



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Rwanda

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 01.06.2011 11:45:50

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015
NVS	Pneumococcal (PCV13), 1 doses/vial, Liquid	Pneumococcal (PCV13), 1 doses/vial, Liquid	2012

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010

ISS	2012
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2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Rwanda hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Rwanda

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name		Name	
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Fidele NGABO, MD,MSc	MCH/ EPI Coordinator	+ 250 788 304 750	ngabog@yahoo.fr	

2.2. ICC Signatures Page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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This APR reports on Rwanda's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	401,068	401,460	420,288	431,215	442,427	453,930
Total infants' deaths	24,866	24,891	21,014	21,560	19,909	20,427
Total surviving infants	376,202	376,569	399,274	409,655	422,518	433,503
Total pregnant women	399,257	401,460	420,288	431,215	442,427	453,930
# of infants vaccinated (to be vaccinated) with BCG	299,443	397,445	399,273	422,591	433,578	444,851
BCG coverage (%) *	75%	99%	95%	98%	98%	98%
# of infants vaccinated (to be vaccinated) with OPV3	295,857	369,038	375,317	393,268	414,067	424,833
OPV3 coverage (%) **	79%	98%	94%	96%	98%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	300,242	372,803	382,823	401,133	422,348	433,330
# of infants vaccinated (to be vaccinated) with DTP3 ***	299,157	369,038	375,317	393,268	414,067	424,833
DTP3 coverage (%) **	80%	98%	94%	96%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	300,242	372,803	382,823	401,133	422,348	433,330
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	299,157	369,038	375,317	393,268	414,067	424,833
3 rd dose coverage (%) **	80%	98%	94%	96%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Pneumococcal	300,242	372,803	382,823	401,133	422,348	433,330
Infants vaccinated (to be vaccinated) with 3 rd dose of Pneumococcal	299,157	369,038	375,317	393,268	414,067	424,833
Pneumococcal coverage (%) **	80%	98%	94%	96%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	308,336	357,741	379,310	401,461	414,067	424,833
Measles coverage (%) **	82%	95%	95%	98%	98%	98%
Pregnant women vaccinated with TT+	233,429	302,543	336,230	388,094	420,306	431,234
TT+ coverage (%) ****	58%	75%	80%	90%	95%	95%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	0%	1%	2%	2%	2%	2%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields 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**

Growth rate remains the same (2.6%)

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

The infant mortality rate remains 62/1000 as last year

Provide justification for any changes in **targets by vaccine**

With reference to Rwanda cMYP costing tool, Demographic information part, section: Results table for routine immunization, the figures in this part of the tool are generated automatically from the inserted formulas.

The figures on total births for the projection years (2010, 2011, 2013, 2014, 2015) was calculated from projected infants mortality rate for the same years as follows; 2010 (62/1000), 2012 (50/1000), 2013 (50/1000), 2014 (45/1000) and 2015 (45/1000). So the figures for total infants death rate was 24,866, 21014, 21,560, 19, 909, and 20,427 respectively. This is indicated in the part 5.4 of the proposal.

Provide justification for any changes in **wastage by vaccine**

None

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

Achievements of immunization programme;

- Successful Pneumococcal Conjugate vaccine 7 post introduction evaluation
- Conducted national-wide immunization integrated activities (catch up with all routine vaccines , Vitamin A, Mebendazole /Albendazole, Ferrous /Folic , Praziquantel in high risk districts and LLINs distribution)
- Conducted two rounds of preventive Polio SIAs national wide
- Memorandum Of Understanding between government of Rwanda and Merck for HPV vaccine for three years donation
- Maintain major surveillance indicators of EPI preventable disease (Polio and measles)

Key major activities;

Detailed micro-planning for SIAs, Integrated Activities, and Rotavirus vaccine introduction plan.
 • Establishment of five Rotavirus sentinel sites surveillance.
 • Conduct EPI coverage survey to identify the reasons of decreasing administrative immunization coverage in north province (4 districts)
 • Installation of five solar refrigerators in pilot areas.
 • Introduction of fridge tag country wide as temperature monitoring tool.
 • Updating cold chain inventory in all districts/Health facilities
 • All used prefilled pneumococcal vaccine glass syringes were incinerated

Challenges in 2010;

• Decline of administrative immunization coverage over time.

