



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Benin

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 9:03:37 AM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** 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 is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The 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: **2012**

Requesting for support year: **2014**

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
INS			
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2012

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2014	2015

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	Yes	N/A	N/A
ISS	No	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** 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 & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	professeur DOROTHEE AKOKO KINDE GAZARD	Name	Monsieur 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
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Professeur AKOKO KINDE GAZARD MINISTRE DE LA SANTE	MINISTERE DE LA SANTE		
Docteur ANNE VINCENT REPRESENTANTE UNICEF	UNICEF		
Monsieur GAMATIE Youssef REPRESENTANT RESIDENT OMS	OMS		
Monsieur ASCHOK MIRSCHANDI PRESIDENT COMITE POLIO	ROTARY INTERNATIONAL		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **CCSS**, 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
Professeur AKOKO DOROTHEE KINDE GAZARD MINISTRE DE LA SANTE	MINISTERE DE LA SANTE		
Docteur ANNE VINCENT REPRESENTANTE UNICEF	UNICEF		
Monsieur GAMATIE Youssef REPRESENTANT RESIDENT OMS	OMS		
Monsieur MICHEL FRANCOYS REPRESENTANT RESIDENT CTB	COOPERATION TECHNIQUE BELGE		

Monsieur FREMON P.R.OLIVIER REPRESENTANT BANQUE MONDIALE	BANQUE MONDIALE		
Madame FENELLA	UNION EUROPEENNE		

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 reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	385,873	385,873	398,414	398,414	0	410,964	0	424,115
Total infants' deaths	25,853	25,853	26,694	26,694	0	27,755	0	28,434
Total surviving infants	360020	360,020	371,720	371,720	0	383,209	0	395,681
Total pregnant women	443,754	443,754	458,176	458,176	0	472,838	0	487,968
Number of infants vaccinated (to be vaccinated) with BCG	378,156	433,729	390,446	390,446	0	399,650	0	412,439
BCG coverage	98 %	112 %	98 %	98 %	0 %	97 %	0 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	374,297	375,429	390,446	364,286	0	371,713	0	383,811
OPV3 coverage	104 %	104 %	105 %	98 %	0 %	97 %	0 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	385,873	411,675	390,446	390,446	0	383,615	0	395,691
Number of infants vaccinated (to be vaccinated) with DTP3	362,721	375,429	378,493	364,286	0	371,713	0	383,811
DTP3 coverage	101 %	104 %	102 %	98 %	0 %	97 %	0 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	10	9	10	10	0	9	0	9
Wastage[1] factor in base-year and planned thereafter for DTP	1.11	1.10	1.11	1.11	1.00	1.10	1.00	1.10
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	373,618	411,675	390,446	371,720	0	383,615	0	395,691
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	373,618	375,429	390,446	364,286	0	371,713	0	383,811
DTP-HepB-Hib coverage	101 %	104 %	102 %	98 %	0 %	97 %	0 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	14	0	13	0	13	0	13
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.16	1.11	1.15	1	1.15	1	1.15
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	336,256	352,560	358,573	356,851	0	368,270	0	379,863
Yellow Fever coverage	96 %	98 %	96 %	96 %	0 %	96 %	0 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	0	24	0	24	0	24	0	24

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.25	1.32	1.82	1.32	1	1.32	1	1.32
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	373,618	409,793	390,446	422,906		436,439		450,405
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	373,618	371,401	390,446	402,986		415,881		429,189
Pneumococcal (PCV13) coverage	101 %	103 %	96 %	108 %	0 %	109 %	0 %	108 %
Wastage[1] rate in base-year and planned thereafter (%)	0	3	0	3		1		1
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.03	1.05	1.03	1	1.01	1	1.01
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	347,286	352,560	358,573	358,573	0	368,270	0	379,863
Measles coverage	96 %	98 %	96 %	96 %	0 %	96 %	0 %	96 %
Pregnant women vaccinated with TT+	381,628	317,956	394,031	394,031	0	406,640	0	419,652
TT+ coverage	86 %	72 %	86 %	86 %	0 %	86 %	0 %	86 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	411,382	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	9 %	3 %	7 %	0 %	3 %	0 %	3 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 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**

pas de changement

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

il ya difference de chiffre pour les enfants survivants dans le JRF et dans le rapport de situation annuel .Ce changement est dû à l'utilisation de taux de mortalité infantile actualisé de l'EDS3 dans l'actuel rapport de situation 67 pour mille

