



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY: **RWANDA**

Date of submission: 10/05/2004

Reporting period: 2003 (Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one):

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report**
- Fourth annual progress report
- Fifth annual progress report

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

****Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

- **There is a special GAVI account (in USD and FRW) opened with the National Bank of Rwanda (NBR)**
- **The withdrawal of funds is authorised by the signature of 3 persons designated by the Minister of Health**
- **At the level of the health districts, the funds are lodged in the accounts recognised by the Ministry of Health and withdrawals are authorised by two signatories**
- **The funds are used for the activities approved by the ICC, after approval of the detailed budget**
- **At the level of the health districts, there are forms and procedures to justify the use of GAVI funds**
- **Each health district draws up a report on the use of funds, which is then sent to the central level. The report includes the activities carried out and the corresponding accounting documents, including the mission orders duly signed by the hierarchical authority.**

The problems which have been encountered are as follows:

- **A few districts (3/39) have had problems justifying the funds received. This resulted in the acquisition of the 2nd tranche being delayed.**

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 2003 : **USD 1 043 988 USD** _____

Remaining funds (carry over) from the previous year 2002 : **USD 203 942 USD** _____

Table 1 : Use of funds during reported calendar year : 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	506. 90	506. 90			
Transportation					
Maintenance and overheads	4 810. 28	4810. 28			
Training	16 667. 5	16 667. 5			
IEC / social mobilization					
Outreach					
Supervision	26 278. 97			26 278. 97	
Monitoring and evaluation					
Epidemiological surveillance	5 846	5 846			
Vehicles	745. 17	745. 17			
Cold chain equipment	46 552	46 552			
Other (<i>specify:</i>) Customs clearance and handling of vaccines and injection supplies	39 432. 67	39 432. 67			
Lease of storage depot for injection supplies	1 551. 72	1 551.72			
Security	791. 38	791. 38			

Fuel for the cold chain	2 670. 62	2 670. 62			
Total:	145 853. 21	119 574. 24		26 278. 97	
Remaining funds for next year:	1 102 076. 8				

**If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

- **Supervision of EPI activities at health district level**
- **Organisation of quarterly workshops on EPI activities for the district chief medical officers and supervisors**
- **Strengthening of the capacities of the health workers involved in the management of the EPI at health centre level**
- **Strengthening of advanced strategy immunisation activities within the Health Units which have low coverage and high drop-out rates**
- **Strengthening the raising of awareness at community level by using health workers originating from the community**
- **Strengthening the storage capacity for vaccines and immunisation supplies at central level (construction of two cold rooms and lease of storage depot for syringes and accessories)**
- **Strengthening cold chain logistics at the level of the Health Districts**
- **Ensuring a regular supply of vaccines and injection supplies**
- **Implementing monitoring at the level of the Health Districts**
- **Strengthening the health information system**
- **Strengthening the system for the active search for drop outs by the health coordinators**
- **Strengthening the mechanisms for coordination and follow-up through the holding of quarterly self-assessment meetings.**

Problems encountered:

- **High staff turnover among trained personnel**
- **The personnel at central level devoted most of their time to the implementation of an immunisation coverage survey and to the evaluation of the campaign against measles, both of which took place during the same year.**

1.1.3 Immunization Data Quality Audit (DQA) (If it has been implemented in your country) *Not implemented*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

If yes, please attach the plan.

YES

NO

If yes, please attach the plan and report on the degree of its implementation.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

- *Routine immunisation coverage survey by sample*
 - *Evaluation of the immunisation campaign against measles*

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: MONTH...**January**..... YEAR...**2002**.....

