



The GAVI Alliance

# Annual Progress Report **2014**

Submitted by

The Government of  
**Benin**

Reporting on year: **2014**

Requesting support for the year: **2016**

Date of submission: **13 May 2015**

**Deadline for submission: 15 May 2015**

Please submit the **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and the general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for assistance are available at the following address: <http://www.gavialliance.org/country/>*

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

## GAVI ALLIANCE

### GRANT TERMS AND CONDITIONS

#### FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

#### AMENDMENT TO THE APPLICATION

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

#### RETURN OF FUNDS

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

#### SUSPENSION/TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that GAVI support and/or funds have been used for purpose other than for the programmes 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 seek in connection with this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

#### AUDITS AND RECORDS

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

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any 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 government confirm that this application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to carry out the programmes described in this application.

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

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

#### USE OF COMMERCIAL BANK ACCOUNTS

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

#### ARBITRATION

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

#### ***By preparing this APR the Country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

*Major problems 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 on year: **2014**

Requesting support for the year: **2016**

### 1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active Until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015

**DTP-HepB-Hib (pentavalent) vaccine:** per your Country's current preferences, the vaccine is available as a liquid from UNICEF in 1- or 10-dose vials or as lyophilised/liquid vaccine in 2-dose vials, to be administered on a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

### 1.2. Programme extension

Type of Support	Vaccine	Start Year	End Year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	No extension
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:	2016	No extension
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2016	No extension

### 1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilization in 2014	Request for Approval of	Eligible for <b>2014</b> ISS reward
VIG	Yes	N/A	No
HSS	Yes	next tranche of HSS grant: N/A	No
HSFP	Yes	Next tranche of HSFP Grant No	No

VIG: GAVI Vaccine Introduction Grant; COS: Operational Support for Campaign

### 1.4. Previous IRC Report

The IRC Annual Progress Report (APR) for the year **2013** is available [here](#). It is also available [here](#) in French.

## 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 funding 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 (IRC) without the signatures of both the Minister of Health & the Minister Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
<b>Name</b>	Dorothee Akoko KINDE-GAZARD	<b>Name</b>	komi KOUTCHE
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

*This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):*

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### 2.2. ICC Signatures Page

*If the country is reporting on Immunisation 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 complete each section where information is required and upload the signatures in the section of the attached documents, once for the HSCC signatures and once for the ICC signatures.**

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

#### 2.2.1. ICC Report Endorsement

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

Name/Title	Agency/Organisation	Signature	Date
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Dorothee Akoko KINDE-GAZARD	Minister of Health		
Youssef GAMATIE	WHO Resident Representative		
Anne VINCENT	UNICEF Representative		
Ashok MIRCHANDANI	Rotary International		

The ICC may send informal comments to: [apr@gavi.org](mailto:apr@gavi.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 this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

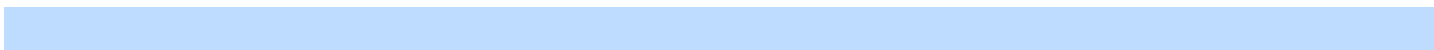
The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country's performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed 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/Organisation	Signature	Date
Dorothee Akoko KINDE-GAZARD	Minister of Health		
Youssef GAMATIE	WHO Resident Representative		
Anne VINCENT	UNICEF Representative		
Ashok MIRCHANDANI	Rotary International		

The HSCC may send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:



Comments from the Regional Working Group:



## **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 2015

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## 4. Baseline and Annual Targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own national level wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown for purposes of approximate information in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)	
	2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation
Total births	411,274	411,562	424,434	424,434
Total infants' deaths	27,555	27,574	28,437	28,437
Total surviving infants	383719	383,988	395,997	395,997
Total pregnant women	472,966	473,297	488,100	488,100
Number of infants who have received (should receive) <b>BCG</b> vaccine	403,048	395,100	415,946	415,946
<b>BCG coverage [1]</b>	98%	96%	98%	98%
Number of infants vaccinated (to be vaccinated) with <b>OPV3</b>	372,207	360,949	384,117	376,197
<b>OPV3 coverage [2]</b>	97%	94%	97%	95 %
Number of infants vaccinated (to be vaccinated) with <b>DTP1 [3]</b>	376,045	376,308	388,077	384,117
Number of infants vaccinated (to be vaccinated) with <b>DTP3 [3] [4]</b>	372,207	360,949	384,117	376,197
<b>DTP3 coverage [2]</b>	97%	94%	97%	95 %
Wastage [5] in base-year and planned thereafter (%) for <b>DTP</b>	15	15	15	9
Wastage [5] factor in base-year and planned thereafter for <b>DTP</b>	1,18	1,18	1,18	1,10
Number of infants vaccinated (to be vaccinated) with <b>1st dose of DTP-HepB-Hib</b>	383,615	376,308	388,077	384,117
Number of infants vaccinated (to be vaccinated) with <b>3rd dose of DTP-HepB-Hib</b>	379,700	360,949	384,117	376,197
<b>DTP-HepB+Hib coverage [2]</b>	99%	94%	97%	95 %
Waste [5] in base-year and planned thereafter (%) [6]	13	15	15	9
Wastage factor [5] in base-year and planned thereafter (%)	1,15	1,18	1,18	1,1
Maximum loss rate for <b>DTP-HepB-Hib vaccine, 10 dose (s) per vial, LIQUID</b>	0%	0%	0%	25%
Number of infants who	368,270	334,070	356,397	344,517

received (yet to receive) Yellow fever vaccine				
Yellow fever coverage[2]	96%	87%	90%	87%
Wastage [5] rate in base-year and planned thereafter (%)	24	25	25	25
Wastage factor [5] in base-year and planned thereafter (%)	1,32	1,33	1,33	1,33
Maximum wastage rate for Yellow fever, 10 dose (s) per vial, LYOPHILIZED	0%	40%	0%	40%
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	436,439	376,308	384,117	384,117
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	431,985	360,949	356,397	376,197
Pneumococcal (PCV13) coverage [2]	113%	94%	90%	95 %
Wastage [5] rate in base-year and planned thereafter (%)	5	5	5	5
Wastage factor [5] in base-year and planned thereafter (%)	1,05	1,05	1,05	1,05
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose (s) per vial, LIQUID	0%	5%	0%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	345,347	334,070	356,397	344,517
Measles coverage[2]	90%	87%	90%	87%
Pregnant women immunized with TT+	340,536	326,575	366,075	356,313
TT + coverage [7]	72%	69%	75%	73%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0
Vit A supplement to infants after 6 months	3,087,843	0	3,087,843	0
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	1%	4%	1%	2%

[1] Number of infants vaccinated as compared to total number of births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please ensure that the DTP cells are correctly completed

[5] 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 procurement 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.

[6] GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine ( single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

## 5. General Programme Management Component

### 5.1. Updated Baseline and Annual Targets

**Note:** Fill in the table in Section 4, Baseline and Annual Targets before continuing

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014 immunisation activities**. The numbers for 2015 - 2016 in Table 4 Baseline and Annual Targets must be consistent with those that the country provided to GAVI in previous Annual Progress Reports or in a new application for GAVI support or in the cMYP.

In the spaces below, please provide justification for those numbers in this APR that are different from those in the reference documents.

