GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Benin

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **12 October 2012**

Deadline for submission: 22 May 2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance 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/country/

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 are any claims of misuse of funds, the 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 APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform 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 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 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 of the United Nations Commission on International Trade Law (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 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: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
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	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2013
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Preventive Campaign Support	Meningococcal, 10 dose(s) per vial, LIQUID		2012

1.2. Programme extension

No NVS eligible for extension this year.

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward based on 2011 achievements: Yes
HSS	Yes	next tranche of ISS grant: Yes
CSO Type A	No	Not applicable N/C
CSO Type B	No	Extension of CSO Type B support by decision of the GAVI Alliance Board in July 2011: N/C

1.4. Previous Monitoring IRC Report

The IRC Annual Progress Report (APR) for the year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Benin hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and 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 delegated authority.

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

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

Full name	Position	Telephone	Email
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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

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

The GAVI Alliance Transparency and Accountability Policy (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.

Name/Title	Agency/Organization	Signature	Date
AKOKO KINDE GAZARD / MINISTER OF HEALTH	MINISTRY OF HEALTH		

ANNE VINCENT UNICEF REPRESENTATIVE	UNICEF		
GBARY AKPA RAPHAEL WHO REPRESENTATIVE	WHO		
ASCHOK MIRSCHAND POLIO COMMITTEE CHAIRMAN	ROTARY INTERNATIONAL		

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

All comments will be treated confidentially

Comments from Partners:

Comments from Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
AKOKO DOROTHEE KINDE GAZARD MINISTER OF HEALTH	MINISTRY OF HEALTH		
ANNE VINCENT UNICEF REPRESENTATIVE	UNICEF		
GBARY AKPA RAPHAEL WHO REPRESENTATIVE	WHO		
MICHEL FRANCOY RESIDENT CTB REPRESENTATIVE	COOPERATION TECHNIQUE BELGE		
FREMON P.R.OLIVIER WORLD BANK REPRESENTATIVE	WORLD BANK		

FENELLA	EUROPEAN UNION		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Benin is not submitting a report on the use of CSO funds (Type A and B) in 2012.

3. Table of Contents

This APR reports on Benin's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	373,613	373,608	385,498	385,873	397,383	398,414		0		0
Total infants' deaths	11,208	25,031	11,880	25,853	12,552	26,694		0		0
Total surviving infants	362405	348,577	373,618	360,020	384,831	371,720		0		0
Total pregnant women	429,655	429,655	443,323	443,754	456,991	458,176		0		0
Number of infants vaccinated (to be vaccinated) with BCG	366,141	407,332	377,788	378,156	389,435	390,446	0	0	0	0
BCG coverage	98%	109%	98%	98%	98%	98%	0%	0%	0%	0%
Number of infants vaccinated (to be vaccinated) with OPV3	347,909	352,213	362,409	374,297	377,134	390,446		0		0
OPV3 coverage	96%	101%	97%	104%	98%	105%	0%	0%	0%	0%
Number of infants vaccinated (to be vaccinated) with DTP1	362,405	386,495	382,053	385,873	384,831	390,446	0	0	0	0
Number of infants vaccinated (to be vaccinated) with DTP3	333,413	352,213	351,201	362,721	365,589	378,493		0		0
DTP3 coverage	87%	101%	94%	101%	95%	102%	0%	0%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	10	0	10	0	10	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.11	1.00	1.11	1.00	1.11	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	343,617	386,495	373,618	385,873	384,831	390,446	0	0	0	0
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	316,128	352,213	351,201	362,721	365,589	378,493		0		0
DTP-HepB-Hib coverage	87%	101%	94%	101%	95%	102%	0%	0%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%)	10	10	25	10	10	10	0	0	0	0
Wastage[1] rate in base-year and planned thereafter (%)	1.11	1.11	1.33	1.11	1.11	1.11	1	1	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
Number of infants vaccinated (to be vaccinated) with Yellow Fever	315,292	326,910	336,256	347,286	346,348	358,573	0	0	0	0
Yellow Fever coverage	87%	94%	90%	96%	90%	96%	0%	0%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%)	50	40	20	45	45	45	0	0	0	0
Wastage[1] rate in base-year and planned thereafter (%)	2	1.67	1.25	1.82	1.82	1.82	1	1	1	1
Maximum wastage rate value for Yellow Fever, 5 doses/vial, Lyophilised	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Number of infants	184,147	206,889	373,618	385,873	384,831	390,446	0		0	

vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)										
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	158,064	126,497	351,201	362,721	365,589	358,573				
Pneumococcal (PCV13) coverage	44%	36%	94%	101%	95%	96%	0%	0%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%)	5	4	5	5	5	5	0		0	
Wastage[1] rate in base-year and planned thereafter (%)	1.05	1.04	1.05	1.05	1.05	1.05	1	1	1	1
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	315,292	328,310	336,256	347,286	346,348	358,573	0	0	0	0
Measles coverage	87%	94%	90%	96%	90%	96%	0%	0%	0%	0%
Pregnant women vaccinated with TT+	365,207	287,460	381,258	381,628	393,012	394,031	0	0	0	0
TT+ coverage	85%	67%	86%	86%	86%	86%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	448,544	N/A	411,382	N/A	0	N/A	0	N/A	0
Annual DTP Dropout rate [(DTP1 – DTP3) / DTP1] x 100	8%	9%	6%	6%	5%	3%		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

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  The live births figure is different from the number reported in the previous APR because the statistics office updated the figures. In addition, the number of deaths calculated in 2011 was inaccurate because the figure used for infant mortality rate was incorrect. The correct infant mortality rate was used in 2012.

  For 2013, we took into account population growth over and above the 2012 target.

  There is no data beyond 2013 since Benin's cMYP covers the period 2009-2013.