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

<i>Throughout the year, the vaccines were received in good condition, in sufficient quantities and in time</i>										
Date of receipt	Vaccine	Packaging	Quantity		Batch no.	Expiry date	Man. lab.	AWB No.	Cost (USD)	
			Vial	Doses					Total	Freight
13/05/2003	TRITANRIX	2 doses/vial	161 700	323 400	151097A4 & 151098A4	31/05/2005	GSK	082 10116491	1 056 875.82	5 825.82
13/05/2003	HIBERIX	2 doses/vial	161 700	323 400	Hib1624A87 & Hib790A84	28/02/2005				
09/09/2003	TRITANRIX	2 doses/vial	79 900	159 800	151151A4	31/01/06	GSK	082 102 58883	522.163	2208
09/09/2003	HIBERIX	2 doses/vial	79 900	159 800	Hib1633A87	30/06/2005				
23/12/2003	TRITANRIX	2 doses/vial	205 000	410 000	1511191A4 151192A4	31/08/2006 31/08/2006	GSK	082 10451086	1 340 438	8207.88
23/12/2003	HIBERIX	2 doses/vial	205 000	410 000	Hib1639B80 Hib1639C80 Hib1639D80 Hib1639A80	31/06/2005				

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- Strengthening awareness raising in the community using Health Workers as well as the mass media
- Strengthening the storage capacity for vaccines and immunisation supplies at central level (construction of two cold rooms and lease of storage depot for syringes and accessories)
- Review of vaccine management tools
- Review of EPI data sheets by including the aspects relating to the new vaccines
- Design, production and dissemination of EPI communication tools among the Health Coordinators

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

This proportion was used for the overhaul of the old cold room and the installation of two new ones, (of which one mixed : + & -) , as well as the installation of fire fighting equipment.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

<i>Date of receipt</i>	<i>Equipment(type)</i>	<i>Quantity</i>	<i>Batch</i>	<i>Expiry date</i>	<i>Manufacturer</i>	<i>Total cost (USD)l</i>
<i>October/2003</i>	<i>AD syringes</i>	<i>136 800 units</i>	<i>0307029</i>	<i>30/06/2008</i>	<i>B-D</i>	<i>65 048.40</i>
	<i>AD syringes</i>	<i>1 056 000 units</i>	<i>0307030</i>	<i>30/06/2008</i>	<i>B-D</i>	
	<i>AD syringes</i>	<i>12000 units</i>	<i>0307031</i>	<i>30/06/2008</i>	<i>B-D</i>	
<i>October/2003</i>	<i>Dilution syringes</i>	<i>633 600 units</i>	<i>0304104</i>	<i>Mars-2008</i>	<i>B-D</i>	<i>15 206.40</i>
<i>October/2003</i>	<i>Safety boxes</i>	<i>20 400 units</i>	<i>-</i>	<i>-</i>	<i>PAHU</i>	<i>16 740.24</i>

One of the problems encountered in connection with injection safety is the lack of room at the central level for the storage of all the injection supplies. Thus, it was necessary to lease an additional store from a trader pending the implementation of the project to build a new additional store within the EPI.

Another problem relates to the disposal of used syringes which remains inadequate in several health centres. We have applied for technical support from the WHO for the construction of a De Montfort incinerator, which will need to be introduced throughout the country once an evaluation has been carried out.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<ul style="list-style-type: none"> Availability of AD syringes in each of the Vaccination health units (VHU) 	100% of VHUs are supplied with AD syringes	100% of VHUs are supplied with AD syringes	Not all the health care providers are trained in the use of ADSs and safety boxes	AD syringes available in 100% of the VHUs
<ul style="list-style-type: none"> Revised document on injection safety policy 	Revise and approve injection safety document and disseminate throughout the country	Document finalised but not yet disseminated	The document has not yet been reproduced for dissemination due to the extremely slow procedures for awarding the contract through the Tender Board	<ul style="list-style-type: none"> Revise and approve injection safety document and disseminate throughout the country Gradual move towards the use of AD syringes for curative as well as preventive care in both the public and private health sectors
<ul style="list-style-type: none"> Availability of an efficient incinerator in each of the VHUs 	Build an efficient incinerator in each VHU		Lack of know-how in the construction of efficient incinerators in each VHU	Establish an efficient distribution system for injection supplies and incineration equipment throughout the country
<ul style="list-style-type: none"> Availability of a sufficient quantity of safety boxes in each VHU 	<p>Establish an efficient distribution system for injection supplies and incineration equipment throughout the country</p> <p>Use of safety boxes and gradual introduction of suitable incinerators</p>	Safety boxes in sufficient quantities available at each level	Lack of time to train all the health workers due to the additional (LIDs, campaigns against measles) which are very time-consuming	Use of safety boxes and gradual introduction of suitable incinerators
<ul style="list-style-type: none"> Number of workers trained in injection safety 	Training of 100% of health care providers and senior personnel at district level on injection safety	Approximately 80% of vaccination workers have been trained in injection safety		Training health care providers and senior personnel at district level on injection safety
<ul style="list-style-type: none"> Report on supervision carried out quarterly 				
<ul style="list-style-type: none"> Number of reports on APIRs 	Draw up a plan for the surveillance of APIRs			Introduce APIR surveillance in 100% of the VHUs