- Justification for any changes in the **number of births**

No change

- Justification for any changes in the **number of surviving infants**

No change

- Justification for any changes in targets by vaccine **Please note that targets that exceed the previous years' results by more than 10 % must be justified. For the IPV, justification must also be provided as an attachment to the APR, for EVERY change in the target population**

APR

- Justification for any changes in **wastage by vaccine**

APR

### 5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. During the last five years, were sex-disaggregated data available in your country from administrative data sources and/or studies on DTP3 coverage? **Yes, available**

If yes, please report the latest data available and the year that is it from.

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
DHS 4	2012	74,1	73,3

5.2.2. How have you been using the above data to address gender-related barriers to immunisation access?

There are no gender-related barriers to immunisation in Benin, as [seen] in the DHS 4 results.

5.2.3. If no sex-disaggregated data is currently available, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **Yes**

5.2.4. How have any gender-related barriers to accessing and delivering immunization services (for example, mothers not having access to such services, the sex of service providers, etc.) been addressed programmatically? (For more extensive information on these gender-specific obstacles, please see the GAVI fact sheet "Gender and Immunisation" at <http://www.gavialliance.org/fr/librairie/>)

Although the difference is small, we plan to monitor immunisation of girls and boys by setting up gender-specific immunisation cards.

### 5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI's understanding of the broad trends in the expenses of the immunisation programme and of the financial flows. Please fill in the tables using US\$.

<b>Exchange rate used</b>	1 US\$ = 500	Only enter the exchange rate; do not list the name of the local currency
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**Table 5.3a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditures by Category	Year of Expenditure 2014	Source of funding						
		Country	Gavi	UNICEF	WHO	Church of Jesus Christ of Latter-Day Saints	Red Cross	Lion's Club
Traditional Vaccines*	638,461	638,461	0	0	0	0	0	0
New and underused Vaccines**	3,809,472	514,572	3,294,900	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADS)	66,048	66,048	0	0	0	0	0	0
Cold chain equipment	409,051	0	409,051	0	0	0	0	0
Staff	357,600	357,600	0	0	0	0	0	0
Other routine recurrent costs	501,407	328,657	0	73,002	99,748	0	0	0
Other capital costs	149,619	108,867	0	40,752	0	0	0	0
Campaigns costs	5,972,395	384,204	0	837,403	4,551,688	11,100	178,000	10,000
EPI40000 External Review		300,000	0	605,680	40,000	0	0	0
<b>Total Expenditures for Immunisation</b>	<b>11,904,053</b>							
<b>Total Government Health</b>		<b>2,698,409</b>	<b>3,703,951</b>	<b>1,556,837</b>	<b>4,691,436</b>	<b>11,100</b>	<b>178,000</b>	<b>10,000</b>

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 item, if these vaccines were introduced without GAVI support.

### 5.4. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **3**

Please attach the minutes (**Document No. 4**) of the meeting of the ICC in 2015 which endorsed this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1. Updated Baseline and Annual Targets](#) to [5.3 Overall Expenditures and Financing for Immunisation](#).

Main concerns of HSS ICC members

- Extent of rehabilitation of sites to house central level room rooms;
- the point in the procurement process for cold rooms and motorbikes;
- the need to mobilise additional resources to restart routine immunisation;
- the need to restart PHC

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

If **Yes**, which ones?

**List the CSO member organizations belonging to the ICC:**

EPI Foundation
Rotary International
ROS/BHON (Beninese Health Organizations Network)

## 5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI program for 2015 to 2016?

### General objective

: Help reduce under-five morbidity and mortality due to EPI target diseases

### Specific objectives:

- Raise the percent of health zones with FIC levels from 48% to 80% by 2016;
- Raise the immunisation coverage rate of children 0-11 months and 12-23 months to the national level by the end of 2015:

\*Penta3: 94% - 97%

\*PCV13\_3: 94% - 97%

\*MCV/YFV: 87% - 90%

\*FIC:48% - 60%

\*TT2+: 69%-75%

The main activities scheduled include:

- Introducing the first IPV dose into routine EPI;
- Implementing the RED approach in 10 communes (mop-up and finding drop-outs in low-performing communes;
- Organizing quarterly EPI manager supervisions;
- Providing monthly monitoring for activities at all levels;
- Developing a communication plan for vaccination;
- Acquiring a dry truck to transport inputs;
- Acquiring CC equipment for health facilities;
- Making EPI data quality audits routine in health zones;
- Organizing two supplemental immunisation campaigns and responses to polio;
- Strengthening disease surveillance by actively searching for AFP, MNT, measles, yellow fever, Hib infection and treating AEFIs;
- Organizing regular committee meetings (ICC, NECP, NCC and NACIV);
- Organize two data validation sessions in the 34 health zones;
- Finalize the rehabilitation of the national level cold room;
- Organize the African Immunisation Week;
- Conduct a review of immunisation and surveillance data;
- Organize the demonstration of the HPV vaccine in the Abomey-Calavi and Djougou-Copargo-Ouaké health zones;
- Finalize the complete documentation for polio eradication

## 5.6. 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 2014

Vaccine	Types of syringe used in routine EPI in 2014	Funding sources in 2014
BCG	0.05 mL ADS + 2mL dilution syringe	National budget
Measles	0.5 mL AD syringe	National budget
TT	0.5 mL AD syringe	National budget
DTP-containing vaccine	0.5 mL AD syringe + 5 mL dilution syringe	National budget

IPV	N/A	N/A
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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 an injection safety policy/plan? (Please report in the 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 2014 sharps have been eliminated, what were the problems, etc.

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

Some of the challenges are:

- transporting sharps waste;
- maintaining operational incinerators

## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

Benin is not presenting the report on the use of ISS funds in 2014

### **6.2. Detailed Expenditure of ISS Funds during the Calendar Year**

Benin is not presenting the report on the use of ISS funds in 2014

### **6.3. Request for ISS Reward**

The request for expected ISS reward is not applicable for 2014 in Benin

## 7. New and Underused Vaccines Support (NVS)

### 7.1. Receipt of New & Under-used Vaccines for 2014 Vaccination Programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Please fill the table below

**Table 7.1:** Vaccines received for 2014 vaccinations against approvals for 2014

Please also include any deliveries from the previous year received in accordance with this Decision Letter.

	[ A ]	[ B ]	[C]	
Vaccine Type	Total doses for 2014 in the Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Has the country experienced a stock shortage at any level in 2014?
Pneumococcal (PCV13)	1,411,000	1,411,200	0	No
DTP-HepB-Hib	1,629,600	2,889,600	0	No
Yellow fever	465,000	465,000	0	No

If values in [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?, etc.) Doses discarded because VVM changed colour or because of the expiration date?. etc.)

Pentavalent: Shipping delay  
Pneumococcal: Packaging error

- What measures have you taken to improve vaccine management, for example, adjusting the plan for vaccine shipments? (in the country and with the UNICEF Procurement Division)

**GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.**

- Continue implementing EVM recommendations made in 2012 (rehabilitate central level CC to increase our storage capacity);
- Regularly monitor stock management at the département and health zone levels

If **Yes** for any immunization in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility health centre level.

