



GAVI Alliance

# Annual Progress Report 2010

Submitted by  
The Government of  
**Benin**

Reporting on year: **2010**  
Requesting for support year: **2012**  
Date of submission: **13.05.2011 08:12:34**

**Deadline for submission: 1 Jun 2011**

Please submit the APR 2010 using the online platform

<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. 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. The electronic copy of the previous APRs and approved proposals for GAVI support are available at [http://www.gavialliance.org/performance/country\\_results/index.php](http://www.gavialliance.org/performance/country_results/index.php)

The GAVI Secretariat is unable to return submitted documents and attachments to countries. 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 will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

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

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

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

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

## 1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

### 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 2 doses/vial, lyophilized	DTP-HepB-Hib, 10 doses/vial, liquid	2015
NVS	Pnemococcal (PCV13), 1 dose/vial, liquid	Pnemococcal (PCV13), 1 dose/vial, liquid	2013
NVS	Yellow fever, 10 doses/vial, lyophilized	Yellow fever, 10 doses/vial, lyophilized	2015

### Programme extension

No NVS support eligible to extension this year.

### 1.2. ISS, HSS, CSO support

Type of Support	Active until
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SSV	2011
RSS	2012

## 2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

### 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 & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
<b>Name</b>	Ms. Dorothee YEVIDE (Cabinet Director)	<b>Name</b>	Ms. Adidjatou MATHYS (Cabinet Director)
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

*This report has been compiled by*

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
NAGO Marie-Rose	National Director of the Expanded Program on Immunization and Primary Health Care (DNPEV-SSP)	00229 21337590	maronago@yahoo.fr	
GLELE KAKAI Clément	Logistical Services Director DNPEV-SSP	00229 21337590	kgclement@yahoo.fr	

## 2.2. ICC Signatures Page

*If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports*

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

### 2.2.1. ICC report endorsement

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

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC Signatures Page

*If the country is reporting on HSS*

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

#### 2.3.1. HSS report endorsement

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

**Note:** To add new lines click on the **New item** icon in the **Action** column.

**Action.**

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

### 2.4.1. CSO report editors

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

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

### 2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

**Note:** To add new lines click on the **New item** icon in the **Action** column.  
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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



### 3. Table of Contents

This APR reports on Benin's activities between January - December 2010 and specifies the requests for the period of January - December 2012

#### Sections

##### Main

Cover Page  
GAVI Alliance Grant Terms and Conditions

#### 1. Application Specification

1.1. NVS & INS  
1.2. Other types of support

#### 2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)  
2.2. ICC Signatures Page  
2.3. HSCC Signatures Page  
2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

#### 3. Table of Contents

#### 4. Baseline and Annual Targets

**Table 1:** Baseline figures

#### 5. General Programme Management Component

5.1. Updated baseline and annual targets  
5.2. Immunisation achievements in 2010  
5.3. Data assessments  
5.4. Overall Expenditures and Financing for Immunisation  
**Table 2a:** Overall Expenditure and Financing for Immunisation  
**Table 2b:** Overall Budgeted Expenditures for Immunisation  
5.5. Inter-Agency Coordinating Committee (ICC)  
5.6. Priority actions in 2011 to 2012  
5.7. Progress of transition plan for injection safety

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

6.1. Report on the use of ISS funds in 2010  
6.2. Management of ISS Funds  
6.3. Detailed expenditure of ISS funds during the 2010 calendar year  
6.4. Request for ISS reward  
**Table 3:** Calculation of expected ISS reward

#### 7. New and Under-Used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme  
**Table 4:** Received vaccine doses  
7.2. Introduction of a New Vaccine in 2010  
7.3. Report on country co-financing in 2010 (if applicable)  
**Table 5:** Four questions on country co-financing in 2010  
7.4. Vaccine Management (EVSM/VMA/EVM)

- 7.5. Change of vaccine presentation
- 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011
- 7.7. Request for continued support for vaccines for 2012 vaccination programme
- 7.8. UNICEF Supply Division: weighted average prices of supply and related freight cost
  - Table 6.1:** UNICEF prices
  - Table 6.2:** Freight costs
- 7.9. Calculation of requirements

- Table 7.1.1:** Specifications for DTP-HepB-Hib, 2 doses/flacon, lyophilisé
- Co-financing tables for DTP-HepB-Hib, 2 doses/flacon, lyophilisé
- Table 7.1.2:** Estimated GAVI support and country co-financing (GAVI support)
- Table 7.1.3:** Estimated GAVI support and country co-financing (Country support)
- Table 7.1.4:** Calculation of requirements

- Table 7.2.1:** Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid
- Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid
- Table 7.2.2:** Estimated GAVI support and country co-financing (GAVI support)
- Table 7.2.3:** Estimated GAVI support and country co-financing (Country support)
- Table 7.2.4:** Calculation of requirements

- Table 7.3.1:** Specifications for Yellow Fever, 10 doses/vial, Lyophilised
- Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised
- Table 7.3.2:** Estimated GAVI support and country co-financing (GAVI support)
- Table 7.3.3:** Estimated GAVI support and country co-financing (Country support)
- Table 7.3.4:** Calculation of requirements