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

- The GAVI/Vaccine Fund injection safety support was granted in the middle of 2003. It will be used for the training of vaccinators on injection safety and for the promotion of waste management with incinerators

2. Financial sustainability

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Third Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five years of GAVI/VF support that is planned to be spread-out to ten years and co-funded with other sources.

STRATEGIES	.1. ACTIONS	Monitoring indicators	Baseline	Current situation	Difficulties
Strategy 1.1 : Conduct sustained awareness raising efforts with all government agencies (Government, Ministries concerned, provincial and district authorities) in favour of the EPI, both in terms of the health aspects as such and in terms of economic impacts.	- Draw up general information booklets on the EPI and distribute them to the authorities.	The booklets exist and are distributed.	Existence of old booklets which need to be revised and updated	Nothing has been done so far	Lack of a qualified, motivated and stable workforce
	- Strengthening information and awareness raising visits to the health districts (1 x / quarter).	The quarterly reports on awareness raising in the districts exist and are available.	Previous activity reports	Half-yearly meeting already held with 96% of the health districts	
	- Launch awareness raising campaigns in the press (TV, radio and newspapers).	At least one press campaign is conducted annually involving all 3 media	Existence of an Association of Health Communicators (ARCOSA)	Organisation of one workshop	Absence of regular monitoring of the activities assigned to the association
	- Organise a National Immunisation Day.	A National Immunisation Day has been organised and the related report exists and is available	Experience of the NIDs for polio	Not yet implemented	Lack of time (too many other activities)

<p>Stratégie 1.2 :</p> <p>Increase ICC¹ lobbying of the Government (Prime Minister, Minister of Finance and Economic Planning, etc.) with a view to increasing the EPI budget:</p>	- Establish a target for a budget commitment on the part of the State.	A target for a budget commitment on the part of the Government exists.	A budget is planned for the purchase of syringes and safety boxes, as well as the purchase of vaccines	All the injection supplies (except for the pentavalent) have been purchased by the government, as well as 50% of the vaccines other than the pentavalent	
	- Incorporate the EPI's FSP ² into the national health plan.	The EPI's FSP is incorporated into the national health plan.	A strategic plan for the health sector for 2005-2009 has been proposed by the government	First draft already drawn up, including the FSP	
	- Publish a quarterly EPI information review to be distributed to the members of the Government, the Ministers most concerned, the members of the ICC and the international partners.	An information quarterly review is published and distributed.	Existence of a quarterly review dealing with the health problems in general	A plan to publish a quarterly EPI review is in the process of being drawn up	Lack of a qualified, motivated and stable workforce
	- Organise an annual symposium on the EPI.	The annual symposium report exists and is available.	A symposium was organised for the campaign against measles	To be implemented	Lack of time (too many other activities)