N/A



## 7.2. Introduction of a New Vaccine in 2014

7.2.1. If you were approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the approved proposal and report on achievements:

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	

For when is the Post Introduction Evaluation (PIE) planned? **October 2003 [sic]**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	

For when is the Post Introduction Evaluation (PIE) planned? **December 2012**

DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	

For when is the Post Introduction Evaluation (PIE) planned? **July 2006**

7.2.2. 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)

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance system? **Yes**

Is there a national AEFI 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**

Does your country have a risk communication strategy with preparedness plans to address potential vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunisation Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the national sentinel surveillance systems and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Benin has not conducted any specific survey of rotavirus diarrhea or pneumococcal and meningococcal infections, but the Benin CNCV/NACIV was officially installed on 10 September 2013. This group considered strategies for introducing the first dose of the injectable poliomyelitis vaccine.

### 7.3. Lump Sums of the Grant for the Introduction of a New Vaccine in 2014

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received in 2014 (A)	310,000	155,000,000
Remaining funds (carry over) from 2013	7,277	3,638,740
Total Available Funds in 2014 (C=A+B)	317,277	158,638,740
Total Expenditures in 2014 (D)	7,277	3,638,740
Balance carried over to 2015 (E=C-D)	310,000	155,000,000

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements must 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. Programme 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 and solutions in the implementation of the planned activities

N/A

Please describe the activities that will be undertaken with any remaining balance of funds carried over to 2015

We are in 2015 and plan to introduce the IPV in June. The main activities scheduled are the following:

- Plan introduction and preparation activities
- Organization and coordination process (meetings of ICC-EPI sub-committees, ICC-EPI meetings)
- Training for EPI actors and meetings of decision-makers at various levels of the healthy pyramid.

Social mobilisation, IEC, advocacy

Develop a communication plan. Implement communication and advocacy activities

Brief partner journalists and radio hosts and contract with mass media

- Adapt and copy tools
- Waste management
- AEFI surveillance and monitoring
- Post-introduction evaluation
- Increase CC capacity
- Increase laboratory network capacities

#### 7.4. Report on Country Co-financing in 2014

**Table 7.4** : Five questions on country co-financing

	<b>Q.1: What were the actual co-financed amounts and doses in 2014?</b>	
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Selected vaccine #1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	93,000	88,700
Selected vaccine #2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	282,500	78,500
Selected vaccine #3: DPT-HepB-Hib, 10 dose (s) per vial, LIQUID:	326,000	159,200
	<b>Q.2: What were the amounts of funding for country co-financing in reporting year 2014 from the following sources?</b>	
Government	701 500	
Donor	10,544,000 (GAVI)	
Other	0	
	<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>	
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Selected vaccine #1: Yellow fever,	0	88.700

10 dose (s) per vial, LYOPHILIZED		
Selected vaccine #2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	0	78,500
Selected vaccine #3: DPT-HepB-Hib, 10 dose (s) per vial, LIQUID:	0	159,200
	<b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding</b>	
<b>Schedule of Co-Financing Payments</b>	Proposed Payment Date for 2016	Source of funding
Selected vaccine #1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	October	Government
Selected vaccine #2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	October	Government
Selected vaccine #3: DPT-HepB-Hib, 10 dose (s) per vial, LIQUID:	October	Government
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	
	N/A	

\* **Note:** co-financing is not mandatory for IPV

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on the 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 the EVM tool can be found at

[http://www.who.int/immunization/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html)

*It is mandatory for the countries to conduct an EVM prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timeliness. The progress report included in the implementation of this plan must be included in the annual 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:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- 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 to the Improvement Plan, with reasons provided? **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 2014

Benin is not submitting a preventive campaign NVS report.

## 7.7. Change of Vaccine Presentation

Benin is not requesting any change of vaccine presentation for the next few years.

## 7.8. Renewal of Multi-Year Vaccines Support for Countries whose Current Support is Ending in 2015

If 2015 is the last year of approved multi-year support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years to for the following vaccines:

- \* **Yellow fever, 10 dose (s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**
- \* **DPT-HepB-Hib, 10 dose (s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- \* **Yellow fever, 10 dose (s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**
- \* **DPT-HepB-Hib, 10 dose (s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years to , which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- \* **Yellow fever, 10 dose (s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**
- \* **DPT-HepB-Hib, 10 dose (s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- \* **Yellow fever, 10 dose (s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**
- \* **DPT-HepB-Hib, 10 dose (s) per vial, LIQUID**

## 7.9. Request for Continued Support for Vaccines for the 2016 Immunisation Programme

In order to request NVS support for immunisation in 2016, please do the following:

Confirm below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#) **Yes**

If you do not confirm, please explain

N/A

## 7.10. Weighted average prices of supply and related shipping

**Table 7.10.1: Commodities Cost**

Estimated prices of supply are not disclosed

**Table 7.10.2: Transportation costs**

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED							
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:							

Vaccine Antigen	Vaccine Type	2014	2015
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	7.50%	7.50%
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40%	4.50%
DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID:	3.40%	4.30%

## 7.11. Calculation of Requirements

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

ID	Source		2014	2015	Total	
	Number of surviving infants	Parameter	#	383,719	395,997	779,716
	Number of children to be vaccinated with the first dose	Parameter	#	383,615	388,077	771,692
	Number of children to be vaccinated with the third dose	Parameter	#	379,700	384,117	763,817
	Immunisation coverage with the third dose	Parameter	%	98.95%	97.00%	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.15	1.8	
	Stock in Central Store Dec 31, 2014		#	1,650,350		
	Stock across second level Dec 31, 2014 (if available)*		#	1,650,350		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		10	
	AD syringes required	Parameter	#		Yes	

	Reconstitution syringes required	Parameter	#		No
	Safety boxes required	Parameter	#		Yes
cc	Country co-financing per dose	Parameter	\$		0.20
ca	AD syringe price per unit	Parameter	\$		0,0448
cr	Reconstitution syringe price per unit	Parameter	\$		0
cs	Safety box price per unit	Parameter	\$		0,0054
fv	Freight cost as % of vaccines value	Parameter	%		4.30%

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Not applicable

For pentavalent vaccines, GAVI applies an indicator of 4.5 months of regulator inventory and operational inventory. Countries must indicate their needs in terms of regulator inventory and operational inventory, if these are different from the indicator, up to a maximum of six months. If assistance is needed to calculate the regulator and operational inventory levels, please contact WHO or UNICEF. By default, the pre-selection applies to a regulator and operational inventory of 4.5 months.