## 8. Injection Safety Support (INS)

## 9. Health System Strengthening Programme (HSS)

## 10. Civil Society Programme (CSO)

## 11. Comments

## 12. Annexes

*Financial statements for immunisation services support (ISS) and new vaccine introduction grants*

*Financial statements for health systems strengthening (HSS)*

*Financial statements for civil society organisation (CSO) type B*

## 13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments



## 4. Baseline and Annual Targets

**Table 1:** baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	361,728	373,613	385,498	397,383		
Total infants' deaths	10,536	11,208	11,880	12,552		
Total surviving infants	351,192	362,405	373,618	384,831	0	0
Total pregnant women	415,987	429,655	443,323	456,991		
# of infants vaccinated (to be vaccinated) with BCG	394,891	366,141	377,788	389,435		
BCG coverage (%) *	109%	98%	98%	98%	0%	0%
# of infants vaccinated (to be vaccinated) with OPV3	344,211	347,909	362,409	377,134		
OPV3 coverage (%) **	98%	96%	97%	98%	0%	0%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	375,417	362,405	373,618	384,831		
# of infants vaccinated (to be vaccinated) with DTP3 ***	344,350	333,413	351,201	365,589		
DTP3 coverage (%) **	98%	92%	94%	95%	0%	0%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	10%	10%	10%	10%		
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	0	0
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of HepB and/or Hib	375,417	362,405	373,618	384,831		
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of HepB and/or Hib	344,350	333,413	351,201	365,589		
3 <sup>rd</sup> dose coverage (%) **	98%	92%	94%	95%	0%	0%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	10%	10%	10%	10%		
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.11	1.11	1.11	1.11		

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	322,935	315,292	336,256	346,348		
Yellow Fever coverage (%) **	92%	87%	90%	90%	0%	0%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	30%	45%	45%	45%		
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.43	1.82	1.82	1.82		
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Pneumococcal		362,405	373,618	384,831		
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of Pneumococcal		181,202	351,201	365,589		
Pneumococcal coverage (%) **	0%	50%	94%	95%	0%	0%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)		5%	5%	5%		
Wastage <sup>[1]</sup> factor in base-year and planned thereafter		1.05	1.05	1.05		
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	322,811	315,292	336,256	346,348		
Measles coverage (%) **	92%	87%	90%	90%	0%	0%
Pregnant women vaccinated with TT+	276,886	365,207	381,258	393,012		
TT+ coverage (%) ****	67%	85%	86%	86%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery	62,483					
Vit A supplement to infants after 6 months	2,708,150					
Annual DTP Drop-out rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	8%	8%	6%	5%	0%	0%

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of total surviving infants

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

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

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



## 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 you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

Population data are based on projections made after the 2002 census by the National Statistics and Economic Analysis Institute [Institut National de la Statistique et de l'Analyse Economique (INSAE)]. These projection figures are updated annually by that Institute (taking into account the parameters calculated starting in year No. 1). This population data is then disseminated each year in the health sector by the Statistics and Documentation Department of the Ministry of Health (SSD/ DPP), which is accountable to the INSAE in the health sector. This explains any variations in live births and surviving infants in the EPI that may be noted.

Provide justification for any changes in **surviving infants**

The number of surviving infants also varies in terms of children under one year of age. This variable is not yet taken into account by the statistics department of the Ministry of Health, which does not use surviving infant data in the SNIGS (National Health Information and Management System). However, in 2010, this data was estimated in terms of 'population to be immunized.'

Provide justification for any changes in **targets by vaccine**

Immunization coverage targets did not change with respect to those specified in the cMYP ; some of them vary from one year to the next. It should be noted that the cMYP currently being executed by the EPI in Benin covers the years 2009-2013, and does not extend to 2015.

Provide justification for any changes in **wastage by vaccine**

The wastage by vaccine targets did not change with respect to those specified in the cMYP ; some of them vary from one year to the next. It should be noted that the cMYP currently being executed by the EPI in Benin covers the years 2009-2013, and does not extend to 2015.

### 5.2. Immunisation achievements in 2010

#### 5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

The coverage results obtained at the end of December 2010 are as follows ::				
BCG	:	109%	(targets	: 98%)
DTP1-Hep1-Hib1	:	107%	(targets	: 90%)
OPV3	:	98%	(targets	: 94%)
DTP3-Hep3-Hib3	:	98%	(targets:	90%)
Measles	:	92%	(targets:	84%)
YF	:	92%	(targets:	84%)
TT2+	:	63%	(targets:	85%)

- 59 Communes out of 77, i.e., 77% of the country's communes achieved a coverage of at least 90% for the pentavalent vaccine (DTP3-Hep3-Hib3)
- 60 Communes out of 77, i.e., 78% of the communes achieved the coverage target of 84% for YF
- 49 communes out of 77, i.e., 64% of them, had a drop-out rate of less than 10% between the first and third dose of DTP-Hep-Hib
- 48 communes out of 77, i.e., 62% of them had a drop-out rate of less than 20% between the BCG and the measles vaccine

The activities conducted over the year can be summarized as follows :

- Ensured that the departments and health facilities were supplied with vaccines and supplies
- Restarted communication activities
- Strengthened providers' capacities at the intermediary and operational level
- Monitored data by organizing inter-departmental and national meetings
- Actively researched cases of AFP (Acute Flacid Paralysis) and other diseases with epideminological potential
- Improved the capacities of the cold chain and logistical means in the departments

### 5.2.2.

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

The targets were apparently not reached for TT2+ : 63% (target : 85%). This was due to a bias in the immunization data recorded on pregnant women. In fact, pregnant women fully immunized against TT and not eligible for this immunization for another pregnancy were not included in the calculation of the immunization coverage rate, which under-estimates this rate. An outside evaluation conducted by the WHO in 2010 confirmed this fact, and ended with the elimination of neonatal tetanus by Benin.