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

  Two different figures for surviving infants were reported in the JRF and the APR, namely 326,907 and 348,577. This difference is due to an error in the use of the infant mortality rate. The figure in the APR is based on the true infant mortality rate, which is 67 per 1,000 births, while the figure used in the JRF was the under-five mortality rate (125 per 1,000), which was an error.

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

  No changes in targets by vaccine.

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

  No changes in wastage.

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

Antigen	Target	Results Achieved
BCG	98%	100%
DTP1	90%	100%
OPV3	96%	94%
DTP3-Hep3-Hib3	92%	94%
YF	87%	88%
MCV	87%	88%
TT2+	85%	70%
PCV13	50%	34%

Main Activities

- Capacity-building for EPI service providers at the peripheral level [i.e. district and service-delivery levels]

-Vaccines supplied to departments and health facilities

- Preventive and corrective cold chain maintenance at the *département* [department], health zone and health center levels

- Supervision of EPI service providers at the district and service-delivery levels

- Mop-up and catch-up campaigns organized in hard-to-reach and weak coverage zones

- Supplemental immunization activities (polio, measles)

- Validation of EPI data at the district and service-delivery levels

- Cases of AFP and other diseases under surveillance actively sought out

- Samples from suspected cases transported to the laboratory

- Committee meetings held (ICC, CNEP, and CNC)

Obstacles encountered in 2011 100%100%100% [sic]

DTP1

OPV3

DTP3-Hep3-Hib3

YF

MCV

TT2+

PCV13

Main Activities

- Capacity-building

- Supplying departments and health facilities with [*sic – word omitted in French source text*]

- Preventive and [*sic – word omitted in French source text*] **maintenance**

- Supervision of EPI service providers at the district and service-delivery levels

- Mop-up and catch-up campaigns organized in weak coverage and [*sic – word(s) omitted in French source text*] **zones**

- Organization of [*sic – word(s) omitted in French source text*]

- Validation of data

- Cases of AFP and [*sic – word omitted in French source text*] **actively sought out**

- Transportation of samples

- Committee meetings held

Obstacles

DTP1

OPV3

DTP3-Hep3-Hib3

YF

MCV

TT2+

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

The target for TT2+ was apparently not reached: 70% (target: 85%). This is due to a bias in how immunization data for pregnant women was recorded, which did not allow for individual doses to be tracked. Consequently, the series was restarted with each pregnancy.

OPV13: 34% (target: 50%). This is due to a delayed start in introducing the vaccine into the routine EPI schedule at health facilities. Introduction was initially scheduled for January, but did not occur until August.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **No, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

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

There are no gender-related barriers to immunization access in Benin.

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

What action have you taken to achieve this goal?

5.4. Data assessments

5.4.1. 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)

The EPI in Benin does not yet have any data other than administrative data. A national demographic and health survey (EDS) was conducted in 2011 but the results will not be available until the end of June 2012.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted since 2010? **Yes**

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

Data quality self-assessments (DQS) have been conducted in some communes and health zones since 2010 to assess and verify the quality of data. These communes are: Banikoara, Avrankou/Adjarra/Akpro-Misserete, Djougou/Ouake/Copargo, Perere, and Savalou/Bante

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Program-organized site visits to validate and standardize EPI and surveillance data at the regional level (2009);
Biannual, inter-departmental EPI data-monitoring meetings held (2009);
Agents at the service delivery and regional levels trained on use of the District-Level Immunization Data Monitoring and Management Tool (DVD MT 2010) and on DQS;
Routine EPI Data Manager trained on use of tools for routine EPI data collection, analysis, and management;

Coverage data standardized across all *départements* (2010);

Pilot LQAS conducted in the following health zones: Sakete/Lfangni, Pobe/Adja-Ouere/Ketou, Zogbodomey/Bohicon/Za-Kpota, and Save/Ouesse (2011)

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

ACTIVITIES
PERIOD

A national coverage survey will be conducted if sufficient funds are mobilized;
1st half of the year

Doctors briefed and trained on the DQS and LQAS tools;
1st half of the year

Routine data monitored using the DQS tool in 12 health zones;
1st and 2nd half of the year

Immunization and surveillance data collection and analysis tools reviewed;
1st half of the year

Data in all departments validated every six months;
1st and 2nd half of the year

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 491,968	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	884,019	884,019	0	0	0	0	0	0
New and underused Vaccines**	9,299,000	396,500	8,902,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	234,272	48,215	68,901	59,244	57,912	0	0	0
Other routine recurrent costs	209,329	170,237	31,957	0	7,135	0	0	0
Other Capital Costs	8,747	8,747	0	0	0	0	0	0
Campaigns costs	5,652,280	525,744	0	2,313,975	2,812,561	0	0	0
0								
Total Expenditures for Immunisation	16,287,647							
Total Government Health		2,033,462	9,003,358	2,373,219	2,877,608	0	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will

also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

NO

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Yes, there were funding shortfalls both on the Government side (low budget-implementation rate for the health sector at 70% and 92% for the EPI), and among partners (global economic crisis and funding a supplemental immunization campaign). The following areas were under-funded: logistics, service delivery and communication, monitoring, evaluation, and supervision. The gap in unfunded resources is 493,670.32 USD.

5.5.3. If there is no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Not applicable

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	690,249	738,405
New and underused Vaccines**	18,845,374	19,938,662
Injection supplies (both AD syringes and syringes other than ADs)	0	519,607
Injection supplies including syringes other than ADs	0	0
Cold Chain equipment	50,079	1,346,416
Personnel	435,549	839,318
Other routine recurrent costs	6,625,443	4,547,990
Supplemental immunisation activities	10,499,701	3,692,513
Total Expenditures for Immunisation	37,146,395	31,622,911

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes, with respect to the national budget. To date, 75% of resources have already been mobilized as a result of the EPI Directorate being converted into the National Immunization Agency. However, some difficulties remain in mobilizing partner funding, which currently stands at 25%. The categories most likely to be affected are logistics and service delivery.