Not defined

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

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

	2014	2015
Minimum co-financing	0.20	0.20
Co-financing recommendation in accordance with		
Your co-financing	0.20	0.20

**Table 7.11.2:** Estimates of GAVI support and country co-financing (**GAVI support**)

		2014	2015
Number of vaccine doses	#	1,470,400	524,500
Number of AD syringes	#	1,602,500	411,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	17,800	4,525
Total amount to be co-financed by GAVI	\$	3,106,000	1,077,000

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

		2014	2015
Number of vaccine doses	#	159,200	58,000
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0

Number of safety boxes	#	0	0
Total value to be co-financed by country [1]	\$	326,000	116,500

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

		Formula	2014	2015		
				Total	Government	Gavi
		V				
B	Number of children to be vaccinated with the first dose	Table 4	383,615	388,077		
B 1	Number of children to be vaccinated with the third dose	Table 4	379,700	388,077		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,145,325	1,158,648		
E	Estimated vaccine wastage factor	Table 4	1.15	1,18		
F	Number of doses needed including wastage	$D \times E$		1,367,204		
		<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,375$ <b>Buffer on doses wasted</b> = <ul style="list-style-type: none"> <li>• <u>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</u> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375</math></li> <li>• <u>else:</u> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0</math></li> </ul>				
		$H1 - (F (2015) \text{ current estimation} \times 0,375)$				
		$H2 (2015) + H3 (2015) - F (2015)$				
H 2	Stock on 1 January	Table 7.11.1	130,173	1,650,350		
H 3	Shipping plan	Approved volume		582,500		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$		582,500		
		Vaccine parameter				
		$(D + G - H) \times 1.10$				
		$(I / J) \times 1.10$				
		$(I / 100) \times 1.10$				
		$I \times \text{vaccine price per dose (g)}$				
		$K \times \text{AD syringe price per unit (ca)}$				
		$L \times \text{reconstitution price per unit (cr)}$				
		$M \times \text{safety box price per unit (cs)}$				
		$N \times \text{freight cost as of \% of vaccines value (fv)}$				
		$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
		$(N+O+P+Q+R+S)$				
		$I \times \text{country co-financing per dose (cc)}$				
		$U / (N + R)$				



Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

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

ID	Source		2014	2015	Total	
	Number of surviving infants	Parameter	#	383,719	395,997	779,716
	Number of children to be vaccinated with the first dose	Parameter	#	436,439	384,117	820,556
	Number of children to be vaccinated with the third dose	Parameter	#	431,985	356,397	788,382
	Immunisation coverage with the third dose	Parameter	%	112.58%	90.00%	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Parameter	#	1,05	1,05	
	Stock in Central Store Dec 31, 2014		#	653,497		
	Stock across second level Dec 31, 2014 (if available)*		#	653,497		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		1	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		No	
	Safety boxes required	Parameter	#		Yes	
cc	Country co-financing per dose	Parameter	\$		0.20	
ca	AD syringe price per unit	Parameter	\$		0,0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	
cs	Safety box price per unit	Parameter	\$		0,0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.50%	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Not applicable

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

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

	2014	2015
Minimum co-financing	0.20	0.20
Co-financing recommendation in accordance with		
Your co-financing	0.20	0.20

**Table 7.11.2: Estimates of GAVI support and country co-financing (GAVI support)**

		2014	2015
Number of vaccine doses	#	1,332,500	730,800
Number of AD syringes	#	1,480,100	789,400
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	16,450	8,700

<b>Total amount to be co-financed by GAVI</b>	\$	4,878,000	2,659,000
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**Table 7.11.3:** Estimates of GAVI support and country co-financing (**Country support**)

		2014	2015
<b>Number of vaccine doses</b>	#	78,500	45,000
<b>Number of AD syringes</b>	#	0	0
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	0	0
<b>Total value to be co-financed by country [1]</b>	\$	282,500	155,500

**Table 7.11.4:** Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 3)

	Formula	2014	2015		
			Total	Government	Gavi
	V				
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	436,439	384,117	
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	3	3	
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	1,309,317	1,152,351	
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1,05	1,05	
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$		1,209,969	
	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.2.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.2.25$				
	$H2 \text{ from previous year} - 0.2.25 \times F \text{ from previous year}$				
<b>H2</b>	<b>Stock on 1 January</b>	Table 7.11.1	71,600	653,497	
<b>I</b>	<b>Total vaccine doses needed</b>	Round up $((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$		775,800	
	Vaccine parameter				
	$(D + G - H) \times 1.10$				
	$(I / J) \times 1.10$				
	$(I / 100) \times 1.10$				
	$I \times \text{vaccine price per dose (g)}$				
	$K \times \text{AD syringe price per unit (ca)}$				
	$L \times \text{reconstitution price per unit (cr)}$				
	$M \times \text{safety box price per unit (cs)}$				
	$N \times \text{freight cost as of \% of vaccines value (fv)}$				
	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
	$(N+O+P+Q+R+S)$				
	$I \times \text{country co-financing per dose (cc)}$				
	$U / (N + R)$				

**Table 7.11.1: Specifications for Yellow Fever 10 dose(s) per vial, LYOPHILISED**

ID	Source		2014	2015	Total	
	Number of surviving infants	Parameter	#	383,719	395,997	779,716
	Number of children to be vaccinated with the first dose	Parameter	#	368,270	356,397	724,667
	Number of doses per child	Parameter	#	1	1	
	Estimated vaccine wastage factor	Parameter	#	1,32	1,33	
	Stock in Central Store Dec 31, 2014		#	331,200		
	Stock across second level Dec 31, 2014 (if available)*		#	331,200		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		10	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		Yes	
	Safety boxes required	Parameter	#		Yes	
cc	Country co-financing per dose	Parameter	\$		0.20	
ca	AD syringe price per unit	Parameter	\$		0,0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	
cs	Safety box price per unit	Parameter	\$		0,0054	
fv	Freight cost as % of vaccines value	Parameter	%		7.50%	
fd	Freight cost as % of devices value	Parameter	%			

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Not applicable

**Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

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

	2014	2015
Minimum co-financing	0.20	0.20
Co-financing recommendation in accordance with		
Your co-financing	0.20	0.20

**Table 7.11.2: Estimates of GAVI support and country co-financing (GAVI support)**

2014	2015
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<b>Number of vaccine doses</b>	#	376,300	263,100
<b>Number of AD syringes</b>	#	381,800	224,300
<b>Number of re-constitution syringes</b>	#	51,200	35,400
<b>Number of safety boxes</b>	#	4,825	2,875
<b>Total amount to be co-financed by GAVI</b>	\$	419,500	304,500

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

		2014	2015
<b>Number of vaccine doses</b>	#	88,700	58,400
<b>Number of AD syringes</b>	#	0	0
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	0	0
<b>Total value to be co-financed by country [1]</b>	\$	93,000	64,500

**Table 7.11.4:** Calculation of requirements for **Yellow Fever, 10 dose(s) per vial, LYOPHILISED** (part 1)

	Formula	2014	2015		
			Total	Government	Gavi
	V				
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	368,270	356,397	
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	1	1	
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	368,270	356,397	
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1.32	1.33	
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$		474,009	
	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = (D - D of previous year original approved) x 0.2.25 <b>Buffer on doses wasted</b> = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.2.25				
	H2 from previous year - 0.2.25 x F from previous year				
<b>H2</b>	<b>Stock on 1 January</b>	Table 7.11.1	184,400	331,200	
<b>I</b>	<b>Total vaccine doses needed</b>	Round up((F + G-H) / Vaccine package size) * Vaccine package size		321,500	
	Vaccine parameter				
	$(D + G - H) \times 1.10$				
	$(I / J) \times 1.10$				
	$(I / 100) \times 1.10$				
	I x * vaccine price per dose (g)				
	K x AD syringe price per unit (ca)				
	L x reconstitution price per unit (cr)				
	M x safety box price per unit (cs)				
	N x freight cost as of % of vaccines value (fv)				
	$(O+P+Q) \times$ freight cost as % of devices value (fd)				
	$(N+O+P+Q+R+S)$				
	I x country co-financing per dose (cc)				
	$U / (N + R)$				





## 8. Health System Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

### 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 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January - April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 in which the 2014 fiscal year starts in January 2014, and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal as reference 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 are proposing changes to approved activities and budget (reprogramming), please request guidelines about reprogramming from the manager in your country or the GAVI Alliance Secretariat or send an email to the following address: [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org).