• Latest Stock Management Tool recommended by WHO not used

5.2.2.

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

The immunization coverage target in 2010 was not reached:

In fact, from 2009 to 2010, immunization coverage has started to decline over time for all antigens. Given this situation, in August 2010, a joint team from the Ministry of health and WHO conducted a household based survey in 4 districts located in the Northern Province where the immunization coverage was the lowest. The findings from the survey were as follows:

- The proportion of under one year children were 2.6% (survey) instead of 4.1% used by the health management information system (HMIS);
- The number of children < 1 years old was 31 588 (survey) instead of 53 336, estimated by HMIS ;
- Pentavalent 3 vaccination coverage was 100% (survey) compared to the 66% reported by HMIS;

The conclusion from this survey showed that the denominator used to calculate the administrative coverage data was over estimated (4.1% of the total population), obtained from the projection from the 2002 census). The low proportion of children < 1 year of age (2.6% of the total population) is probably the result of the improvement of Family Planning indicators, specifically the coverage of the contraceptive method use which increased from 5% in 2002 to 51% in 2010 in Rwanda.

5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

If Yes, please give a brief description on how you have achieved the equal access.

Apart from HPV vaccine which targets adolescent girls, there is no sexual segregation in accessing immunization services in Rwanda.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

All eligible children (males and females) are equally vaccinated.

5.3. Data assessments

5.3.1.

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)*.

Discrepancies between administrative coverage and mini survey conducted a household based survey in 4 districts in northern province were identified. The results from mini survey shown a significant high coverage (> 90% for all antigens) compared to administrative coverage (66%).

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? **Yes**

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

As it was mentioned earlier, the mini survey to identify the reasons why when administrative data used, immunization coverage decreasing was conducted in August 2010, in 4 districts located in Northern Province.

5.3.3.

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

- The Data Quality Self Assessment (DQS) was implemented in 100% for districts
- The monthly meeting is conducted at central level to harmonize EPI data from districts and a quarterly feedback is provided from central level to district.

5.3.4.

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

- 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
- Supportive supervision to poorly performing districts
- Regular refresher training for data managers at all levels, vaccinators and community health workers

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US = 585	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	290,518	290,518							
New Vaccines	6,089,633	903,450							
Injection supplies with AD syringes	191,406	191,406							
Injection supply with syringes other than ADs	1,833	1,833							
Cold Chain equipment	1,453			1,453					
Personnel	216,454	216,454							
Other operational costs				153,500					
Supplemental Immunisation Activities	1,397,451	206,741		228,001	962,709				
Total Expenditures for Immunisation	8,188,748								
Total Government Health		1,810,402		382,954	962,709				

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the *New item* icon in the *Action* column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	572,264	625,055	
New Vaccines	37,148,706	39,256,797	
Injection supplies with AD syringes	356,843	380,378	
Injection supply with syringes other than ADs	0	0	
Cold Chain equipment	130,625	0	
Personnel	237,165	241,908	
Other operational costs	986,254	1,191,766	
Supplemental Immunisation Activities	1,246,011	0	
Total Expenditures for Immunisation	40,677,868	41,695,904	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

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.

Immunization expenditures on traditional vaccines are always budgeted on the ordinary budget set by the Rwanda government. For underused and new vaccines, the financing is through government co financing and the rest covered by the GAVI. The operational cost is funded by government and bilateral partners such as UNICEF, WHO and USAID. The significant challenges on immunization expenditures has been not remarkable.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? **2**

Please attach the minutes (Document number **8**) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

Refer to attached document

Are there any Civil Society Organisations (CSO) member of the ICC?: **Yes**

If **Yes**, which ones?