The data in Table 5.5b are drawn from the current (2012) budget agreed upon by the EPI and the Ministry of Health's planning office, GAVI financial data for this year, and cMYP data for 2013.

5.5.5. Are you expecting any financing gaps for 2013? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

NO

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, partially implemented.**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
1) Coordination unit set up	Yes
2) Budget planned and formulated	Yes
3) Funds transferred to Benin	No

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

For HSS: the World Bank conducted a health sector review in 2008. These results were used to prepare the Aide Memoire between GAVI and Benin.

1) The National Coordination unit and the Coordination Committee were put in place through ministerial decree. The Aide Memoire is pending signature by GAVI.

2) Budget planning and formulation has been completed.

3) The GAVI/HSS sub-account has been opened, but the supranational accounts (departments and health zones) still need to be opened.

4) GAVI funds have not yet been transferred because the Aide Memoire has not been signed.

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

NOT APPLICABLE AS FUNDS HAVE NOT YET BEEN RECEIVED.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, 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 5.5 Overall Expenditures and Financing for Immunisation.

The following are the key concerns or recommendations:
The importance of mobilizing more resources for the routine EPI, which has suffered due to the concentration of resources on supplemental immunization activities (SIA);
The need to reinforce immunization logistics;
The importance of capacity-building for personnel.

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

If Yes, which ones?

List CSO member organisations:
Benin EPI Foundation
Red Cross of Benin
Benin National PolioPlus Committee
Plan Benin

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Overall Objective
To contribute to achieving the Millennium Development Goals by reducing morbidity and under-five mortality attributable to EPI target diseases.

Specific Objectives
- To increase the percentage of health zones with fully-immunized children (FIC) from 68% to at least 80% by 2013;
- To increase the national immunization coverage rates for infants 0-11 months and 12-23 months, and for expectant mothers to the following rates by 2013:
Penta3: at least 92%
FIC: at least 80%
TT2+: 85%

MAIN ACTIVITIES

-Implement the Reach Every District (RED) approach
Supervision of EPI managers;
Ensure monthly monitoring of activities at every level to improve program performance;
Prepare an integrated EPI communication plan;
Seek more active involvement by local media and community leaders in disseminating immunization-related messages (contracts with 12 local radio stations);
Build the capacities of EPI management staff;
Step up implementation of outreach strategies.

- *Strengthen immunization logistics*
Complete construction of shelters for cold room installation in 3 departments: Atacora/Donga, Mono/Couffo, and Ouémé/Plateau;
Purchase modular cold rooms for the Mono/Couffo and Ouémé/Plateau departments;
Purchase motorcycles to implement immunization outreach strategies (24 motorcycles in 2012);
Ensure cold chain equipment is properly maintained at every level;
Purchase a generator (as a backup in the event of a power failure) to ensure continuous operation of the modular cold room;
Purchase vaccines and consumables on a regular basis;
Purchase the missing cold chain equipment for health facilities;
Purchase a refrigerated delivery truck;

- Conduct an immunization coverage survey to validate EPI data;
- Periodically and systematically audit the quality of EPI data in health zones;
- Organize supplemental immunization and polio prevention campaigns;
- Organize a convention (*états généraux*) on immunization;
- Set up a National Immunization Technical Advisory Group (NITAG) in Benin;
- Hold committee meetings (ICC, CNEP, CNC);
- Organize sessions to validate data.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	0.5 ml AD 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 + 2 ml dilution syringe	National budget

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

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

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

There is a Basic Hygiene and Sanitation Department under the Ministry of Health. Formerly a Directorate, this department has a hospital waste management plan that also covers syringe disposal.
The department has taken steps to implement the plan as training sessions were conducted for health care personnel at every level. However, the lack of funding limits support activities, particularly supervision.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Through incineration at health centers and hospitals equipped with De Montfort incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	10,181	5,008,817
Total funds available in 2011 *(C=A+B)*	10,181	5,008,817
Total Expenditures in 2011 *(D)*	10,181	5,008,817
Carry over to 2012 *(E=C-D)*	0	0

6.1.1. 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.

Benin did not receive any ISS funds in 2011. However, the balance of remaining 2010 ISS funds was carried over.

The process used was the one normally used by the National Immunization Agency. Yes, ISS funds were included in in the national health sector plans and budget.

The remaining 2010 ISS funds were used to purchase tires for vehicles used for supervision, computer equipment, and supplies.

6.1.2. 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

The bank account used is a special account for partner funds.
Budgets are approved by the Ministry and department funds are transferred to bank accounts in the various departments. Statements are prepared and sent to the national level after activities have been implemented. The ICC is in charge of coordinating, mobilizing, and monitoring financial resources.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

- Public awareness;
- Development of training and monitoring tools;
- Training for the parties involved;
- Ceremony held for the national launch of the pneumococcal vaccine;
- Supervision of immunization activities.

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number 13) (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. 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 19).

6.3. 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 the 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/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in the 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below.

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3.

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			284,168	352,213
2	Number of **additional** infants that are reported to be vaccinated with DTP3				68,045
3	Calculating	$20	per,additional,child,vaccinated,with,DTP3		1 360 900
4	**Rounded-up estimate of expected reward**				1,361,000

* 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.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		602,200	458,900
Pneumococcal (PCV13)		901,200	159,900
Yellow Fever		452,250	36,750

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

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

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

  NOT APPLICABLE

- 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)

  NOT APPLICABLE

7.1.2. For the vaccines in the **Table 7.1**, has your country faced a stock-out situation in 2011? **No**

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

NOT APPLICABLE

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

NOT APPLICABLE

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	YES	
Phased introduction	No	23 July 2011
Nationwide introduction	Yes	1 September 2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The vaccines and funds to support introduction were sent late.