5. If you are requesting a new tranche of funding, please so indicate in [Section 8.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination entity** (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 all the HSCC meetings held in 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. The latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 calendar year
- e. External audit report for 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 tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (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 monitoring of the GAVI HSS investment in the coming year.

8. 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 tranche of HSS funds.

### 8.1. Report on the use of HSS funds in 2014 and request of a new tranche

For countries that have already received the final installment of all GAVI funding approved in the context of HSS support and that are not requesting other funding: Has implementation of the HSS support ended? YES/NO If NO, please indicate the planned date for the end of HSS support implementation. **Yes**

If NO, please indicate the planned date for the end of HSS support implementation.

The most difficult component is the construction of lot2 of the Cotonou central chain [which] is completed. The building is scheduled to be ready for use by 15 April 2015. Next is the installation of the remaining 2 cold rooms. The Project Coordination Unit (UCP) just began the process of selecting a provider capable of performing the installation by actors who monitored the installation of the first rooms with the Copenhagen team.

The external audits of 2013 and 2014 also remain to be completed; these reports will be available by the end of June 2015.

HSS1 support implementation is scheduled to end at the end of June 2015.

Please attach all studies and evaluations related to GAVI HSS support, or funded by it.

Whenever possible, please provide data disaggregated by sex, rural/urban areas, and by district/country, specifically for vaccination coverage indicators. This is particularly important if the GAVI HSS support serves to target specific populations and/or geographic areas in the country.

If CSOs have been involved in the implementation of the HSS grant, please attach a list of those involved in implementing the grant, the financing received by the CSOs from the GAVI HSS grant and the activities they carried out. If CSO involvement was specified in the initial proposal approved by GAVI but no funding was provided to CSOs, please explain why. Please consult <http://www.gavialliance.org/support/cso/> for GAVI's CSO implementation framework.

No, no CSOs involved in implementing this grant

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

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

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

#### 8.1.1. Report on the use of ISS funds in **2014**

Please complete Tables 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

**Note: if you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b.**

#### 8.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

These funds must be sufficient to ensure implementation of the HSS allocation until December 2016.

Table 8.1.3a \$(US)

	2009	2010	2011	2012	2013	2014
--	------	------	------	------	------	------

Original annual budget (per the originally approved HSS proposal)					886500	0
Revised annual budget (if revised by previous Annual Progress Reviews)					886500	0
Total funds received from GAVI during the calendar year (A)					886500	0
Remaining funds (carry over) from previous year (A)					0	623859
Total Funds available during the calendar year (C=A+B)					886500	623859
Total Expenditures during calendar year (D)					279660	295925
Balance carried forward to next calendar year (E=C-D)					623859	327934
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]					0	0

	2015	2016	2017	2018
Original annual budget (per the originally approved HSS proposal)				
Revised annual budget (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total Expenditures during calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (per the originally approved HSS proposal)					443250000	0
Revised annual budget (if revised by previous Annual Progress Reviews)					443250000	0
Total funds received from GAVI during the calendar year (A)					443250000	0
Remaining funds (carry over) from previous year (A)					0	311929500
Total Funds available during the calendar year (C=A+B)					443250000	311929500
Total Expenditures during calendar year (D)					139830000	147962500
Balance carried forward to next calendar year (E=C-D)					311929500	163967000
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]					0	0

	2015	2016	2017	2018
Original annual budget (per the originally approved HSS proposal)				
Revised annual budget (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total Expenditures during calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]				

### Report of Exchange Rate Fluctuation

Please indicate in [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	500	500	500	500	500	500
Closing on 31 December	500	500	500	500	500	500

### Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 to April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

**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 for your HSS program during your government's most recent fiscal year, this must also be attached (Document Number: 21)**

### 8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunization using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original

application and decision 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Percentage of Activity completed (annual rate) (where applicable)	Source of information/data (if relevant)
<b>Build infrastructures for the cold chain</b>	Build phase 1 cold chain infrastructures	100	Implementation status of GAVI/HSS activities on 31 December 2014
<b>Build infrastructures for the cold chain</b>	Rehabilitate buildings and storehouses for phase 2 cold rooms and warehouses	95	Audit bureau report
<b>Equip the cold room</b>	Install 3 cold rooms in phase 1 infrastructures	100	Activity report
<b>Equip the cold room</b>	Install the remaining 2 cold rooms in the lot2 building (in service in mid-April 2015)	95	Implementation status of GAVI/HSS activities on 31 December 2014
<b>Install the cold chain and set-up accessories</b>	Install the cold chain and set-up accessories	60	Implementation status of GAVI/HSS activities on 31 December 2014
<b>Procure 8 computers and accessories (2 at SNIGS in HD; 2 for the 2 CHDs and 4 for the four (4) health zones for a better EPI data management</b>	Procure 8 computers and accessories (2 at SNIGS in HD; 2 for the 2 CHDs and 4 for the four (4) health zones for better EPI data management	100	Implementation status of GAVI/HSS activities on 31 December 2014
<b>Procure a generator</b>	Procure a generator	0	The UNOPS supplier was not able to deliver the generator
<b>Conduct two supervision missions at zonal levels</b>	Conduct two supervision missions at zonal levels	0	Missions not conducted because of scheduling conflicts; however a portion of these funds were used to strengthen the ANV team with Gavi authorization (November 2014 Gavi mission report)
<b>Pay 6 months of coordinator's fees</b>	Pay 6 months of coordinator's fees	100	Activity report
<b>Annual external audit of GAVI accounts</b>	Annual external audit of GAVI accounts	50	Implementation status of GAVI/HSS activities on 31 December 2014

8.2.1 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 relevant constraints
<b>Build infrastructures for the cold chain</b>	The lot2 infrastructures are completed and buildings are scheduled to be ready for use in mid-April 2015. No constraints identified
<b>Annual external audit of GAVI accounts</b>	Auditing firm already hired. It was decided that an audit would be conducted for the 2013 and 2014 fiscal years. No obstacles
<b>Conduct two supervision missions at zonal levels</b>	Supervision missions at zonal levels not conducted due to scheduling conflicts and a government slowdown.
<b>Procure a generator</b>	The purchase of a generator was included in the quote with the cold rooms but unfortunately was not delivered. It has been

	rescheduled in HSS2
<b>Procure 8 computers and accessories (2 at SNIGS)</b>	8 computers purchased and in service
<b>Install the cold chain and set-up accessories</b>	3 of 5 cold rooms, i.e. 60%, are installed and operational.
<b>Equip the cold room</b>	Five cold rooms delivered.

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

1 - The supervisory activities of the National Vaccination Agency (ANV) could not be conducted due to scheduling conflicts with actors in supervised facilities and strikes that disrupted health sector work plans.

8.2.3 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?

The use of funds as incentives for Human Resources was not part of the 2014 workplan. However the new proposal includes using this strategy to incentivize human resources through performance-based financing (PBF).

