

Memorandum on Gavi's programme audit in the Republic of Benin

The attached Audit and Investigations report sets out the conclusions of the programme audit of Gavi's support to the Government's immunisation programmes, implemented by the Ministry of Health. The audit was conducted between July and October 2023. It covered the use of Gavi's grants disbursed to Benin during the period 1 January 2018 to 31 December 2022, including the health system strengthening, routine vaccination operational costs and cold chain equipment optimisation platform grants, as well as COVAX support provided to the country in 2021 and 2022.

This is the second audit conducted by Gavi in Benin; the previous having been carried out in 2018. The report's executive summary (pages 2 to 4) sets out the following key conclusions, details of which are set out in the body of the report:

1. There has been some improvement in the management of the immunisation programmes compared to what was observed in 2018. The management of these Gavi grants was given an overall rating of partially satisfactory (page 3) which means that "Internal controls and risk management practices were generally established and functioning but needed improvement. One or a limited number of issues were identified that may present an elevated risk to the achievement of the objectives of the audited entity".
2. In total, twenty-three issues were identified in the following areas: (i) governance and organisational performance; (ii) accounting and financial management; (iii) procurement; (iv) vaccine supply management; and (vi) monitoring and evaluation.
3. Key findings were that:
 - a. The inter-agency coordinating committee responsible for overseeing and taking strategic decisions on matters relating to the immunisation programme did not operate regularly during the period under review resulting in a lower oversight of the Programme's performance.
 - b. The lack of qualified staff has increased the programme's reliance on consultants funded by Gavi and other donors.
 - c. Significant delays were noted in the production of ANSSP's annual financial statements (ANSSP is the Ministry of Health's agency in charge of the management of Gavi's grants). At the time of the audit, the 2021 to 2022 financial statements had not yet been finalised.
 - d. The audit team questioned expenditures totalling US\$10,858.
 - e. Weaknesses were identified in the description and implementation of procurement procedures.
 - f. Though Benin latest effective vaccine management assessment reached the minimum required score of 80%, challenges remain in cold chain equipment maintenance and vaccine management practices across the country.
 - g. There has been no significant improvement of the quality of immunisation data since the audit of 2018. The audit team's work evidenced insufficiencies in the data collection processes and monitoring of provincial level activities at the sub-national levels.

The findings of the programme audit were discussed and agreed with the Minister of Health, who committed to an agreed action plan in order to remediate the identified issues. Gavi also requested that the Ministry of Health reimburse the amount of US\$10,858 in full.

Geneva, April 2024

PROGRAMME AUDIT – AUDIT REPORT

THE REPUBLIC OF BENIN

DECEMBER 2023



1. Executive Summary

1.1. Audit ratings by category

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4.3.4	Weaknesses in the administrative management of stocks at the national and DDS levels	■	29
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4.4.1	Irregularities were observed in the contracts reviewed	■	31

Section*	Finding	Risk*	Page
4.5	Monitoring and evaluation		33
4.5.1	Insufficient implementation of the data quality improvement plan 2018-2022	■	33
4.5.2	Weaknesses in the immunisation data collection processes	■	34
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1.2. Overall audit opinion

For the period under review, the audit team determined that the management of Gavi's support by the Ministry of Health, was **partially satisfactory** which means that "Internal controls and risk management processes were generally established and functioning but needed improvement. One or a limited number of issues were identified that may present an elevated risk to the achievement of the objectives of the audited entity.

So as to reduce the risks associated with the above findings, the team raised **23 recommendations**, requiring the implementation of the remedial action plan (defined on **annex 10** of the full report).

* The audit ratings attributed to each section of the full report, the level of risk assigned to each audit finding and the level of priority for each recommendation, are defined on Annex 2 of the full report.

1.3. Executive Summary

This report sets out the results of the Gavi programme audit in Benin undertaken in 2023 covering the various aspects of the management of funds received and vaccines distributed. This audit is the second that Gavi has conducted in Benin, the first having taken place in 2018. Overall, recent improvements have been noted following the implementation of various initiatives associated with the momentum from creating in the ANSSP (the National Agency for Primary Health Care) in 2019. However, there remains a number of challenges across various components of the programme. The main findings relating with these elements are summarised below.

Governance and organisational performance

Overall, there was an improvement in governance when compared to the situation described in the prior 2018 audit. However, at the level of the EPI's strategic and technical steering, both the designated bodies – i.e. the Intra-Agency Coordinating Committee and the National Consultation Committee for Vaccination and Vaccines (CNCV) – did not function regularly during the period audited. The lack of strategic coordination resulted in the inadequate implementation of the EPI's 2018-2022 data quality improvement plan (DQIP). Insufficient coordination was also observed at the level of operational entities, both between ANSSP and the DDSs (Departmental Health Directorates) when planning activities, as well between the DVL (Direction of Vaccination and Logistics) and the DPAF (Direction of Planning, Administration and Finance) in monitoring the programme performance.

Challenges in the programme's governance also exist with the number of staff allocated to the central and decentralised levels. Due to the limited number of DVL staff, the completion of central-level routine EPI activities heavily relied upon the support provided by donor-funded technical assistants. Similarly, all EPI activities (cold chain management, vaccine stock and distribution management, vaccine data management) were regrouped under the responsibility of a single individual at each level of the health system. The problem with low staffing levels was also experienced by other MOH structures, notably the Ministry's Inspectorate General (IGM), whose lack of manpower unfortunately resulted in it not being able to ensure the frequency of management reviews of the ANV-SSP or ANSSP, as agreed in the Grant Management Requirements.