7.2.2. When is the Post introduction evaluation (PIE) planned? **August 2012**

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. 20)

The PIE was scheduled for August to ensure that at least 12 months have passed since introduction.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

Does the country have an institutional development plan for vaccine safety? **No**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	98,761	48,587,288
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	98,761	48,587,288
Total Expenditures in 2011 (D)	94,997	46,735,925
Balance carried over to 2012 (E=C-D)	3,764	1,851,363

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No). Terms of reference for this financial statement are available in **Annex 1** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic 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

- Public awareness;
- Development of training and monitoring tools;
- Training for the parties involved;
- Ceremony held for the national launch of the pneumococcal vaccine;
- Supervision of immunization activities;
- Training at all levels and records published.

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

There were some shortcomings in applying the directive on immunization for target diseases.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Capacity-building for service providers (training)

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	98,370
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	196,594	111,807
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	67,131	131,898
	Q.2: Which were the sources of funding for co-financing in reporting year	

	2011?	
Government	x	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	August	Government
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	August	Government
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	August	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	RAS	

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

NOT APPLICABLE

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with 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? **June 2012**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

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

If yes, provide details

The EVM and the pneumococcal introduction assessment are planned for 2012. The former is scheduled for the end of May and the latter for the end of June.

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
2,984,000	15 November 2012	0

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

The vaccines have not yet been received.

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

Not applicable

7.6.2. Programmatic Results of Meningococcal preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine

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

Has the campaign been conducted according to the plans in the approved proposal? **No**

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

Not applicable

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

Not applicable

What lessons have you learned from the campaign?

Not applicable

7.6.3. Fund utilization of operational cost of Meningococcal preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Total	**0**	**0**

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 those countries whose current support is ending in 2012

Benin is not eligible for renewal of multi-year support in 2012.

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination, please do the following:

Confirm below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you do not confirm, please explain

NOT APPLICABLE

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: 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
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
DTC-HepB, 10 dose(s) per vial, LIQUID	10					
DTC-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTC-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTC-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD syringe	0		0.047	0.047	0.047	0.047
Pentavalent reconstitution syringe	0		0.047	0.047	0.047	0.047
Yellow fever reconstitution syringe	0		0.004	0.004	0.004	0.004
Safety box	0		0.006	0.006	0.006	0.006

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 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Meningococcal, 10 dose(s) per vial, LIQUID	10	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
DTC-HepB, 10 dose(s) per vial, LIQUID	10	
DTC-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTC-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTC-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD syringe	0	0.047
Pentavalent reconstitution syringe	0	0.047
Yellow fever reconstitution syringe	0	0.004
Safety box	0	0.006

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 7.10.2: Freight Cost

This table is shown for information. **It must be build according Freight cost parameters** AND vaccines Types. Refer to document "GAVI ePlatform – Common functional specifications", Section parameters.

Vaccine Antigens	Vaccine Types	No Threshold					**$500,000**	
			<=	>				
Yellow Fever	YF	7.80%						
Meningococcal	MENINACONJUGATE			10.20%				
Pneumococcal (PCV10)	PNEUMO	3.00%						
Pneumococcal (PCV13)	PNEUMO	6.00%						
Rotavirus	ROTA	5.00%						
Measles	MEASLES	14.00%						
DTB-HepB	HEPBHIB	2.00%						
DTB-HepB-Hib	HEPBHIB		23.80%		6.00%			

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	348,577	360,020	371,720	0	0	1,080,317
	Number of children to be vaccinated with the first dose	Table 4	#	386,495	385,873	390,446	0	0	1,162,814
	Number of children to be vaccinated with the third dose	Table 4	#	352,213	362,721	378,493	0	0	1,093,427
	Immunisation coverage with the third dose	Table 4	%	101.04%	100.75%	101.82%	0.00%	0.00%	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.00	1.00	
	Vaccine stock on 1 January 2012		#	468,600					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.47	2.32	2.03	1.85	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost % of vaccines value**	Table 7.10.2	%		6.00%	6.00%	23.80%	23.80%	
fd	**Freight cost % of devices value**	Parameter	%		10.00%	10.00%	10.00%	10.00%	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.15	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	745,800	1,182,100	0	0
Number of AD syringes	#	1,285,000	1,304,500	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	14,275	14,500	0	0
Total value to be co-financed by GAVI	$	1,791,000	2,594,000	0	0

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

2012	2013	2014	2015

Number of vaccine doses	#	70,600	122,000	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	163,500	261,000	0	0

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00%	8.65%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	386,495	385,873	33,367	352,506
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,159,485	1,157,619	100,101	1,057,518
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*	1,287,029	1,284,958	111,112	1,173,846
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	468,600			
I	**Total vaccine doses needed**	*F + G – H*		816,358	70,592	745,766
J	**Number of doses per vial**	*Vaccine parameter (schedule)*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,284,958	0	1,284,958
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total number of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		14,264	0	14,264
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		1,781,294	154,031	1,627,263
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		59,751	0	59,751
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		83	0	83
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*		106,878	9,242	97,636
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*		5,984	0	5,984
T	**Total funding needed**	*(N+O+P+Q+R+S)*		1,953,990	163,272	1,790,718
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		163,272		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		8.65%		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI

A	**Country co-finance**	*V*	9.35%			0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	390,446	36,525	353,921	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	1,171,338	109,573	1,061,765	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.11			1.00		
F	**Number of doses needed including wastage**	*D X E*	1,300,186	121,626	1,178,560	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	3,807	357	3,450	0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	1,303,993	121,982	1,182,011	0	0	0
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	1,304,411	0	1,304,411	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total number of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	14,479	0	14,479	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	2,630,154	246,037	2,384,117	0	0	0
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	2,630,154	0	60,656	0	0	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	84	0	84	0	0	0
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*	157,810	14,763	143,047	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*	6,074	0	6,074	0	0	0
T	**Total funding needed**	*(N+O+P+Q+R+S)*	2,854,778	260,799	2,593,979	0	0	0
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	260,799			0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	9.35%			0.00%		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10		