### 5.2.3.

Do males and females have equal access to the immunisation services? **Unknown**

**If No**, please describe how you plan to improve the equal access of males and females to the immunisation services.

**If no data available**, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

**If Yes**, please give a brief description on how you have achieved the equal access.

Immunization at the EPI target rates is done in all the health centers at the system's most decentralized level ('Arrondissement' [administrative district] Health Center). see elsewhere (Some of the Arrondissements sometimes have a health center and/or isolated dispensaries or maternity centers. In addition, the contribution of denominational and private centers is not insignificant.) Acces to health services in Benin, particularly immunization services, is not contingent on a child's sex. The people recognize every child's right to be immunized without discrimination in terms of sex, religion, etc. However the health information management system does not consider gender related information.

The program has set up registries where data on immunized children can be disaggregated by sex. Requests have been filed with the SNIGS to include this information in data collection media.

### 5.2.4.

Please comment on the achievements and challenges in **2010** on ensuring males and females having equal access to the immunisation services

**NOT APPLICABLE**



### 5.3. Data assessments

#### 5.3.1.

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

To date, there is no data other than what is provided by the health information system.

\* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

#### 5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

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

#### 5.3.3.

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

The activities undertaken to improve the administrative data production system were :

- external review of the EPI in 2008, which made it possible to compare 2008 administrative data with survey data, which allowed immunization coverage targets to be reviewed more objectively.

- compilation and implementation of registries for immunization in fixed and outreach posts, and disease surveillance registries. Health providers were trained in how to fill out these tools (2008)

- organization of semi-annual inter-departmental meetings to monitor EPI data

- organization of a meeting to validate data using the Data Quality Self-Assessment (DQS) (since 2008), organized in several health zones by the Health Zone Management Teams (HZMTs)

- Training of stakeholders at the operational and intermediary levels on how to use the District Vaccine Data Management Monitoring Tool (DVD MT 2010)

- Organization by the program of validation and harmonization of EPI data output and surveillance at the intermediate level (2009)

#### 5.3.4.

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

- Annual survey of immunization coverage

- Regular organization (3 months) of monitoring meetings at the departmental level

- The EPI team would have liked to conduct DQS in the health zones, but financial constraints prevented this from happening.

#### 5.4. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 \$US = 466,385	Enter the rate only; no local currency name
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**Table 2a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

**Note:** To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name BENIN Plan	Donor name	Donor name	
Traditional Vaccines*		1,004,953							
New Vaccines			3,894,802						
Injection supplies with AD syringes									
Injection supply with syringes other than ADs									
Cold Chain equipment		442,960	665	15,952					
Personnel		25,661	9,371	15,545	143,165				
Other operational costs		184,849	22,359	926,552					
Supplemental Immunisation Activities		200,755			1,834,137	21,442			
<b>Total Expenditures for Immunisation</b>									
<b>Total Government Health</b>		1,859,178	3,927,197	958,049	1,977,302	21,442			

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

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

**Note:** To add new lines click on the *New item* icon in the *Action* column

<i>Expenditures by Category</i>	<b>Budgeted Year 2012</b>	<b>Budgeted Year 2013</b>	<b>Action s</b>
Traditional Vaccines*	548,275	563,966	
New Vaccines	16,628,540	16,883,361	
Injection supplies with AD syringes	429,213	447,109	
Injection supply with syringes other than ADs			
Cold Chain equipment	354,840	441,992	
Personnel	799,350	839,318	
Other operational costs	16,600	17,759	
Supplemental Immunisation Activities	4,754,438	4,018,354	
Under-utilized vaccine (Yellow fever vaccine)	581,593	612,143	
<b>Total Expenditures for Immunisation</b>	<b>24,112,849</b>	<b>23,824,002</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 row, if these vaccines were introduced without GAVI support.

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

Financing estimates for immunization in the year 2010 provided by the government through the cMYP total US\$1,476,009. Actual expenditures totaled US\$1,859,179.58, or 126% of the estimated amount. This can be explained in part by the cost of the cold chain equipment purchased (US\$442,960.22 vs. an estimated cost in the cMYP of US\$162,961) and partly by the fact that four Polio JNV [National Immunization Days) took place as opposed to the anticipated two.

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

How many times did the ICC meet in 2010? 3

Please attach the minutes ( Document number 4, 5, 6, 10 ) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

Are there any Civil Society Organisations (CSO) member of the ICC?: Yes

If Yes, which ones?

**Note:** To add new lines click on the *New item* icon in the *Action* column.

List CSO member organisations:	Actions
EPI Foundation of Bénin	

List CSO member organisations:	Actions
Benin Red Cross	
Benin Pediatrics Society	
Polio Plus Committee	

## 5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

### Overall objective

Contribute to the attainment of the Millennium Development Goals by reducing infant and child morbidity and mortality attributable to the EPI targeted diseases.