Note: To add new lines click on the *New item* icon in the *Action* column.

List CSO member organisations:	Actions
1. RWANDA RED CROSS	

List CSO member organisations:	Actions
2. BURMAR	
3. PROFEMME TWESE HAMWE	
4. URUNANA DEVELOPMENT COMMUNICATION	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

Main Objectives as per cMYP:

- By 2011, a well performing vaccine management system in place in 100% of the districts
- By 2011, maintain the measles control level, polio eradication initiative and MNT elimination goals
- By 2011, reinforce the capacity of the EPI staff (quantitatively and qualitatively)

•By 2011, immunize under 1 children and reach the following coverage:

- BCG 91%
- Penta3: 91%
- OPV3: 91%
- Measles: 91%
- TT2+: 70%
- PCV-13 (3): 91%

•By 2011, immunize girls between 12 to 14 years old for HPV vaccine at least 85%

Priority Actions for 2011:

- Order and supply vaccines, vaccines materials and tools to all health units
- Procure more cold chain equipment to accommodate new vaccines (rotavirus vaccine) at identified district hospitals and health facilities
- Conduct Two rounds of Mother and Child Health Week with integrated child survival activities
- Activities linked to Rotavirus vaccine introduction (introduction plan, revision of supporting tools, order of cold chain equipment, training manual etc).
- Cold Chain Inventory/ assessments in preparation for Rotavirus Vaccine introduction
- Training of cold chain maintenance technicians at district levels
- Strengthening of implementation of RED's strategies including HPV vaccine (reinforce outreach services, strengthen monitoring and use of data for action, reinforce link with the community and supportive supervision).
- Refresher Training for data managers, vaccinators and community health officers in Cold Chain and Vaccine Management, Injection safety, waste management, surveillance of diseases and AEFIs data management and analysis

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes	Government	
Measles	AD syringes	Government	
TT	AD syringes	Government	
DTP-containing vaccine	AD syringes	Government and GAVI	

Does the country have an injection safety policy/plan? Yes

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

No problem noted.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All sharps were collected into safety boxes and final disposal is Incineration

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 0
Balance carried over to 2011	US\$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

N/A

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.

If No, 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.

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

Is GAVI's ISS support reported on the national health sector budget? No

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number N/A) (Terms of reference for this financial statement are attached in [Annex 1](#)). 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 Number).

6.4. 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 original target set in the approved ISS proposal), 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, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

			2000	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			299,157
2	Number of additional infants that are reported to be vaccinated with DTP3			
3	Calculating	\$20		
4	Rounded-up estimate of expected reward			

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
Pneumococcal	1,130,200	876,150	254,050	
DTP-HepB-Hib	862,400	862,400	0	

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

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

What are the main problems encountered? (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? ...)

- The difference of 254,050 was not received by the country as written in DL because of delayed shipment

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

- None

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? **No**

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	N/A
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Phased introduction		Date of introduction
Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why? N/A

7.2.2.

When is the Post introduction Evaluation (PIE) planned? 2013

If your country conducted a PIE in the past two years, please attach relevant reports (Document No 13)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year?

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

N/A

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	0
Receipt date	

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

N/A

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

N/A

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US\$

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

N/A

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No N/A). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	277,400	79,257
2nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	170,000	24,285
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	0	
Other	0	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. 1.Political will and government commitment		
2. 2.The government of Rwanda is committed to archive MDG 4 and 90% of eligible children are immunized before their 1st anniversary		
3. 3.Annually increase of budget allocation in the Health sector (10.8% in 2010)		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	10	
2 nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	10	
3 rd Awarded Vaccine		

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.