K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total number of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*	0	0	0
T	**Total funding needed**	*(N+O+P+Q+R+S)*	0	0	
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00%		

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

ID		Source		2011	2012	2013	TOTAL
	Number of surviving infants	Table 4	#	348,577	360,020	371,720	1,080,317
	Number of children to be vaccinated with the first dose	Table 4	#	206,889	385,873	390,446	983,208
	Number of children to be vaccinated with the third dose	Table 4	#	126,497	362,721	358,573	847,791
	Immunisation coverage with the third dose	Table 4	%	36.29%	100.75%	96.46%	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.04	1.05	1.05	
	Vaccine stock on 1 January 2012		#	91,700			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	
fv	**Freight cost % of vaccines value**	Table 7.10.2	%		5.00%	5.00%	
fd	**Freight cost % of devices value**	Parameter	%		10.00%	10.00%	

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

Co-financing group	Low

	2011	2012	2013
Minimum co-financing	0.15	0.20	0.20
Recommended co-financing as per APR 2010			0.20
Your co-financing	0.15	0.20	0.20

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

		2012	2013
Number of vaccine doses	#	1,198,100	1,167,100
Number of AD syringes	#	1,443,200	1,304,200
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	16,025	14,500
Total value to be co-financed by GAVI	$	4,519,000	4,396,500

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

		2012	2013
Number of vaccine doses	#	68,300	66,500
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	$	253,500	247,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00%	5.39%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	206,889	385,873	20,802	365,071
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	620,667	1,157,619	62,406	1,095,213
E	**Estimated vaccine wastage factor**	*Table 4*	1.04	1.05		
F	**Number of doses needed including wastage**	*D X E*	645,494	1,215,500	65,526	1,149,974
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		142,502	7,683	134,819
H	**Stock on 1 January 2012**	*Table 7.11.1*	91,700			
I	**Total vaccine doses needed**	*F + G – H*		1,266,302	68,265	1,198,037
J	**Number of doses per vial**	*Vaccine parameter (schedule)*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,443,135	0	1,443,135
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total number of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		16,019	0	16,019
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		4,432,057	238,926	4,193,131
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		67,106	0	67,106
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		93	0	93
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*		265,924	14,336	251,588
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*		6,720	0	6,720
T	**Total funding needed**	*(N+O+P+Q+R+S)*		4,771,900	253,261	4,518,639
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		253,261		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		5.39%		

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

		Formula	2013		
			Total	Government	GAVI
A	Country co-finance	*V*	5.39%		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	390,446	21,049	369,397
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	1,171,338	63,146	1,108,192
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	1,229,905	66,303	1,163,602
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	3,602	195	3,407
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	1,233,507	66,497	1,167,010
J	Number of doses per vial	*Vaccine parameter (schedule)*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,304,184	0	1,304,184
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	14,477	0	14,477
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	4,317,275	232,738	4,084,537
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	4,317,275	0	60,645
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	84	0	84
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*	259,037	13,965	245,072
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*	6,073	0	6,073
T	Total funding needed	*(N+O+P+Q+R+S)*	4,643,114	246,702	4,396,412
U	Total country co-financing	*I * country co-financing per dose (cc)*	246,702		
V	Country co-financing % of GAVI supported proportion	*U / T*	5.39%		

Table 7.11.4: Calculation of requirements (part 3)

		Formula
A	Country co-finance	*V*
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*
C	Number of doses per child	*Vaccine parameter (schedule)*
D	Number of doses needed	*B X C*
E	Estimated vaccine wastage factor	*Table 4*
F	Number of doses needed including wastage	*D X E*
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*

H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine parameter (schedule)*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total number of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*
T	**Total funding needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I * country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	348 577	360 020	371 720	0	0	1 080 317
	Number of children to be vaccinated with the first dose	Table 4	#	326 910	347 286	96.46%	0	0	1 032 769
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.67	1.82	1.82	1.00	1.00	
	Vaccine stock on 1 January 2012		#	660,000					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.90	0.90	0.90	
cc	**Country co-financing per dose**	Co-financing table	$		0.30	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost % of vaccines value**	Table 7.10.2	%		7.80%	7.80%	7.80%	7.80%	
fd	**Freight cost % of devices value**	Parameter	%		10.00%	10.00%	10.00%	10.00%	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.30	0.20	0.20
Your co-financing	0.30	0.30	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 4,400	522,200	0	0
Number of AD syringes	#	409,400	403,800	0	0
Number of re-constitution syringes	#	- 7000	73,100	0	0
Number of safety boxes	#	4,550	5,300	0	0
Total value to be co-financed by GAVI	$	15,000	528,000	0	0

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 1,900	135,600	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	0	132,000	0	0

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00%	30.92%		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	326,910	347,286	107,382	239,904
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B X C*	326,910	347,286	107,382	239,904
E	Estimated vaccine wastage factor	*Table 4*	1.67	1.82		
F	Number of doses needed including wastage	*D X E*	545,940	632,061	195,435	436,626
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		21,531	6,658	14,873
H	Stock on 1 January 2012	*Table 7.11.1*	660,000			
I	Total vaccine doses needed	*F + G – H*		-6,408	-1,981	-4,427
J	Number of doses per vial	*Vaccine parameter (schedule)*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		409,387	0	409,387
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		-711	0	-711
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		4,537	0	4,537