¹ ICC: Inter-Agency Coordination Committee

² FSP: Financial Sustainability Plan

<p>Strategy 1.3 :</p> <p>Explore other sources of government funding (e.g.: PRSP ³: funds for the reduction of the debts of the HIPC^s ^{4 5})</p>					
<p>Strategy 2.1 :</p> <p>Make the EPI known to potential donors and seek their support:</p>	<ul style="list-style-type: none"> - Try to widen the composition of the ICC to include new members. 	<p>There is at least one new member joining the ICC each year.</p>	<p>ICC already operational</p>	<p>Half yearly meetings held regularly</p>	<p>The existing ICC is not yet particularly consistent</p>
<ul style="list-style-type: none"> - Distribute general information brochures in the EPI to the members of the ICC and to potential donors. 	<p>The general information brochures exist and have been distributed (see certified list)</p>	<p>EPI activity reports</p>	<p>Not implemented</p>	<p>Lack of time (too many other activities) ☞ Coordination difficult</p>	
<ul style="list-style-type: none"> - Distribute the quarterly information review on the EPI to ICC members and other potential donors. 	<p>Quarterly information reviews exist and have been distributed (see certified list)</p>	<p>EPI activity reports</p>	<p>Not implemented</p>	<p>Lack of time (too many other activities) ☞ Coordination difficult</p>	
<ul style="list-style-type: none"> - Invite the potential donors to attend the annual EPI symposium. 	<p>The donors have been invited to the annual symposium (cf. list of invitations and the symposium report).</p>	<p>Symposium on measles</p>	<p>Other symposiums in the course of preparation</p>		
<ul style="list-style-type: none"> - Submit financing proposals to potential donors. 	<p>Financing proposals have been sent.</p>	<p>Sub-sectoral strategic plan in the course of being drawn up</p>	<p>Implemented</p>	<p>Proposal under discussion between the Ministry of Health and the Ministry of Finance</p>	

³ PRSP : Poverty Reduction Strategy Paper

⁴ HIPC : Highly Indebted Poor Country.

⁵ Cf. in particular, the European Union funds made available (subject to certain conditions) to the Ministries of Health, Justice and Education.

<p>Strategy 3.1 :</p> <p>Try to obtain long-term financing commitment on the part of donors:</p>	<p>- Ensure greater involvement of the donors in the medium and long-term planning of the EPI budgetary needs.</p>	<p>The donors take part in the preparation and planning of budgetary needs, particularly during the quarterly meetings of the ICC.</p>	<p>Nothing</p>	<p>To be implemented</p>	<p>Problem of support and coordination</p>
	<p>- Seek to obtain financing commitments extending to more than 5 years.</p>	<p>The financing proposals relate to financing periods of over 5 years.</p>	<p>No financing agreement (except for that with GAVI, which expires in 2006)</p>	<p>Not yet implemented</p>	<p>Preparatory steps are being taken</p>
<p>Strategy 3.2 :</p> <p>Improve procedures for the transfer of funds from the capital to the periphery in order to avoid the risk of a shortage of funds:</p>	<p>- Establish a system for concertation between finance officer of the Ministry of Health, the Ministry of Finance and the Local Administration Ministry with a view to improving the procedures for the transfer of funds.</p>	<p>A document laying down the procedures for the transfer of funds has been produced following the concertation meetings which will have been organised between the Ministries concerned.</p>	<p>Existing model for the use of funds</p>	<p>The procedures and tools relating to the use of public funds already exist.</p>	
	<p>- Assist the administrator-managers of the health districts in better anticipating and preparing the funding applications they send to the central level.</p>	<p>A workshop is organised once a year for the administrator-managers, which includes a section on the management of decentralised funds.</p>	<p>Quarterly meetings with the executive teams in the districts for evaluating the EPI activities</p>	<p>Meetings planned and scheduled</p>	
<p>Strategy 4.1 :</p> <p>Improve the health information system:</p>	<p>- Improve completeness and timeliness of immunisation reports sent by the districts.</p>	<p>The reports are more complete and the time-limits are complied with: they reach the central level on the 15th of the following month at latest.</p>	<p>Feed-back during the half-yearly meetings and supervision visits</p>	<p>Workshops are planned with a view to improving the HIS</p>	<p>IT equipment and qualified users both lacking</p>

