



Annual Progress Report 2009

Submitted by

The Government of

[**RWANDA**]

Reporting on year: **2009**

Requesting for support year: **2010**

Date of submission: 24 August 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE 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 language of the arbitration will be English.

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

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

By filling this APR the country will inform GAVI about :

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

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of [RWANDA](#)

Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance and their delegated authority.

Minister of Health (or delegated authority):

Title: **Dr Agnes BINAGWAHO**

Signature:

Date:.....

Minister of Finance (or delegated authority):

Title:

Signature:

Date:

This report has been compiled by:

Full name: Fidele NGABO, MD, MSc Position. MCH / EPI Coordinator Telephone. 000250 0788 30 47 50 E-mail. fidele.ngabo@moh.gov.rw ngabog@yahoo.fr	Full name
Full name	Full name
Position.....	Position.....
Telephone.....	Telephone.....
E-mail.....	E-mail.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date
Dr Agnes Binagwaho	Permanent Secretary, MOH		

ICC may wish to send informal comments to: apr@gavialliance.org
 All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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1. Expand the list as appropriate;
2. List the documents in sequential number;
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1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 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 the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

*Provide justification for any changes **in births**:*

In 2008, estimates for births was guided by national projected population but a more realistic figure was available in 2009 estimated from National Identification Cards from Ministry of local Government. The estimated births using national population projection estimates for 2009 was 381371 while the Local Government figures estimated the births to be 390,905 for 2009.

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

Change in population estimates and drop in infant mortality rates previously at 86/1000 and later dropped to 62/1000 live births

*Provide justification for any changes **in Targets by vaccine**:*

Population Growth.

*Provide justification for any changes **in Wastage by vaccine**:*

1.2 Immunisation achievements in 2009

Please comment on the achievements of immunization programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

Achievements of immunization programme

- Maintained high routine immunization coverage for all antigens above 80% except Tetanus Toxoid for pregnant women
- Successfully introduced Pneumococcal Conjugate vaccine 7 into routine programme including countrywide post introduction supervision
- Cold Chain strengthened through additional new equipments at all levels in the country
- Conducted national-wide immunization integrated activities (Measles, Polio, Vitamin A, Mebendazole /Albendazole, Ferrous /Folic , Water treatment and Praziquantel in high risk districts)
- Conducted Two rounds of synchronized Polio SIAs with neighboring countries

Key major activities

- Detailed micro-planning for SIAs, Integrated Activities, and new vaccine introduction.
- Introduction of PCV7 vaccine in the country
- Cold Chain expansion and installation of new equipments
- Intensified Advocacy, Communication and Social Mobilization for new vaccines as well as routine immunization
- Conducted Low cost, High impact integrated child Survival interventions "Mother and Child

Health Week” in March 2009

Challenges in 2009

- Waste management for pre-filled pneumococcal vaccine with only one incinerator located at the central level.
- PCV7 Data collection challenges characterized by absence of analysis software made it difficult to produce results on time.
- Initial logistics challenges at the lower level with huge cold space required for storing PCV7 in pre-filled presentation.

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

1.3 Data assessments

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)¹.

The Interim Demographic Health Survey (RDHS) was released in April, 2009 but the coverage data reflected was for 2007-2008.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / NO]. If YES:

Please describe the assessment(s) and when they took place.

No assessments carried out from 2008 to date.

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

- Introduced a harmonized reporting tool for routine monthly reporting to include reporting for new vaccines
- National meeting with district supervisors to provide feedback and share analysed data, identifying weaknesses and drawing recommendations
- Initiated discussions with ICC in identifying suitable denominator for routine immunization citing unreliable denominator in some districts

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

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

- Identifying the number of under 5 and under 1 year in every “Umudugudu” village with support of Community Health workers

1.4 Overall Expenditures and Financing for Immunisation

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

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines	550.250	625.990	690.300
New Vaccines	1.150.570	1.280.000	1.320.000
Injection supplies with AD syringes	380.990	400.560	410.000
Injection supply with syringes other than ADs	230.850	330.560	435.990
Cold Chain equipment	120.450	540.670	120.670
Operational costs	143.000	143.000	143.000
Other (please specify)			
Total EPI	2,576,110	3,320,780	3,119,960
Total Government Health	1.540.000	1.750.000	1.990.000

Exchange rate used	565
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Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009

Please attach the minutes (**Document N**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

- Strength strategies for outreach activities
- Strong preparation of the evaluation of post introduction of PCV 7 introduction
- Preparation of Rotavirus introduction
- Continue with Mother and Child Health Week

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Are any Civil Society Organisations members of the ICC ? : [**Yes / No**]. If yes, which ones?