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

pas de changement

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

les taux de perte sont actualisés

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

Antigènes	Résultats obtenus	Objectifs
BCG		98% 112%
DTC 1 %		98 114%
VPO3		>92% 104%
DTC3-Hep3-Hib3 >92%		104%
VAA		96% 98%
VAR		96% 98%
VAT2+		85% 72%
PCV13_3 %		>92% 103%

PRINCIPALES ACTIVITES REALISEES AU COURS DE L'ANNEE 2012

- Renforcement des capacités des prestataires du PEV au niveau périphérique
- Approvisionnement des départements et formations sanitaires en vaccins
- Maintenance préventive et curative de la chaîne de froid au niveau des départements , des zones sanitaires et des centres de santé
- Supervision semestrielle des prestataires du PEV au niveau périphérique
- Organisation des ratissages et rattrapage dans les zones de faible couverture et d'accès difficile
- Organisation des activités de vaccination supplémentaire JNV , Campagne contre la méningite
- Organisation des états généraux de vaccination
- Organisation de l'évaluation de la Gestion Efficace des Vaccins(GEV/ EVM)
- Organisation d'un exercice de modelisation de la chaine logistique PEV du Bénin par l 'outil HERMES de VMI
- Affectation de deux agents supplémentaires pour le PEV un responsable de la gestion des vaccins et l'autre responsable de la chaine de froid et des équipements
- Organisation de l'audit de la qualité des données (DQS) dans 6 zones sanitaires (Sakété -Ifangni , Allada - Toffo -Zé , Covè-Zagnanado-Ouinhi , Bembéréké-Sinendé et Lokossa- Athiéomé)
- Recherche active des cas de PFA et autres maladies sous surveillance
- Transport des échantillons de cas suspects au laboratoire
- Organisation des réunions des comités (CCIA CNEP CNC)
- Organisation de la Semaine Africaine de la Vaccination
- Appui aux 10 communes à faible performance

LES OBSTACLES RENCONTRES EN 2012

pas d'obstacle majeur

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

Les objectifs n'ont pas été atteints pour le VAT2+, 72% (Objectif : 85%). Ceci est dû à un biais dans l'enregistrement des données de vaccination des femmes enceintes qui ne permet pas de faire le tracement des doses individuelles avec comme conséquence un recommencement de la série à chaque grossesse.Cette situation n'est pas toujours réglée

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
NA	NA	NA	NA

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Au Bénin , il n'existe aucun obstacle sexospécifique pour l'accès à la vaccination

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

NA

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)

Le PEV du Bénin ne dispose pas encore de données autres que celles des données administratives pour l'année 2012

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

des DQS ont été conduits dans six zones sanitaires en 2012 pour évaluer et vérifier la qualité des données . Ces zones sont Sakété -Ifangni, Allada Toffo Zé , Bassila , Cové Zagnanando Ouinhi , Malanville Karimama , Lokossa Athiémé

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Formation des acteurs des niveaux opérationnels et intermédiaires sur l'utilisation de l'outil du monitoring et de gestion des données de la vaccination au niveau des communes (DVD MT et DQS)
 Formation du gestionnaire des données du PEV de routine sur les outils de collecte et d'analyse
 Harmonisation des données de couvertures faites au niveau de tous les départements en 2010
 Organisation par le programme des sorties de validation des données du PEV et de la surveillance au niveau intermédiaire
 Formation des prestataires des zones sanitaires sur le LQAS

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.