	- Organise seminars for the health district supervisors with a view to strengthening their skills in terms of data collection, processing and analysis.	Seminars on the Health Information System (HIS) intended for the health district supervisors are held once a year.	A few supervisors have been trained but the majority have left	Not yet implemented	
	- Improve IT equipment for data processing at central level.	New equipment is bought and is operational ; ad hoc training has been given.	Certain districts are already equipped	11 districts have been provided with IT equipment with the support of UNICEF	
Strategy 4.2 : Reduce vaccine wastage:	- Strengthen the WHO strategy concerning the open vial policy.	- Written instructions concerning the open vial policy exist and are disseminated in all the districts.	- Oral instructions during meetings and supervision visits	- EPI worksheets already drawn up but need to be finalised and distributed to all levels	-
		- The supervision guidelines include a section on the "monitoring of the open vial policy".	- Supervision model containing a section on vaccine management, including the open vial policy	In the course of preparation / printing	-
	- Check the implementation of the newly issued directives concerning stock management.	The section on 'Checking stock management' has been reinforced in the health district guidelines for supervision missions.	Supervision model containing a section on vaccine management, including the open vial policy	Datasheets drawn up, vaccine stock management tools standardised and made available at all levels. Evaluation of vaccine stocks and vaccine wastage planned for the middle of 1994	Not enough time to train users

	- Ensure correct application the cold chain auxiliary workers of the guidelines received during the seminar held in May 2002 on the maintenance of the cold chain	The component 'Checking the maintenance of the cold chain' is strengthened in the health district supervision missions.	Renewal of cold chain equipment	Installation of new cold rooms, fire fighting equipment at the central level, renewal of equipment at the level of the health districts	
Strategy 4.3 : In general, improve the allocation and use of human financial and material resources:	- Make proposals concerning a strategy to motivate the health workers with a view to reducing staff turnover.	A document containing proposals on a strategy to motivate health workers is produced by the Ministry of Health.	A bonus exists for certain health sector workers	A plan to improve the salaries of executive staff within the civil service is in the course of being drawn up	
	- Improve financial monitoring, particularly during the quarterly and half-yearly review of data : develop a financial component within the review alongside the technical component.	The financial information section of the regular review of EPI data is strengthened.	The cost of vaccines and immunisation supplies delivered during the supply of the districts	The review has not been published	
	- Ensure that Maintenance units are effectively established in the health districts, the creation of which follows on from the seminar for the cold chain Auxiliary Technicians; Put in place a system for the control and monitoring of the maintenance units.	- The creation of cold chain maintenance units is checked during the health district supervision visits.	Supervision model	There is a person responsible for maintenance of health equipment at the level of the districts	Inadequate training
		- A full inventory is conducted at least once a year.	National inventory conducted in November 2002	Equipment inventory included in the annual plan	

	Ensure correct introduction of the decentralisation of stocks and spare parts.	Decentralised stocks exist in each health district.	The stock of spare parts is centralised	The necessary spare parts are available at the level of the districts	
<p>Strategy 4.4 :</p> <p>Improve social mobilisation so as to improve immunisation coverage rates in general and increase immunisation of children, particularly those who can only be reached through the advanced strategy:</p>	- Ensure greater mobilisation of the health coordinators.	A monthly meeting with the health coordinators is held in each health structure (health centres and health district hospitals).	A National Programme for Health Coordinators exists	Health coordinators operational in administrative sectors and supported by health personnel (at the level of the health centres)	Some people lack motivation
	- Raise the awareness of the political and administrative authorities at grass-root level	A quarterly meeting with financial backing from the EPI is held with the grass root level administrative and political authorities in each district.	Presence of a health officer at the level of each administrative district, sector and unit	The micro-plans for the use of GAVI funds include meetings with the administrative and political authorities	
	- Raise the awareness of the other opinion leaders at community level.				
<p>Strategy 4.5 :</p> <p>Develop operational partnership with the other Ministries concerning social mobilisation:</p>	- Raise the awareness of the "IEC Focal Points" ⁶ of the Ministries concerned.	- A meeting is held with all the focal points of the Ministries concerned at least once a quarter.			Lack of coordination

⁶ Les Points Focaux IEC (Information – Education – Communication) sont des personnes ressources en matière d'information, éducation et communication dans les ministères à caractère social.