N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		-5,767	-1,783	-3,984
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		19,037	0	19,037
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		-2	0	-2
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		27	0	27
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*		-449	-138	-311
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*		1,907	0	1,907
T	**Total funding needed**	*(N+O+P+Q+R+S)*		14,753	0	14,753
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		-1,922		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		30.92%		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	**2013**			**2014**		
			Total	**Government**	**GAVI**	**Total**	**Government**	**GAVI**
A	**Country co-finance**	*V*	20.61%			0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	358,573	73,918	284,655	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1			1		
D	**Number of doses needed**	*B X C*	358,573	73,918	284,655	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.82			1.00		
F	**Number of doses needed including wastage**	*D X E*	652,603	134,530	518,073	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	5,136	1,059	4,077	0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	657,739	135,589	522,150	0	0	0
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	403,717	0	403,717	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	73,010	0	73,010	0	0	0
M	**Total number of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	5,292	0	5,292	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	591,966	122,030	469,936	0	0	0
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	591,966	0	18,773	0	0	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	271	0	271	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	31	0	31	0	0	0
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*	46,174	9,519	36,655	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*	1,908	0	1,908	0	0	0
T	**Total funding needed**	*(N+O+P+Q+R+S)*	659,123	131,548	527,575	0	0	0
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	131,548			0		

V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	20.61%			0.00%		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total number of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*	0	0	0
T	**Total funding needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

8. Injection Safety Support (INS)

Benin is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please so indicate in Section 9.1.2.

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

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 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

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

further HSS funds or only approve part of the next tranche of HSS funds.

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

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

If yes, please indicate the amount of funding requested:

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

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)				886,493	912,433	939,146
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				886,493	912,433	939,146
Total funds received from GAVI during the calendar year (*A*)				0	0	
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						2,738,072

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets				443.246.500	456.216.500	469.573.000

(*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				443,246,500	456,216,500	469,573,000
Total funds received from GAVI during the calendar year (*A*)				0	0	
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						1,369,036,000

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January				500	500	500
Closing on 31 December				500	500	500

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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: 9)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

Financial management of HSS funds

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

1. Financial management of GAVI HSS funds at the national level

a. The Coordinator of the HSSP-CU [Health System Strengthening Project - Coordination Unit] is responsible

for proposing expenditures along with the Terms of Reference (TORs) for activities that require fund disbursement.
b. The TORs are first sent to the HSS Focal Point at WHO for technical review. If approved, the WHO-HSS Focal Point affixes a stamp of approval on the TORs and the payment order. Any decision not to endorse the proposed TORs is justified in writing by WHO. No activity can be authorized until it has received the WHO stamp of approval, pursuant to the provisions in this article.
c. The HSSP-CU Coordinator approves and authorizes all expenditures of GAVI HSS funds.
d. The HSSP-CU Financial Management Specialist serves as the project accountant and conducts a pre-project audit. The HSSP-CU Internal Auditor conducts a post-project audit of expenditures.
e. Payment orders for expenditures from GAVI HSS funds are jointly signed by the HSSP-CU Coordinator and the Financial Management Specialist.
f. 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 district/service-delivery levels are transferred to this Coordination Unit for processing in the appropriate accounting software.
g. Annual financial statements are submitted to GAVI at the same time as the Annual Progress Report.

2. Financial management of GAVI HSS funds at the Department level
a. The Director of the *Direction départementale de la santé* [Departmental Health Directorate, or 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.
b. The Head of the Financial Resources Division at the DDS serves as the accountant for activity implementation;
c. The HSS Focal Point at WHO reviews the TORs and gives the technical approval to conduct the activity.
d. 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 DDS.
e. A pre-project audit at the DDS level is conducted by the HSSP-CU Financial Management Specialist, who receives spending proposals by fax that have been approved by the DDS authorizing official and provides a written confirmation of whether the expenditure was approved or not, which is also is also sent by fax to the DDS. The post-audit conclusions are attached to every expenditure file and archived for future audit needs.
f. The HSSP-CU Internal Auditor conducts post-HSS budget implementation audits.
g. Accounting documents from the department level are sent to the HSSP-CU at the national level for processing.

3. Financial management of GAVI funds at the Health Zone level
a. The Health Zone Coordinating Doctor (HZCD) or the Health Facility Manager, depending on the case, is the authorizing official for the HSS budget for the health zone or facility.
b. The Administration and Resource Manager serves as the accountant for the Health Zone's GAVI HSS budget.
c. The account for HSS funds at the local bank branch requires the signatures of either the HZCD or the Health Facility Manager, and the Administration and Resource Manager for the Health Zone.
d. The DDS Financial Affairs Division manager conducts the pre-project audit and the Internal Auditor conducts the post-project audit.
e. Accounting documents from the Health Zone are transferred to the HSSP-CU at the national level for processing. HSS funds were included in the annual work plan and the health sector budget.

Type of bank account
The HSSP Coordination Unit chose the Bank of Africa Benin (BOA) as the main bank for program funds. The BOA is a reputable bank with all necessary security measures in place. This same bank is approved by the World Bank and receives World Bank funds. The bank was assessed and the results were disseminated to all HSS partners. According to the assessment report, it is the largest bank in Benin.

Budget approval process
The Coordination Unit's operational activities are supported by the procedures manual. The HSSP procedures manual calls for the development of an annual work plan that serves as the basis for project activities. The manual also details the work plan preparation and approval process. The plan will be approved by both the Health System Strengthening Project Coordination Unit and Project stakeholders.
The HSSP already prepared its first annual 2012 work plan during the initial startup phase and the plan was approved by the World Bank. It has been distributed to all parties involved in project implementation. The project has a Joint Steering Committee chaired by the Minister of Health and which includes national leaders and HSS technical partners. The procedures manual also provides a list of reports that the Coordination Unit has to prepare and distribute to project partners. Similarly, the administrative, accounting, and financial

procedures manual describes the process for planning the project budget and updating it in the implementation phase. Budget procedures are explained in explicit detail, including the process for revising and updating the budget. The procedures manual was deemed satisfactory by the World Bank and is pending endorsement by the International Monetary Fund and GAVI.

Fund transfer procedure
GAVI grants intended to fund HSS activities at the Department and Health Zone levels are transferred to accounts opened for this purpose at local branches of the commercial bank.