### 8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

**Table 8.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2014 target						Source of data	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
<b>Infrastructure implementation rate</b>	0	Request dated December 27, 2012	Improve the storage capacity in the central depot to receive and store EPI vaccines	95%					95%	Supervision Reports	Final reception scheduled for end of April 2015
<b>Acquisition rate of cold chamber equipment</b>	0	Request dated December 27, 2012	Improve the storage capacity in the central depot to receive and store EPI vaccines	100%					100%	Delivery note	
<b>Number of supervisions planned</b>	2	Action plan 2013	Monitor the implementation of activities	0%					0%	Supervision reports	Except for construction worksites and technical equipment installation, supervisions should monitor equipment activation
<b>Annual external audit of GAVI accounts</b>	1	Action plan 2013	Conduct an external audit of GAVI accounts	0%					0%	Audit report	Report expected by the end of June 2015

### 8.4. Programme Implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme.

The accomplishments made with GAVI funds helped strengthen Benin's cold chain capacities to provide the National Vaccination Agency (ANV) with the means to effectively manage antigens. The lot2 infrastructure has been completed. Buildings are scheduled to open in mid-April 2015 to receive the remaining cold rooms

(2 remaining cold rooms). The 8 computers purchased increased the capacity for managing national immunisation programme data.

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

A delay was noted in starting the work on the cold room, due to weaknesses in the public contracting process. Rehabilitation and equipping the cold chain will provide Benin with adequate supply and storage capacity until 2018, and will make it easier to receive other new vaccines.

8.4.3. 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 depends on the entities and mechanisms that exist within the Ministry of Health. It is integrated into the M&E 2009-2018 NHDP plan.

The main entities and mechanisms are the following:

- ✓• The National Committee for Monitoring Project/Program Performance and Evaluation (CNEEP), chaired by the Minister of Health, is a multi-sector entity (that includes CSOs) that is in charge of monitoring/evaluation of the implementation of health sector reforms such as those set out in the health sector, and in particular, those implemented through the NHDP.
- ✓• The Coordination Committee for Health System Strengthening (CC-HSS) was created in 2011. It is chaired by the Minister of Health and its mission is M&E and coordination of all HSS activities. This multi-sector committee (MoH, MEF, MFSN), which integrates TFPs (WHO + Lead health TFP \_ other health TFPs), will be enlarged by the inclusion of CSOs.
- ✓• The Directorate for Planning and Forecasting (DPP) includes:
  - SNIGS, responsible for collecting, validating analyzing and disseminating health information;
  - the M&E Unit (CSE) in charge of monitoring, implementing the program budget and recommendations from the sector's large events, drafting performance reports and organizing a joint performance sector review;
  - An RBF unit to approve and make the achievements of the RBF approach implementation sustainable in Benin (currently being created).
- ✓• The Health System Strengthening Project - Coordination Unit (HSSP-CU), entity charged with, within the Ministry of Health, supporting the implementation and management of all HSS programs in Benin. The HSSP-CU has a financial manager, a procurement specialist, an RBF team and a M&E manager (currently being recruited).

In accordance with the May 2012 Benin-GAVI Aide Memoire, the HSSP-CU will be in charge of developing the National Work Plan (NWP) for GAVI-HSS support while strictly respecting the interventions and annual financial limits defined in the GAVI-HSS Proposal and in the GAVI Decision Letter. These Annual Work Plans will integrate all activities to be carried out for GAVI-HSS support, including activities of the Central Directorate and those of 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

8.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization 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.

The HSSP-CU will be in charge of monitoring the programmatic and financial implementation of these Annual Work Plans. The HSSP-CU will be in charge of the different levels of health administration and of specific RBF monitoring mechanisms. It will draft quarterly situation reports about Annual Work Plan implementation that will be submitted to the CC-HSS.

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 so, the DPF will use different systems to collect and analyze SNIGS data and Ministry of Health programs as well as specific survey results.

Using the official database created by the MoH/DPP, the HSSP-CU will be responsible for drafting quarterly and annual progress reports (APR) for GAVI-HSS support. These reports will be validated by the CC-HSS



before being sent on to the GAVI Secretariat within the deadlines.

The monitoring and evaluation of quantitative and qualitative RBF indicators will be carried out by the HSSP-CU according to the specific modalities defined in the strategic RBF document for Benin (attached). The HSSP-CU will support the (independent) Zone Auditors in auditing indicators and the Community-Based organizations under contract to provide a second-level indicator audit.

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

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

#### **Implementing entities and their key responsibilities with regard to governance and auditing.**

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

#### **Coordination mechanisms between implementation entities and the role of development partners in supporting the country in grant implementation.**

There are two types of coordination (HSS coordination committee and ICC) and an implementation entity, which is the HSSP-CU.

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

In Benin, numerous international and national non-governmental organizations (NGOs) are active in the health sector. They can be found in areas that cover the mobilization of resources, service provision, demand, social mobilization, advocacy, governance and monitoring and evaluation. They are also involved in developing sector- and subsector- specific strategies.

Nationally, for example, some NGOs, in an effort to yield greater influence, have created a network called the Benin NGO Health Network [Réseau des ONG Béninoises de Santé], or ROBS. There is also the Association of Private, Religious and Social and Associative Organizations [Association des Œuvres Médicales Privées, Médicales Privées, Confessionnelles, Associatives et Sociales], or AMCES. They have national headquarters and offices at the 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 Health Sector Projects/Programs (NCEEP)

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

The Civil Society Organizations (CSOs) will be involved in the implementation of monitoring and evaluation at several levels and within several different areas.

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, etc.

With regard to the implementation of RBF in the two targeted health zones, the HSSP-CU will have a contract with 4 Community-Based Organizations (2 per health zone) to ensure that there is a second level audit of the quantitative and qualitative RBF indicators. These CSOs mission will include:

- Conducting a counter-audit each quarter of quantitative RBF services at the community level;
- Conducting a community-level evaluation of quality as judged by the population on the basis of a sample from health facilities. two times per year

For the 2014-2018 period, the GAVI-HSS funds that will be allocated to 4 Community-based Organizations for these counter-audit tasks, will total US\$ 372,443.

The CSOs will also have an important role in implementing health actions at the community level (community activity packages, including promoting immunisation, active research for drop-outs) in the two health zones targeted for RBF funding.

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

- Has the management of HSS funds has been effective?
- List constraints to internal fund disbursement, if any.
- List actions taken to address any issues and to improve management.
- Are any changes to management processes planned for the coming year?

#### ***Financial management of GAVI-HSS funds at the national level***

The Coordinator of the HSSP-CU [Health System Strengthening Project - Coordination Unit] will be responsible for proposing expenditures along with the Terms of Reference (TORs) for activities that require fund disbursement.

The TORs are first sent to the HSS Focal Point at WHO for technical review. If approved, the WHO-HSS Focal Point will affix a stamp of approval on the TORs and the payment order. Any TORs that are rejected will be accompanied by an explanation in writing from WHO. No activity can be authorized until it has received the WHO stamp of approval, pursuant to the provisions in this article.

Expenditures of GAVI-HSS funds will be confirmed and authorized by the HSSP-CU Coordinator.

The HSSP-CU Financial Management Specialist, the project accountant, will perform an à priori audit before implementation.

The HSSP-CU internal auditor will perform an à postériori audit of expenditures after implementation.

Payment orders for expenditures from GAVI-HSS funds are jointly signed by the HSSP-CU Coordinator and the Financial Management Specialist.