¹ The IEC Focal Points (Information – Education – Communication) are resource persons in terms of information, education and communication within the Ministries of a social nature.

Table 2 : Sources (planned) of financing of new Pentavalent vaccine (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014
Proportion funded by GAVI/VF (%)	100	90	90	20	0	0	0	0	0	0
Proportion funded by the Government and other sources (%)**	0	10	10	10	15	20	20	20	20	20
Total funding for the pentavalent (new vaccine) *	100	100	100	30	15	20	20	20	20	20

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviff.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2005 (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.

3.1. Up-dated immunization targets

Confirm/update basic data - approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	353460	363357	373531	353 722	357 967	362262	366610	371009	379 966
Infants' deaths	37820	38879	39968	37 848	38 302	38 762	39 227	39 698	40 656
Surviving infants	315640	324478	333563	315 874	319 665	323 500	327 383	331 311	339 310
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	210277 / 340973	247902 / 292842							
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	215498 / 340973	251847 / 292842							
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of pentavalent vaccine..... (new vaccine)			313633 / 331676	305183 / 315874	340 069 (95%)	344 149 (95%)/	348 280 (95%)	352 459 (95%)	360 968 (95%)
Infants vaccinated / to be vaccinated with 3 rd dose of pentavalent vaccine (new vaccine)			285484 / 325682	300750 / 315874	303 682 (95%)	307 325 (95%)/	311 014 (95%)	314 745 (95%)	322 345 (95%)
Wastage rate of *** (new vaccine)			6%	10%	8%	7%	6%	5%	5%
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT		129369 / 327931	196733 / 336171	180617 / 353722	232 679 (65%)	253 583 (70%)	274 958 (75%)	295 807 (80%)	322 971 (85%)

Infants vaccinated / to be vaccinated with BCG	200175 / 353333	243482 / 327931	337911 / 336171	310779 / 353722	340 069 (95%)	344 149 (95%)	348 280 (95%)	352 459 (95%)	360 968 (95%)
Infants vaccinated / to be vaccinated with Measles	157013 / 340973	227667 / 292842	214021/ 309193	282305 / 315874	303 682 (95%)	307 325 (95%)	311 014 (95%)	314 745 (95%)	322 345 (95%)

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

- *For 2002, the population figure used was based on the provisional results of the national population and housing census conducted in August 2002, which was 8 162 715 inhabitants. For 2003, however, the population figure used was that of final results of the census, declared officially at the very end of 2003, namely 8 128 553*
- *The growth rate used is 1.2% **
- *The proportion of infants aged 0 to 11 months and pregnant women also remains at 4.3%, and women of child-bearing age at 22%*

** The growth rate used was drawn from the general population census but it could be modified after adjustment by the departments concerned.*

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2004** (indicate forthcoming year)

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Availability is assured subject to the quantities needed and the timetable for deliveries are communicated in time.

Table 4: Estimated number of doses of Pentavalent (DTP-HepB/Hib) vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of Pentavalent (new vaccine)		344 149
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	90***
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	929 203
E	Estimated wastage factor	(see list in table 3)	1.05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	975 664
G	Vaccines buffer stock	$F \times 0.25$	243 916
H	Anticipated vaccines in stock at start of year		175 326
I	Total vaccine doses requested	$F + G - H$	1 044 254
J	Number of doses per vial		2
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1 107 551**
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	579 561
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	18 727**

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

*Please report the same figure as in table 3.

**We do not need AD syringes or safety boxes for this year 2004, as there is a surplus of these supplies left over from the campaigns against meningitis and against measles which took place in 2002 and 2003.

***This figure may change after the round table meeting on immunisation. In such an eventuality, this figure will be changed and communicated to you.