Within the Mini-Santé there exists a technical group which works for children health and it consists of all the partners participating in children's health. It meets once every three months and entails the ICC mission

List CSO member organisations: <i>RWANDA RED CROSS</i>

1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011?
Are they linked with cMYP?

<p><i>Main Objectives as per cMYP</i></p> <ul style="list-style-type: none">• <i>By 2012, a well performing vaccine management system in place in 100% of the districts</i>• <i>By 2012, reach and maintain the polio eradication initiative goal</i>• <i>By 2012, Maintain MNT elimination goal</i>• <i>By 2012, Maintain measles control levels</i>• <i>By 2012, NRA is operational and used to ensure vaccine security.</i> <p><i>Priority Actions for 2010</i></p> <ul style="list-style-type: none">• <i>Conduct Two rounds of Mother and Child Health Week with integrated child survival activities</i>• <i>Activities linked to Rotavirus vaccine introduction (introduction plan, revision of supporting tools, order of cold chain material, training manual etc).</i>• <i>Cold Chain Inventory/ assessments in preparation for Rotavirus Vaccine introduction</i>• <i>Training of cold chain maintenance technicians at district levels</i>• <i>Strengthening of implementation of the five RED's strategies with emphasis on the community participation by for example ensuring the presence of community health officers in each village in the country.</i>• <i>Refresher training on management of vaccination activities for HWs and Community Health Officers</i>• <i>Refresher Training for vaccinators and other logistics managers in Cold Chain and Vaccine Management, Injection safety, waste management and surveillance for diseases and AEFIs.</i>

2. Immunisation Services Support (ISS)

2.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$ 0 USD

Remaining funds (carry over) from 2008: US\$ 12 235

Balance carried over to 2010: US\$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

- *Procurement of Vaccines*
- *Procurement of Injection supplies*
- *Personnel*
- *Transportation*
- *Maintenance and overheads*
- *Training for health workers at SDPs*
- *IEC / social mobilization*
- *Outreach services for hard to reach population*
- *Supportive Supervision*
- *Monitoring and evaluation*
- *Epidemiological surveillance*
- *Vehicles transport*
- *Cold chain equipment and maintenance*

2.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? [**IF YES**] : please complete **Part A** below.

[**IF NOV**] : please complete **Part B** below.

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

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

The ISS fund and activities are included in the Health sector plan and implementation.
The Ministry of Health use a government account open in National Bank of Rwanda.
Funds are used through the decentralization process approved by Ministry of local Government and controlled by the Office of Auditor General.

2.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document will be attached**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

2.4 Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.²

² The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.
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3. New and Under-used Vaccines Support (NVS)

3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)?

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
Pneumococcal Conjugate Vaccine (PCV7)	1,358,100	12th January, 2010	1,358,100	none

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

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

What are the main problems encountered? (<i>Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...</i>)	<ul style="list-style-type: none"> No difference
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 SD)	<ul style="list-style-type: none"> None

3.2 Introduction of a New Vaccine in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	Pneumococcal Conjugate Vaccine (PCV7)
Phased introduction [YES / NO]	Date of introduction April, 2009 in one province and later to others
Nationwide introduction [YES / NO]	Date of introduction By July, 2009, the vaccine was available national wide
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> No. The plan was to start in January 2009. Vaccines were received later than expected hence delaying logistics placement and training leading to start in April, 2009.

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

Funds of Vaccines Introduction Grant received: US\$ 422.650	Receipt date: 2008
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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.