Periodic and annual financial accounts and statements are prepared by the HSSP-CU's Financial Management Specialist. All accounting documents issued at the national and peripheral levels are transferred to this Coordination Unit for processing in the appropriate accounting software.

Annual financial statements are submitted to GAVI at the same time as the Annual Progress Report.

#### ***Financial management of GAVI-HSS funds at the departmental level***

The Health Département Director (HDD/DDS) is the authorizing officer for the GAVI-HSS budget. The Director proposes expenditures along with Terms of Reference (TORs) for activities that require fund disbursement.

The Head of the Financial Resources Division at the HDD serves as the accountant for activity implementation.

The HSS Focal Point at WHO will review the TORs and give the technical approval to conduct the activity.

The account at the local branch of the bank where the HSS funds are held requires the signatures of both the Departmental Health Director and the Head of the Financial Resources Division at the HDD/DDS.

A pre-project audit at the HDD/DDS level is conducted by the HSSP-CU Financial Management Specialist, who receives spending proposals by fax that have been approved by the HDD authorizing official and provides a written confirmation of whether the expenditure was approved or not, which is also sent by fax to the HDD. The post-audit conclusions are attached to every expenditure file and archived for future audit needs.

The HSSP-CU Internal Auditor conducts post-HSS budget implementation audits.

Accounting documents from the department level are sent to the HSSP-CU at the national level for

processing.

### **Financial management of GAVI funds at the Health Zone level**

The Health Zone Coordinating Doctor (HZCD) or the Health Facility Manager, depending on the case, will be the authorizing official for the GAVI-HSS budget for the health zone or facility.

The Administration and Resource Manager serves as the accountant for the Health Zone's GAVI-HSS budget.

The account for HSS funds at the local bank branch or micro-finance institution will require the signatures of either the HZCD or the Health Facility Manager, and the Administration and Resource Manager for the Health Zone.

The HDD Financial Affairs Division manager will conduct the pre-project audit and the Internal Auditor will conduct the post-project audit.

Accounting documents from the Health Zone level are sent to the HSSP-CU at the national 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 provided to the Benin HSS Program Coordination by the Technical and Financial Partners involved in HSS, and by the Ministry of Health's General Inspection in compliance with the TORs that have been transmitted to them. Copies of the internal audit reports will be transmitted to GAVI.

The Internal Auditor will be involved in the budget implementation audits in compliance with the provisions noted in this Aide-memoire.

### **External Audit**

An external audit will be performed annually by an independent firm and will include all of the Benin partner HSS programs, in compliance with the mission's joint Aide-memoire with GAVI-World Bank-Global Fund-Coopération Technique Belge and the WHO from 23 to 26 November 2010 that addresses harmonization between Benin HSS partners. The audit report will be communicated to the GAVI Alliance within one hundred and eighty (180) days after the fiscal year has ended.

Therefore, the monitoring mechanisms will not only apply to evaluations, but also to both internal and external periodic audits.

No management issues during 2013

## **8.5. Planned HSS activities for 2015**

Please use **Table 8.4** to provide information on 2015 activity progress. If you are proposing changes to your activities and budget in 2015, please describe and explain these changes in the table below.

**Table 8.4: Planned Activity for 2015**

Major Activities (insert as many rows as necessary)	Activities planned for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditure (as of April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Build infrastructures for the cold room	Receive and open the lot2 building for installation of new cold rooms	215000000	137710558	Receive and open the lot2 building	Balance remains to be paid to VICO Entreprise, and rider to Vico	79450899

Study and monitoring of phase 2 and 3 work	Monitor work that is in progress					7727500
Equip the cold room		120612500	127609853		Cold room is equipped	0
Install the cold chain	Install the two remaining cold rooms	28000000	0	Install the two remaining cold rooms	Schedule costs of service and accessories	28000000
Procure 8 computers and accessories (EPI)		3500000	367200		Holdback money to be paid	192800
Procure 32 motorbikes for (EPI)		34887500	915200			0
Procure one (01) generator (EPI)	Procure one (01) generator (EPI)	25000000				0
Conduct two supervision missions at zonal levels		10000000	0	Conduct two supervision missions		3000000
			0	Train four ANV-PHC managers on RBF		5248000
			0	Conduct supervisions of activities in the two target zones (UCP)		2490820
Conduct the annual external audit of GAVI accounts	Conduct the external audit and set the parameters for the management and info system	6000000	0	2013 & 2014 audits		2250000
Accounting software parameter settings		2000000	0			2000000
Coordinator fees		0	15000000			0
		445000000	281602811			130360019

## 8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval of the revised budget and activities.

**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes**

**Table 8.6:** Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Activities planned for 2016	Original budget for 2016 (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 2016 (if relevant)
No HSS1 activity	APR	0	APR	APR	0
		0			

## 8.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so at any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org)

## 8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

Donor	Amount US\$	Duration of support	Type of activities funded
World Bank	43800000	4 years	Results-based financing in 8 health zones Support for access to healthcare Institution support
Global Fund	37385930	3 years	HSS/Result-based funding in 19 health zones

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

## 8.9. Reporting on the HSS grant

8.9.1. 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 important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 8.9.1: Data sources

Data sources used in this report	How 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 for the 2014-2018 grant	Request validated by ICC Benin	Nothing to report
2013 HSS action plan and 2014 HSS/GAVI action plan	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

8.9.2. 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.

Nothing to report

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?

Please attach:

1. HSCC meeting minutes for 2015 showing endorsement of this report (**document number: 6**)
2. The most recent review report for the health sector (**Document number: 22**)

## 9. Increasing Civil Society Organization (CSO) Participation: type A and type B

### 9.1. 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 2014

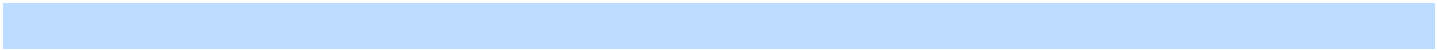
## 9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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 2014

## 10. Comments from ICC/HSCC Chairpersons

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





## 11. Appendices

### 11.1. Annex 1 - Instructions for ISS Support

#### INSTRUCTIONS:

#### FINANCIAL STATEMENTS FOR NEW VACCINE INTRODUCTION GRANT FOR IMMUNISATION SERVICES SUPPORT (ISS)

I. All countries that have received ISS/new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditures for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditures for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.2. Annex 2 - Sample Income & Expenditures for the ISS

### MINIMUM REQUIREMENTS **FOR ISS FINANCIAL STATEMENTS** AND VACCINE INTRODUCTION GRANT 1

An example statement of income & expenditures

Summary of income and expenditures - GAVI ISS		
	Local Currency (CFA)	Value in \$USD*
Balance carried forward from 2013 (balance as at 31 December 2013)	25,392,830	53,000
<b>Summary of income received in 2014</b>		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as at 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
<b>Salary expenditures</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-wage and non-salary expenditures</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

### 11.3. Annexe 3 - Instructions for HSS support

#### INSTRUCTIONS:

#### FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.4. Annex 4 - Sample Income and Expenses Statement for HSS

### MINIMUM REQUIREMENTS FOR **HSS FINANCIAL STATEMENTS**:

*A sample statement of income & expenditures*

Summary of income and expenditures - GAVI HSS		
	Local Currency (CFA)	Value in \$USD*
Balance carried forward from 2013 (balance as at 31 December 2013)	25,392,830	53,000
Summary table of income received in 2014		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as at 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
Salary expenditures						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-wage and non-salary expenditures						
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 overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 11.5. Annex 5 - Instructions for CSO support

