 06:09: Size: 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Plan d'amélioration GEV -.HM File desc: Date/Time: 21/04/2014 06:10: Size: 97 KB
14	Status of the implementation of EVSM/VMA/EVM improvement plan	7.5	✓	Point de MEO du plan D'AME File desc: Date/Time: 21/04/2014 06:11: Size: 91 KB
16	The cMYP valid if the country requests for extension of support	7.8	✗	PPAC 2014 2018.docx File desc: Date/Time: 21/04/2014 06:15: Size: 739 KB
17	Costing tool for the cMYP is valid if the country requests for extension of support.	7.8	✗	cMYP Costing Tool Fr-2014 File desc: Date/Time: 21/04/2014 06:23: Size: 3 MB
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8	✗	compte rendu reunion ccia soutien au vaccin.doc File desc: Date/Time: 08/05/2014 02:38: Size: 83 KB compte rendu reunion ccia soutien au vaccin.doc File desc: Date/Time: 08/05/2014 02:43:

				Size: 83 KB
19	Financial statements for the HSS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	✓	Etat financier pour allocation d File desc: Date/Time: 09/05/2014 08:48: Size: 406 KB
20	Financial statements for the HSS funds for the period January-April 2014 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	✓	etat financier RSS janvier av File desc: Date/Time: 09/05/2014 08:49: Size: 424 KB
21	External audit report on the allocation of HSS funds (fiscal year 2013)	9.1.3	✓	Rapport d'Audit Externe pour a File desc: Date/Time: 09/05/2014 09:07: Size: 84 KB
22	Review report on the health sector-HSS	9.9.3	✓	Revue conjointe secteur San File desc: Date/Time: 08/05/2014 11:38: Size: 1 MB
23	Listing Report - Type A - CSO support	10.1.1	✗	Rapport de recensement sou File desc: Date/Time: 08/05/2014 02:52: Size: 84 KB
24	Financial statement for the allocation of type B CSO support (fiscal year 2013)	10.2.4	✗	Etat financier pour allocation s 2013.doc File desc: Date/Time: 08/05/2014 02:53: Size: 83 KB
25	External audit report on Type B CSO support (fiscal year 2013)	10.2.4	✗	Rapport d'Audit Externe sur le fiscale 2013.doc File desc: Date/Time: 08/05/2014 02:54: Size: 84 KB
26	Bank statements for each program funded in cash or a cumulative bank statement for all the programs funded in cash if funds are kept in the same bank account where the opening and closing balance for the year 2013 i) January 1, 2013 and ii) closing balance as on December 31, 2013 appear.	0	✓	relevés bancaires PEV RSS 2 File desc: Date/Time: 09/05/2014 11:42: Size: 9 MB
27	compte_rendu_réunion_ccia_changement_présentation_vaccin	7.7	✗	compte_rendu_reunion_ccia _vaccin.doc File desc: Date/Time: 08/05/2014 02:56:

Other documents				<p>Size: 83 KB</p> <hr/> <p>X BENIN SOUMISSION GAVIR File desc: Date/Time: 21/04/2014 06:54: Size: 476 KB</p> <hr/> <p>CR et liste presence CCIA 20 File desc: Date/Time: 09/05/2014 09:03: Size: 1 MB</p> <hr/> <p>Doc Cadrage Version Valide File desc: Date/Time: 09/05/2014 09:30: Size: 2 MB</p> <hr/> <p>JRF 2013 Bénin (09-04-2014 File desc: Date/Time: 21/04/2014 06:39: Size: 1 MB</p> <hr/> <p>Plan intégré de W annuel du 1 File desc: Date/Time: 21/04/2014 06:40: Size: 14 KB</p> <hr/> <p>Plan National de Développement définitive.doc File desc: Date/Time: 21/04/2014 06:48: Size: 5 MB</p> <hr/> <p>PPAC 2009 2013.docx File desc: Date/Time: 21/04/2014 06:29: Size: 898 KB</p> <hr/> <p>Rapport Revue PEV 10 Comm File desc: Date/Time: 21/04/2014 06:57: Size: 1 MB</p> <hr/> <p>Rapport Atelier POA 2014 c File desc: Date/Time: 21/04/2014 06:50: Size: 405 KB</p>
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