Training in waste management Supervision Transport of used syringes Installation of incinerator
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Please describe any problems encountered in the implementation of the planned activities:

No

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]

If YES, how much? US\$.....

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

No

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document will be attached**). (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 Report on country co-financing in 2009 (if applicable)

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (Pentavalent)	July 2009	July 2009	September 2010
2 nd Awarded Vaccine (PCV7)	July 2009	July 2009	September 2010
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1 st Awarded Vaccine (Pentavalent)	855.000	277.400	
2 nd Awarded Vaccine (PCV7)	170.00		
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government Government of Rwanda			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1.			
2.			
3.			
4.			

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9__Co_Financing_Default_Policy.pdf

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3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **2007**

If conducted in 2008/2009, please attach the report. (**Document N°**.....)

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

Was an action plan prepared following the EVSM/VMA? [YES / NO]

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

Recommendations:

1. At the National level

- *Timely availability of funds to the Ministry of Finance and/or other backers for the vaccines and vaccine material acquisition;*
- *Establish a maintenance and replacement of equipments plan*
- *Finalize the cold chain equipments inventory*
- *Introduce the use of WHO/AFRO proposed tools for vaccines and cold chain management*
- *Establish a periodic supervisory plan for the intermediate and periphery levels*

2. At the Intermediate level

- *Introduce the WHO/AFRO vaccines and cold chain equipments management;*
- *Establish a periodic supervisory plan for the intermediate and periphery levels*

3. At the Peripheral level

- *Establish a periodic supervisory plan for the periphery levels*
- *Establish a training and refresher plan for health technicians on the usage of WHO/AFRO tools in vaccines and cold chain equipments management.*

When is the next EVSM/VMA* planned? **Second half of 2010**

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Pneumococcal Conjugate Vaccine 7 in Pre-filled syringes to change into VIAL

Please attach the minutes of the ICC meeting that has endorsed the requested change.

3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

If 2010 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 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for [Pentavalent and PCV7](#) *[vaccine type(s)]* vaccine for the years 2011-*[end year]*. At the same time it commits itself to co-finance the procurement of [Pentavalent and PCV7 vaccine type\(s\)\]](#) vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of [Pentavalent and PCV7](#) *[vaccine type(s)]* vaccine support is in line with the new cMYP for the years [2009-2012](#) *[1st and last year]* which is attached to this APR .

The country ICC has endorsed this request for extended support of [Pentavalent and PCV7](#) *[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR.

3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination does the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm] / [NO, I don't]

If you don't confirm, please explain:

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [YES/NO] or supplies [YES/NO]?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
Pneumococcal Needles	750,000	17/03/2009
Pneumococcal Needles	750,000	19/08/2009
Safety Boxes (RED)	7,550	22/04/2009

Please report on any problems encountered:

No problems encountered

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

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	0.05 ml	Rwanda Government
Measles	0.5 ml (ADs) + 5ml	Rwanda Government
TT	0.5 ml (ADs)	Rwanda Government
DTP-containing vaccine	0.5 ml (ADs) + 2ml	Rwanda Government + GAVI

Please report how sharps waste is being disposed of:

All sharps were collected into safety boxes and there after Incinerated

Does the country have an injection safety policy/plan? [YES / NO]

If YES: Have you encountered any problem during the implementation of the transitional plan for

safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

We have not encountered any problem during the implementation as the policy is clear that all wastes to be incinerated

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)

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

Fund from GAVI received in 2009 (US\$): **Not received**
 Amount spent in 2009 (US\$):.....
 Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Aa	
Bb	
Cc	
Dd	
Ee	
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study³ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 Information relating to this report

- 5.1.1 Government fiscal year (cycle) runs from **JULY** to **JUNE**.
- 5.1.2 This GAVI HSS report covers 2009 calendar year from **01/2009** to **12/2009**
- 5.1.3 Duration of current National Health Plan is from **January 2009** to **December 2009**.
- 5.1.4 Duration of the current immunisation cMYP is from **2008** to **2012**

³ All available at <http://www.gavialliance.org/performance/evaluation/index.php>
Annual Progress Report 2009