### INSTRUCTIONS:

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

- I. All countries that have received CSO "Type B" grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO "Type B" grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.
  - a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc.)
  - d. Total expenditures during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis is to summarize total annual expenditures by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages and salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.6. Annex 6 - Sample Statement of Income and Expenses for CSO

### MINIMUM REQUIREMENTS FOR **CSO 'TYPE B' FINANCIAL STATEMENTS**

*A sample statement of income & expenditures*

Summary of income and expenditures - GAVI CSO		
	Local Currency (CFA)	Value in \$USD*
Balance carried forward from 2013 (balance as at 31 December 2013)	25,392,830	53,000
<b>Summary of income received in 2014</b>		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as at 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
<b>Salary expenditures</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-wage and non-salary expenditures</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Minister of Health (or delegated authority)	2.1	✓	<a href="#">Signature Ministres Mai2015</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 12:12:5 <b>Size:</b> 511 KB
2	Signature of the Minister of Finance (or delegated authority)	2.1	✓	<a href="#">Signature Ministres Mai2015</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 12:14:0 <b>Size:</b> 511 KB
3	Signatures of the members of the ICC	2.2	✓	<a href="#">CR &amp; liste de presence CCIA 04 2015.rar [Minutes &amp; list of attendees at 20 Apr 2-15 ICC]</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 12:31:3 <b>Size:</b> 3 MB
4	Minutes of the ICC meeting in 2015 endorsing the 2014 Annual Progress Report	5.4	✓	<a href="#">Procès verbal de la 2ème réunion CCIA PEV DE 2015VF.docx [Minutes of the 2015 EPI ICC meeting in 2015]</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 01:49:1 <b>Size:</b> 76 KB
5	HSCC member signatures	2.3	✓	<a href="#">signatures membres du CCS 001.jpg</a> <b>File desc:</b> <b>Date/time</b> 13/05/2015 10:34:5 <b>Size:</b> 1 MB
6	Minutes of the HSCC meeting in 2015 endorsing the 2014 Annual Progress Report	8.9.3	✓	<a href="#">Procès verbal de la 2ème réunion CCIA PEV DE 2015VF.docx [Minutes of the 2015 EPI ICC meeting in 2015]</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 01:48:5 <b>Size:</b> 76 KB
7	Financial statements for ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	<a href="#">Etat financier pour allocation SSV (Exercice fiscale 2014).d</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 03:00:4 <b>Size:</b> 83 KB

8	External audit report on ISS grant (fiscal year 2014)	6.2.3	X	<a href="#">Rapport d'Audit Externe sur allocation de SSV (Exercice fiscale 2014).doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 03:01:3 <b>Size:</b> 83 KB
9	Post Introduction Evaluation Report	7.2.1	X	<a href="#">Rapport evaluation Post introduction.doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 03:44:4 <b>Size:</b> 84 KB
10	Financial statement for new vaccine introduction grant (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	✓	<a href="#">Etat financer pour allocation d'introduction du nouveau vaccin (Exercice Fiscale 2014).doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 03:45:3 <b>Size:</b> 84 KB
11	External audit report for new vaccine introduction grant (fiscal year 2014), if total expenditures for 2014 were greater than US\$ 250,000	7.3.1	✓	<a href="#">Rapport d'Audit Externe pour allocation d'introduction du nouveau vaccin exercice 2014.doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 03:45:5 <b>Size:</b> 84 KB
12	EVSM/EVM report	7.5	✓	<a href="#">Rapport GEV Bénin.HMD.15082012.docx</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 01:57:3 <b>Size:</b> 2 MB
13	Latest EVSM/EVM improvement plan	7.5	✓	<a href="#">Plan d'amélioration GEV -.HMD_Benin.xlsx</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 01:58:1 <b>Size:</b> 97 KB
14	Progress report on EVSM/EVM improvement plan	7.5	✓	<a href="#">Point de MEO du plan D'AMELIORATION 2012.xlsx</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:07:2 <b>Size:</b> 91 KB
16	Valid cMYP if the country is requesting continued support	7.8	X	<a href="#">PPAC 2014_2018.docx</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:00:0 <b>Size:</b> 739 KB



17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	X	<a href="#">outils de calcul couts PPAC.r</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:04:0 <b>Size:</b> 1 MB
18	Minutes of the meeting of the ICC approving the extension of support for vaccines, if appropriate	7.8	X	<a href="#">compte rendu reunion ccia approuvant prolongatio du soutien au vaccin.doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:23:5 <b>Size:</b> 83 KB
19	Financial statements for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3	✓	<a href="#">Etat financier allocation RSS GAVI BENIN.pdf</a> <b>File desc:</b> <b>Date/time</b> 13/05/2015 08:01:1 <b>Size:</b> 415 KB
20	Financial statements for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3	✓	<a href="#">Etat financier allocation RSS GAVI BENIN.pdf</a> <b>File desc:</b> <b>Date/time</b> 13/05/2015 08:01:4 <b>Size:</b> 415 KB
21	External audit report for HSS grant (fiscal year 2014)	8.1.3	✓	<a href="#">Rapport audit PRPSS.rar</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 12:49:3 <b>Size:</b> 18 MB
22	Health Sector Review Report - HSS	8.9.3	✓	<a href="#">Rapport Examen secteur San RSS 12 05 2015.docx</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:11:0 <b>Size:</b> 247 KB
23	Report of census-support for type A CSOs	9.1.1	X	<a href="#">Rapport de recensement sou OSC TypeA.doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:21:5 <b>Size:</b> 84 KB
24	Financial statement CSO-type B support grant (fiscal year 2014)	9.2.4	X	<a href="#">Etat financer pour allocation soutien OSC type B exercice 2013.doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:23:1 <b>Size:</b> 83 KB
25	External audit report for CSO-type B support (fiscal year 2014)	9.2.4	X	<a href="#">Rapport d'Audit Externe sur le soutien OSC type B exercice fiscale 2013.doc</a>

				<b>File desc:</b> <b>Date/time</b> 12/05/2015 02:24:3 <b>Size:</b> 84 KB
26	Bank statements for each cash programme, or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) January 1st, 2014 and (ii) December 31st, 2014.	0	✓	<a href="#">releve bancaire RSS_GAVI.r</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 01:04:1 <b>Size:</b> 328 KB
27	compte_rendu_reunion_ccia_changement_presentation_vaccin (ICC meeting minutes, change of vaccine presentation)	7.7	✗	<a href="#">compte_rendu_reunion_ccia_changement_de_presentation_vaccin.doc</a> <b>File desc:</b> <b>Date/time</b> 12/05/2015 02:25:0 <b>Size:</b> 83 KB
28	Justification for changes in target population	5.1	✗	<a href="#">justification for change target population.doc</a> <b>File desc:</b> <b>Date/time</b> 13/05/2015 08:13:1 <b>Size:</b> 84 KB
	Other documents		✗	<a href="#">autres_documents.rar</a> <b>File desc:</b> <b>Date/time</b> 13/05/2015 08:26:5 <b>Size:</b> 6 MB