### Specific objectives

#### 1. Specific objectives for routine EPI

- Increase the percentage of health zones with an 80% rate of fully immunized children (FIC) from 68% to at least 80% by 2013.

- Increase the immunization coverage of children aged 0 to 11 months, children aged 15 to 23 months, and pregnant women to the following rates by 2013 at the national level:

\* Penta3 : at least 92%

\* FIC : at least 80%

\* TT2+ : 85%

### SOME OF THE MAIN ACTIVITIES

- Supervision of EPI managers

- Complete the construction of shelters for cold chain facilities in 3 departments: Atacora/Donga ; Mono/Couffo ; Ouémé/Plateau

- Purchase cold chain modules for the departments of Mono/Couffo and Ouémé/Plateau

- Purchase motorbikes for outreach immunization activities (24 motorbikes for 2011)

- Organize an EPI rapid assessment survey

- Provide maintenance for cold chain equipment at all levels

- Purchase a generator set (relay in the event of a power outage to ensure continuous operation of the cold chain module)

- Ensure the regular purchase of vaccines and supplies

- Purchase any missing cold chain equipment for the health facilities

- Actively involve the local media and community leaders in the dissemination of announcements on immunization (contracts with 12 local radio stations)

- Ensure the monthly monitoring of activities at all levels in order to improve the performance of the program.

- Organize an immunization coverage survey to validate EPI data

- Periodically and routinely conduct an audit on the quality of EPI data in the health zones

- Organize supplementary polio immunization and response campaigns that include Vitamin A, a dewormer and EPI antigens

## 5.7. 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 2010

**Note:** To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringe 0.05 ml; BCG dilution syringe	National Budget	
Measles	AD syringe 0.5 ml; Dilution syringe 2 ml	National Budget	

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
TT	AD Syringe 0.5 ml	National Budget	
DTP-containing vaccine	AD Syringe 0.5 ml	GAVI	
Yellow fever vaccine	AD Syringe 0.5 ml; Dilution syringe 2 ml	GAVI	

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? (Please report in box below)

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

The construction of incinerators is the responsibility of another directorate (the Basic Hygiene and Sanitation Directorate). There is no policy on the maintenance of existing incinerators that were built.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All health centers that provide immunization services receive items such as vaccines, safety boxes, etc. These safety boxes are placed in the immunization locations and are used to dispose of the syringes and needles used to administer the vaccine. When they are full, the safety boxes are stored in a secure place until they can be incinerated. Any health centers that do not have an incinerator store the full safety boxes, which are subsequently transported to a disposal site.

## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 43,134
Balance carried over to 2011	US\$ 10,740

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

- Motorbikes
- Training
- Internet subscription
- Fees for auditing firm (external verification of ISS accounts )
- Maintenance of cold chains
- Purchase of computer supplies
- Vehicle insurance
- Internet protection
- Internet charge (Month of November-December)

### 6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? Yes

**If Yes**, please complete Part A below.

**If No**, please complete Part B below.

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

Benin has regularly paid its matching share for the yellow fever vaccine and Pentavalent (DTP-HepB+Hib) for the year 2011.

ISS funds were spent in accordance with the current procedures. An external audit was conducted on September 30, 2010. Although this audit could not be conducted each year, it covered the period from the date the funds were first received to the date of the audit, September 30, 2010. (See attachment)

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

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

Is GAVI's ISS support reported on the national health sector budget? **No**

### 6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year ( Document Number 2 ) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

**External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached ( Document Number 3 ).**

### 6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at [http://apps.who.int/Immunisation\\_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm](http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm).

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

**Note:** The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

**Table 3:** Calculation of expected ISS reward

		2009	2010
		A	B
1	Number of infants vaccinated with DTP3* (from JRF) <b>specify</b>	336,485	344,350
2	Number of <b>additional</b> infants that are reported to be vaccinated with DTP3		7,865
3	Calculating \$20 per additional child vaccinated with DTP3		157,300
4	<b>Rounded-up estimate of expected reward</b>		<b>157,500</b>

\* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.



\*\* Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

### 7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

#### 7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

**Table 4:** Received vaccine doses

**Note:** To add new lines click on the **New item** icon in the **Action** column.

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
Yellow Fever	479,400	479,400		
DTP-HepB-Hib	1,058,300	1,058,300		

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

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

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

No problem encountered.

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

None

#### 7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

**If Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out

### 7.2. Introduction of a New Vaccine in 2010

#### 7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

<b>Vaccine introduced</b>	Not Applicable	
<b>Phased introduction</b>		<b>Date of introduction</b>
<b>Nationwide introduction</b>		<b>Date of introduction</b>
<b>The time and scale of introduction was as planned in the proposal?</b>		<b>If No, why?</b>

### 7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports ( Document No )

### 7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

### 7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

<b>\$US</b>	
<b>Receipt date</b>	

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

Please describe any problem encountered in the implementation of the planned activities

Is there a balance of the introduction grant that will be carried forward?