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*]

Name	Organisation	Role played in report submission	Contact email and telephone number
<i>Government focal point to contact for any programmatic clarifications:</i>			
Fidele NGABO, MD, MSc	MOH	Elaboration	Fidele.ngabo@moh.gov.rw ngabog@yahoo.fr
<i>Focal point for any accounting of financial management clarifications:</i>			
<i>Other partners and contacts who took part in putting this report together:</i>			
Celse RUGAMBWA, MD, MPH	WHO	Elaboration	rugambwac@rw.afro.who.int

5.1.6 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*]

<p>Main sources of information used in the HSS:</p> <ol style="list-style-type: none"> 1. Ministry of Health annual report 2008 2. GAVI ISS annual report 2008 3. JRF annual report 2009 4. Health Sector evaluation report 2005-2008 5. Joint health sector report 2008 <p>This information will be verified by the 2009 Annual Audit to be done this year 2010.</p>

5.1.7 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Starting July last year (2009), Rwanda fiscal year changed from previous Jan to Dec plan and begins from 1st July – June 30th the following year.

We therefore recommend that the APR cover the period from July 2009 and End in June 2010 to correspond to Government fiscal year

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? 4....

Please attach the minutes from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached.

5.2 Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)	2 174 000	1.715.320	1,715.320						
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year	2 174 000	1.715.320							
Total expenditure during the calendar year	200.840	1 896 640							
Balance carried forward to next calendar year	1.973.160								
Amount of funding requested for future calendar year(s)				1.956.064					

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement):

No



Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	Accroître la mobilisation et la motivation des personnels/agents de santé pour des soins de santé primaires de qualité.	
Activity 1.1:	Formation continue du personnel de santé au niveau des 30 districts du pays, en rapport avec la gestion des services de santé	
Activity 1.2:	Mise en œuvre des contrats de performance pour 30 médecins chargés de la surveillance épidémiologique dans les districts	
Activity 1.3:	Renforcement des capacités des animateurs de santé dans la mobilisation communautaire pour un meilleur suivi de la santé des mères et des enfants:	
Activity 1.4:	Formation continue spécifique des équipes identifiées des 3 laboratoires de référence nationale : LNR, du CHUK et du CHUB (15 personnes par an).	
Activity 1.5:	Formation initiale de 2 professionnels de santé du niveau central en surveillance épidémiologique (Maîtrise en Epidémiologie à l'Ecole de Santé Publique de l'Université Nationale du Rwanda ; durée de la formation : 2 ans).	
Activity 1.6:	Faciliter la participation de 2 responsables du PEV à des conférences scientifiques internationales et nationales, relatives à la vaccination (pour y présenter notamment les résultats/les leçons apprises du programme PEV du Rwanda).	
Objective 2:	Améliorer l'organisation et la gestion des services de santé au niveau du district.	
Activity 2.1:	Améliorer la demande des services de santé de base et l'acceptabilité des services de PECIME (récemment initiés dans le pays), à travers l'information et la mobilisation communautaire par les ONG :	
Activity 2.2:	Assurer les services de PECIME par stratégie avancée dans les 30 districts du pays (1 séance par mois pour chacun des 30 districts, pour desservir les zones les moins bien couvertes, en intégrant notamment la vaccination, la distribution de vitamine A et de moustiquaires imprégnées) : Annual Progress Report 2009	
Activity 2.3:	Assurer la surveillance épidémiologique active et intégrée au niveau des 30 districts du pays et établir une base de données nationale	