Réalisation de l'enquête de couverture nationale
 organisation des réunions interdépartementales semestrielles de monitoring des données du PEV
 Briefing des Médecins sur l'outil DQS et LQAS
 Monitoring des données de routine avec l'outil DQS dans 12 Zones Sanitaires
 Revue des outils de collecte et d'analyse des données de vaccination et de surveillance
 Validation des données au niveau opérationnel

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** 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\$ = 500 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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	869,817	869,817	0	0	0	0	0	0
New and underused Vaccines**	968,149	450,549	517,600	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	182,640	182,640	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	33,400	28,000	0	5,400	0	0	0	0
Other routine recurrent costs	560,623	252,904	678	141,200	165,841	0	0	0
Other Capital Costs	66,612	66,612	0	0	0	0	0	0
Campaigns costs	10,285,781	390,960	3,773,500	2,608,000	3,513,321	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	12,967,022							
Total Government Health		2,241,482	4,291,778	2,754,600	3,679,162	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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

NA

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, 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) Mise en place de l'Unité de coordination	Yes
2) Planification et formulation du budget	Yes

3) Transfert des fonds au Bénin	Yes
4) Activités principales dans la soumission initiale	Yes
<input type="checkbox"/> Réaliser les infrastructures de la chambre de froid	No
<input type="checkbox"/> Equiper la chambre de froid	No
<input type="checkbox"/> Mettre en place les installations et accessoires de la chambre de froid	No
<input type="checkbox"/> Acquérir 8 ordinateurs et accessoires (2 au SNIGS dans les DDS ; 2 pour les 2 CHD et 4 pour les quatre (4) Zones sanitaires ciblées pour une meilleure gestion des données du PEV	No
<input type="checkbox"/> Acquérir 32 motos pour la vaccination en stratégie avancée dans les quatre (4) aires de santé ciblées	No
<input type="checkbox"/> Acquérir un groupe électrogène	No
<input type="checkbox"/> Mener deux missions de supervision au niveau des zones	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

Pour le RSS l'aide Mémoire a été signé par GAVI le 4 Mai 2012 et par Madame le Ministre le 10 Mai 2012
1 l'unité de coordination nationale et le comité de coordination ont été mis en place par arrêté ministériel
2 La planification et la formulation du budget sont réalisées
3 Le transfert des fonds GAVI sur le compte RSS - GAVI est déjà ouvert et a reçu US\$ 886 (440 962 830 FCFA)
4 Les activités retenues pour être réalisées sur les fonds mis à disposition sont en cours
5 Une nouvelle soumission est en cours de finalisation par le Bénin pour la mise en place du financement basé sur les résultats au Bénin. Une demande d'autorisation spéciale du dédoublement du seuil RSS a été affecté a été demandé par madame le ministre de la santé le 25 février 2013

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

RAS

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 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](#).

Reunion du CCIA a eu lieu le 02 mai 2013

Les principales préoccupations des membres du CCIA sont les suivantes :

l'insuffisance de la capacité de stockage de la chaîne du froid du niveau central et intermédiaire

mobilisation insuffisante de fonds surtout pour la vaccination de PEV de routine

le manque de la fiabilité des données et la nécessité d'organiser des enquêtes de couvertures chaque année

le rôle du CCIA dans la reprogrammation des fonds RSS

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

If **Yes**, which ones?

List CSO member organisations:
FONDATION PEV
ROTARY INTERNATIONAL

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Objectif général contribuer à la réduction de la morbidité et de la mortalité infanto juvéniles attribuables aux maladies cibles du PEV

Objectifs spécifiques

- Porter le pourcentage de zones sanitaires ayant un taux d'enfants complètement vaccinés de 68% à 80% au moins d'ici 2014
- Porter la couverture vaccinale des enfants de 0 à 11 mois , ceux de 12 à 23 mois et des femmes enceintes au niveau national d'ici à 2014 aux taux ci après
- * Penta 3 : 92% au moins
- * ECV :80% au moins
- * VAT 2+ : 85

