**Clarifications on MSD**

Planned intro date of January 2015 is not feasible (section 6.2). This is due to the fact that even if the IRC recommends approval, this has to be approved by Board/EC in March 2015. Rwanda should plan on giving lead time (4-6 months) from this for preparation and vaccine shipment, before introduction date.

**This is fine and better also we align this on Fiscal year budget from July 2015. To mean that From July 2015 Rwanda will give MR at 9 months and MR at 15 months.**

       Country will use MR as a second dose and ‘committed’ to provide rubella component cost. HOWEVER, introduction plan states : Financial sustainability:  ‘Strong advocacy should continue toward the Government so that it will start to finance  rubella component as GAVI support will be only for the measles component.’ Does this mean that there is no commitment from the government yet?

**The Government of Rwanda is already committed for rubella component, the statement is talking about sustainability for the GoR to continue to support and to put it in annual budget not only for starting year but also for future years.**

       cMYP costing: in the sheets, can they please highlight where they have included MR for second dose  and where the government funding for R component is included?

**The cMYP costing tool is not update and, The Vaccine Preventable Diseases Program and key partners will update it soon and send the updated version before the end of the year 2014.**

        Table 5.2 in application form,  Is the wastage rate 1% ? please check and revise.

**The wastage rate of 1% for DPT-HepB-Hib is a fact, in Rwanda we are using one dose/vial we have reduced very much the wastage rate for monodose vaccine.**

       Also, Table 5 of Introduction Plan, immunization schedule in introduction plan shows that second dose is Measles, and not MR.

**Table 05: Immunization schedule**

|  |
| --- |
| **Immunization schedule** |
| **Vaccines** | **Total doses** | **Age at administration** |
| BCG | 1 | Birth |
| OPV | 4 | Birth, 6, 10, 14 weeks |
| DTP or DTP-HepB-Hib | 3 | 6, 10, 14 weeks |
| Pneumococcal | 3 | 6, 10, 14 weeks |
| Rotavirus (Rota Teq)[[1]](https://mail.google.com/mail/u/0/?tab=wm" \l "148d1313baf75695__ftn1" \o ") | 3 | 6, 10, 14 weeks |
| Measles-Rubella (MR)[[2]](https://mail.google.com/mail/u/0/?tab=wm" \l "148d1313baf75695__ftn2" \o ") | 1 | 9 months |
| Measles | 1 | 15 months |
| Tetanus toxoid (pregnant women) | 2 | During pregnancy[[3]](https://mail.google.com/mail/u/0/?tab=wm" \l "148d1313baf75695__ftn3" \o ") |

**This will be updated in whole during cMYP update to include both MR at 15 months and IPV**

In the revised cMYP, the immunization schedule is also different.

Table 01**: National VPDD immunization schedule**

|  |
| --- |
| **Currently Available Vaccines** |
| **Vaccine** | **Total doses** | **Age and interval** |
| BCG | 1 | Birth |
| OPV | 4 | Birth, 6, 10, 14 weeks |
| DTP or DTP-HepB-Hib | 3 | 6, 10, 14 weeks |
| Pneumococcal Conjugate Vaccine | 3 | 6, 10, 14 weeks |
| Rotavirus vaccine[[4]](https://mail.google.com/mail/u/0/?tab=wm" \l "148d1313baf75695__ftn4" \o ") | 3 | 6, 10, 14 weeks |
| Measles-rubella (MR vaccine) | 1 | 9 months |
| Measles vaccine[[5]](https://mail.google.com/mail/u/0/?tab=wm" \l "148d1313baf75695__ftn5" \o ") | 1 | 12 months |
| TT (pregnant women) | 2 | During pregnancy |
| HPV[[6]](https://mail.google.com/mail/u/0/?tab=wm" \l "148d1313baf75695__ftn6" \o ") | 3 | 3 doses of HPV for each cohort of girls 9-14 yrs old |

        Cold Chain needs: according to the proposal:

Table 5: District hospital cold chain capacity gap from 2013 cold chain assessment data

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Name of District** | **Name of Facility** | **Available capacity** | **Required capacity** | **Gap** | **CCE to fill gap** |
| Sud | Gisagara | Kibilizi DH |   | 145 | 145 | MK304 & MK114 |
| Est | Kayonza | Rwinkwavu DH | 60 | 126 | 66 | MK204 |
| Est | Nyagatare | Nyagatare DH | 276 | 316 | 40 | MK204 |
| Est | Rwamagana | Rwamagana DH | 168 | 206 | 38 | MK204 |
| Ouest | Ngororero | Kabaya DH | 117 | 128 | 11 | MK114 |

The introduction plan states that the country will address the issue of cold chain equipment through Cold Chain proposal to be submitted to GAVI for approval’. Is this the case? I am not sure if Rwanda will be getting any additional support for CC from Gavi.

 **This was the initial idea, but after we have learnt  that it is not feasible through GAVI, there is another proposal developed and submitted to and through UNICEF country office**

       Introduction plan: Timeline /Calendar of activities is missing.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mesles and Rubella Second Dose Introduction Timeline of Activities** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *(generic template, adapt as necessary)* | **Month of MR second dose introduction plan** |
|  | **May-14** | **Jun-14** | **Jul-14** | **Aug-14** | **Sep-14** | **Oct-14** | **Nov-14** | **Dec-14** | **Jan-15** | **Feb-15** | **Mar-15** | **Apr-15** | **May-15** | **Jun-15** | **Jul-15** | **Aug-15** | **Sep-15** | **Oct-15** | **Nov-15** | **Dec-15** |  |
| **Activity** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | etc |
| Approval of ICC members to introduce MR second dose in Routine Immunization | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Brief key stakeholders |   |   |   | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Submission of the proposal to GAVI  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Establish procedures for implementation |   |   |   |   | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adapt Information, Education and Communication (IEC) materials & develop communication plan for educating communities |   |   |   |   |   |   |   |   | x |   |   |   |   |   |   |   |   |   |   |   |   |
| Review and revise immunization forms |   |   |   |   |   |   |   |   | x |   |   |   |   |   |   |   |   |   |   |   |   |
| Meeting and training with District Hospitals and health care providers  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Confirm space at regional and district cold stores |   |   |   |   |   |   |   |   |   |   | x |   |   |   |   |   |   |   |   |   |   |
| Clear vaccine supply from customs |   |   |   |   |   |   |   |   |   |   |   |   | x |   |   |   |   |   |   |   |   |
| Microplanning at district levels |   |   |   |   |   |   |   |   |   |   |   |   | x |   |   |   |   |   |   |   |   |
| Implement communication strategy |   |   |   |   |   |   |   |   |   |   |   |   |   | x | x | x | x |   |   |   |   |
| Transport vaccine to districts |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lanch of MR second dose in Routine immunization  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Institute monitoring of adverse events following immunisation (AEFIs) for IPV |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | x | x | x | x | x |   |
| Supportive supervision visits central to district |   |   |   |   |   |   |   |   |   |   |   |   |   | x | x | x | x | x | x | x |   |
| Supportive supervision visits district to health facility |   |   |   |   |   |   |   |   |   |   |   |   |   | x | x | x | x | x | x | x |   |

        Revised cMYP keeps referring that MR will be introduced in 2013 as a second dose for measles vaccination. **It is not updated**

       Please be clear in all documents (application form, revised cMYP, and introduction plan) what the vaccine to be used at 9 months will be and what the vaccine will be used at 15 (or is it 15 months?) **The vaccine at 9 months is MR and at 15 months is MR**