Activity 2.4:	Assurer la planification et la supervision régulière intégrée des activités de santé au niveau des 30 districts	
Activity 2.5:	Organiser des réunions mensuelles de coordination des activités de santé et de dissémination des données de la surveillance épidémiologique au niveau de chacun des 30 districts	
Activity 2.6:	Production de rapports réguliers de suivi et évaluation des services de santé au niveau de chacun des 30 districts, en intégrant les activités à base communautaire (distribution de vitamine A, de moustiquaires imprégnées etc.) :	
Activity 2.7:	Réalisation des études de recherche opérationnelle en rapport avec les soins de santé primaires avec notamment: L'impact du projet sur la couverture vaccinale ;« Data quality self assessment ».	
Activity 2.8:	Réaliser l'audit annuel externe du projet.	
Objective 3:	Renforcer les systèmes de distribution et de maintenance pour les médicaments, les consommables médicaux, les équipements et l'infrastructure au niveau des structures de santé de district.	
Activity 3.1:	Remplacement des chaînes de froid usées dans 10 centres de santé chaque année.	
Activity 3.2:	Fourniture de carburant pour la chaîne de froid (kérosène & gasoil) au niveau des districts et des centres de santé.	
Activity 3.3:	: Fournir les réactifs requis pour les 3 laboratoires de référence de LNR, du CHUK & CHUB, pour les besoins spécifiques dans le cadre de la surveillance épidémiologique.	
Activity 3.4:	Assurer la maintenance des chaînes de froid, des frigos, des équipements de laboratoires du CHU, du matériel informatique et bureautique ainsi que des panneaux solaires fournis dans le cadre du projet	

5.3 Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

5.4 Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The GAVI HSS funds are management by the Ministry of Health according to the annual action plan and joint action plan with health sector partners. Quarterly report is sent to the office of Prime Minister and annual report also. Annually report and joint plan are discussed in the Health sector cluster group and technical working group.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

The M&E activities were supported by the joint team of Ministry of Health for Global Fund, World Bank and other partners. For the coming report, it will be better to have one joint report for all partners in the health sector.

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

The technical working group that include Government and partners provide up to now technical support for the M&E activities.

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	Accroître la mobilisation et la motivation des personnels/agents de santé pour des soins de santé primaires de qualité	6300	6300	0	
Activity 1.1:	Formation continue du personnel de santé au niveau des 30 districts du pays, en rapport avec la gestion des services de santé.	26400	26400	0	
Activity 1.2:	Mise en œuvre des contrats de performance pour 30 médecins chargés de la surveillance épidémiologique dans les districts	32000	32000	0	
	Renforcement des capacités des animateurs de santé dans la mobilisation communautaire pour un meilleur suivi de la santé des mères et des enfants	780000	780000	0	

	Formation continue spécifique des équipes identifiées des 3 laboratoires de référence nationale : LNR, du CHUK et du CHUB (15 personnes par an).	1600	1600		
	Formation initiale de 2 professionnels de santé du niveau central en surveillance épidémiologique (Maîtrise en Epidémiologie à l'Ecole de Santé Publique de l'Université Nationale du Rwanda ; durée de la formation : 2 ans).	20 000	20 000		
	Faciliter la participation de 2 responsables du PEV à des conférences scientifiques internationales et nationales, relatives à la vaccination (pour y présenter notamment les résultats/les leçons apprises du programme PEV du Rwanda).	20 000	20 000		
Objective 2:	Améliorer l'organisation et la gestion des services de santé au niveau du district.				
Activity 2.1:	Améliorer la demande des services de santé de base et l'acceptabilité des services de PECIME (récemment initiés dans le pays), à travers l'information et la	22 000	22 000		

	mobilisation communautaire par les ONG				
Activity 2.2:	Assurer les services de PECIME par stratégie avancée dans les 30 districts du pays (1 séance par mois pour chacun des 30 districts, pour desservir les zones les moins bien couvertes, en intégrant notamment la vaccination, la distribution de vitamine A et de moustiquaires imprégnées)	66240	66240		
	Assurer la surveillance épidémiologique active et intégrée au niveau des 30 districts du pays et établir une base de données nationale.	61 680	61 680		
	Assurer la planification et la supervision régulière intégrée des activités de santé au niveau des 30 districts	24 600	24 600		
	Organiser des réunions mensuelles de coordination des activités de santé et de dissémination des données de la surveillance épidémiologique au niveau de chacun des 30 districts	19 200	19 200		
	Production de rapports réguliers de suivi et évaluation des services de santé au niveau de chacun des 30 districts, en intégrant	25 200	25 200		