N/A

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted? **12.08.2007**

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° **N/A**)

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

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

N/A

When is the next Effective Vaccine Management (EVM) Assessment planned? **04.07.2011**

7.5. Change of vaccine presentation

If you would prefer, during **2012**, 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 (DL) 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

N/A

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No **N/A**) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 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 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for Pentavalent, PCV-13, Rotavirus vaccine and HPV vaccine vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of Pentavalent, PCV-13, Rotavirus vaccine and HPV vaccine vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of Pentavalent, PCV-13, Rotavirus vaccine and HPV vaccine vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No N/A).

The country ICC has endorsed this request for extended support of Pentavalent, PCV-13, Rotavirus vaccine and HPV vaccine vaccine at the ICC meeting whose minutes are attached to this APR (Document No N/A).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	376,569	399,274	409,655	422,518	433,503		2,041,519
Number of children to be vaccinated with the third dose	Table 1	#	369,038	375,317	393,268	414,067	424,833		1,976,523
Immunisation coverage with the third dose	Table 1	#	98%	94%	96%	98%	98%		
Number of children to be vaccinated with the first dose	Table 1	#	372,803	382,823	401,133	422,348	433,330		2,012,437
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		1,121,400	1,174,600	1,223,100	1,235,300	4,754,400
Number of AD syringes	#		1,185,900	1,242,400	1,293,700	1,306,300	5,028,300
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		13,175	13,800	14,375	14,500	55,850

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Total value to be co-financed by GAVI	\$		2,945,500	2,902,500	2,655,500	2,451,500	10,955,000	

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		92,500	103,500	124,200	138,500	458,700	
Number of AD syringes	#		97,800	109,500	131,300	146,400	485,000	
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		1,100	1,225	1,475	1,625	5,425	
Total value to be co-financed by the country	\$		243,000	256,000	269,500	275,000	1,043,500	

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		7.62%			8.09%			9.21%			10.08%			
B	Number of children to be vaccinated with the first dose	Table 1	372,803	382,823	29,153	353,670	401,133	32,466	368,667	422,348	38,909	383,439	433,330	43,668	389,662
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
D	Number of doses needed	B x C	1,118,409	1,148,469	87,457	1,061,012	1,203,399	97,397	1,106,002	1,267,044	116,726	1,150,318	1,299,990	131,004	1,168,986
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	1,174,330	1,205,893	91,830	1,114,063	1,263,569	102,267	1,161,302	1,330,397	122,562	1,207,835	1,364,990	137,554	1,227,436
G	Vaccines buffer stock	(F - F of previous year) * 0.25		7,891	601	7,290	14,419	1,167	13,252	16,707	1,540	15,167	8,649	872	7,777
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		1,213,784	92,431	1,121,353	1,277,988	103,434	1,174,554	1,347,104	124,101	1,223,003	1,373,639	138,426	1,235,213
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		1,283,560	97,745	1,185,815	1,351,778	109,406	1,242,372	1,424,964	131,274	1,293,690	1,452,590	146,382	1,306,208
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		14,248	1,085	13,163	15,005	1,215	13,790	15,818	1,458	14,360	16,124	1,625	14,499
N	Cost of vaccines	I x g		2,998,0	228,304	2,76	2,964,9	239,966	2,72	2,734,6	251,925	2,48	2,541,2	256,087	2,285,

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed		47		9,743	33		4,967	22		2,697	33		146
O	Cost of AD syringes needed	K x ca	68,029	5,181	62,848	71,645	5,799	65,846	75,524	6,958	68,566	76,988	7,759	69,229
P	Cost of reconstitution syringes needed	L x cr	0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs	9,119	695	8,424	9,604	778	8,826	10,124	933	9,191	10,320	1,040	9,280
R	Freight cost for vaccines needed	N x fv	104,932	7,991	96,941	103,773	8,399	95,374	95,712	8,818	86,894	88,944	8,964	79,980
S	Freight cost for devices needed	(O+P+Q) x fd	7,715	588	7,127	8,125	658	7,467	8,565	790	7,775	8,731	880	7,851
T	Total fund needed	(N+O+P+Q+R+S)	3,187,842	242,757	2,945,085	3,158,080	255,598	2,902,482	2,924,547	269,421	2,655,126	2,726,216	274,728	2,451,488
U	Total country co-financing	I 3 cc	242,757			255,598			269,421			274,728		
V	Country co-financing % of GAVI supported proportion	U / T	7.62%			8.09%			9.21%			10.08%		