PRINCIPALES ACTIVITES

- Mettre en oeuvre l'approche ACD dans les dix (10) communes
- Supervision des gestionnaires du PEV
- Assurer le monitoring mensuel des activités à tous les niveaux afin d'améliorer les performances du programme
- Elaborer un plan intégré de communication pour le PEV
- Acquérir pour les Formations Sanitaires les équipements de CDF manquants
- Acquérir un camion frigorifique et d'approvisionnement
- Organiser une enquête de Couverture vaccinale chez les enfants âgés de 12-23 mois pour la validation des données de PEV
- Rendre périodique et systématique l'audit de la qualité des données dans les zones sanitaires
- Organiser les campagnes de vaccination supplémentaires et les ripostes contre la poliomyélite
- Mettre en place le Comité National Consultatif pour la Vaccination et les Vaccins(CNCV) au Bénin
- Organiser les réunions des comités (CCIA,CNEP,CNC)
- Organiser des séances de validations des données
- Conduire l'audit de la qualité des données dans 18 Zones sanitaires
- Réhabiliter la chambre froide au niveau national
- Organiser la semaine africaine de vaccination
- Organiser le Briefing des médecins sur l'outil DQS, LQAS
- Organiser le monitoring des données de routine avec l'outil DQS dans 12 zones sanitaires
- Réaliser la revue des collectes et d'analyse des données de vaccination et de surveillance

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	SAB 0,05 ml + Seringue de dilution 2ml	Budget National (BN)
Measles	SAB 0,5 ml	Budget National (BN)
TT	SAB 0,5 ml	Budget National (BN)
DTP-containing vaccine	SAB 0,5 ml + Seringue dilution 5 ml	Budget National (BN)

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)

L'insuffisance des ressources financières limite non seulement les activités de supervision mais aussi la construction dans la plupart des formations sanitaires des incinérateurs.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Par incinération au niveau des centres de santé et des hôpitaux qui disposent des incinérateurs fonctionnels. Pour les autres structures ne disposant pas d'incinérateurs, un circuit de ramassage des déchets est mise en place.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Benin is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

Benin is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	1,330,794	1,512,700	0	No
Pneumococcal (PCV13)	1,326,106	1,253,000	2,300	No
Yellow Fever	19,600	171,700	0	No

**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? ...)

Anti Amaril : Insuffisances de stock

Anti Pneumococcique : Stock excessifs

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

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

Suivre régulièrement le stock des vaccins

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

Sans Objet

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	22/02/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Retard dans la mise en oeuvre du plan d'introduction

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	22/07/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	les ressources financieres et les intrants n 'ont pas ete mises à disposition du pays à temps

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	Yes	12/07/2002
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

L'évaluation post introduction du PCV13 est déjà faite en mars 2013 et le rapport provisoire disponible

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

<P>Le Benin vient de mener la campagne préventive de masse contre la méningite avec le MenAfriVac en novembre 2012 , les différentes études sont déjà réalisées. </P><P>Le CNCV sera mis en place bientôt et pourra se pencher sur les résultats de ces différentes études pour donner des orientations sur la lutte contre ces affections .</P>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	7,956	3,978,020
Total funds available in 2012 (C=A+B)	7,956	3,978,020
Total Expenditures in 2012 (D)	678	339,280
Balance carried over to 2013 (E=C-D)	7,278	3,638,740

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and 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

il n'y pas d'activités entreprises dans le cadre de l'introduction de nouveau vaccin

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

Non Applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

organiser un atelier de revision des fiches techniques

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Co-Financed Payments	Q.1: What were the actual co-financed amounts and doses in 2012?	
	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	191,060	1,512,700
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	193,436	1,253,000
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	66,053	171,700

	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	450549	
Donor		
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	82,725	1,512,700
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	76,150	1,253,000
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	725	171,700
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Gouvernement
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	Gouvernement
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	October	Gouvernement
	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/>

Non Applicable

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in 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? **July 2012**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

Sans Objet

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningococcal type A 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)
2984000	11/15/2012	-27/08/2012 : 133 000 et 871000 03/08/2012: 120 000 et 863500 puis 03/09/2012 :65500 et 898 500 TOTAL : 2951 500

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

A légèrement supérieur à C

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?

Sans Objet

7.6.2. Programmatic Results of Meningococcal type A 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
Cinq départements : Atacora/Donga, Borgou/Alibori	10 Jours	2640459	2732277	103	98	43	198	4

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

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

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

Sans Objet

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?