Financial reporting arrangements
The HSSP procedures manual provides for the preparation of quarterly financial progress reports and half-yearly project implementation reports at every level. These reports are to serve as the basis for decisions on the continued implementation of activities at each level.
The HSSP calls for the preparation of a consolidated budget for all funds, which will help prevent duplications. Once approved, the budget will be distributed to all parties involved in project implementation.
The Coordination Unit has already provided its first quarterly financial progress report for the World Bank-funded HSSP after three (3) months of implementation.

Overall Role of the ICC
Decree no. 1119 of 18 March 2011 on the establishment of a Coordinating Committee stipulates that the committee is to meet twice-yearly to oversee all Health System Strengthening (HSS) activities and is responsible for 1) assessing HSS progress quarterly and ensuring that HSS activities are consistent with national objectives; 2) approving HSS annual activity plans; 3) approving any adjustments or modifications made to ensure proper implementation of HSS activities; 4) making recommendations to the various stakeholders in connection with HSS implementation and achieving targets; and 5) initiating technical assessment missions or financial audits at any time.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available during your government's most recent fiscal year, this must also be attached (Document Number: 26)

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

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

Because the funds were not received, it has not been possible to implement any activities to date.

9.2.3 If GAVI HSS grant has been utilised 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?

Not applicable

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Strengthen planning and coordination capacities			Target for the duration of support								
Strengthen the technical and equipment support center			Target for the duration of support								
Make human resources available			Target for the duration of support								
Promote operational research			Target for the duration of support								
Monitor and evaluate implementation of activities			Target for the duration of support								
National Penta3 coverage	51%	ANV/PHC*	Indicator for the duration of support						80	ANV/PHC	
Under 5 mortality rate / 1 000	125/1000	INSAE**	Indicator for the duration of support						115/1000	INSAE	
% of zones with 80% Penta3 coverage	0	ANV/PHC	Indicator for the duration of support						50%	ANV/PHC	
Rate of health personnel assisted births	80%	SNIGS	Indicator for the duration of support						90%	SNIGS	
C-section rate	4%	SNIGS***	Indicator for the duration of support						5%	SNIGS	
MCV coverage	49%	ANV/PHC	Indicator for the duration of support						60%	ANV/PHC	

*Translator's note: ANV = Agence nationale de vaccination [National Immunization Agency]; PHC = Primary Health Care
** INSAE = l'Institut National de la Statistique et de l'Analyse Economique [National Office of Statistics and Economic Analysis]
*** SNIGS = Système National d'Information et de Gestion Sanitaires [National Health Management Information System]

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

Not applicable

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

of HSS funds.

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

9.4.4. 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.

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

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

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

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Activity 1	Purchase rolling stock for the health facilities, one DDS, and the EPI Agency	0				
Activity 2	Purchase computer equipment for the four health zones	0				
Activity 3	Recruit field staff for the firm conducting the technical	218,240				

	audit of data produced in the 4 health zones					
Activity 4	Provide maintenance on supervision-related rolling stock for the health zone audit firm	215,635				
Activity 5	Provide maintenance on computer and office equipment for the health zone external audit firm	48,243				
Activity 6	Cover the administrative costs of the health zone external audit firm	72,318				
Activity 7	Hold a 5-day training session on RBF for 25 participants in each of the 4 health zones	0				
Activity 8	Hold a 5-day RBF training session for 30 participants in each of the 4 health zones	78,272				
Activity 9	Hold a 5-day training session on managing obstetrical complications for 30 participants in each of the 4 health zones	54,476				
Activity 10	Hold a 5-day training session on managing obstetrical complications for hospital service providers in each of the 4 health zones with 25 participants at each session	18,994				
Activity 11	Ensure that NGOs are cross-checking data from health facilities	192,000				
Activity 12	Allocate performance-based appropriations to the 4 health zones	1,280,000				
Activity 13	Honor the agreements in the performance contracts signed with 11	64,000				

	national and decentralized organizations for regulating, monitoring, evaluating, and overseeing RBF implementation					
Activity 14	Conduct an external audit of the GAVI RBF account and the other organizations involved	16,000				
Activity 15	Hold annual RBF workshops in the 4 health zones	19,200				
Activity 16	Work with an international consultant to conduct a study focusing on the issue of performance-based pay	0				
Activity 17	Cover the administrative costs of the HSSP Coordination Unit	461,122				
Activity 17	Cover the administrative costs of the HSSP Coordination Unit	0				
		2,738,500	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that 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 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (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 2013** (if relevant)
Activity 1	Build a new cold chamber and purchase a refrigerated pickup truck at the central level	297,248			
Activity 2	Purchase computer equipment for the four health zones	9,310			
Activity 3	Recruit field	322,560			

	staff for the firm conducting the technical audit of data produced in the 4 health zones				
Activity 4	Provide maintenance on supervision-related rolling stock for the health zone audit firm	65,453			
Activity 5	Provide maintenance on computer and office equipment for the health zone external audit firm	7,200			
Activity 6	Cover the administrative costs of the audit firm	59,282			
Activity 7	Hold 5-day training sessions for RBF trainers and 25 participants in each of the 4 health zones	0			
Activity 8	Hold a 5-day RBF training session for 30 participants in each of the 4 health zones	78,272			
Activity 9	Hold a 5-day training session on managing obstetrical complications for 30 participants in each of the 4 health zones	54,476			
Activity 10	Hold a 5-day training session on managing obstetrical complications for hospital service providers in each of the 4 health zones with 25 participants at each session	18,994			
Activity 11	Ensure that NGOs are cross-checking data from health facilities	237,912			
Activity 12	Allocate performance-based appropriations to the 4 health zones	1,600,000		Activity 12 entails the following sub-activities: 1.Scale the RED approach in communes 2.Reinforce all communes with low immunization coverage in implementing the RED approach 3.Introduce the Mobile Strategy for zones that are difficult to access 4.At the beginning of the year, count the immunization targets by hamlet, Fula camp, neighborhood/village, farm (count by each liaison in the households) 5.Determine the areas of responsibility of	