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions	2011	2012					TOTAL

	Instructions		2011	2012					TOTAL
Number of Surviving infants	Table 1	#	376,569	399,274					775,843
Number of children to be vaccinated with the third dose	Table 1	#	369,038	375,317					744,355
Immunisation coverage with the third dose	Table 1	#	98%	94%					
Number of children to be vaccinated with the first dose	Table 1	#	372,803	382,823					755,626
Number of doses per child		#	3	3					
Estimated vaccine wastage factor	Table 1	#	1.05	1.05					
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1					
AD syringes required	Select YES or NO	#	Yes	Yes					
Reconstitution syringes required	Select YES or NO	#	No	No					
Safety boxes required	Select YES or NO	#	Yes	Yes					
Vaccine price per dose	Table 6.1	\$	3.500	3.500					
Country co-financing per dose		\$	0.35	0.35					
AD syringe price per unit	Table 6.1	\$	0.053	0.053					
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000					
Safety box price per unit	Table 6.1	\$	0.640	0.640					
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%					
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%					

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

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

	2011	2012			
Minimum co-financing	0.35	0.20	0.20	0.20	0.20
Your co-financing	0.35	0.35			

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement		
			2011	2012			TOTAL
Required supply item							
Number of vaccine doses	#			1,100,400			1,100,400
Number of AD syringes	#			1,163,600			1,163,600
Number of re-constitution syringes	#			0			0
Number of safety boxes	#			12,925			12,925
Total value to be co-financed by GAVI	\$			4,121,000			4,121,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement		
			2011	2012			TOTAL
Required supply item							
Number of vaccine doses	#			113,500			113,500
Number of AD syringes	#			120,000			120,000
Number of re-constitution syringes	#			0			0
Number of safety boxes	#			1,350			1,350
Total value to be co-financed by the country	\$			425,000			425,000

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Formula	2011	2012												
			Total	Gov.	GA VI										
A	Country Co-finance		9.35%												
B	Number of children to be vaccinated with	Table 1	372,803	382,823	35,779	347,044									

	Formula	2011	2012			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI
			Total	Gov.	GA VI									
	the first dose													
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3								
D	Number of doses needed	B x C	1,118,409	1,148,469	107,337	1,041,132								
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05								
F	Number of doses needed including wastage	D x E	1,174,330	1,205,893	112,703	1,093,190								
G	Vaccines buffer stock	(F – F of previous year) * 0.25		7,891	738	7,153								
H	Stock on 1 January 2011			0	0	0								
I	Total vaccine doses needed	F + G - H		1,213,784	113,441	1,100,343								
J	Number of doses per vial	Vaccine parameter		1	1	1								
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		1,283,560	119,962	1,163,598								
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0								
M	Total of safety	(K + L)		14,248	1,332	12,9								

		Formula	2011	2012			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
				Total	Gov.	GA VI									
	boxes (+ 10% of extra need) needed	/100 * 1.11				16									
N	Cost of vaccines needed	I x g		4,248,244	397,042	3,851,202									
O	Cost of AD syringes needed	K x ca		68,029	6,359	61,670									
P	Cost of reconstitution syringes needed	L x cr		0	0	0									
Q	Cost of safety boxes needed	M x cs		9,119	853	8,266									
R	Freight cost for vaccines needed	N x fv		212,413	19,853	192,560									
S	Freight cost for devices needed	(O+P+Q) x fd		7,715	722	6,993									
T	Total fund needed	(N+O+P+Q+R+S)		4,545,520	424,825	4,120,695									
U	Total country co-financing	I 3 cc		424,825											
V	Country co-financing % of GAVI supported proportion	U / T		9.35%											

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. 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

Apart from partner's comments, the government of Rwanda is fully committed to maintain the high performance of Immunization coverage to all antigens provided in the country as well as significant improvement of quality of services.