Objectif atteint et dépassée

limite d'age pas toujours respecté car c'est la cible à vacciner qui donne son age

de plus maladie étant connue et mortelle il y a eu un engouement

What lessons have you learned from the campaign?

Campagne bien organisée, forte implication des autorités politico-administratives, et forte adhésion de la population, mise en oeuvre des différents plans élaborés et respect des chronogrammes à tous les niveaux, mise en place des comités de coordination à tous les niveaux et forte implication du ministre de la santé

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

Category	Expenditure in Local currency	Expenditure in USD
fond GAVI	723046489	1446093
fond Gouvernement	115000000	230000
Total	838046489	1676093

7.7. Change of vaccine presentation

Benin does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

If 2013 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2014 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year:

The country hereby request for an extension of GAVI support for

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccines: for the years 2014 to .At the same time it commits itself to co-finance the procurement of

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.11 Calculation of requirements](#).

The multi-year extension of

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years 2014 to which is attached to this APR (Document N°16). The new costing tool is also attached.(Document N°17)

The country ICC has endorsed this request for extended support of

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°18)

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

Sans Objet

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	360,020	371,720	383,209	395,681	1,510,630
	Number of children to be vaccinated with the first dose	Table 4	#	411,675	371,720	383,615	395,691	1,562,701
	Number of children to be vaccinated with the third dose	Table 4	#	375,429	364,286	371,713	383,811	1,495,239
	Immunisation coverage with the third dose	Table 4	%	104.28 %	98.00 %	97.00 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.16	1.15	1.15	1.15	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	130,173				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	130,173				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

<P>Sans Objet</P>

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

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

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

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

		2013	2014	2015
Number of vaccine doses	#	1,164,500	1,211,100	1,180,700
Number of AD syringes	#	1,237,900	1,288,900	1,329,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	13,750	14,325	14,775
Total value to be co-financed by GAVI	\$	2,588,500	2,692,000	2,565,500

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

		2013	2014	2015
Number of vaccine doses	#	118,500	123,200	195,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	257,000	267,000	413,000

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	9.23 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	411,675	371,720	34,319	337,401
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	1,235,025	1,115,160	102,956	1,012,204
E Estimated vaccine wastage factor	Table 4	1.16	1.15		
F Number of doses needed including wastage	$D \times E$	1,432,629	1,282,434	118,399	1,164,035
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
H Stock on 1 January 2013	Table 7.11.1	130,173			
I Total vaccine doses needed	$F + G - H$		1,282,934	118,445	1,164,489
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		1,237,828	0	1,237,828
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		13,740	0	13,740
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		2,612,054	241,154	2,370,900
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		57,560	0	57,560
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		7,970	0	7,970
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		167,172	15,434	151,738
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		2,844,756	256,587	2,588,169
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		256,587		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.23 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	9.23 %			14.20 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	383,615	35,417	348,198	395,691	56,177	339,514
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	1,150,845	106,250	1,044,595	1,187,073	168,531	1,018,542
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.15			1.15		
F	Number of doses needed including wastage	$D \times E$	1,323,472	122,188	1,201,284	1,365,134	193,810	1,171,324
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	10,260	948	9,312	10,416	1,479	8,937
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	1,334,232	123,181	1,211,051	1,376,050	195,360	1,180,690
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,288,827	0	1,288,827	1,329,213	0	1,329,213
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	14,306	0	14,306	14,755	0	14,755
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,716,497	250,797	2,465,700	2,732,836	387,984	2,344,852
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,716,497	0	59,931	2,732,836	0	61,809
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	8,298	0	8,298	8,558	0	8,558
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	173,856	16,051	157,805	174,902	24,832	150,070
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,958,582	266,847	2,691,735	2,978,105	412,815	2,565,290
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	266,847			412,815		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			14.20 %		

Table 7.11.4: Calculation of requirements for (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	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	360,020	371,720	383,209	395,681	1,510,630
	Number of children to be vaccinated with the first dose	Table 4	#	409,793	422,906	436,439	450,405	1,719,543
	Number of children to be vaccinated with the third dose	Table 4	#	371,401	402,986	415,881	429,189	1,619,457
	Immunisation coverage with the third dose	Table 4	%	103.16 %	108.41 %	108.53 %	108.47 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.03	1.03	1.01	1.01	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	71,600				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	71,600				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Sans Objet