**If Yes**, how much? US\$

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

### 7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year ( Document No ). (Terms of reference for this financial statement are available in [Annex 1.](#)) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

### 7.3. Report on country co-financing in 2010 (if applicable)

**Table 5:** Four questions on country co-financing in 2010

<b>Q. 1: What are the actual co-financed amounts and doses in 2010?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
1st Awarded Vaccine DTP-HepB-Hib, 2 doses/flacon, lyophilisé	164,362	27,858
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	0	0
3rd Awarded Vaccine Antiamaril, 10 doses/flacon, lyophilisé	116,278	12,370
<b>Q. 2: Which are the sources of funding for co-financing?</b>		
Government		
Donor	NOT APPLICABLE	
Other	NOT APPLICABLE	
<b>Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?</b>		
1.	FACTORS THAT ACCELERATED CO-FINANCING Procedures for disbursing public funds quickly implemented (since the year 2009): - Request for cost estimate of vaccine and supplies for the year 2010 (since 2009) - Funds for UNICEF sent by the public treasury (since December 2009)	
2.	- Advance payment of Benin's matching share for the DTPHepB+Hib vaccine in 2010 (co-financing) for the 2011 account	
3.		
4.		
<b>Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2012</b> (month number e.g. 8 for August)	
1 <sup>st</sup> Awarded Vaccine DTP-HepB-Hib, 2 doses/flacon, lyophilisé	1	
2 <sup>nd</sup> Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	
3 <sup>rd</sup> Awarded Vaccine Antiamaril, 10 doses/flacon, lyophilisé	1	

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

NOT APPLICABLE

Is GAVI's new vaccine support reported on the national health sector budget? Yes

#### 7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 24.11.2008

When was the last Vaccine Management Assessment (VMA) conducted? 24.11.2008

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. ( Document N° 1 )

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

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at [http://www.who.int/Immunisation\\_delivery/systems\\_policy/logistics/en/index6.html](http://www.who.int/Immunisation_delivery/systems_policy/logistics/en/index6.html).

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

In the area of management and logistics :

- Purchase of cold chain modules for the department of Atacora
- All cold chains are equipped with automatic continuous temperature recorders.
- Strengthening of the skills and abilities of workers in the logistical management of the EPI and the use of management and monitoring tools for vaccines and injection supplies (SMT and DVD-MT)
- Stocking of spare parts at the departmental level (for the Communes)
- Improvement in the maintenance of cold chain equipment by the sub-contractor in progress (inventory completed, draft maintenance contract prepared with an outside provider)
- Improvement of the system for tracking the stock of vaccine and injection supplies at the intermediate and outlying level, by training the persons involved and by these individuals using the management tools, with monthly monitoring at the central level
- Routine updating of the inventory of cold chain and transportation equipment

In the area of immunization safety :

- Rehabilitation/Construction of incinerators in outlying areas (Communes and Arrondissements [administrative districts])

When is the next Effective Vaccine Management (EVM) Assessment planned? 02.07.2012

### 7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

DTP-HepB-Hib, in 10-dose vial

Please attach the minutes of the ICC and NITAG (if available) meeting ( Document No 2 ) that has endorsed the requested change.

### 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR ( Document No ).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR ( Document No ).

### 7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

We confirm this, but instead of the 2 dose-presentation of the DTP-HepB+Hib vaccine, Benin would like the 10 dose liquid DTP-HepB-Hib vaccine.

## 7.8. Weighted average prices of supply and related freight cost

**Table 6.1:** Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/flacon, liquide	2	1.600				
DTP-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamaril	0	0.038	0.038	0.038	0.038	0.038
Antirovirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirovirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

**Note:** WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table 6.2:** Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

## 7.9. Calculation of requirements

**Table 7.1.1:** Specifications for DTP-HepB-Hib, 2 doses/flacon, lyophilisé

	Instructions		2011	2012	2013	2014	2015		TOTAL
<b>Number of Surviving infants</b>	Table 1	#	362,405	373,618	384,831	0	0		1,120,854
<b>Number of children to be vaccinated with the third dose</b>	Table 1	#	333,413	351,201	365,589				1,050,203
<b>Immunisation coverage with the third dose</b>	Table 1	#	92%	94%	95%	0%	0%		
<b>Number of children to be vaccinated with the first dose</b>	Table 1	#	362,405	373,618	384,831				1,120,854
<b>Number of doses per child</b>		#	3	3	3	3	3		
<b>Estimated vaccine wastage factor</b>	Table 1	#	1.11	1.11	1.11				



	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		848,596					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Oui	Oui	Oui	Oui	Oui		
Reconstitution syringes required	Select YES or NO	#	Oui	Oui	Oui	Oui	Oui		
Safety boxes required	Select YES or NO	#	Oui	Oui	Oui	Oui	Oui		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.15	0.15	0.15				
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%				
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

#### Co-financing tables for DTP-HepB-Hib, 2 doses/flacon, lyophilisé

Co-financing group	Faible revenu
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.15	0.15	0.15		

**Table 7.1.2:** Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement		
			2011	2012	2013	2014	2015
Required supply item							
Number of vaccine doses	#		1,182,500	1,213,200			2,395,700
Number of AD syringes	#		1,183,500	1,214,100			2,397,600
Number of re-constitution syringes	#		656,300	673,300			1,329,600

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement		
			2011	2012	2013	2014	2015
Required supply item							
Number of safety boxes	#		20,425	20,950			41,375
Total value to be co-financed by GAVI	\$		3,129,500	3,022,500			6,152,000