				each HF with respect to zones shared between two health areas / districts/ communes 6. Prepare quarterly micro-plans, taking into account the SF, SA, SM and the availability of mothers by involving the communities. 7.Capacity building for agents in EPI 8.Install cardholders in each health center 9.Implement initiatives and loyalty meausres at the station (adequate housing, training, bonuses, providing motorbikes, appropriate job description, rotation) 10. Perform shared monitoring with all stakeholders at the local level according to the new policy 11. Systematically perform semiannual self-evaluations of data quality (DQS, LQAS,) 12. Reinforce training supervision 13. Organize periodic exchanges regarding EPI/Health indicators in major coordination events (transfers of CC, CAD, CDEP, performance review in the sector) 14. Develop a policy favoring urban environments to achieve EPI targets 15. Integrate indicators (effective coverage of different antigens of the EPI, ECV, vulnerable targets) in result-based financing indicators (RBF) currently in effect 16. Establish maintenance contracts for equipment at the departmental level.	
Activity 13	Honor the agreements in the performance contracts signed with 11 national and decentralized organizations (EEZS, DDS, IGM, SGM, DPP, DNSP, DRFM, DSME, ANV-SSP, DRH and DNEH) for regulating, monitoring, evaluating, and overseeing RBF/PBF implementation	80,000		Activity 13 entails the following sub-activities: 1.Develop a public-private partnership framework to promote prevention activities, especially immunization (signing of MoQ, regular transmission of data, including EPI, and participation in Health Team meetings) 2.Reinforce the dialogue with members of women's groups, religious leaders and youth movements through the Health Center Management Committees and Health Committees 3. Monitor the implementation of SSPs decentralized in PIHI : - At the national level, during the annual performance review of the Ministry of Health - At the departmental leve, during the semiannual CDEEP meeting - At the health zone level, during the quarterly performance review"	
Activity 14	Conduct an external audit of the GAVI RBF account and the other organizations involved	16,000			
Activity 15	Hold annual RBF workshops in the 4 health zones	21,217			
Activity 16	Work with an international consultant to conduct a study focusing on the issue of performance-based pay	54,528			
Activity 17	Cover the administrative costs of the HSSP Coordination	541,666			

	Unit				
Activity 18	Recruit medical specialists for the four hospitals in the health zones	288,000			
		3,752,118			

9.6.1. If you are reprogramming, please justify why you are doing so.

Since Benin did not receive any funds up to 2012 , the Conventions on Immunization were held from 19 to 21 June 2012 with new conclusions and recommendations, taking into account current realities (such as the need to reinforce the cold chain). Therefore, the decision to reprogram was made specifically to take into account the recommendations of the Conventions on Immunization.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

The decision-making process consisted of preparing changes to be made by RSS coordination unit, proposals examined during a steering committee meeting presided over by the Minister of Health.

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.5**? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
Reinforce planning, coordination capacities						Target throughout duration of support	
Reinforce technical expertise and equipment						Target throughout duration of support	
Make human resources available						Target throughout duration of support	
Promote operational research						Target throughout duration of support	
Monitor and evaluate implementation of activities						Target throughout duration of support	
National Penta 3 coverage	Number of immunized children from 0 to 11 months vaccinated for penta3	Total number of children from 0 to 11 months immunized	ANV SSP	51%(2008)	ANV SSP	Target throughout duration of support	
Mortality rate for children < 5 /1000			INSAE(EDS)	125/1000(2006)	INSAE(EDS)	Target throughout duration of support	
% health zones with Penta 3 ≥ 80%	No. of health zones with Penta 3 coverage ≥ 80%	Total number of health zones	ANV SSP	0%(2008)	ANV SSP	Target throughout duration of support	

Rate of births assisted by qualified personnel	No. of births assisted by qualified personnel	Total number of births	SNIGS	80%(2008)	SNIGS	Target throughout duration of support	
Cesarean section rate	Total number of Cesarean sections	Total number of births	SNIGS	7,3%(2011)	SNIGS	Target throughout duration of support	
Measles coverage	Number of children from 0 to 11 months vaccinated for measles	Total Number of children from 0 to 11 months vaccinated for measles	ANV SSP	49%(2008)	ANV SSP	Target throughout duration of support	

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

No change in relation to indicators in table 9.3, progress on targets achieved

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

Reprogrammed activities comply with the conclusions of the conventions on immunization held in June 2012 and the new results-based financing strategy (bonuses based on results and availability of supplies) for implementing activities, and will allow the targets selected in the original application to be achieved more effectively and efficiently (see attached RSS activity reprogramming)

9.8. 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 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
WORLD BANK	43,800,000	4 years	Results-based financing (RBF), financial accessibility, and institutional support
CTB	277,607,821	4 years	Technical support, financial accessibility, institutional support and RBF

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

9.9. Reporting on the HSS grant

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

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any 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 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
GAVI Aide Memoire	Government consent obtained and signature pending at GAVI level	The letter of agreement with HSS partners (WHO, World Bank, GAVI, IMF, CTB) has not yet been signed.
HSS Funding Platform Aide Memoire	The mission validated the aide memoire with the central authorities	
SNIS [National Health Information System] and Joint Annual Performance Review	During data validation workshops held at the national and departmental levels with all the stakeholders prior to publishing the results and before the Joint Annual Performance Review	

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

NONE

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010? 2

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 8)**
2. The latest Health Sector Review report **(Document Number: 23)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

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

Benin is not submitting a report on GAVI Type A CSO support for 2012.

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

Benin is not submitting a report on GAVI Type A CSO support for 2012.

11. 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

NOT APPLICABLE