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

Co-financing group	Low
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	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011				
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	1,247,700	1,256,600	1,302,900
Number of AD syringes	#	1,419,600	1,457,700	1,511,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	15,775	16,200	16,800
Total value to be co-financed by GAVI	\$	4,704,000	4,739,000	4,914,000

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

		2013	2014	2015
Number of vaccine doses	#	71,100	71,600	74,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	264,000	266,000	275,500

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

	Formula	2012	2013		
		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	409,793	422,906	22,799	400,107
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	1,229,379	1,268,718	68,395	1,200,323
E Estimated vaccine wastage factor	Table 4	1.03	1.03		
F Number of doses needed including wastage	$D \times E$	1,266,261	1,306,780	70,447	1,236,333
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		10,130	547	9,583
H Stock on 1 January 2013	Table 7.11.1	71,600			
I Total vaccine doses needed	$F + G - H$		1,318,710	71,090	1,247,620
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		1,419,522	0	1,419,522
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		15,757	0	15,757
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		4,615,485	248,814	4,366,671
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		66,008	0	66,008
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		9,140	0	9,140
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		276,930	14,929	262,001
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		4,967,563	263,742	4,703,821
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		263,742		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.39 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	436,439	23,528	412,911	450,405	24,281	426,124
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,309,317	70,584	1,238,733	1,351,215	72,842	1,278,373
E	Estimated vaccine wastage factor	Table 4	1.01			1.01		
F	Number of doses needed including wastage	$D \times E$	1,322,411	71,290	1,251,121	1,364,728	73,571	1,291,157
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,908	211	3,697	10,580	571	10,009
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,328,119	71,597	1,256,522	1,377,108	74,238	1,302,870
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,457,680	0	1,457,680	1,511,593	0	1,511,593
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	16,181	0	16,181	16,779	0	16,779
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,648,417	250,589	4,397,828	4,819,878	259,833	4,560,045
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,648,417	0	67,783	4,819,878	0	70,290
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	9,385	0	9,385	9,732	0	9,732
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	278,906	15,036	263,870	289,193	15,590	273,603
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	5,004,491	265,624	4,738,867	5,189,093	275,422	4,913,671
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	265,624			275,422		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for (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	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
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		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	360,020	371,720	383,209	395,681	1,510,630
	Number of children to be vaccinated with the first dose	Table 4	#	352,560	356,851	96.10 %	379,863	1,457,544
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.32	1.32	1.32	1.32	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	184,400				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	184,400				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.91	0.92	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Sans Objet

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

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

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

		2013	2014	2015
Number of vaccine doses	#	375,200	389,800	403,800
Number of AD syringes	#	397,700	413,000	425,900
Number of re-constitution syringes	#	52,500	54,400	56,100
Number of safety boxes	#	5,000	5,200	5,375
Total value to be co-financed by GAVI	\$	390,000	408,000	429,500