	les activités à base communautaire (distribution de vitamine A, de moustiquaires imprégnées etc.)				
	Réalisation des études de recherche opérationnelle en rapport avec les soins de santé primaires	0			
	Réaliser l'audit annuel externe du projet.	0			
Objective 3:	Renforcer les systèmes de distribution et de maintenance pour les médicaments, les consommables médicaux, les équipements et l'infrastructure au niveau des structures de santé de district.				
Activity 3.1:	Fourniture de chaînes de froid pour 20 nouveaux centres de santé.	0			
Activity 3.2:	Remplacement des chaînes de froid usées dans 10 centres de santé chaque année.	20 000	20 000		
	Fourniture de carburant pour la chaîne de froid (gasoil pour les générateurs des formations sanitaires qui n'ont pas d'électricité en	73 000	73 000		

	permanence et le groupe électrogène du PEV qui sert de Back up en cas de rupture d'électricité). Le Kérosène des frigo est donné à 100% par l'UNICEF.				
	Fournir l'équipement requis au Laboratoire du CHUB (Hôpital de référence situé dans le district de Huye) pour répondre aux besoins spécifiques de son appui à la surveillance épidémiologique.	8 000	8 000		
	Fournir du matériel informatique et bureautique requis pour les laboratoires de référence nationale du CHUK & du CHUB.	0	0		
	Fournir les réactifs requis pour les 3 laboratoires de référence de LNR, du CHUK & CHUB, pour les besoins spécifiques dans le cadre de la surveillance épidémiologique.	0	0		
	Construire un incinérateur dans chacun des 36 centres de santé qui n'en ont pas.	0	0		
	Fournir des panneaux solaires pour assurer la disponibilité de l'énergie dans 34 centres de santé (sans courant).	350 000	350 000		

	Assurer la maintenance des chaînes de froid, des frigos, des équipements de laboratoires du CHU, du matériel informatique et bureautique ainsi que des panneaux solaires fournis dans le cadre du projet.	108 000	108 000		
TOTAL COSTS		1 664 220	1 664 220		

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

The HSS was for 3 years only 2007, 2008 and 2009.

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

5.5 Programme implementation for 2009 reporting year

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

No fund was received for HSS during the year 2009.

5.5.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

The Rwanda Red Cross and Urunana (hand to hand) which is a community program for sensitization was involved in the preparation process and in the implementation of the program. Those two program are members of technical working group.

5.6 Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [IF YES] : please complete **Part A** below.
[IF NO] : please complete **Part B** below. NO

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

Part B: 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 ICC in this process. All activities in the health sector all planned and discussed in the Health Sector Cluster group and presented in the joint action plan meeting once a year. The HSS activities use also that channel. A bank account is open in the National Bank of Rwanda with authorisation of Ministry of Finance. The disbursement is authorised by the Permanent Secretary in the Ministry of Health from the proposition of technical team. At decentralised level, transfer of fund used the Ministry of Local Government channel and once a year the account is audited by the Office of Auditor General.

5.7 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year . (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached [The document will be sent by DHL.](#)

5.8 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1:						
1.1 Couverture nationale par le DTC3 (%)	Children vaccinated	New born	Système National d'Information Sanitaire	95%, 2006	HIMS	95%
1.2 Nombre / % de districts atteignant $\geq 80\%$ de couverture par le DTC3	Number of district with coverage > 80%.	Number of total district	Système National d'Information Sanitaire	95%, 2006	Plan Pluriannuel du PEV (2006-2010)	100%
Taux de mortalité des enfants de mois de cinq ans (pour 1000)	Number of under 5 death	Number of under 5 born	Rwanda Demographic and Health Survey, 2005.	152 pour 1000 naissances vivantes, 2005	Rwanda DHS-2005 Final Report	62/1000
Utilisation des services de santé : Moyenne des malades en consultation externe/habitant/an	Nombre des malades en consultation externe.	Nombre de la population	Système National d'Information Sanitaire	0.33, 2005	Système National d'Information Sanitaire	0,50
Proportion des naissances sous la supervision de personnel de santé compétent	Nombre des naissances sous la supervision.	Nombre total des naissances	Rwanda Demographic and Health Survey, 2005	31%, 2005	Plan Stratégique du Secteur de la Santé (2005-2009)	60%
Taux de supplémentation en vitamine A : Proportion des enfants de 6 à 59 mois qui reçoivent une dose de	Nombre des enfants de 6 à 59	Total des enfants de moins de 5 ans	Rapport annuel PEV (2005)	69%, 2005	Plan Stratégique du Secteur de la	85%