**Table 7.1.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement		
			2011	2012	2013	2014	2015
Required supply item							
Number of vaccine doses	#		71,100	77,800			148,900
Number of AD syringes	#		71,200	77,800			149,000
Number of re-constitution syringes	#		39,500	43,200			82,700
Number of safety boxes	#		1,250	1,350			2,600
Total value to be co-financed by the country	\$		188,500	194,000			382,500

**Table 7.1.4:** Calculation of requirements for DTP-HepB-Hib, 2 doses/flacon, lyophilisé

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance		5.67%			6.02%								
B	Number of children to be vaccinated with the first dose	Table 1	362,405	373,618	21,177	352,441	384,831	23,172	361,659					
C	Number of doses per child	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
		(schedule)													
D	Number of doses needed	B x C	1,087,215	1,120,854	63,529	1,057,325	1,154,493	69,514	1,084,979						
E	Estimated vaccine wastage factor	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.00	1.00	1.00	1.00	1.00	1.00
F	Number of doses needed including wastage	D x E	1,206,809	1,244,148	70,517	1,173,631	1,281,488	77,160	1,204,328						
G	Vaccines buffer stock	(F - F of previous year) * 0.25		9,335	530	8,805	9,335	563	8,772	0			0		
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		1,253,483	71,047	1,182,436	1,290,823	77,722	1,213,101						
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		1,254,510	71,105	1,183,405	1,291,850	77,784	1,214,066						
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		695,684	39,431	656,253	716,407	43,136	673,271						
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		21,648	1,227	20,421	22,292	1,343	20,949						

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times g$	3,096,104	175,484	2,920,620	2,994,710	180,315	2,814,395						
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times ca$	66,490	3,769	62,721	68,469	4,123	64,346						
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times cr$	22,262	1,262	21,000	22,926	1,381	21,545						
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times cs$	13,855	786	13,069	14,267	860	13,407						
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times fv$	108,364	6,142	102,222	104,815	6,312	98,503	0			0		
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times fd$	10,261	582	9,679	10,567	637	9,930						
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	3,317,336	188,023	3,129,313	3,215,754	193,624	3,022,130						
<b>U</b>	<b>Total country co-financing</b>	$I \text{ } 3 \text{ } cc$	188,023			193,624								
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	5.67%			6.02%								

**Table 7.2.1:** Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013				TOTAL
Number of Surviving infants	Table 1	#	362,405	373,618	384,831				1,120,854
Number of children to be vaccinated with the third dose	Table 1	#	181,202	351,201	365,589				897,992
Immunisation coverage with the third dose	Table 1	#	50%	94%	95%				
Number of children to be vaccinated with the first dose	Table 1	#	362,405	373,618	384,831				1,120,854
Number of doses per child		#	3	3	3				
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05				
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1				
AD syringes required	Select YES or NO	#	Yes	Yes	Yes				
Reconstitution syringes required	Select YES or NO	#	No	No	No				
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes				
Vaccine price per dose	Table 6.1	\$	3.500	3.500	3.500				
Country co-financing per dose		\$	0.15	0.15	0.20				
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053				
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000				
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640				
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%				
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%				

### Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Faible revenu
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	2011	2012	2013		
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.15	0.15	0.20		

**Table 7.2.2:** Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013			
Required supply item		2011	2012	2013			TOTAL
Number of vaccine doses	#		1,138,300	1,155,900			2,294,200
Number of AD syringes	#		1,203,800	1,222,400			2,426,200
Number of re-constitution syringes	#		0	0			0
Number of safety boxes	#		13,375	13,575			26,950
Total value to be co-financed by GAVI	\$		4,263,000	4,329,000			8,592,000

**Table 7.2.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$		For approval		For endorsement			TOTAL
		2011	2012	2013			
Required supply item		2011	2012	2013			TOTAL
Number of vaccine doses	#		47,500	65,300			112,800
Number of AD syringes	#		50,300	69,000			119,300
Number of re-constitution syringes	#		0	0			0
Number of safety boxes	#		575	775			1,350
Total value to be co-financed by the country	\$		178,000	244,500			422,500

**Table 7.2.4:** Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Formula	2011	2012			2013			Total	Gov.	GA VI	Total	Gov.	GA VI
			Total	Gov.	GA VI	Total	Gov.	GA VI						
A	Country Co-finance		4.01%			5.34%								

		Formula	2011	2012			2013								
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
B	Number of children to be vaccinated with the first dose	Table 1	362,405	373,618	14,966	358,652	384,831	20,553	364,278						
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3						
D	Number of doses needed	B x C	1,087,215	1,120,854	44,896	1,075,958	1,154,493	61,657	1,092,836						
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05						
F	Number of doses needed including wastage	D x E	1,141,576	1,176,897	47,140	1,129,757	1,212,218	64,740	1,147,478						
G	Vaccines buffer stock	(F – F of previous year) * 0.25		8,831	354	8,477	8,831	472	8,359						
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		1,185,728	47,494	1,138,234	1,221,049	65,212	1,155,837						
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1						
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		1,253,951	50,227	1,203,724	1,291,290	68,963	1,222,327						
L	Reconstitution syringes (+ 10%	I / J * 1.11		0	0	0	0	0	0						