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

		2013	2014	2015
Number of vaccine doses	#	97,500	100,300	101,600

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	95,000	98,000	101,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	20.61 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	352,560	356,851	73,563	283,288
C Number of doses per child	Vaccine parameter (schedule)	1	1		
D Number of doses needed	$B \times C$	352,560	356,851	73,563	283,288
E Estimated vaccine wastage factor	Table 4	1.32	1.32		
F Number of doses needed including wastage	$D \times E$	465,380	471,044	97,104	373,940
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		1,416	292	1,124
H Stock on 1 January 2013	Table 7.11.1	184,400			
I Total vaccine doses needed	$F + G - H$		472,560	97,416	375,144
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		397,677	0	397,677
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		52,455	0	52,455
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		4,997	0	4,997
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		425,305	87,675	337,630
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		18,492	0	18,492
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		1,941	0	1,941
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		2,899	0	2,899
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		33,174	6,839	26,335
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		2,334	0	2,334
T Total fund needed	$(N+O+P+Q+R+S)$		484,145	94,513	389,632
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		94,513		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		20.61 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	20.46 %			20.10 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	368,270	75,331	292,939	379,863	76,356	303,507
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	368,270	75,331	292,939	379,863	76,356	303,507
E	Estimated vaccine wastage factor	Table 4	1.32			1.32		
F	Number of doses needed including wastage	$D \times E$	486,117	99,437	386,680	501,420	100,790	400,630
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,769	771	2,998	3,826	770	3,056
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	489,986	100,229	389,757	505,346	101,579	403,767
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	412,964	0	412,964	425,895	0	425,895
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	54,389	0	54,389	56,094	0	56,094
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	5,188	0	5,188	5,351	0	5,351
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	444,418	90,908	353,510	466,435	93,757	372,678
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	444,418	0	19,203	466,435	0	19,805
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	2,013	0	2,013	2,076	0	2,076
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	3,010	0	3,010	3,104	0	3,104
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	34,665	7,091	27,574	36,382	7,314	29,068
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	2,423	0	2,423	2,499	0	2,499
T	Total fund needed	$(N+O+P+Q+R+S)$	505,732	97,998	407,734	530,301	101,070	429,231
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	97,998			101,070		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	20.46 %			20.10 %		

Table 7.11.4: Calculation of requirements for (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	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

8. Injection Safety Support (INS)

This window of support is no longer available

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 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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 objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

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

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 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.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in 2012

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: US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
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]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	886000			
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)	886000			
Remaining funds (carry over) from previous year (B)	0			
Total Funds available during the calendar year (C=A+B)	886000			
Total expenditure during the calendar year (D)	0			
Balance carried forward to next calendar year (E=C-D)	886000			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
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]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	440962830			
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)	440962830			
Remaining funds (carry over) from previous year (B)	0			
Total Funds available during the calendar year (C=A+B)	440962830			
Total expenditure during the calendar year (D)	0			
Balance carried forward to next calendar year (E=C-D)	440962830			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table [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						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 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: 20)**

Financial management of HSS funds

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

RSS GAVI Bénin n'a pas reçu de fonds en 2012. Une nouvelle reprogrammation a été faite due aux changements de stratégies en rapport aux conclusions des Etats généraux de la vaccination en juin 2012.

Aucune activité n' a été exécutée en 2012 donc aucune procédure de gestion financière n'a été mis e en oeuvre.

Par contre les fonds RSS sont inclus dans le budget de l'Etat.

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 governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Non Applicable (NA)			

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
NA	

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

NA

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?

NA

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 2011 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	2012 Target	2008	2009	2010	2011	2012	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
NA											

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

NA

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

NA

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

NA

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.

NA

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

NA

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.

NA

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

NA

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Réaliser les infrastructures de la chambre de froid	OUI	430000	0	NON	NA	430000
Equiper la chambre de froid	OUI	241225	0	NON	NA	241225
Mettre en place les installations et accessoires de la chambre de froid	OUI	56000	0	NON	NA	56000
Acquérir 8 ordinateurs et accessoires (2 au	OUI	7000	0	NON	NA	7000

Acquérir 32 motos pour la vaccination en stratégie avancée dans les quatre (4) aires de	OUI	69775	0	NON	NA	69775
Acquérir un groupe électrogène	OUI	50000	0	NON	NA	50000
Mener deux missions de supervision au niveau des zones	OUI	20000	0	NON	NA	20000
Audit annuel externe des comptes GAVI	NON	0	0	NON	NA	0
		874000	0			874000

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval 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 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (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 2014 (if relevant)
Audit de des activités de 2013	OUI	12000	NON	NA	12000
Nouvelles propositions en cours de soumission	OUI				
		12000			

9.7. Revised indicators in case of reprogramming

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

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
Banque Mondiale(USD)	20700000	4 ans	FBR dans 08 Zones Sanitaires
Coperation Belge		En cours de négociation	FBR dans 05 Zones Sanitaires
Fonds Mondial('Euros)	28229000	3ans	FBR dans 17 Zones Sanitaires

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

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.

Néant

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012??