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 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 USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	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	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 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 USD *
Balance brought forward from 2008 (balance as of 31 Decembre 2008)	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	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 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		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	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	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		14	Yes
Signature of Minister of Finance (or delegated authority)		15	Yes
Signatures of members of ICC		5	Yes
Signatures of members of HSCC		6	Yes
Minutes of ICC meetings in 2010		7	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		8	Yes
Minutes of HSCC meetings in 2010		9	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		10	Yes
Financial Statement for ISS grant in 2010		12	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		13	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details		2	
new cMYP starting 2012		1	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report		4	

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: new cMYP starting 2012 File Desc: File number 01	File name: cMYP_RWANDA 2011.doc Date/Time: 27.05.2011 05:43:06 Size: 711 KB		
2	File Type: New Banking Details File Desc: File number 03	File name: Banking form signed Docs.pdf Date/Time: 27.05.2011 07:06:38 Size: 922 KB		
3	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	other File Desc: APR HSS Section	HSS section of the APR 2010 @ 18 Feb 2011.docx Date/Time: 27.05.2011 07:32:08 Size: 169 KB		
4	File Type: Latest Health Sector Review Report File Desc: File number 06	File name: Summary Report 2009-2010.pdf Date/Time: 31.05.2011 09:04:03 Size: 217 KB		
5	File Type: Signatures of members of ICC * File Desc: File number 07	File name: Signatures of ICC Meeting.docx Date/Time: 31.05.2011 12:24:40 Size: 1 MB		
6	File Type: Signatures of members of HSCC * File Desc: File number 08	File name: 2010.09.16 HSWG participants list - 1.pdf Date/Time: 31.05.2011 12:28:22 Size: 1 MB		
7	File Type: Minutes of ICC meetings in 2010 * File Desc: File number 09	File name: March ICC minutes 2010.pdf Date/Time: 31.05.2011 12:56:31 Size: 2 MB		
8	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: File number 10	File name: May ICC Minutes 2011.pdf Date/Time: 31.05.2011 12:57:19 Size: 1 MB		
9	File Type: Minutes of HSCC meetings in 2010 * File Desc: File number 11	File name: June HSCC minutes 2010.pdf Date/Time: 31.05.2011 12:58:32 Size: 2 MB		
10	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: File number 12	File name: March HSCC minutes 2011.pdf Date/Time: 31.05.2011 12:59:41 Size: 1 MB		
11	File Type: other File Desc: PCV PIE Report	File name: 2010_Final Report_Rwanda_PostIntroductionEvaluation_PCV7.pdf Date/Time: 31.05.2011 13:14:58 Size: 1 MB		
12	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: Immunisation Services Support Fund.docx Date/Time: 31.05.2011 14:24:47 Size: 19 KB		
13	File Type: Financial Statement for HSS grant in 2010 *	File name: Receipt and expenditure of HSS funds in the 2010 calendar year.docx		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Desc:	Date/Time: 31.05.2011 14:32:41 Size: 17 KB		
14	File Type: Signature of Minister of Health (or delegated authority) * File Desc:	File name: APR Signatures.pdf Date/Time: 01.06.2011 11:40:29 Size: 977 KB		
15	File Type: Signature of Minister of Finance (or delegated authority) * File Desc:	File name: APR Signatures.pdf Date/Time: 01.06.2011 11:43:33 Size: 977 KB		
16	File Type: other File Desc: HSS document - September submission	File name: HSS section of the APR 2010.docx Date/Time: 06.09.2011 05:28:26 Size: 167 KB		