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/ revised request for injection safety support for the year 2005 (indicate forthcoming year)

Table 6: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2005	For year 2006
A	Target of children for TT vaccination (for TT : target of pregnant women) ⁷	#	253 583	307 923
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	507 166	615 846
D	AD syringes (+10% wastage)	C x 1.11	562 955	683 589
E	AD syringes buffer stock ⁸	D x 0.25	140 739	170 897
F	Total AD syringes	D + E	703 694	854 486
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.33	1.33
I	Number of reconstitution ⁹ syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	7 811	9 485

		Formula	For year 2005	For year 2006
A	Target of children for measles vaccination (for TT : target of pregnant women) ¹⁰	#	307 325	307 325
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	307 325	307 325

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹⁰ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

D	AD syringes (+10% wastage)	$C \times 1.11$	341 131	341 131
E	AD syringes buffer stock ¹¹	$D \times 0.25$	85 283	85 283
F	Total AD syringes	$D + E$	426 414	426 414
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.33	1.33
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	45 370	45 370
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5 237	5 237

		Formula	For year 2005	For year 2006
A	Target of children for BCG vaccination (for TT : target of pregnant women) ¹³	#	344 149	362 262
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	$A \times B$	344 149	362 262
D	AD syringes (+10% wastage)	$C \times 1,11$	382 006	402 111
E	AD syringes buffer stock ¹⁴	$D \times 0,25$	95 502	100 528
F	Total AD syringes	$D + E$	477 508	502 639
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>2 or 1,6</i>	2	2
I	Number of reconstitution ¹⁵ syringes (+10% wastage)	$C \times H \times 1,11 / G$	38 201	40 211
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1,11 / 100$	5 725	6 026

NB : For the number of children to be vaccinated, account has been taken of the immunisation coverage target for each antigen, namely 70% for TT, 95% for measles, 95% for BCG and 95% for the pentavalent.

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

¹¹ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹² Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹³ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

¹⁴ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹⁵ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

¹ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

The population figure used for the estimates submitted to GAVI was overestimated. At the present time, we are using the figures provided by the national census department, which were updated during the last Population and Housing General Census..

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
• % of children immunised against DTP-HepB/Hib3	90%	96%		95%
• % of children immunised against measles	85%	90%		95%
• % of pregnant women immunised against tetanus	80%	51%	Women who completed their immunisation prior to pregnancy have not been taken into account	80%
• Availability of AD syringes and safety boxes in all the VHUs	100%	100%	The use of new immunisation materials is not learned/controlled by all the users (lack of proper training)	Proper use of AD syringes and Safety boxes in 100% of the VHUs
• Number of VHUs equipped with adequate and	100%	0%		Constructing adequate incinerators in all the VHUs

operational incinerators				not yet equipped with them, after testing of an incinerator in an urban centre
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5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	Yes	
DQA reported on	No	N/A
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures		
ICC endorsed	Yes	

6. Comments

→ ICC/RWG comments:

The EPI performance is improving year by year thanks to the combined efforts of the Ministry of Health and its partners within the Programme.

In view of the challenges facing the EPI in its various areas of activity and, in particular, the huge efforts required for the implementation of the programme's financial sustainability plan, more partners are needed to intervene after the period of GAVI financing comes to an end, Hence the need for greater lobbying efforts which may result in an effective widening of membership of the ICC.

The ICC members wish to congratulate the government of Rwanda for its laudable and continued efforts to secure the well-being of the country's children, *inter alia* through the EPI. This is manifested in the gradual increase of the budget allocated to the EPI, which has made it possible to cover part of the cost of vaccines and to improve injection safety through the purchase of AD syringes and safety boxes.

However, the ICC is concerned by the uncertainty over the financing of the pentavalent vaccine. Stock shortages gravely disrupt the immunisation programmes and we call on all the partners, including GAVI, to lend support to the Government in its efforts to identify other partners to support the purchase of the pentavalent vaccine after the current official period of GAVI support.

7. Signatures

For the Government of **RWANDA**.....

Signature:

Title:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
WHO	Dr RUGAMBWA Celse/						
UNICEF	Dr KIMANUKA Francine /						
Rotary	Dr MUYOMBANO Antoine/ Chairman of the Polio Plus Commission						
BUFMAR	Director						
MINISTRY OF HEALTH	Director of Epidemiology and Public Hygiene						

~ End ~