Accounting and financial management

Financial reporting requirements have not been met, either in the closure of the past Project Coordination Unit's¹ accounts, or in the grants managed by the ANSSP. With regard to the latter significant delays were noted in the bookkeeping and production of the ANSSP's annual financial statements. At the time of the audit, the financial statements for 2019 and 2020 were only available in draft, and those for 2021 to 2022 had not yet been produced. In addition, the statutory auditor expressed a number of reservations on the draft financial statements for 2019 and 2020. As a reminder, a similar issue arose concerning the ANV-SSP (the National Agency for Vaccination and Primary Health Care) as identified in the 2018 programme audit report.²

Other shortcomings were noted in monitoring the budget execution, maintaining bank reconciliations and archiving supporting documentation. There is scope for further improvement in the management of fixed assets.

More positively, a review of the expenditures incurred during the audit period demonstrates an improvement when compared to the situation in 2018. Out of a sample of expenses totalling FCFA 958,707,306, representing 55% of the expenditures incurred by the Ministry of Health (MOH) during the period 2018 to 2022, **amounts totalling FCFA 5,886,004 (USD 10,858) were questioned, equivalent to 0.6% of the sample reviewed.** These expenditures are further disaggregated in table 1 below (also refer to section 4.2.9 of the full report for more detail).

Vaccine management

Benin achieved an overall score of 80% from its last effective vaccine management (EVM) assessment, which was carried out in December 2022. The country thus reached the minimum recommended performance level, representing an improvement of 13% compared to the previous EVM in 2017. However, the audit team's visits to the central and decentralised structures indicate that there remain major challenges in both the monitoring of cold chain equipment, as well as in the physical and administrative management of vaccines across various levels of the health system.

For five out of twelve of the national departments which the team visited, they noted the absence of a rigorous monitoring mechanism for cold chain equipment, particularly with regards to the deployment of new equipment. Walk in cold rooms financed by various donors have remained for more than a year without being put into service, due to the absence of a connection to the electric

¹ UCP-PRPSS – the Project Coordination Unit for Health Systems Strengthening and Performance; 2017.

² The previous programme audit report published in March 2018 noted in its "Executive Summary" that the National Agency for Vaccination and Primary Health Care (ANV-SSP) did not keep accounts in accordance with generally accepted accounting standards or with the Partnership Framework Agreement provisions agreed between the MOH

and Gavi. It noted that staff changes in the National Agency's accounting team, and a lack of effective knowledge handover, resulted in the need for a comprehensive reconstitution of the banking transactions statements and expenditures incurred on the Gavi-funded programme, given that the existing books and records were unreliable.

mains or to the acquisition of voltage transformers. Also, the maintenance plan for solar refrigerators which were recently deployed lacked clarity.

Regarding the physical and administrative management of vaccines, practices differ from one from one department to another, highlighting shortcomings in the training and supervision of dedicated staff, as described in section 4.5.3 of the full report.

At the national EPI level, the team’s analysis of vaccine stock records from the audit period highlighted the same shortcomings already noted during the prior programme audit in 2018. Namely, that there were significant discrepancies when carrying over stock balances from one year’s records to the next.

Procurement

The audit revealed shortcomings in the procurement procedures in the administrative, financial and accounting procedures manual, as well as in their inconsistent application when establishing and executing contracts. Moreover, the audit team found that certain of the public procurement directives that impact significantly on the programme’s procurement processes were not referred to in the manual, nor were they referenced in the annex.

In addition, the audit team’s review of eight procurement files executed in the period 2020 to 2021 identified shortcomings in how the internal control framework was applied by the ANSSP’s procurement function. While the team’s observations did not call into question overall performance, they nevertheless raised doubts regarding the effectiveness of ANSSP’s actions in assuring transparency in their procedures, which is a core public procurement principle.

Monitoring and evaluation

The quality of immunisation programme’s performance data has not significantly improved since the prior 2018 audit. Only 33% of the scheduled Data Quality Improvement Plan activities for 2018-2022 were fully implemented. The quality of the national immunisation data remains inadequate and revealed significant discrepancies with the WUENIC (WHO and UNICEF National Immunization Coverage) survey data. The audit team also identified shortcomings in the data collection process. Currently at the time of the audit fieldwork in late 2023, immunisation data continued to be collected in parallel using different tools managed by two separate entities within the MOH, without a formal framework of collaboration being established. In addition, the lack of sufficient staff dedicated to data entry and quality control, accentuated the risk of errors in the data reported. Finally, the audit team noted that the Departmental Health Directorates, health zones and/or commune levels were not regularly supervised; as supervisions focused upon health service delivery points.

1.4. Financial impact of the audit findings

The quantitative impact of the findings is summarised in the table below, constituting amounts questioned by the audit team, and therefore likely to be the subject of a request for reimbursement.

Table 1 – Summary of the total amounts questioned by the audit team:

Categorisation of expenditures questioned	Amounts questioned	As a % of total expenditures tested	Reference to the full report
Inadequately justified expenditures	317,000	0.03%	Section 4.2.9/ Annex 5
	584		
Unjustified expenditures	670,062	0.07%	Section 4.2.9/ Annex 5
	1,253		
Irregular expenditures	4,116,700	0.43%	Section 4.2.9/ Annex 5
	7,655		
UCP-PRPSS unreconciled bank difference	782,242	0.08%	Section 4.2.1
	1,365		
Total questioned expenditures	FCFA 5,866,004	0.6%	
	USD 10,858		