		Formula	2011	2012			2013								
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	wastage) needed														
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$		13,919	558	13,361	14,334	766	13,568						
N	Cost of vaccines needed	$I \times g$		4,150,048	166,228	3,983,820	4,273,672	228,239	4,045,433						
O	Cost of AD syringes needed	$K \times ca$		66,460	2,663	63,797	68,439	3,656	64,783						
P	Cost of reconstitution syringes needed	$L \times cr$		0	0	0	0	0	0						
Q	Cost of safety boxes needed	$M \times cs$		8,909	357	8,552	9,174	490	8,684						
R	Freight cost for vaccines needed	$N \times fv$		207,503	8,312	199,191	213,684	11,412	202,272						
S	Freight cost for devices needed	$(O+P+Q) \times fd$		7,537	302	7,235	7,762	415	7,347						
T	Total fund needed	$(N+O+P+Q+R+S)$		4,440,457	177,860	4,262,597	4,572,731	244,210	4,328,521						
U	Total country co-financing	$I \text{ } 3 \text{ } cc$		177,860			244,210								
V	Country co-financing % of GAVI supported proportion	$U / T$		4.01%			5.34%								



**Table 7.3.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised**

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	362,405	373,618	384,831	0	0		1,120,854
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	87%	90%	90%	0%	0%		
Number of children to be vaccinated with the first dose	Table 1	#	315,292	336,256	346,348				997,896
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.82	1.82	1.82				
Vaccine stock on 1 January 2011		#		693,000					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.30	0.30	0.30				
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%	10.00%				
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

**Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised**

Co-financing group	Faible revenu
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	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.30	0.30	0.30		

**Table 7.3.2:** Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		-55,000	442,100			387,100
Number of AD syringes	#		-296,700	271,300			-25,400
Number of re-constitution syringes	#		-6,100	49,100			43,000
Number of safety boxes	#		-3,350	3,575			225
Total value to be co-financed by GAVI	\$		-71,500	437,000			365,500

**Table 7.3.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		-16,400	192,900			176,500
Number of AD syringes	#		-88,600	118,400			29,800
Number of re-constitution syringes	#		-1,800	21,500			19,700
Number of safety boxes	#		-1,000	1,575			575
Total value to be co-financed by the country	\$		-21,000	190,500			169,500

**Table 7.3.4:** Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

	Formula	2011	2012	2013	2014	2015

				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			23.01%			30.37%								
B	Number of children to be vaccinated with the first dose	Table 1	315,292	336,256	77,384	258,872	346,348	105,202	241,146						
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	315,292	336,256	77,384	258,872	346,348	105,202	241,146						
E	Estimated vaccine wastage factor	Wastage factor table	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.00	1.00	1.00	1.00	1.00	1.00
F	Number of doses needed including wastage	D x E	573,832	611,986	140,839	471,147	630,354	191,467	438,887						
G	Vaccines buffer stock	(F - F of previous year) * 0.25		9,539	2,196	7,343	4,592	1,395	3,197	0			0		
H	Stock on 1 January 2011			693,000	159,483	533,517									
I	Total vaccine doses needed	F + G - H		-71,475	-16,448	55,027	634,946	192,862	442,084						
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		385,397	-88,692	296,705	389,544	118,322	271,222						
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		-7,933	-1,825	6,108	70,480	21,408	49,072						
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		-4,365	-1,004	3,361	5,107	1,552	3,555						

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
N	Cost of vaccines needed	I x g		-61,182	-14,080	-	543,514	165,090	378,424						
O	Cost of AD syringes needed	K x ca		-20,426	-4,700	-	20,646	6,272	14,374						
P	Cost of reconstitution syringes needed	L x cr		-301	-69	-232	2,679	814	1,865						
Q	Cost of safety boxes needed	M x cs		-2,793	-642	-	3,269	993	2,276						
R	Freight cost for vaccines needed	N x fv		-6,118	-1,407	-	54,352	16,510	37,842	0			0		
S	Freight cost for devices needed	(O+P+Q) x fd		-2,352	-541	-	2,660	808	1,852						
T	Total fund needed	(N+O+P+Q+R+S)		-93,172	-21,442	-	627,120	190,484	436,636						
U	Total country co-financing	I 3 cc		-21,442			190,484								
V	Country co-financing % of GAVI supported proportion	U / T		23.01%			30.37%								



## **8. Injection Safety Support (INS)**

There is no INS support this year.

## 9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

**10. Civil Society Programme (CSO)**

There is no CSO support this year.



## **11. Comments**

### Comments from ICC/HSCC Chairs

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

## 12. Annexes

### Annex 1

#### TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

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

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	<b>60,139,325</b>	<b>125,523</b>

\* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## Annex 2

### TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:**

*An example statement of income & expenditure*

<b>Summary of income and expenditure – GAVI HSS</b>		
	<b>Local currency (CFA)</b>	<b>Value in USD *</b>
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	38,987,576	81,375
<b>Total expenditure during 2009</b>	30,592,132	63,852
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	60,139,325	125,523

\* An average rate of CFA 479,11 = UD 1 applied.

<b>Detailed analysis of expenditure by economic classification ** – GAVI HSS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

\*\* 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.