vitamine A dans les six derniers mois	mois qui reçoivent une dose de vitamine A dans les six derniers mois				Santé (2005-2009)	
Objective 2:						
% de centres de santé ayant fait l'objet de 4 supervisions intégrées trimestrielles réalisées selon les normes nationales.	Nombres de centres de santé ayant été supervisées selon les normes nationales	Nombre total de centres de santé.	Rapport annuel du Ministère de la Santé.	70, 2006	Plan pluriannuel du PEV (2006 – 2010)	100
% de districts avec chaîne de froid fonctionnelle.	Nombres de districts avec chaîne de froid fonctionnelle	Nombre total de districts	Rapport annuel du Ministère de la Santé.	95%, 2006	Plan pluriannuel du PEV (2006 – 2010)	100
Nombre de vaccinateurs/100.000 habitants. % de districts avec « data quality self assessment » réalisé annuellement.	Nombre de vaccinateurs au niveau national Nombre de districts avec « data quality self assessment » réalisé annuellement.	Population totale Nombre total de districts	Rapport annuel du Ministère de la Santé. Rapport annuel du PEV	6, 2006	Plan pluriannuel du PEV (2006 – 2010)	15 100
% de complétude des rapports mensuels de surveillance intégrée au niveau des districts.	Nombre de rapports mensuels de surveillance intégrée au niveau des districts.	Nombre total de rapports mensuels de surveillance attendus au niveau des districts.	Rapport annuel du PEV	90%, 2006	Plan pluriannuel du PEV (2006 – 2010)	100

% de districts avec incinérateur fonctionnel	Nombre de districts avec incinérateur fonctionnel.	Nombre total de districts	Rapport annuel du PEV	30%	Plan pluriannuel du PEV (2006 – 2010)	100
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In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

Provide justification for any changes in **the denominator**:

Provide justification for any changes in **data source**:

Table 16: Trend of values achieved

Name of Indicator (<i>insert indicators as listed in above table, with one row dedicated to each indicator</i>)	2007	2008	2009	Explanation of any reasons for non achievement of targets
1.1 Couverture vaccinale DTC3	94%	95%	95%	
1.2 Proportion des naissances sous la supervision medical	45%	63%	65%	
2.1 Completude des rapports mensuels	90%	94%	100%	
2.2 District avec chaine de froid fonctionnel	95%	95%	100%	

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.9 Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal

6. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	v		v	
5	Provision of complete excel sheet for each vaccine request		v		
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)		v		
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine		v		
10	Report on targets achieved (tables 15,16, 20)			v	
11	Provision of cMYP for re-applying				
OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

7. Comments

Comments from ICC/HSCC Chairs:

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in USD⁷
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification⁸ – GAVI ISS							
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD	
Salary expenditure							
Wages & 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 expenditure							
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

⁷ An average rate of CFA 479.11 = USD 1 applied.

⁸ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in USD⁹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹⁰ – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & 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
TOTAL FOR ACTIVITY 1.1	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854

⁹ An average rate of CFA 479.11 = USD 1 applied.

¹⁰ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES							
Non-salary expenditure							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTAL FOR ACTIVITY 1.2	18,000,000	37,570	11,792,132	24,613	6,207,868	12,957	
TOTALS FOR OBJECTIVE 1	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

GAVI ANNUAL PROGRESS REPORT ANNEX 4

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD¹¹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹² – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & 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
TOTAL FOR CSO 1: CARITAS	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

¹¹ An average rate of CFA 479.11 = USD 1 applied.

¹² Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN		18,000,000	37,570	11,792,132	24,613	6,207,868	12,957
TOTALS FOR ALL CSOs		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811