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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 has NOT received GAVI TYPE A CSO support

Benin is not reporting on GAVI TYPE A CSO support for 2012

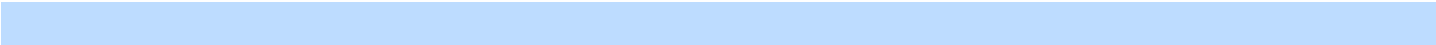
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Benin **has NOT** received GAVI TYPE B CSO support

Benin is not reporting on GAVI TYPE B 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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure







Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signatures-gov-benin-page2.jpeg.pdf File desc: Date/time: 5/15/2013 6:49:05 AM Size: 1367573
2	Signature of Minister of Finance (or delegated authority)	2.1		Signatures-gov-benin-page2.jpeg.pdf File desc: Date/time: 5/15/2013 6:50:38 AM Size: 1367573
3	Signatures of members of ICC	2.2		Signature membres CCIA et CCS S.pdf File desc: Date/time: 5/14/2013 1:14:53 PM Size: 229760
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Procès verbal de la 2ème réunion CCIA PEV DE 2013.docx File desc: Date/time: 5/14/2013 1:15:37 PM Size: 75581
5	Signatures of members of HSCC	2.3		Signature membres CCS S.pdf File desc: Date/time: 5/15/2013 7:50:43 AM Size: 229760
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Procès verbal de la 2ème réunion CCIA PEV DE 2013.docx File desc: Date/time: 5/14/2013 4:18:52 PM Size: 75581
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		etat financier SSV.pdf File desc: Date/time: 5/15/2013 7:05:09 AM Size: 326270
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Etat financier pour introduction de MenAfriVac 2012.pdf File desc: Date/time: 5/15/2013 7:12:11 AM Size: 151372
9	Post Introduction Evaluation Report	7.2.2		RAPPORT TECHNIQUE PROVISOIRE DE L'EVALUATION POST INTRODUCTION DU PCV13 AU BENIN.doc File desc: Date/time: 5/14/2013 4:25:37 PM

				Size: 969216
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Etat financier pour introduction de MenAfriVac 2012.pdf File desc: Date/time: 5/14/2013 4:29:24 PM Size: 151372
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Rapport audit campagne.docx File desc: Date/time: 5/15/2013 7:38:16 AM Size: 12949
12	Latest EVSM/VMA/EVM report	7.5	✓	Rapport GEV Bénin.HMD.15082012_Draft.docx File desc: Date/time: 4/13/2013 9:33:45 AM Size: 2359797
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	GEV.EVM.Bénin-Plan d'amélioration.HMD.xlsx File desc: Date/time: 4/13/2013 9:35:15 AM Size: 97036
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	point d'execution plan d 'amelioration.docx File desc: Date/time: 5/15/2013 7:21:38 AM Size: 19239
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	RAPPORT AUDIT-ANV.pdf File desc: Date/time: 5/15/2013 7:55:46 AM Size: 154888
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Procès verbal de la 2ème réunion CCIA PEV DE 2013.docx File desc: Date/time: 5/14/2013 5:13:32 PM Size: 75581
17	Valid cMYP if requesting extension of support	7.8	✗	PPAc Draft 3 du 07 05 13.docx File desc: Date/time: 5/14/2013 4:35:41 PM Size: 739317
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_Costing_Tool_Fr-1.xls File desc:

				Date/time: 5/14/2013 4:42:57 PM Size: 3256832
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	ETAT FINANCIER 2012 POUR RSS.docx File desc: Date/time: 5/15/2013 8:11:52 AM Size: 12869
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	ETAT FINANCIER 2013 POUR RSS.docx File desc: Date/time: 5/15/2013 8:19:42 AM Size: 12988
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	Rapport audit RSS.docx File desc: Date/time: 5/15/2013 7:32:55 AM Size: 12840
22	HSS Health Sector review report	9.9.3	X	Document Techniq Revue 2011_Imprimé (Récupéré).docx File desc: Date/time: 4/26/2013 6:07:53 AM Size: 2375586
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Releve GAVI 31 03 2013 RSS BENIN.pdf File desc: Date/time: 5/15/2013 9:02:01 AM Size: 247851