## Annex 3

### TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	38,987,576	81,375
<b>Total expenditure during 2009</b>	30,592,132	63,852
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	60,139,325	125,523

\* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & 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-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	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>TOTALS FOR 2009</b>	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

\*\* 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.

## 13. Attachments

### 13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		7	Oui
Signature of Minister of Finance (or delegated authority)		8	Oui
Signatures of members of ICC		9	Oui
Signatures of members of HSCC		11	Oui
Minutes of ICC meetings in 2010		4, 5, 6	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		10	Oui
Minutes of HSCC meetings in 2010		12	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		13	Oui
Financial Statement for ISS grant in 2010		2	Oui
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		14	Oui
EVSM/VMA/EVM report		1	
External Audit Report (Fiscal Year 2010) for ISS grant		3	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

### 13.2. Attachments

List of all the mandatory and optional documents attached to this form

**Note:** Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	<b>File Type:</b> <a href="#">EVSM/VMA/EVM report</a> <hr/> <b>File Desc:</b> EFFECTIVE VACCINE MANAGEMENT REPORT PREPARED IN 2008 DURING THE EXTERNAL AUDIT (DOCUMENT SECTION 7.4)	<b>File name:</b> <a href="#">Rapport LOG revue PEV BENIN 24 29 nov 08.doc</a> <hr/> <b>Date/Time:</b> 26.04.2011 13:44:30 <b>Size:</b> 586 KB		
2	<b>File Type:</b> <a href="#">Financial Statement for ISS grant in 2010 *</a> <hr/> <b>File Desc:</b> Financial Statement for ISS grant in 2010	<b>File name:</b> <a href="#">Etat financier SSV 2010.PDF</a> <hr/> <b>Date/Time:</b> 28.04.2011 07:42:34 <b>Size:</b> 522 KB		
3	<b>File Type:</b> <a href="#">External Audit Report (Fiscal Year 2010) for ISS grant</a>	<b>File name:</b> <a href="#">Rapport de vérification externe</a>		



ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<b>File Desc:</b> External audit report 2010	<a href="#">des comptes PEV 2010.PDF</a> <b>Date/Time:</b> 28.04.2011 07:58:39 <b>Size:</b> 3 MB		
4	<b>File Type:</b> Minutes of ICC meetings in 2010 * <b>File Desc:</b> 03 Minutes of ICC meetings in 2010	<b>File name:</b> <a href="#">PV 1ère Réunion CCIA PEV 2010.PDF</a> <b>Date/Time:</b> 28.04.2011 08:07:13 <b>Size:</b> 403 KB		
5	<b>File Type:</b> Minutes of ICC meetings in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">PV 2ème Réunion CCIA PEV 2010.PDF</a> <b>Date/Time:</b> 28.04.2011 08:09:57 <b>Size:</b> 366 KB		
6	<b>File Type:</b> Minutes of ICC meetings in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">PV 3ème Réunion CCIA PEV 2010.PDF</a> <b>Date/Time:</b> 28.04.2011 08:13:59 <b>Size:</b> 927 KB		
7	<b>File Type:</b> Signature of Minister of Health (or delegated authority) * <b>File Desc:</b>	<b>File name:</b> <a href="#">Signatures RSA 2010 des Ministres BENIN.PDF</a> <b>Date/Time:</b> 12.05.2011 12:50:40 <b>Size:</b> 476 KB		
8	<b>File Type:</b> Signature of Minister of Finance (or delegated authority) * <b>File Desc:</b>	<b>File name:</b> <a href="#">Signatures RSA 2010 des Ministres BENIN.PDF</a> <b>Date/Time:</b> 12.05.2011 12:54:03 <b>Size:</b> 476 KB		
9	<b>File Type:</b> Signatures of members of ICC * <b>File Desc:</b>	<b>File name:</b> <a href="#">Signatures Membres CCIA.PDF</a> <b>Date/Time:</b> 12.05.2011 12:56:40 <b>Size:</b> 375 KB		
10	<b>File Type:</b> Minutes of ICC meeting in 2011 endorsing APR 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">Compte rendu CCIA avalisant RSA 2010 BENIN.PDF</a> <b>Date/Time:</b> 12.05.2011 12:59:52 <b>Size:</b> 1 MB		
11	<b>File Type:</b> Signatures of members of HSCC * <b>File Desc:</b>	<b>File name:</b> <a href="#">NON APPLICABLE POUR LE BENIN EN 2010 ET 2011.docx</a> <b>Date/Time:</b> 13.05.2011 07:11:13 <b>Size:</b> 15 KB		
12	<b>File Type:</b> Minutes of HSCC meetings in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">NON APPLICABLE POUR LE BENIN EN 2010 ET 2011.docx</a>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		<b>Date/Time:</b> 13.05.2011 07:13:43 <b>Size:</b> 15 KB		
13	<b>File Type:</b> Minutes of HSCC meeting in 2011 endorsing APR 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">NON APPLICABLE POUR LE BENIN EN 2010 ET 2011.docx</a> <b>Date/Time:</b> 13.05.2011 07:16:44 <b>Size:</b> 15 KB		
14	<b>File Type:</b> Financial Statement for HSS grant in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">NON APPLICABLE POUR LE BENIN EN 2010 ET 2011.docx</a> <b>Date/Time:</b> 13.05.2011 07:20:15 <b>Size:</b> 15 KB		